

# **VOLUME ONE**

## **AN EXPLORATION OF CHILDREN'S UNDERSTANDING OF MENTAL HEALTH**

**By**

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## **ABSTRACT**

This study explores how 'mental health' is conceptualised by children aged 9-10 years, through analysis of their verbalised constructs shared during focus groups. The term 'mental health' was operationalised using the MIND definition for children (MIND.org.uk) which defines mental health in terms of thoughts, feelings and behaviours. The purpose was to inform and shape the future learning of children by developing their knowledge and understanding, thereby reducing misconceptions and eliminating stigma associated with mental health.

Reflexive thematic analysis revealed that the children tended to have disconnected understandings of the term mental health and the thoughts, feelings and behaviours that contribute to the concept. Initial thoughts tended to be pathogenic and discriminatory, whilst the main themes from the vignettes centred on values, connectedness and safety. These were discussed in relation to the literature.

With the recent increase in the promotion of 'good mental health' for children in schools (DoH & DfE, 2017), it is important to ensure that any programmes are appropriately pitched. Given the disconnect between their initial understanding of mental health and what they actually know when explored in more depth, children should be included in any design, implementation and evaluation of any mental health-based interventions and support.

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# LIST OF CONTENTS

CHAPTER ONE: INTRODUCTION.....	1
1.1 What is mental health?.....	3
CHAPTER TWO: .....	6
LITERATURE REVIEW (PART ONE):.....	6
THEORIES AND MODELS .....	6
CHAPTER THREE:.....	11
LITERATURE REVIEW (PART TWO): .....	11
INFLUENCES ON MENTAL HEALTH .....	11
3.1 Society .....	11
3.1.1 The Policy Context.....	11
3.1.2 The Impact of Covid-19.....	12
3.1.3 Socioeconomic status (SES) .....	15
3.1.4 Social Media .....	17
3.2 Community.....	19
3.2.1 Educational setting.....	20
3.3 Relationships.....	21
3.3.1 Influence of peers .....	22
3.3.2 Stigma and Discrimination .....	23
3.3.3 Family dynamics and parenting style .....	24
3.4 Individual.....	28
3.4.1. Psychological Influences.....	29
3.4.2 Influences of illness and Psychological Disorders .....	33
3.5 Adverse Childhood Experiences (ACEs).....	35
3.6 Adaptability & Resilience.....	38
3.7 Mental health literacy (MHL) .....	39
3.8 The importance of gathering CYP's perceptions.....	43
3.9 Exploring CYP's perceptions of mental health .....	46
3.10 The Focus of this Study .....	49
CHAPTER FOUR: METHOD .....	51
4.1: Part One: Ontology, Epistemology & Methodology .....	51
4.1.1 Ontology and Epistemology .....	51

4.1.2 Methodology .....	53
4.2 Part Two: Research Design .....	56
4.2.1 Context and participants .....	56
4.2.2 Methods .....	58
4.2.3 Pilot study .....	59
4.2.4 Focus groups .....	59
4.2.5 Procedure .....	60
4.2.6 Validity .....	61
4.2.7 The Role of Reflexivity .....	62
4.2.8 Analysis of Focus groups .....	63
4.2.9 Ethics .....	65
CHAPTER FIVE: RESULTS AND DISCUSSION.....	69
5.1 What are children’s initial conceptualisations of the term ‘mental health’ without prompts or guidance? .....	69
5.1.1 Pathogenic conceptualisations .....	72
5.1.2 Discriminatory descriptors.....	73
5.1.3 Aspects and descriptors.....	75
5.2 What are children’s conceptualisations of the term ‘mental health’ after providing a stimulus activity and scaffolding? .....	77
5.2.1 Values and Beliefs .....	77
5.2.2 Connectedness .....	83
5.2.3 Safety.....	89
5.3 What do children see as useful strategies to support mental health? .....	102
5.3.1 Support systems .....	103
5.3.2 Helping others.....	106
5.3.3 Self help.....	108
CHAPTER SIX: .....	115
STRENGTHS, LIMITATIONS, IMPLICATIONS AND CONCLUSION.....	115
6.1 Strengths.....	115
6.2 Limitations .....	116
6.3 Implications for future practice .....	119
6.4 Conclusion .....	125
CHAPTER SEVEN: REFERENCES .....	127
CHAPTER EIGHT: APPENDIX.....	158

Appendix One .....	158
Appendix Two .....	159
Appendix Three.....	164
Appendix Four.....	167
Appendix Five .....	168
Appendix Six .....	170
Appendix Seven.....	171
Transcription Group One .....	171
Appendix Eight.....	203
Transcription Group Two .....	203
Appendix Nine.....	225
Transcription Group Three.....	225
Appendix Ten.....	249
Appendix Eleven .....	250
Appendix Twelve.....	252
Appendix Thirteen.....	255
Appendix Fourteen.....	256
Appendix Fifteen .....	259

## **LIST OF FIGURES**

Figure One .....	11
Figure Two .....	15
Figure Three .....	17
Figure Four .....	75
Figure Five .....	80
Figure Six .....	86
Figure Seven .....	100



**LIST OF TABLES**

Table One ..... 56

Table Two ..... 61

Table Three ..... 69

## **CHAPTER ONE: INTRODUCTION**

This research arose in response to my work with children and young people (CYP) experiencing difficulties in their lives, coupled with my ongoing interest in mental health. Support for mental health tends to be reactive rather than proactive, with CYP having to reach a threshold of distress before being offered help, which may not always be available. The discussion around mental health tends to reflect an adult perspective, however if any support is to be meaningful for the CYP, it is essential to take account of their perceptions and understanding of the concept, and the best way to do this is to ask them (Jenner & Barker, 2023).

This chapter will explore the literature in relation to CYP and mental health, including a brief exploration of what mental health is. Chapter Two will use The Socioecological model of mental health (Michaels et al., 2022), based on Bronfenbrenner's (1979) model, to structure the literature, with Chapter Three utilising the subheadings from the models to reflect the influences that are believed to impact on the child's mental health, leading to the research questions. Mental health literacy will then be discussed, illustrating the importance of gaining children's perceptions of mental health to ensure dialogue around mental health is pitched appropriately. The method undertaken in this study will be explained in Chapter Four, before the results and findings are discussed in Chapter Five. Strengths, limitations and implications for practice will be explored in Chapter Six, before the final conclusion.

There has been concern about the mental health of children and young people which has had an impact on the practice of educational psychologists (EPs) and at governmental level in relation to funding priorities in the UK (Grieg et al., 2019). The incidence of mental health issues amongst children between 5- and 15-years of age in England has increased since 2017 (Newlove-Delgado et al., 2021). The mental health of CYP is perhaps more at risk given their developing brains (Tsamakis et al., 2021) and the finding that most mental health conditions have their onset during childhood and adolescence with up to 75% of adult problems beginning during this period (Weine et al., 2020; Bhardwa, 2013). Allied to this is the suggestion that early onset mental health problems for children can have a negative impact on their later academic achievements (Schuurmans et al., 2022).

There has been a worldwide increase in the number of CYP affected by mental health problems, with the World Health Organisation (WHO) putting the proportion at between 10% and 20% (Basu, 2020). In the UK, the Children's Commissioner (2021) reported an NHS large-scale study from 2020, which estimated that around one child in six of school age in the UK had a probable clinically significant mental health difficulty. The population-based study found increases in both the numbers of CYP experiencing mental health problems and those referred to specialist services (Wright et al., 2020). Somewhat counter to these findings a pre-pandemic study reported that the numbers of children with mental health problems in Wales was either stable or falling (Langley et al., 2017), though there is an increasing concern about the negative impact on mental health for CYP as a direct or indirect result of the COVID-19 pandemic (Staite et al., 2022).

Using the relatively new concept of ‘enduring mental health’ (Deighton et al., 2021), a UK study of over 13300 children aged between 9 months and 14 years found that 59% had had, or were currently experiencing, a problem with their mental health. Older CYP tend to be reluctant to seek help for issues related to mental health (NHS Digital, 2022) potentially due to a lack of knowledge and understanding about mental health, perceived stigma and the loss of any support provided by the school system (Radez et al., 2022). These are major reasons for exploring the knowledge and understanding about mental health at school age, which could be beneficial to the future wellbeing of CYP.

## **1.1 What is mental health?**

There is currently no single working definition of what constitutes mental health and no universally accepted conceptual framework for promoting ‘good mental health’ (Fusar-Poli et al., 2020). To combat the assertion that mental health is simply the ‘absence of mental illness’, the World Health Organisation (WHO) (2022) made it clear that mental health was something more than this. They define 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). Unfortunately, this can lead to a perspective that focuses more on the need to prevent future socio-economic burden than the enhancement of the mental health of CYP (Callaghan et al., 2017).

Published research indicates that the terms mental health and wellbeing are used interchangeably despite having different meanings, with the latter often subsumed into the former. Keyes (2006), for example, suggests three forms of wellbeing that contribute to mental health: emotional, psychological and social. However, the very use of wellbeing in the definition could be somewhat problematic as it is a highly subjective state, whereby even those on a killing spree may feel a sense of wellbeing, though they would hardly be described as mentally healthy (Galderisi et al., 2015). It is also unreasonable to expect human lives to be without anguish, loss, worry, anxiety or sadness and thus to coin the definition in purely positive terms is similarly misleading and unrealistic (Waterman, 1993). Another potentially confounding factor in research is the differentiation between hedonic wellbeing, sometimes called subjective wellbeing which is based on positive emotional experiences such as happiness or contentment and the pursuit of comfort; and eudaimonic wellbeing, which refers to self-development, self-acceptance, environmental mastery, positive interpersonal relationships and having a purpose in life (Yan et al., 2022).

A key aspect of good mental health is the ability to recognise emotions, express them appropriately and modulate them, when necessary, which is referred to as emotion regulation (Gross & Munoz, 1995). Having strategies to cope with adverse life events and being able to adapt when confronted with obstacles or stressors are also important components of good mental health, and the lack of such cognitive flexibility can result in a range of mental disorders (Klanker et al., 2013). The ability to recognise and understand things from another's perspective is also relevant, not

least in developing and maintaining social interactions and healthy relationships, making empathy important to developing resilience to distress (Galderisi et al., 2015). It is also important to consider CYP's perceptions of their quality of life as part of any clinical assessment of mental health (Yoon et al., 2021).

In the current research, exploring how CYP make sense of what they see as the key aspects of mental health necessitated a succinct definition that takes account of some of the issues raised above whilst, including the more salient elements of the discussion particularly relevant to this group. Thus, for the current study, the term 'mental health' will be operationalised using the MIND definition for children (MIND, 2022) which states that "Mental health is about how we think, feel and act." The term will be operationalised in this way for the pupil participant, to help them to understand the topic, as it is clear and uses language that is accessible to children.

One framework for exploring the factors that impact an individual's mental health is based on the Ecological Systems model outlined below (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1999), which has been recently developed to focus more specifically on mental health (Michaels et al., 2022). A further adaptation of the latter forms the organising structure of the literature review that follows.

**CHAPTER TWO:**  
**LITERATURE REVIEW (PART ONE):**  
**THEORIES AND MODELS**

In this chapter the theories and models relating to mental health will be discussed. Bronfenbrenner's Ecological Systems Theory (1979) will be utilised to illustrate how it influenced the Socioecological model for mental health (Michaels et al., 2022). The latter model has been adapted for this study to include the current literature.

Given that factors contributing to mental health are complex, this research uses the Ecological Systems model as outlined below (Figure One) as an organising framework (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1999). Careful consideration of the CYP's microsystem, mesosystem, exosystem, and macrosystem, and identifying how they all impact on the individual and with each other allows the interacting factors to be examined holistically (Rutter, 2006). In this way, the individual is affected by a complex range of social influences and nested environmental interactions, whilst also exerting an influence on them (Michaels et al., 2022).

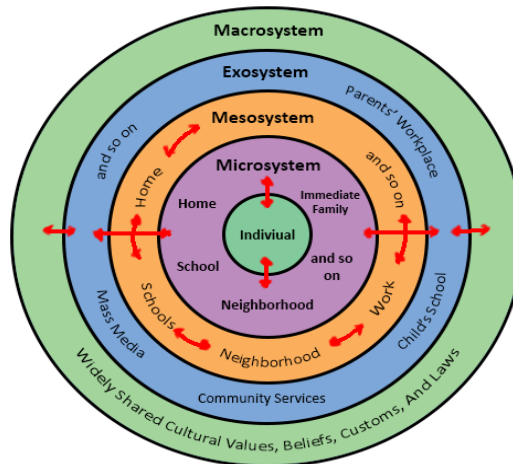


Figure One: Ecological Systems Theory (Bronfenbrenner, 1979)

The microsystem is made up of the individual's family, friends, peers and those with whom they regularly interact, such as teachers, and this component has an enduring impact on child development (Bronfenbrenner, 1979). Interactions and relationships between the microsystems such as the CYP's school, neighbourhood and home form the focus of the mesosystem, whilst the exosystem consists of settings which indirectly affect the individual such as their housing situation, levels of affluence within the neighbourhood, community involvement, parental employment status, and mass media (Smith & Cowie, 2015). Finally, the socioeconomic status and the level of resources available, together with the ethnic, cultural and societal laws and values that influence their environment, form the macrosystem (Paat, 2013).

This original model has been the subject of several refinements over the years, including the addition of an outer chronosystem, to illustrate the environmental changes that can happen over time such as historical events and life transitions, leading to a conceptualisation of the theory as a bioecological model



(Bronfenbrenner & Morris, 2006). Despite this theory and the associated model being the driving force for understanding much of human development, there is criticism of the over-simplification of the concentric-circle depiction (Navarro et al., 2022).

The model tends to put an apparent emphasis on the importance of context whilst seemingly ignoring the associated components related to proximal processes, the characteristics of the individual, and time, when exploring human development (Navarro et al., 2022). Optimal development and successful adaptation to the differing life challenges a child may face depend on the timing of any event and the resources available to the individual, both from 'within' and outside (Schulting et al., 2005). Changes inevitably occur throughout life and thus these systems propounded by Bronfenbrenner (1979) are dynamic rather than fixed, leading to the process-person-context-time (PPCT) model which emphasised that "the combination of Person and Context exhibit a mutually reinforcing, multiplicative, indirect power of proximal processes as the engines of development" (Bronfenbrenner & Morris, 2006, p801).

As noted, one of the key concepts within this model is that of 'proximal processes' describing reciprocal, frequent interactions between the individual and those around them, which become progressively more complex over time. Development is enhanced by such interactions, increasing the individual's competency and management of dysfunction (Bronfenbrenner & Morris, 2006), though this view has its critics (Navarro et al., 2022). Unfortunately for those from disadvantaged backgrounds, so called 'inverse' proximal processes reduce the individual's

competence and increase levels of dysfunction (Mercon-Vargas et al., 2020), though this seems somewhat simplistic and deterministic. The individual's personal characteristics such as gender, age and personality have an impact in such interactions at both the antecedent level prior to the proximal process and also after the interaction (Navarro et al., 2022).

Context is a key component of the model and considers the influence of the individual's micro-, meso-, exo- and macro-systems such as family dynamics and socioeconomic status (Bronfenbrenner & Morris, 2006). The final component of the model is 'time', which is split into micro-, meso- and macro-time referring to how long the individual is involved in the interaction, the frequency of occurrence, and how generational and social norms across ontogenesis impact the individual respectively (Navarro et al., 2022). This suggests that "To be effective, the interaction must occur over extended periods of time" (Bronfenbrenner & Morris, 2006, p797).

Unfortunately, there has been little information about how best to utilise this theory in practice (Navarro et al., 2022; Xia et al., 2020), and the majority of studies claiming to do so tend to reflect a degree of conceptual confusion (Tudge et al., 2016). Despite these criticisms, Bronfenbrenner's bioecological theory (Bronfenbrenner & Morris, 2006) is helpful to the study of human development and a socio-ecological model based on it has been offered to explore different levels of influence that affect the development of an individual's mental health specifically (Michaels et al., 2022). Including a consideration of the child's internal willingness, motivation and desire to

fulfil their own needs as well as those of others, helps to complete the picture (Christensen, 2016). The individual affects and is affected by social influences and environmental factors within and between the levels (Michaels et al., 2022), and to emphasise this fact on the diagram, the 'boundaries' between them are represented by broken, rather than continuous lines.

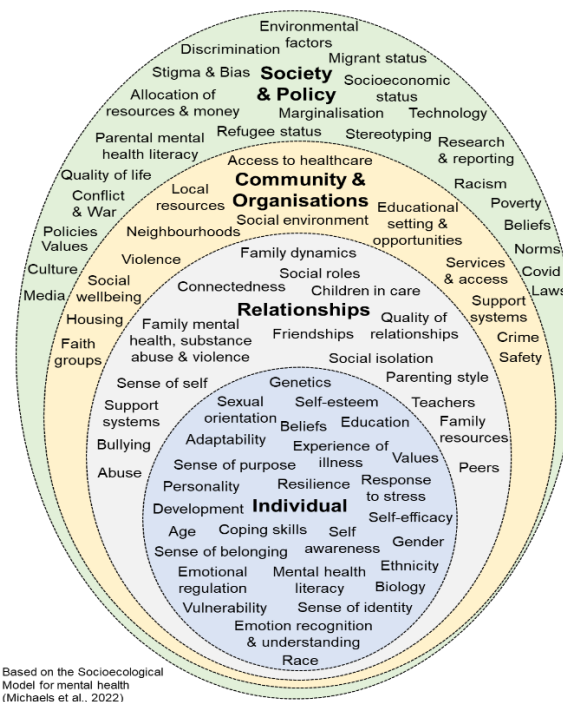


Figure Two: An adaptation of the socio-ecological model of mental health (Michaels et al., 2022) to report the areas of literature

It has been claimed that some research into CYP's wellbeing and mental health may lack methodological rigour (Nahkur & Casas, 2021). There is also a cautionary note relating to those studies that rely on data about the mental health of CYP gathered from different perspectives, which should not be assumed to be without discrepancy (Haselgruber et al., 2020). Notwithstanding these observations, more research is being undertaken into mental health, though much of it from high-income countries including China (Quinlan-Davidson et al., 2021).

**CHAPTER THREE:**  
**LITERATURE REVIEW (PART TWO):**  
**INFLUENCES ON MENTAL HEALTH**

The adaptation of the socioecological model for mental health (Michaels et al., 2022) outlined in Figure Two will be used to structure the following chapter, considering the influences of society, community, relationships and individual systems.

### **3.1 Society**

The socio-ecological model (Michaels et al., 2022) identifies a number of factors within society that may contribute to positive mental health and mental health difficulties. Here I shall consider the policy context, the impact of the Covid-19 pandemic, socioeconomic status (SES) and the impact of social media.

#### **3.1.1 The Policy Context**

There has been a greater focus on mental health in the last decade, with the Code of Practice for Special Educational Needs and Disability (SEND) (2015) replacing the term 'behaviour' with 'mental health', bringing this into the educational domain.

Furthermore, Future in Mind: Children and Young People's Mental Wellbeing (2015) made a number of governmental proposals including tackling stigma and improving attitudes to mental health. This was proposed with a view to creating a system that brings together all the key influences and main stakeholders of children's mental

health and wellbeing, to promote resilience, prevention, early intervention and improve access to effective support. As a result, the Children and Young People’s Mental Health Green Paper (2018) outlined the Government plans to develop mental health provision within schools, though it was recognised that the education and health care services still have distinct roles to play (Hannafin, 2018).

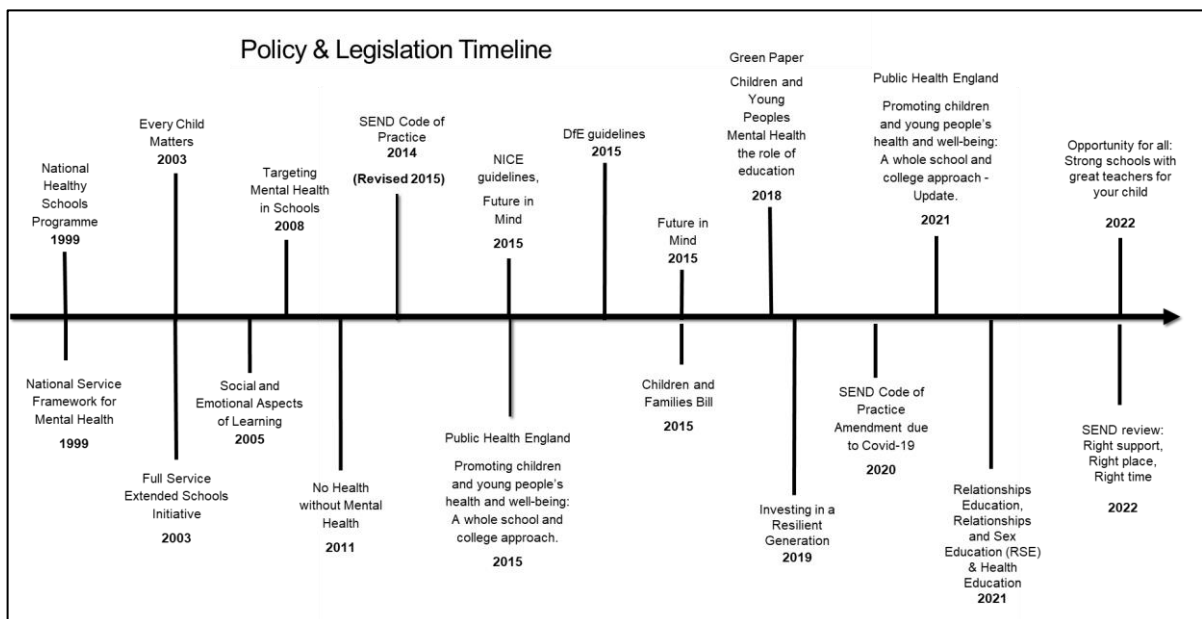


Figure Three: A timeline of the policies and legislation involving mental health

### 3.1.2 The Impact of Covid-19

Covid-19 was responsible for extreme changes to ‘normal’ living for most people worldwide and although the major threat was to physical wellbeing, the negative impact on mental health, in part due to the National Lockdown, is suggested by some researchers to be its own pandemic (Beharry, 2022; MacLachlan et al., 2022; Parish, 2020). UK studies reported in ‘The State of the Nation’ report (2023) indicated that despite CYP’s subjective wellbeing having dipped in 2020, by 2021 they appeared to have recovered to pre-pandemic levels which were maintained in 2022 (Department

of Education, 2023). However, the number of CYP with probable mental health disorders remains higher than pre-pandemic levels (NHS digital, 2022), whilst for measures of anxiety, there has been a significant increase compared to 2020 and 2021 (DfE, 2022).

A longitudinal online survey in the UK of CYP aged between four- and sixteen-years and their parents, found that numbers reporting mental health difficulties generally reduced after quarantine restrictions were lifted (Cresswell et al., 2021). However, for those with special educational needs or neurodevelopmental disorders and those in low-income families, numbers remained high (Cresswell et al., 2021). Despite potential problems with the generalisability of findings from online surveys in relation to issues of access and the possible lack of a representative sample, the findings suggest an increase in some mental health difficulties experienced by CYP as a result of the pandemic and point to those more at-risk groups for whom extra support may be necessary. A five-year study noted that the number of CYP attending a paediatric emergency department for mental health issues had almost doubled (Tolentino et al., 2021), a finding replicated by a one-year study (Say et al., 2021). However, for many in the UK, access to appropriate support had been severely disrupted as a result of the pandemic (Torjesen, 2022).

In a study specifically focussing on the effects of the pandemic on children with special educational needs, similar results were found, and of particular relevance to the current study there was a lack of understanding by the children about what was

happening and why they were feeling as they did (Asbury, 2020). However, it is important to remain cautious when generalising findings, as for some in this study, being at home had had a positive impact on their mental health rather than a deleterious one (Asbury, 2020). For CYP who perceived high levels of social support, for instance, their sense of wellbeing and positive mental health was less affected during the pandemic (Kurudirek et al., 2022).

A systematic review of the mental health effects on CYP as a result of the pandemic, revealed an increase in mental health difficulties, though there was a wide variation between countries (de Oliveira et al., 2022). Issues around, anxiety, depression, fear, loneliness, and social isolation were increasing the need for mental health support (Villanti et al., 2022; de Miranda et al., 2020; Galea et al., 2020) and CYP were disproportionately at risk (Filipic & Isaac, 2022; Hoagwood et al., 2020; Loades, et al., 2020), as were those with pre-existing mental health or neurodevelopmental conditions (Hards et al., 2022; Kaku, 2022) and those with neurological problems (Williams et al., 2022).

For those diagnosed with the virus, levels of depression, fear, anxiety and poor quality of sleep were significantly increased during and after a period of quarantining (Ustundag et al., 2022). Health related quality of life has also been negatively affected for CYP and the number seeking interventions to deal with mental health problems has been exacerbated by the Covid-19 pandemic (Benton et al., 2022; de Oliveira et al., 2022; Ravens-Sieberer et al., 2022).

The lack of social contact as a result of the lockdown during Covid-19 has damaged some social relationships (Hussong et al., 2021) and has led to an increase in feelings of social isolation and loneliness, and the associated mental health implications will be felt by CYP for years to come (Cost et al., 2022; Ullah et al., 2022). As a result of school closures, the need to combat social isolation and feelings of loneliness resulted in CYP resorting to more online contact, with an associated impact on their wellbeing (Pfetsch et al., 2022). Maladaptive emotion regulation was found to be related to carrying out cyber-bullying in a dysfunctional attempt to boost the perpetrator's sense of wellbeing, especially if they displayed a high 'need to belong', and the object of the bullying was likely to display an associated reduction in their wellbeing (Pfetsch et al., 2022). Although 1 in 8 CYP had been subjected to cyberbullying (NHS Digital, 2022), the use of digital media had very little negative impact on CYP's mental health, unless the use was heavy (Bruggeman et al., 2019).

There are other limitations within many of the studies carried out during the pandemic lockdown, not least the tendency to recruit participants using non-representative, selective sampling methodologies such as 'snowballing'; a focus on a specific subgroup; or the use of single language surveys that may exclude some ethnic minorities and are thus less than representative (Solmi et al., 2022).

### 3.1.3 Socioeconomic status (SES)

The Covid-19 pandemic highlighted the pre-existing discrepancies in the impact of mental health difficulties on individuals depending on their socioeconomic status



(Claes et al., 2021; Mental Health Foundation, 2020). Research in the UK across three large population cohorts found significant inequalities in CYP's mental health disorders between high- and low-income families; a gap that seems to be getting more pronounced rather than reducing (Collishaw et al., 2019). Another UK study added further weight to the link between low SES and poorer mental health for CYP, though warm parenting was found to moderate the impact (Kirby et al., 2020).

Despite negative mental health amongst CYP being associated with living in poverty (Ravens-Sieberer et al., 2022; Johnson et al., 2019; Nguyen et al., 2018), effects were reduced by the CYP's sense of self-efficacy, perceived control and higher self-esteem (Chen et al., 2021). For male CYP in low socioeconomic status communities, there was a significant relationship between subjective wellbeing and career aspirations, and despite being less so for females, the targeting of interventions focusing on the educational and career opportunities available to both genders could prove beneficial (Manuel et al., 2020).

There were disparities affecting families of low socioeconomic status, which impacted directly and indirectly on their mental health (Naya et al., 2022; Klawetter & Frankel, 2018), and their opportunities to access support (Ford et al., 2021). Objective social class, linked to a household's material and social resources, was positively correlated with hedonic and eudaimonic wellbeing in adolescents, and although these studies were carried out with Chinese students, generalisability to UK CYP seems plausible (Yan et al., 2022; Zhang et al., 2021). It is important to note that simply targeting

household income as a possible solution, is insufficient without a focus on the impact of poverty on the CYP's mental health (Karimli et al., 2019).

The mental health of CYP with a migrant background is affected by an interaction between their cultural, ethnic and racial identity interacting with the social context they inhabit (Weber et al., 2021). Even CYP within two-parent biological families with higher levels of income were found to be at an increased risk of developing mental health problems depending on ethnicity and race (Nguyen et al., 2018).

#### 3.1.4 Social Media

A more recent influence on the mental health of CYP is the introduction of social media. Amongst those with Facebook profiles, their offline social network was a better predictor of positive mental health than their online social network (Bruggeman et al., 2019). However, an emotional dependence on Facebook has been found to be associated with poorer mental health in CYP, particularly in relation to their sense of autonomy, purpose in life and social relationships (Naeemi & Tamam, 2017). Indeed, a systematic review and meta-analysis supported the link between problematic Facebook use and CYP's poorer mental health and wellbeing (Marino et al., 2018). It is important to remember that most designs in these studies were cross-sectional and so there was no consideration of the direction of the association between problematic social media use and mental health disorder (Marino et al., 2018).

In a study covering forty-two countries and involving nearly two-hundred thousand participants, research found that there has been an exponential increase in the use of highly visual social media, such as TikTok, in recent years, which, from a positive perspective could foster social connectedness, though for those considered to be borderline addicted to the platforms, mental health risks were significantly increased (Boniel-Nissim et al., 2022). The twin roles of 'contributor' and 'viewer' exposed the CYP to a roller-coaster of emotions which can be detrimental to mental health; the former provided highs associated with feeling accepted and thereby boosting self-esteem, whilst the latter raised feelings of jealousy, inferiority and exclusion (McCrorry et al., 2022). A similar reliance on feedback related to the posting of 'selfies', which risked damage to self-esteem, body confidence and mental health (McLean et al., 2019). Girls using social media more frequently experienced a greater number of mental health issues than did boys, though both were moderated by higher-quality friendships (Luijten et al., 2022). Having stronger 'individual' factors like emotional regulation and self-efficacy were found to be protective against the negative impacts on mental health of cyberbullying (Schunk et al., 2022).

A systematic review examining the link between mental health problems and social networking sites, found that although the association was established, effect sizes were often small and studies lacked methodological rigour (Piteo & Ward, 2020). Internet use is not always negative, a protective factor of subjective wellbeing and mental health refers to the concept of internet altruistic behaviour, a term that describes an individual's offering of online help to another, with no expectation of reward (Peng et al., 2022).

## 3.2 Community

The next system considered in the socio-ecological model (Michaels et al., 2022) is that of community. In this section I shall consider the influence of the neighbourhood, the mental health initiatives within the community and the impact of the educational setting.

The majority of CYP liked living in their neighbourhood and felt safe, trusting those around them (NHS Digital, 2022). Collective efficacy, relating to the willingness of people within the neighbourhood to involve themselves in social affairs for the good of the community, has been found to enhance CYP's subjective wellbeing, in part through enhancing self-esteem and helping them to feel safe (Wang & Fowler, 2019). Urbanisation is an increasing aspect of many countries and there is evidence that it can exert a negative influence on CYP's mental health (Weiss et al., 2020).

Community violent crime happening within the CYP's immediate neighbourhood exerted a negative impact on their mental health, especially if their parents also had mental health issues (Cuartas & Leventhal, 2020). CYP exposed to interpersonal violence, whether directly as a targeted victim or indirectly as a result of terrorism, urban violence or political strife, were considerably more likely to develop comorbid mental health disorders, including depression, anxiety, PTSD, and intrusive thoughts or sensations (Russell et al., 2022). Those CYP who experienced trauma, natural or otherwise, were at an increased risk of issues with their mental health, as noted,

often compounded by a perceived inequality of access to resources and support (Koyama et al., 2022).

Attempts to enhance participation in community-based mental health initiatives aimed at CYP and families, faced serious resistance from the very people they were trying to engage (Haine-Schlagel et al., 2017). Major obstacles to seeking and getting help tended to focus on issues of access to, and use of quality interventions, and these included factors such as ethnicity, race, culture and socio-economic status (Ford et al., 2021; Garland, et al., 2017). Community held negative attitudes towards CYP with mental health difficulties, added to the feelings of self-stigmatisation and the resulting avoidance of seeking the necessary support and help (Khalil et al., 2020).

### 3.2.1 Educational setting

CYP who reported a sense of belonging in school, an enjoyment of being there and of feeling safe in school were less likely to experience issues with their mental health and experienced a higher level of subjective wellbeing (DfE, 2023; NHS Digital, 2022). For refugee CYP, school may be a frightening and stressful place as its likely to be significantly different to what they are used to, both culturally and linguistically, with associated negative influences on their mental health (Palethorpe & Wilson, 2011; Hart, 2009).

Given that difficulties with mental health are likely to begin at a young age, schools provide a promising setting for targeting preventative and coping strategies (Patafio, 2020; Tully et al., 2019). Within educational settings, 25% of primary-aged children and 20% of secondary-aged children reported having been subjected to bullying in the previous year, the latter being predominantly white (DfE, 2022). Bullying in schools has been strongly associated with the victims' poor subjective wellbeing, though perceived social support, acceptance and connectedness may provide an element of protection against developing problems with their mental health (Arslan, 2018; Alcantara et al., 2017). Interestingly, the subjective wellbeing of the perpetrators was also negatively affected in some cases (Alcantara et al., 2017).

Helping all CYP to manage key points in their young lives is critical to their positive mental health and programs such as those designed to help with school transitions can enhance coping mechanisms (Schuurmans et al., 2021; Kiuru et al., 2017). Of particular import to the current study is the assertion that improving knowledge and understanding of mental health and mental health disorders, perhaps by improving mental health literacy in schools, can encourage help-seeking behaviours, reduce stigmatisation and minimise the likelihood of developing a mental health disorder (Tully et al., 2019).

### **3.3 Relationships**

The next system identified by the socio-ecological model (Michaels et al., 2022) is that of relationships and in this section, I shall be considering the influence of peer

and school relationships, including social belonging and discrimination, stigma and victimisation, and the impact of family dynamics and parenting style on CYP's mental health. There are many variables in family, peer and school relations, which together with myriad personality factors within the individual, interact to cause problems with the latter's mental health (Lampropoulou, 2018), or act to mitigate such difficulties if the relationships are supportive (Kirby et al., 2020; Mak et al., 2020).

### 3.3.1 Influence of peers

The support of close friendships were found to help to mediate against internalising feelings as a result of bullying and protect against associated problems with mental health (Mak et al., 2020; Luitjen et al., 2018). Conversely, problem behaviours in the friendship group can exert a negative influence on psychological wellbeing, academic performance and mental health for the individual, though the impact can be reduced by positive social support from within the family (Ma & Lai, 2021).

The number of CYP reporting low levels of happiness with peer relationships was found to be higher relative to pre-pandemic levels (The Children's Society, 2022). A survey of CYP attending twenty-one secondary schools in the UK reported an increase in mental health difficulties across the board, though highest amongst females and year-11 pupils (Wright et al., 2020). However, girls who reported feeling safe and supported within their current social relationships tended to experience fewer issues with their wellbeing (Mendes et al., 2022).

### 3.3.2 Stigma and Discrimination

The experience of discrimination has been found to be damaging to self-esteem, making difficulties with mental health harder to moderate (Jia et al., 2017; Lanier et al., 2017). Poor body image and the associated negative impact on social belonging and relationships can have a detrimental effect on CYP's mental health and feelings of wellbeing (Marta-Simoes et al., 2022; Engel & Brennan, 2021). One outcome of stigma, or the fear of it, is the reduction in help-seeking behaviour amongst CYP, especially older ones, which is further damaging to their mental health both now and in the future (Radez et al., 2022).

CYP exposed to any form of victimisation or abuse are more likely to experience mental health disorders like anxiety, depression and post-traumatic stress disorder (PTSD), especially if there are multiple sources (Doba et al., 2022; de Azerdo et al., 2020). It is also related to a poorer quality of life (Huang, 2021). A large (n=10,123), cross-sectional study found a significant link between maltreatment and poor mental health in CYP, though the negative impact was tempered by positive 'individual' or 'within-person' factors, specifically, good self-esteem, an internal locus of control and the employment of positive coping strategies (Cheung et al., 2020). A follow-up study (n=2433) of sexual abuse sufferers found them to still have serious mental health disorders necessitating contact with mental health professionals and psychopharmacology after five-years (Guha et al., 2019). The need for an appropriate intervention prompted a systematic review of randomized controlled trials, which reported improvements in mental health amongst some children after



interventions, but no change in the level of maltreatment, so the latter needs urgent addressing (Waid et al., 2022).

Searching for meaning in life has been related to social connectedness through good parent-child and peer relationships and was found to be linked with self-esteem and positive affect (Lin et al., 2021). Being kind to others through prosocial acts, had a positive influence on CYP's mental health in that such altruism increased positive affect, reduced negative affect and minimised stress (Tashjian et al., 2021).

### 3.3.3 Family dynamics and parenting style

#### **3.3.3.1 Influences of parental mental health**

A review of the research between 2010 and 2018 into child and adolescent mental health services (CAHMS), found a significant relationship between the parents' and children's mental health status, which also had implications for recovery (Campbell et al., 2021). The UK Millennium Cohort Study (n=17,478) utilising national data collected at ages 3-, 5-, 7-, 11-, 14- and 17-years, revealed a significantly increased risk for developing mental health problems for those exposed to prolonged maternal distress (Hope et al., 2019). Increasing pressure of work coupled with family demands can result in family conflict with an associated risk to parental mental health, which in turn can have a negative impact on the children's mental health (Dinh et al., 2017). A cautionary note reflected some potential methodological problems with the studies; however, these were not deemed to have affected the results (Campbell et al., 2021).

Considering British child and adolescent mental health surveys, parental psychopathology was found to exert a significant negative influence (Wilkinson et al., 2021). The mental health of CYP as young as five-years old was negatively affected by the presence of maternal anxiety and depression (Soyoung & Sungjae, 2021; Hentges et al., 2020). If either parent suffered from recurrent depressive episodes while their child was young, there was a significant increase in the likelihood of depressive episodes in their offspring (Jaffee et al., 2021), especially if the former had comorbid or severe disorders (Johnson et al., 2018). The mental health of both parents at pre- and postpartum may have an impact on their child's mental health; the mother's negative symptoms alone can predict a higher risk of internalising problems like anxiety and depression in their child, whilst joint symptomology exposes a greater risk of problems with executive function (Vanska et al., 2017).

Having a mother with an alcohol related disorder increased the likelihood of the CYP experiencing a mental health problem, though only significantly for girls in the peripubertal age range (Husky et al., 2017). CYP whose mothers were sex workers had an increased risk of developing mental health problems, especially if they received little or no parental support or care (Murnan et al., 2018).

### **3.3.3.2 Influence of Familial Relationships**

Parental attachment, based on involvement, communication and trust, has been found to be a good predictor of CYP's positive mental health (Moreira et al., 2021). Good marital and parent-child relationships (Li et al., 2020), and perceived

satisfaction of basic needs fulfilment (Cricchio et al., 2020) also exerted a positive influence on the mental health of the CYP, whilst depressive symptoms could be mediated by positive maternal responses to the CYP's expressions of positive affect (Fredrick et al., 2019). Having a good quality mother-adolescent relationship was positively associated with better mental health in the adolescents (Qu et al., 2021), even for those growing up in low socioeconomic environments (Kirby et al., 2020).

Parental boosting of self-esteem and self-belief in being able to achieve goals, have been found to protect adolescents from developing mental health problems during this difficult time of rapid biological, emotional, cognitive and social changes (Ho & Chen, 2022). Children in care are often reported to experience worse mental health than their peers (Ben-David, 2022), though a study controlling for experiences before the child was taken into care did not support this conclusion, except in the number manifesting reactive attachment disorder which was significantly higher (Baldwin et al., 2019). The perceived degree of family and peer support for migrant CYP was associated with less damage to their mental health, as was a higher self-esteem (Gardner & Webb, 2019), though the latter could be damaged by discriminatory practices (Lanier et al., 2017).

### **3.3.3.3. Influence of Parental Style**

As noted above, cyberbullying has been on the increase and exerted a negative influence on the victim's mental health, though positive parenting was found to moderate the potential impact (Jiang et al., 2021; Nduwimana et al., 2017). In

contrast, poor relationships with one or both parents resulted in an increased likelihood of CYP suffering from anxiety and depression (Luitjen et al., 2021). Negative or 'mixed' parental responses to their CYP's sexual and gender minority identities were associated with the latter's reporting more mental health difficulties and experiences of bullying, compared to positive parental responses (Clark et al., 2021).

Authoritarian parenting resulted in an increased likelihood of emotional and behavioural problems in CYP, as did non-supportive responses from mothers (Raval et al., 2018). Exploring interactions between parents and their adolescent children found that an over-controlling parental style led to adolescents becoming more withdrawn and experiencing higher levels of anxiety and depression, whilst under-control resulted in more expressed anger, behavioural and peer problems (Koss et al., 2016), which reflects what a delicate balance parenting can be (Florea et al. 2022). However, it is important to consider the sociocultural context within which research has been carried out (Dost-Gozkan, 2022).

The mental health of CYP is therefore affected both positively and negatively by parenting styles, though little research takes account of the variability of cohesion and conflict on a day-to-day basis (Fosco & Lydon-Staley, 2020). Studies exploring the relationship between daily levels of parental warmth and adolescent wellbeing during parent-teen conflicts, found that fluctuating daily levels were less protective of

the adolescent's mental health than consistent and stable ones (Dost-Gozkan, 2022; Silva et al., 2020).

Where divorce or separation is an issue, those within joint custody families fared better in terms of their mental health than those from sole custody families, though only if the parent-child relationships were good (Steinbach & Augustijn, 2022). Father absence as a result of separation has negative implications for the mental health of CYP, and the significance increases the younger the child was when it happened (Culpin et al., 2022). Interestingly such problems can be mediated by increasing the father's involvement in the physical and mental wellbeing of their child (Azuine & Singh, 2019). Having a positive, supportive relationship with their father also helped to protect CYP against depressive symptoms throughout their development, though the influence was greater for girls than boys (Mak et al., 2020).

### **3.4 Individual**

At the centre of the socio-ecological framework is the individual (Michaels et al., 2022), and here I shall examine the psychological influences and personal characteristics, including self-esteem, self-efficacy, resilience, cognitive flexibility and emotion regulation, on mental health. The influences of illness and psychological disorders on CYPs mental health will then be considered, before adverse childhood experiences (ACEs) and adaptability and resilience are discussed.

There are many general risk factors impacting the mental health of CYP, including a sense of hopelessness, negative social relationships, abuse, low levels of available support and poor self-esteem (Clements-Nolle et al., 2018). The way an individual feels about themselves, their subjective well-being, can be a predictor of mental health problems (Lampropoulou, 2018), whilst remaining engaged, cheerful and optimistic can mediate against them (Zeng et al., 2019), as can having a sense of meaning in life (Krok & Telka, 2019; Lin & Shek, 2019).

### 3.4.1. Psychological Influences

#### **3.4.1.1 Self-concept & self-esteem**

Having a higher level of self-esteem helps to protect the CYP's mental health from the damaging effects of growing up in a low socioeconomic environment (Chen et al., 2021), and where there was perceived discrimination (Jia et al., 2017). Engaging in some form of physical activity and/or being in a natural environment enhanced CYP's sense of wellbeing (Natural England, 2022; Sport England, 2022). A recent review of literature to examine causality found that physical activity can improve CYP's cognitive function, self-esteem and to a lesser degree their mental health, specifically depression (Biddle et al., 2019), even in children as young as five-years (Jia et al., 2021). A similar finding was reported from a systematic review and meta-analysis of 58 longitudinal studies researching the link between sedentary behaviour and the development of mental health disorders in CYP, which continued into adulthood (Zhang et al., 2022).

Self-identity development has been found to be enhanced within individuals who engage in both hedonic and eudaimonic mind-wandering, which was also beneficial to their wellbeing, especially if they employed an element of self-reflection (Jiang et al., 2021). A study into the effect of gender role self-concept in mental health found support for the 'androgyny model' of wellbeing, which refers to the positive impact of having both positive feminine and masculine qualities in one's self-identity (Koriat et al., 2022). However, the mental health of those identifying as LGBTQ+ can be compromised by heteronormative stresses directly resulting from such identification (Elliott et al., 2022; Birkett et al., 2015). LGBTQ+ CYP were found to be at a far greater risk of mental health disorders, including anxiety, depression and non-suicidal-self-injury, compared with their heterosexual or cisgender peers (Williams et al., 2021; Peters et al., 2020; Lucassen et al., 2017). The UK Millennium Cohort study revealed that CYP who experience a mental health issue are at an increased risk of also suffering a co-morbid disorder (Speyer et al., 2022), potentially impacting some cohorts more than others.

#### **3.4.1.2 Emotional Intelligence, Emotional Regulation and Self-efficacy**

Of increasing importance to the mental health of CYP is the ability to regulate emotions in response to stress, as the development of emotion regulation can facilitate psychological flexibility, resilience and overall wellbeing (Deighton et al., 2021; Morrish et al., 2018). It is important to note that the definition of what constitutes emotion regulation has been problematic and there has been a move to understanding it as a dynamic, rather than a static process, in that the individual is

able to adapt their regulation efforts in response to different contexts (Bettis et al., 2021). Situational factors were found to affect what strategies the individual adopted to try to achieve regulation, be they distraction, reappraisal, rumination, relaxation, suppression or engagement, coupled with their perceived previous successes (De France & Hollenstein, 2021).

Emotional intelligence has been found to significantly predict the individual's ability to adapt to the context and flexibly vary their emotion regulation (Double et al., 2022). A three-year study supported the link between self-regulation and subjective wellbeing (Morosanova et al., 2021). CYP who were more aware of their negative emotional states suffered fewer mental health issues than those who were less able to identify and distinguish between their emotions (Lennarz et al., 2018). Emotional intelligence can exert a positive influence on CYP's mental health (Gasco et al., 2018) and can play an important role in sociometric status, whereby those with higher levels of emotional self-evaluation are more accepted by peers than those who overestimate their emotional abilities, with the associated impact on subjective wellbeing (D'Amico & Geraci, 2021).

There is a wide variation in how CYP perceive their abilities to control their emotions, and those with low regulatory self-efficacy, are more likely to experience mental health problems (De Castella et al., 2018; Joormann & Stanton, 2016). The negative influence on mental health of cumulative childhood traumas can be moderated by adaptive, rather than maladaptive emotion regulation (Haselgruber & Lueger-Schuster, 2020). Low levels of emotion regulation, like experiential avoidance and



interoceptive deficits, are a predictor of mental health disorders and suicidal ideation in CYP (Brausch & Woods, 2019), whilst positive self-efficacy beliefs in emotion regulation help to mediate against problems in psychological wellbeing (Huang, 2021; Tommasi et al., 2018).

Lower levels of emotion regulation were found to predict mental health problems, especially if compounded by family conflict (Raposo & Francisco, 2022). Higher levels of self-focussed emotion regulation reduced experiences of depression after severe trauma, though no strategies could protect the CYP's mental health entirely (Diab et al., 2019). Experiencing good social relationships, together with adaptive emotion regulation, psychological flexibility and self-compassion, provided an element of protection against developing mental health problems, particularly in girls (Mendes et al., 2022). Those experiencing cyberbullying, who had lower levels of self-efficacy for managing emotions were at a greater risk of developing associated mental health difficulties, compared to those with stronger emotion regulation (Doba et al., 2022; Schunk et al., 2022). CYP with higher levels of trait self-control had fewer issues with subjective wellbeing and mental health (Peng et al., 2022).

Developing strategies for coping with stressful and emotionally arousing situations is a developmental task facing CYP, and an inability to effectively regulate emotions can result in social, emotional and mental health difficulties (Koss et al., 2016). CYP expressing negative emotions who experienced non-supportive responses from their mothers, were more likely to develop emotional and behavioural problems through emotion dysregulation (Raval et al., 2018), whilst those who had constructive

responses to their expressions of positive affect, developed effective regulation strategies and had fewer depressive symptoms (Fredrick et al., 2019).

Educating CYP to be able to recognise, understand and control their emotions led to an improvement in wellbeing, regardless of gender, race or academic ability (Smith et al., 2018). Although results were online and only present within but not outside the school setting, it is an encouraging area for further research (Smith et al., 2018). A review exploring the value of positive education programs in schools, found them to be efficacious to CYP's mental health, but only for individuals with high levels of emotion regulation (Morrish et al., 2018). One difficulty confronting this review was the lack of a consistent measure of emotion regulation (Morrish et al., 2018).

### 3.4.2 Influences of illness and Psychological Disorders

In some cases, it may be possible to predict later mental health disorders as early as birth, through the detection of metabolic proteins in the cord (Scott & Manczak, 2022). CYP born extremely prematurely are at an elevated risk of developing later mental health problems, especially anxiety and depression (Moore et al., 2021). More research, particularly taking account of other possible influences on the aetiology as the child develops, needs to be done before these prospective diagnoses can meaningfully be undertaken.

For CYP suffering with medical conditions that may or may not be chronic and lifelong or necessitate regular treatment or major surgery, there tends to be co-morbid psychiatric or mental health issues like anxiety that need careful assessment

and monitoring throughout the lifespan (Shain et al., 2020). The aetiology of such problems is not entirely clear but may be due to the condition itself, a result of the management of the illness, feeling a lack of control, fears about the future, ostracism and stigma (Plevin & Smith, 2019) or the possible differing expectations of CYP and the health professionals (Fonte et al., 2019). CYP experiencing dysmenorrhea tended to report higher levels of anxiety and depression, and a poorer quality of life than their 'healthy' peers, and the possible negative impact of dysmenorrhea on mental health has implications for its management (Sahin et al., 2018).

Anxiety and depression are two of the major negative mental health experiences amongst CYP suffering with medical disorders like chronic fatigue syndrome (Loades et al. 2018), cystic fibrosis (CF) (Liu et al., 2020; Mursaloglu et al., 2020; Gundogdu et al., 2019), musculoskeletal disease and pain (Alunno et al., 2019; Eckhoff et al., 2017), heart disease (Leirgul et al., 2022), migraine (Hammond et al., 2019), epilepsy (Plevin & Smith, 2019) and cancer (Yardeni et al., 2022; Yardeni et al., 2020).

Whilst not an illness per se, those with an autism spectrum condition (ASC) are likely to experience differences with their self-concept clarity and personality traits, when compared to their typically-developing peers, and these have been found to have a negative impact on the individual's mental health and sense of wellbeing (Rodgers et al., 2018).

### **3.5 Adverse Childhood Experiences (ACEs)**

Children experience many challenges as part of growing up, however, if the child is exposed to many and repeated or long-term stresses, their coping strategies can become overwhelmed leading to mental and behavioural difficulties (Houtepen, et al., 2020). The term ACEs covers a broad range of negative childhood experiences such as physical, verbal and sexual abuse, neglect, exposure to violence and familial mental illness, substance abuse or criminal behaviour (Ford et al., 2016). Michaels et al.'s (2022) socioecological model suggests that the influences on the CYP's mental health are complex arising from the interactions between experiences within the individual and wider social systems. This idea is also found in longitudinal research suggesting that almost all psychiatric disorders began with ACEs, though the environment and genetic predisposition also exerted an influence (Linden & LeMoult, 2022; Beauchaine et al., 2018). Recent research has revealed a strong relationship between ACEs which require significant adaptation on the part of the child, whether behavioural, psychological, emotional or social (McLaughlin, 2016), and neurodevelopment in both the prefrontal cortex, involved in executive functioning and self-regulation, and subcortical regions associated with impulsivity (Hair et al., 2015). CYP with an ASC diagnosis were also at a greater risk of suffering from (ACEs), especially in low-income families, which, as outlined above, have been linked to damaging effects on mental health (Kerns et al., 2017).

A study across eight European countries explored the relationship between emotion-driven impulsiveness, wellbeing and exposure to ACEs and found that the greater the number of stressful life events, the higher the incidence of impulsive behaviour and

the lower the sense of wellbeing (Do et al., 2022). However, this cause-and-effect could be perceived as overly simplistic since not all children who are exposed to ACEs will go on to develop a mental health difficulty or disorder (WHO, 2014). The deterministic, negativity associated with ACEs does not explain how CYP with different backgrounds and life experiences can progress alongside their peers and develop 'normally', a process referred to as equifinality (Cicchetti & Rogosh, 1996). Conversely, some CYP with similar life experiences may develop problems with their 'normal' development and progress very differently, known as multifinality (Cicchetti & Rogosh, 1996).

The CYP's internal and external resources, such as the ability to successfully adapt, together with their support systems, can substantially reduce the long-term impact (Bellis et al., 2014). Higher levels of subjective wellbeing helped to some degree to mediate the effects of multiple ACEs (Leiva et al., 2022). Even so, protective factors do not make the child impervious to psychological and emotional harm, and the exposure to multiple or severe adverse experiences may still be damaging (Allen & Donkin, 2016). Girls exposed to multiple ACEs fared better than boys in relation to developing depressive symptoms, though there was no significant difference for anxiety disorders (Gajos et al., 2022). Somewhat in opposition to this finding, girls exposed to multiple ACEs experienced poorer relationships with parents and peers, and more problems with their mental health (McMahon et al., 2020).

Providing the CYP with consistently safe, nurturing and stable environments facilitates development (Mercy & Saul, 2009). However, there are inevitably some experiences of adversity that occur naturally and are a healthy aspect of human development (Merrick et al., 2020). If periods of severe stress are frequent and prolonged, they can have a negative impact on the CYP's psychological and emotional development and mental health (National Scientific Council on the Developing Child [NSCDC], 2014), which may continue throughout the lifespan (Shonkoff, 2016).

Early intervention is essential to combat the potentially negative impacts on CYP's mental health as a result of ACEs (Linden & LeMoult, 2022), and there is a necessity for multi-level, mental health prevention strategies that integrate individual, familial and neighbourhood interventions (Naya et al., 2022). There are however large discrepancies in mental health care between high- and low-income countries (Raj et al., 2022).

Refugee CYP may have experienced multiple traumas, including the loss of their home, friends and family (BPS, 2018) all of which could negatively impact their mental health (Frounfelker et al., 2019; Sirin & Rogers-Sirin, 2015). If the parents are suffering their own mental health issues, the impact of the trauma on the CYP is significantly increased (Erucar et al., 2018). However, experience of trauma does not necessarily equate to mental health disturbances especially for those who show resilience (Rutter, 2003; Hodes, 2000).

### **3.6 Adaptability & Resilience**

Within the socioecological models there is a strong emphasis on the changes and challenges that CYP face as they grow and develop (Christensen, 2016). There are however some limitations to the models, a key one being a lack of consideration of the concept of resilience which is important because it reflects the CYP's levels of motivation, competence, sense of purpose and ultimately their ability to adapt (Miller, 2008; Engler, 2007). Resilience is a concept tied in with equifinality and multifinality as outlined above, whereby the CYP's inner resources can combat the negative impact of ACEs (Bellis et al., 2014; Cicchetti & Rogosh, 1996). Enhancing adolescent resilience resources through quality mother-adolescent relationships helped with subsequent feelings of subjective wellbeing and associated positive mental health (Qu et al., 2021), and should be fostered for all CYP (Agarwal et al., 2021). There is a word of caution with respect to resilience, as studies tend to lack an agreed definition of what constitutes the concept (Luther et al., 2000).

An individual's personality, values and motivations can influence their psychological, social and emotional functioning, and impact their mental health according to Self-determination theory (Ryan & Deci, 2017). Intrinsic values like self-acceptance, intimacy within a relationship, and community feeling, exerted a significantly, positive influence on mental health, whilst extrinsic values like desire for wealth, popularity and physical appearance, did not (Tessier et al., 2021). Extrinsic or materialistic values are constantly foisted upon CYP through their relationship with the mass media, through internet sites, reality TV shows and advertising, which could encourage a sense of entitlement, materialism, and a narcissistic personality (Oprea

& Kuhne, 2016). As the authors point out, CYP reporting what they think is the 'right' thing and claiming to hold intrinsic values, could be very different from them acting on them (Tessier et al., 2021), and this limitation is difficult to overcome. The situation is even more complex as one study revealed that some values and beliefs have a positive impact on mental health when they are not acted upon, like self-enhancement, whilst for others like self-transcendence, acting upon the values can provide greater mental health benefits (Bojanowska & Kaczmarek, 2022).

### **3.7 Mental health literacy (MHL)**

Mental health literacy has been defined in terms of an individual's knowledge and beliefs about mental disorders that aid their recognition, management and prevention (Jorm et al., 1997) and is the main focus of the current research. The concept has been developed and refined over recent years (Jorm, 2015). There are four key components: knowledge on achieving and maintaining good mental health; knowledge about mental disorders and their treatments; reducing stigma associated with mental disorders; and help seeking (Kutcher et al., 2016), which have informed this study.

The growth of initiatives designed to promote mental health literacy (Nobre et al., 2021) has been in response to the rising rates of mental health difficulties in CYP (Tully et al., 2019). The World Health Organisation (2013) posited a mental health action plan to promote understanding of mental health problems, thereby reducing associated stigma, and to provide strategies like developing mental health literacy for



helping to prevent them. In response to this there has been an increase in the promotion of 'good mental health' for children in schools, with the government document 'Transforming Children and Young People's Mental Health Provision: A Green Paper' (DoH & DfE, 2017) stating that all schools should have a mental health lead person by 2025. However, the prevalence of mental health issues for CYP is showing no signs of abating even though there are efforts to increase the number of available, evidence-based interventions, and one explanation may be the poor levels of mental health literacy within this population (Tully et al., 2019). In order to enhance success with MHL programmes, establishing what children know already would be a useful start.

Including MHL training in schools has been found to be a promising intervention for enhancing positive mental health amongst CYP, though, being self-reporting, the data were potentially subject to reporting bias (Bjornsen et al., 2019). A scoping review into programmes designed to promote MHL with CYP in school settings, claimed generally positive outcomes across the studies investigated, though the lack of validated instruments and the variety of different assessments used, makes interpretation and comparison difficult (Nobre et al., 2021). Interventions that promote knowledge about how to develop and maintain good mental health, together with the creation of suitable instruments to measure success is an important way forward (Nobre et al., 2021). One concern with the promotion of MHL is that the individual could be perceived as being responsible for the development of, and recovery from mental health problems, rather than them being part of an overall strategy involving

all the systems within the socio-cognitive model (Michaels et al., 2022) considered above.

Unfortunately, a systematic review of one hundred and forty articles exploring the efficacy of interventions targeting MHL for CYP concluded that although there was evidence of improvements, effectiveness varied greatly depending on the setting, control group usage and outcome measures (Patafio et al., 2021). The authors identified some common limitations within the studies reviewed which tended to reflect a lack of a suitable control group or no follow up long-term, and a tendency to focus on higher income economies leading to a restriction in generalisable understanding of other contexts (Patafio et al., 2021).

Implementing MHL in school settings is not a straightforward process according to a review (Gee et al., 2021). The authors suggested several key points: those delivering MHL training should undergo proper training themselves with continued support; the school culture should reflect the importance of positive mental health; the intervention chosen should be appropriate and achievable within the school; and the opinions of the CYP should be sought and listened to (Gee et al., 2021), the latter being the focus of the current study.

A study of 248 schools in England found that the greater the amount of training the educator had in relation to MHL, the more the CYP's knowledge of mental health issues, support services that were appropriate and accessible, and the provision of

their own support systems improved (Mansfield et al., 2021). Interestingly there was more training available to those educators in Secondary compared to Primary education (Mansfield et al., 2021). A systematic review of research into the efficacy of providing training programmes in MHL for professionals in direct contact with CYP, showed slight improvements in knowledge about mental health and a reduction in negatively held views, though little was found in relation to implementing helping behaviours (O'Connell et al., 2020).

Research focusing on pre-teens who underwent a short educational program to enhance MHL found significant improvements in all components, which held at a three-month follow up (Ojio et al., 2019). Here too there were the limitations of no control group, a lack of information about participants' previous experiences of mental health difficulties, their levels of intelligence and the SES of the school and neighbourhood, which are common in much research in this area (Ojio et al., 2019). As observed, another issue is the generalisability of findings from either high- or low-income countries to the opposite SES, and of those from very different cultures and values to the Western world (Patafio et al., 2021). There are also concerns related to the potential pathologising of mental health amongst CYP receiving mental health training, thereby making matters worse, especially if the approaches are a 'one-size-fits-all' and little is done to improve access to appropriate support (Foulkes, 2022). However, a systematic review and narrative synthesis exploring CYP's conceptualisations of mental health in low- and middle-income countries found that despite environmental and sociocultural influences, CYP could conceptualise the construct of mental health and were able to understand and work towards developing

a positive mental health appropriate to their ages and within the bounds of their culture and society (Renwick et al., 2021).

As can be seen from the research above, the evidence for MHL approaches in schools is mixed. In order to know whether the promotion of MHL is efficacious, it is necessary to establish what the participants already know and understand about the concept of mental health and the best way to establish this is to ask them (Jenner & Barker, 2023).

### **3.8 The importance of gathering CYP's perceptions**

As noted, any mental health programme or intervention should be designed, implemented and evaluated with the child rather than for them. Essential to this process is finding out what they already know and what they would find helpful. According to the United Nations Convention on the Rights of the Child (1989) every CYP, within the bounds of their age and maturity, has the right to be heard. Although Britain is a signatory to the above convention, educational practices in the UK rarely encourage every individual to be involved in decisions that affect them, despite such representation being a key component of the concept of democracy (Rolls & Hargreaves, 2022). There is a fine balance between enabling true democracy within schools and the necessity for some less democratic practices, with adults ultimately having control over the final decisions (Fielding, 2011).

Providing CYP with an opportunity to share their views about decisions that have an impact on them, either directly or indirectly, is referred to as giving them a voice (Mayes, 2020; Whitty & Wisby, 2007). The concept of pupil voice was first posited in the 1990's and has been included in many policy documents relating to education throughout the world (Flutter et al., 2022). Differences in understanding and use of the term by policy makers, practitioners and researchers could lead to a lack of clarity potentially rendering it almost meaningless (Thomson, 2011). Similarly, pupil diversity is likely to have an impact based on the assumption that those pupils who share their views represent a commonly held perspective akin to a democratic construct (Fielding, 2004). Notwithstanding these concerns there are some key values that underpin the concept of child voice, including a sense of agency, community, democracy, dialogue, engagement, participation, reciprocity, respect and rights (Flutter et al., 2022).

Attempts to introduce pupil voice are seen as an optimistic and unquestioning willingness for adults to share power, enabling a more authentic relationship (Bragg, 2007). There is however a degree of reluctance within the education system to alter the power relationships for several reasons (Robinson & Taylor, 2012). Concerns about the reliability and validity of pupil perceptions (Burr, 2015), large classroom sizes (Lewis & Burman, 2008), pressure to achieve in national assessments leaving little time for non-academic concerns (Ainscow & Messiou, 2018; Pearce & Wood, 2016; Ball, 2003) and fear of the challenge and potential disruption to the authority of the school staff and the overall power dynamic (Lundy, 2007). Giving a voice to the child requires a change in mindset by the teachers and school leadership teams

(Rudduck & Fielding, 2006) and as a result their perceptions are not always sought or are simply ignored (Jenner & Barker, 2023). There is a further concern that those in power may be being manipulative in using pupil voice to promote their own agenda (Bragg, 2007; Hart, 1997).

Concerns over the inflation of the role of the child and an over-emphasis on their ability to know what is best for them may lead to a tokenistic approach which simply seeks their opinions without taking account of their responses (Rolls & Hargreaves, 2022). Pupil voice is more than simply listening to what they have to say (Pleasance, 2016; Hulme et al., 2011), so it is important that CYP perceive that something is happening as a result (Husbands & Pearce, 2012), otherwise there is a risk of undermining their right to have their perceptions valued (Rolls & Hargreaves, 2022).

It is important to recognise that simply encouraging pupils to speak for themselves assumes a level of understanding and self-knowledge that may not be a true reflection (Fielding, 2004). Counter to this concern, there is increasing evidence that CYP do have the ability to be insightful and reflect an understanding of their own experiences (Pedder & McIntyre, 2006) though it must be remembered that their views of mental health are rooted in their culture and may change in response to ACEs and the timing of the questioning (Exenberger & Reiber, 2020). Unfortunately, despite a desire to work with CYP's mental health from a person-centred perspective, this rarely happens in practice, a systematic review revealed (Gondek et al., 2017).

In order to provide the most appropriate interventions it is essential to understand how CYP experience their difficulties, what things are like from their perspective and establish their individual needs (Khoury, 2020). It is advisable to gather as much information in order to identify factors that contribute to the CYP presentation of a mental health difficulty, and this includes listening to the CYP themselves and establishing their strengths, in order to develop the most appropriate intervention that has the best chance of an efficacious outcome (Macneil, 2012). The main approaches to an intervention for a mental health problem focus on a recovery paradigm, which is itself based on work with adults experiencing severe mental health disorders (Palmquist et al., 2017). It is probable that the needs of CYP differ from that of adults (Khoury, 2020) and given that little is known about the relevance of such interventions for CYP, it becomes even more important to gather their views on mental health in terms of their understanding and experiences (Palmquist et al., 2017).

### **3.9 Exploring CYP's perceptions of mental health**

Despite there being very little recent research into this topic there have been some qualitative studies exploring CYP's understanding of mental health and others focusing solely on their understanding of mental illness. CYP have themselves voiced a concern over their lack of knowledge and understanding around mental health and expressed a desire to learn more (Smart et al., 2012). One study utilising two focus groups with 10 to 11-year-olds found that participants were able to express their understanding of mental health in a relatively sophisticated way (Roose & John, 2003). As a result, the authors concluded that CYP should be included in decision

making about service development in line with Government policy. Whilst it is important to acknowledge that CYP's own experiences may have an effect on their knowledge about, and perception of what constitutes mental health (Johansson et al., 2007), it is not safe to assume that this is always the case. CYP who live with parental mental illness for example, don't necessarily understand it nor do they automatically have an associated higher level of understanding of the concept of mental health (Mordoch, 2010).

In a study focusing on children's understanding of mental illness, a semi-structured interview and card selection task was used with 5 to 11-year-olds (Fox et al., 2007). Here too, the older children revealed a sophisticated and clear understanding about mental illness, though the younger children still relied on the medical model when considering the concept. However, this may not be a surprise given the medicalised quality of the vignettes focusing only on depression, schizophrenia, anorexia nervosa and dementia, with associated 'choice cards' comprising negative causes, consequences and outcomes. An added concern with research in this area is that the findings may not be a true representation of young children's ability to conceptualise mental illness as they may find it difficult to articulate or even be able to access their knowledge and understanding (Karmiloff-Smith, 1988).

Age has been found to be a better determinant of what CYP understand by the term mental health than gender (Johansson et al., 2007). This study carried out interviews either individually or in focus groups with 13 to 16-year-olds and found the younger



children were less able to describe the concept. Given the apparent importance of age, the findings support the assertion that children's perceptions may be very different from what adults expect them to be (Balen et al., 2006). This is important given that the majority of pupil involvement in decisions about mental health within schools and services tends to be based on adult perceptions (Davies & Wright, 2008; Todd, 2007). It has also been found that CYP's conceptualisation of positive mental health was less developed or significant than their recognition of mental illness (Armstrong et al., 2000). In a similar vein, a study with 13-year-olds looking at their perceptions of mental and physical health through anonymised questionnaires, revealed that children tended to talk about physical health when describing mental health and all initially only considered 'healthy' to mean physically healthy (Singletary et al., 2015).

Taking account of their perspectives is empowering for CYP and increases the likelihood of them being engaged with the process of gaining MHL (Smillie & Newton, 2020). A qualitative exploration into the views of CYP in relation to mental health and found that, despite having varying levels of MHL, they could recognise specific anxieties in relation to academic workload, bullying and issues around transition from primary to secondary school, as well as an expressed desire to know more about the topic (Spencer et al., 2020). This, coupled with the current lack of recent, relevant research into the importance of utilising pupil voice to encourage engagement with the topic of mental health, necessitates further research, leading to the focus of the current study.

### **3.10 The Focus of this Study**

There has been a lot of research into adult mental health, adolescent mental health, and that of different cohorts of individuals, with the majority of research into children's mental health focusing on the potential impacts, rather than specifically exploring children's knowledge and understanding. As there is currently a dearth of research in this area the current study was designed to address the gap in the literature.

Gathering the views of children in relation to mental health, together with an exploration of their current levels of knowledge and understanding about mental health was therefore an essential place to start (Smillie & Newton, 2020). Such an endeavour can be carried out using focus groups (Williams et al., 2022) and this approach has been adopted in the current study.

The purpose was to explore how 'mental health' was understood by primary school children aged 9-10 years through analysis of their verbalised constructs shared during focus groups. The findings will inform the future development of mental health provision within schools. Through appropriate language that takes account of the individual's age, cognitive ability and current understanding, it is hoped that mental health outcomes will be improved. Identifying what they know and what they do not know will help to reduce misconceptions, challenge stereotypes, minimise pathologising and promote help seeking where necessary. Children from primary schools were chosen given the evidence that the majority of mental health disorders first manifest during adolescence (Kessler et al., 2005). A good understanding of mental health would therefore be beneficial before this age to support the future recognition, self-efficacy and help seeking behaviours of CYP.

**Research questions:**

What are children's initial conceptualisations of the term 'mental health' without prompts or guidance?

What are children's conceptualisations of the term 'mental health' after providing a stimulus activity and scaffolding?

What do children see as useful strategies to support mental health?

## **CHAPTER FOUR: METHOD**

This chapter will firstly consider the philosophical underpinnings of the study and the justification of the chosen methodology. The second part will discuss the research design.

### **4.1: Part One: Ontology, Epistemology & Methodology**

#### **4.1.1 Ontology and Epistemology**

There are three main theories to understanding mental health, namely the biological and genetic, sociocultural and the biopsychosocial models. Each has their own ontological and epistemological perspectives.

The biological and genetic model is underpinned by a realist ontological perspective resting within the positivist epistemological paradigm. Those who follow this perspective believe mental health to be a 'real' entity which is observable, quantifiable, and thus can be categorised, as represented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (2013), based on the assumption that individual experiences are homogenous (Machlup, 1961).

Sociocultural models define mental health as being a social construct (Young, 2008) and adopt a more relativist ontological perspective and a constructivist view of epistemology, whereby the 'norms' of what constitute mental health are created by

others' experiences and interpretations and vary within and between cultures (Gurung, 2010) and historically through time (Baghramian & Coliva, 2019). This paradigm goes some way to explaining why the DSM categories undergo revisions over time (Drescher, 2015; Reiger et al., 2013).

The biopsychosocial model reflects a realist ontology in that biological factors are seen as contributing to mental health, but there is also a relativist element in that there are social factors which impact on the ontology of mental health (Thompson et al., 2002). This model is therefore linked to a constructionist epistemology whereby we can only know mental health through the meaning given to it at a societal level as in DSM-V, and at an individual level (Thompson et al., 2002). The biopsychosocial model integrates the ontologies and epistemologies of the biological and sociocultural stances. Mental health is both 'real', though unobservable, and constructed through human perspectives and experiences (Maxwell, 2012; Bhaskar, 2008; Sayer, 1992). This situates it within the paradigm of critical realism (Rosenberg, 2012; Bhaskar, 2008).

Mental health was considered from a biopsychosocial perspective for the purposes of this study, which is therefore situated within the paradigm of critical realism reflecting a realist ontology and constructionist epistemology, which aligns most closely with the socio-ecological model (Michaels et al., 2022). It is believed that children do have an understanding of mental health, leading to a realist ontological stance, with the research aiming to explore what children understand about the concept of 'mental

health', lending itself to a constructionist epistemology. Critical realism therefore supports the assumption that how we experience the reality of mental health is shaped by our language and culture (Maxwell, 2012; Braun & Clarke, 2020).

#### 4.1.2 Methodology

There are two main approaches that are used in education and psychology. A positivist philosophical stance, assuming that there is a fixed reality, and knowledge can be obtained through the use of scientific methods. Research taking this approach most commonly involves the collection of quantitative data, large samples, and is concerned with relationships, differences and variations (McQueen & Knussen, 2002). An alternative approach is interpretivism where the researcher believes knowledge is socially constructed through the meanings that people give to the world. This approach is associated with the use of qualitative research, which utilises flexible methods to generate rich data which allows for the exploration of individuals' perspectives through their language-rich social contexts in order to study their lived experiences (Elliott, Fischer & Rennie, 1999).

Qualitative approaches accept that research is subjective both in design and interpretation (Robson, 2011), meaning details of the philosophical and analytical approach used should be transparent and explicit (Braun & Clarke, 2006). There are several qualitative approaches which have been used to study topics from the social sciences, such as mental health (Livingston et al., 2019; Braun & Clarke, 2019) and despite there being differences in the methodology, there is the potential for overlap

between the output depending on how each analysis is carried out (Braun & Clarke, 2013; Yeh & Inman, 2007). These were considered for this study (Appendix One) before concluding that reflexive thematic analysis was the most appropriate.

#### **4.1.2.1 Why use Reflexive Thematic Analysis?**

Thematic analysis (TA) focuses on themes which the researcher determines through immersing themselves in the data (Braun & Clarke, 2020). It is often mistaken as a singular method of analysis, but rather it is several methods which have several common characteristics, but differ in their analytic procedures, research values and philosophical assumptions (Braun & Clarke, 2021a; Fugard & Potts, 2000). Coding reliability approaches utilise a strict coding frame and typically have several researchers who apply the code to the data with a view to gaining agreement and reliability, whilst the Codebook approaches use a structured approach to coding for the purpose of mapping the developing analysis, usually for pragmatic reasons within applied research (Braun & Clarke, 2020). Reflexive thematic analysis utilises the knowledge and skills of the researcher to develop themes through their understanding and interpretation of the meaning of the data (Braun et al., 2014). As reflexive thematic analysis recognises the values and positionality of the researcher and has been used to generate themes from first-person accounts, such as focus groups (Braun & Clarke, 2021b; 2020; 2016) it was chosen as the analysis for this study.

Reflexive TA is compatible with a qualitative paradigm and offers the researcher an open and organic approach to coding whilst acknowledging the importance of their subjectivity and contextual knowledge in the process (Braun & Clarke, 2021a). It allows for both deductive and inductive processes enabling the generation of theory-driven codes and data, relating findings to the research questions and real-world situations (Guest et al., 2012; Boyatzis, 1998). Through immersing in the data, reflecting and interpreting meaning, the researcher is seen as a resource of knowledge who actively constructs themes rather than assuming there is a 'truth' to be found (Braun & Clarke, 2021a; 2019; 2016). In this way, reflexive TA supports the critical realist philosophical view of the researcher, utilising a realist ontology and constructionist epistemology and the analysis will focus on the reporting of an assumed reality from within the data (Braun & Clarke, 2013).

The researcher, who must be transparent in their views, theoretical standpoint and the process of analysis (Braun et al., 2017) is an integral to the analysis and their interpretation of the data is what shapes and creates the knowledge produced (Braun & Clarke, 2021a). Within the process of reflexive TA, coding is reflexive with no use for a framework, meaning codes can evolve, expand, collapse and be refined as the researcher works through the process and develops a greater understanding of the underlying meaning of the data. The codes are seen as 'tools' to use throughout the process and are not intended to be fixed (Braun & Clarke, 2021b).



## **4.2 Part Two: Research Design**

### 4.2.1 Context and participants

The participants were from a primary school located within a low SES neighbourhood with few parents having gone on to higher education and many children qualifying for free school meals and pupil premium. It is situated within the second lowest area for deprivation in the region and falls within the lowest 6<sup>th</sup> percentile in the UK. It has the highest percentage of primary school pupils with English as an additional language in the borough, a large proportion of whom are refugees and migrants new to the country. School staff are aware of the potential impact on these children and run nurture groups, social workshops and offer individual support to all their children.

The children participating in this study were aged 9-10 years old from within Year 5. The literature review revealed a dearth of recent research looking at mental health with children of this age, the majority focusing on adolescents, and specifically, Primary school children's understanding was largely underrepresented. Year 6 was not chosen as they had upcoming SATs, which could have added to their stress and anxiety, or could have skewed the results if they were feeling particularly anxious. Year 4 and below were deemed to be too young to be able to discuss mental health in this way, even if the method of data collection was developed to be age appropriate.

The mental health aspects of much of the research that does exist was as an outcome of a specific set of factors, like the impact of illness, or with different cohorts, such as those with an ASC or experiences of ACEs. Rather than focusing on such a specific set of factors or cohorts, the aim of the current study was to gather information from participants without giving consideration to any internal or external influences, especially as the majority of interventions aimed at mental health in schools are likely to be universal.

It is also important to be proactive rather than reactive, so to start developing knowledge and understanding around mental health as soon as possible, ideally within Primary school, can only be beneficial, and to do this it is important to discover what they know and do not know. Furthermore, as CYP often have to reach crisis point before they receive any kind of intervention, those who are not recognised or who may quietly 'slip through the net' could be more easily identified at an early stage.

Academically, Year 5 would have experience of working in small groups and discussing their ideas. They would be articulate enough to make themselves understood and to access the activities of the focus group. They would be developmentally able to be empathic and put themselves in the characters' shoes within the scenarios, and offer suggestions when answering the questions around emotions, thoughts, and help seeking. They will also have had some experience of the playground, the vignette of which formed the basis of the second activity, from

which to formulate their perceptions and discuss their ideas. The 13 children who participated had parental permission to take part, and formed the three focus groups, as shown in Table One.

Table One: Demographic breakdown of focus groups

<u>Gender</u>	<u>Ethnicity</u>	<u>Pupil Premium</u>	<u>SEND</u>
Male	Pakistani	No	No
Female	White British	Yes	No
Male	White British	Yes	Yes - EHCP - C&I
Female	White British	Yes	Yes - C&L
Male	White British	No	Yes - C&L
Male	Pakistani	No	No
Male	White British	Yes	Yes - SEMH
Female	White British	Yes	No
Female	White British	Yes	No
Male	White European	No	No
Male	White British	Yes	No
Male	Arab other	No	No
Male	Slovakian	Yes	No

#### 4.2.2 Methods

Various qualitative methods were considered for data collection before focus groups were chosen as they are compatible with qualitative research from a critical realism stance (Appendix Two). They can be used to gain an in depth understanding of social issues such as mental health, through people's perceptions and values (Wilkinson, 1998). Focus group participants are usually selected from a particular group of individuals rather than a more generalised representative sample (Nyumba et al., 2018). The recommended number of participants for focus groups ranges from anything between three and fourteen depending on the study (Vaughn et al., 1996; Bloor et al., 2001; Krueger & Casey, 2000; Folch-Lyon & Trost, 1981). For the

purpose of this study, it was decided to use three focus groups consisting of four or five children whom the teacher allocated in such a way to ensure they felt comfortable and would work well together.

#### 4.2.3 Pilot study

A pilot study was carried out with a small group of children who were personally known to the researcher. Its purpose was to ensure the activities were appropriate and accessible and allowed the script and prompts for the focus groups to be refined to ensure they were standardised as much as possible (Appendix Three).

#### 4.2.4 Focus groups

Focus groups enable the collection of rich data from multiple sources and allow for larger sample sizes than individual interviews (Robson, 2011; Robinson, 1999). A key feature of focus groups is the co-construction of shared views due to group dynamics and the ability for individuals to feel they can contribute. This is of particular importance when the participants are young and may find the group situation useful to support their confidence in sharing and constructing their thoughts (Robinson, 1999). Focus groups require the researcher to moderate and manage the group to enable the participants to feel comfortable enough to contribute (Robinson, 1999). As such the researcher should be aware of how they present themselves and how their beliefs and values may affect the group (Vaughn et al., 1996). To this end I only

paraphrased and fed back what I'd heard to facilitate sharing, when necessary, without steering the discussion.

Ground rules were created collaboratively with the participants to give them a sense of ownership (Puchta & Potter, 2004). After consideration of various forms of data collection (Appendix Two), activities were designed to account for the possible cognitive variation within the group, and delivered in a way that the participants would be able to access, understand and feel comfortable with (Vaughn et al., 1996). Visual aids, open questions and prompts were included to support with this. The focus groups were designed to allow the discussion of different aspects of mental health, centred round emotions, thoughts and actions, including help seeking behaviour.

#### 4.2.5 Procedure

The first activity was unstructured and involved asking an open question to explore what the children understood by the term 'mental health'. A picture of two aliens was used as characters for the children to direct their responses towards, as I felt this would be safer for them initially, rather than talking directly to me. Following an inductive analytic approach, it was important to understand how they constructed the term mental health without prompting, essentially building their own definitions to inform the first research question. This is important as children are increasingly hearing the term 'mental health', so knowing what they understand by it, can help to inform future discussions and interventions. To collate their ideas, I wrote them onto an A3 piece of paper so they could all share them.

The second activity was semi-structured and followed a deductive approach, to identify how the children constructed their understanding of mental health using a literature-based stimulus. The children were each shown a vignette, taken from the 'Feeling Good' booklet by the Sainsbury Centre for Mental Health (Appendix Four), and asked to find examples of mental health within the picture and explain their reasoning. Questions based on the MIND (2022) definition of mental health were used to explore their ideas around the thoughts, feelings and helping behaviours they perceived from the vignettes, and used to scaffold their thinking and enhance the discussion, thereby informing the second research question.

The third activity also followed a deductive approach, with the children being given ten cards with different helping strategies, taken from Childline.org.uk and NHS Every Mind Matters (Appendix Five), and asked to order them in terms of their perceived helpfulness. The children were also given blank cards so they could make their own if needed. These were used to further scaffold discussion around help-seeking and supportive behaviours to inform the third research question.

#### 4.2.6 Validity

Being both the researcher and facilitator of the focus groups, the trustworthiness of the data was reliant on me doing this well. The pilot study was designed to support this, and together with my experience and prior knowledge, was useful in ensuring the groups were prepared appropriately, and the questions and prompts were as standardised as possible. To minimise the children's possible perceptions of a power

imbalance between myself and them, and to avoid the usual teacher-pupil dynamic, the chairs were placed around a central table with the children choosing where to sit before I joined them. The need to listen when someone was talking and to respect what was said was reiterated.

To demonstrate the trustworthiness of the study, the criteria by Lincoln & Guba (1985) of credibility, transferability, dependability and confirmability were adhered to within the confines of the study. The reflexive thematic analysis was also carried out with this framework in mind (see Table Two).

#### 4.2.7 The Role of Reflexivity

It was important that I took a reflexive approach to the analysis and was aware of my social and emotional position in order to reduce any potential bias. Feeding back through paraphrasing what had been said to ensure understanding, whilst checking out the accuracy with the speakers helped to minimise any potential impact I may have had on the data. With reflexive thematic analysis, my knowledge and experience was a valued part of the analysis, so by reflecting on, and reviewing the interpretations and analytical decisions throughout the process, the analysis of the data should be as robust a representation of the participants' views and responses as possible.

#### 4.2.8 Analysis of Focus groups

Throughout the analysis, I reflected upon my assumptions and revisited any codes and themes through an iterative process, both forwards to later transcripts and backwards if different or alternative codes were found in the later transcripts. There are six phases which Braun & Clarke (2006) created as a practical guide to be used in this recursive and reflexive way (Terry et al., 2017).

Table Two: The six phases of reflexive thematic analysis (Braun & Clarke, 2006) with how trustworthiness was addressed within each phase (Lincoln & Guba, 1985)

Phase 1: Familiarising yourself with the dataset	This phase involves the researcher becoming immersed in the data by reading and re-reading the content whilst familiarising themselves and documenting initial notes and observations (Lincoln & Guba, 1985).
Phase 2: Coding	This phase involves the generating of codes by identifying features of the data which are relevant to the research question. There are often several rounds of coding which provide an audit trail (Lincoln & Guba, 1985).
Phase 3: Generating initial themes	This phase involves the development of possible themes through the examination and analysis of the patterns and broader meaning of the codes. Relevant data is then allocated to each potential theme. Detailed notes are kept about the development and hierarchies of concepts and themes (Lincoln & Guba, 1985).



<p>Phase 4: Developing and reviewing themes</p>	<p>This phase involves checking the proposed themes against the full raw data and codes, to ensure they tell the full story and answer the research questions (Lincoln &amp; Guba, 1985).  Themes are further developed or collapsed as necessary.</p>
<p>Phase 5: Refining, defining and naming themes</p>	<p>This phase involves the refinement of the themes through a detailed analysis to ensure they have a clear and purposeful focus with names that represent the main themes (Lincoln &amp; Guba, 1985).</p>
<p>Phase 6: Writing up</p>	<p>This phase involves the summarising and explanation of the data extracts and the analytic narrative within the context of the literature (Lincoln &amp; Guba, 1985).  Quotes selected to illustrate examples of the themes and key concepts in relation to the research questions.</p>

The transcripts were read several times in an iterative process to identify initial codes and produce themes (Appendix Six). Following the six phases of reflexive thematic analysis (Terry et al., 2017), the codes were applied to the transcripts and subsequently refined and collapsed to produce the final themes (Appendix Six, Seven, Eight & Nine). It is important to note that any codes were from the group rather than the individual level as focus groups were carried out (Carey, 1995). It is recognised that a limitation of this is the dominant individuals within the groups will have their voices and opinions heard and therefore coded more frequently, despite

every child being encouraged to engage and offer their thoughts. However, in line with critical realism, the social interactions from within the focus groups could be seen as a reflection of societal knowledge creation.

Although there was a ranking activity as part of the focus group, which could lend itself to quantitative analysis, the purpose of this activity was to facilitate discussion around help-seeking behaviours rather than as a ranking exercise per-se. The participants were able to create their own cards in addition to the ones provided, rendering any quantitative analysis invalid.

#### 4.2.9 Ethics

Ethical standards from the British Psychological Society Code of Ethics and Conduct (BPS, 2021) and the University of Birmingham's Code of Practice for Research (UoB, 2021) were adhered to throughout the entirety of the study. As the participants were under the age of 18 years, parental consent was sought in addition to the students informed consent, following the ethical guidance of the British Educational Research Association (BERA) (2018). Full ethical approval from the University of Birmingham was granted on 20.06.2022.

Informed consent was obtained from the school initially through a discussion with the Headteacher and SENCo of a school known to the researcher, alongside the sharing of the study information which outlined the aims and objectives (Appendix Ten &

Eleven). The possibility of the report being shared with them after completion was also discussed and was something they were keen to receive. Once written consent had been obtained by the Headteacher, parental information and consent forms were sent out via the Year 5 teachers which outlined the purpose of the study, what would be expected of their child, and how the information would be stored and subsequently written up (Appendix Twelve & Thirteen). After approximately three weeks, the returned parental consent forms were gathered and the children who could potentially be participating were given the children's information sheet (Appendix Fourteen), which was read aloud to them to ensure understanding and allow them to ask any questions. All children were asked to provide written consent, which was also read aloud to them (Appendix Fifteen).

Due to the nature of the subject matter under discussion, and to minimise the risk to participants, they were placed into groups by their teacher who knew which peers they were comfortable with and would feel able to speak in front of. To aid this, I reassured them that there were no right or wrong answers. They were also offered the chance to talk with the researcher after the session if there was anything that emerged for them throughout the discussion. This was repeated prior to the focus groups to ensure they still consented to participate, though consent was verbal at this stage. No child took up the offer of a chat or debrief afterwards. The room where the focus groups took place was the library, which was quiet and somewhere they knew well and were comfortable in. The children were asked not to discuss who was in the group, or what they heard, with anyone outside of the group to keep confidentiality and ensure a safe environment for disclosure, although the difficulty of ensuring this

was recognised. Participants were made aware that they were not expected to write anything, and that I could read anything to them if needed, to minimise any concerns around these abilities. One child did take up the offer of having the cards read to them during the third activity.

Throughout the entire study, all participants, parents and the Headteacher were made aware of their right to withdraw at any time, without sanction, though the limitations of this were made clear due to the participants taking part in focus groups, which would make it very difficult to remove individual data after their participation. Only one child chose to withdraw part way through the first focus group, at which point he was thanked for his participation up to that point. He consented to the use of his audio recording in the study, explaining he simply wanted to go back to class. The child's wellbeing was later checked with the teacher to ensure they were okay, which they were.

To ensure anonymity, no names were used or identified, and all the children's voices were simply transcribed together as one. Before the focus groups, the children were encouraged to adhere to the boundaries around confidentiality for them as a group, as well as when it will need to be broken, such as if they disclosed something. Ground rules were discussed and agreed with each group prior to the start of the focus groups to ensure their emotional safety, and contained ideas such as 'listen to each other' and 'respect each other's opinions even if they are different to mine'. The children came up with the majority of these to be adhered to throughout the session.

The audio recording was only accessible to the researcher and, together with all consent forms and subsequent transcripts were kept in a locked cabinet, in accordance with the University of Birmingham's Code of Practice for Research (UoB, 2021). After transcription, the recordings will be deleted from the dictaphone used to record the sessions and written transcripts will be shredded. All information will be electronically stored in accordance with the above policy for 10 years, after which it will be erased.

## **CHAPTER FIVE: RESULTS AND DISCUSSION**

In this chapter, consistent with reflexive thematic analysis, each research question will be considered in turn, with regards to the themes analysed and the findings discussed within the context of the literature. Quotations from the children's dialogues will be used to evidence the discussion, though only the focus group the quote came from will be shared. No individual participant will be noted on the quotations, as each group was transcribed as one, in order to preserve anonymity. Despite this, individual voices are delineated via ellipses, and each participant's views are included within the results and subsequent discussion. The strengths and limitations of the study will then follow, with implications for future practice discussed in relation to supporting children and young people when talking about mental health.

### **5.1 What are children's initial conceptualisations of the term 'mental health' without prompts or guidance?**

The open question 'What is mental health?' was asked to ascertain what the children understood by the term without prompting, as is something that is increasingly being spoken about within schools and the wider media (Grieg et al., 2019). Some children's responses reflected a familiarity with the phrase, however it is important to note that exposure to the term does not necessarily imply knowledge or understanding.

*"I don't know what the word means, but I've heard it" (FG2)*

*"I don't actually know the definition" (FG1)*

All the group members shared their own ideas about what mental health meant to them, often drawing on personal experiences. As it was an open, unprompted discussion, the conversation was not rich enough for subthemes, so the three overarching themes will be discussed. Whilst they recognised there are positive elements of mental health, the main themes that emerged centred around pathogenic perceptions, discriminatory perceptions and aspects and descriptors of mental health. Table Three shows the terms the children used to describe mental health and how they relate to each theme.

Table Three: The descriptors used by the children when asked what mental health is.

Theme	Words & descriptors used by the children
Discriminatory perceptions	'Mental means when you've gone crazy' 'Health that is mental' 'Crazy health' 'Hurt someone' 'Mental but healthy' 'Angry or when you've gone crazy' 'Mental means shouting a lot' 'Something bad' 'When you're crazy and throw stuff' 'Mental is like if you get a bit too mad with someone' 'Something wrong with you like Autism' 'Mental means when you're angry'
Pathogenic perceptions	'Bad health' 'Sickness' 'Infected blood' 'Smoking' 'Drinking / getting drunk' 'Allergies' 'Health problems' 'Poison' 'Drugs' 'Disease' 'Part of your body isn't working' 'Body has bad health' 'If someone's poorly' 'If your body is good or not' 'Bad addiction' 'Cancer' 'If your body is good you're okay' 'Lose energy, tired, sleepy'
Aspects and Descriptors	'How you feel with your body' 'Emotions' 'When you need someone to help you' 'Safe' 'Being nice' 'When you're angry' 'Scared of something' 'How we show our emotions to others' 'Look after someone' 'Body acts – dancing for joy or hurt someone when you're angry' 'Phobia' 'Respectful' 'Behaviours related to emotions' 'What we think about – our thoughts' 'Helpful'



### 5.1.1 Pathogenic conceptualisations

Every group discussed ideas around mental health being a biological entity, acknowledging that it is something that happens within our bodies, though usually in a problematic way. They talked about more adult behaviours sometimes associated with mental health, such as addiction and using recreational coping mechanisms such as drink, drugs and smoking, but did not seem aware of the potentially negative impact on both the adult and any offspring (Husky et al., 2017).

*“Maybe a really bad addiction” (FG3)*

*“... drink alcohol, smoke and vape” (FG2)*

*“You could get people who are drunk and could come and beat you” (FG2)*

In addition, mental health was seen as a physical ‘disease’ or ‘illness’, rather than, as literature suggests, a potential co-morbid symptom related to the experience of being ill (Yardeni et al., 2022; Shain et al., 2020) or having some form of physical or psychological difficulty (Alunno et al., 2019; Plevin & Smith, 2019).

*“Like if you have cancer or something” (FG3)*

*“... they have a disease... like their legs are not working” (FG3)*

Some children did share their ideas around mental health as being something that ‘goes on’ within your body, such as how you feel, which shows some understanding. However, children also shared their thoughts around mental health which reflected negative biases and descriptors.

### 5.1.2 Discriminatory descriptors

Some children explicitly suggested mental health is ‘bad’, a form of ‘sickness’, or ‘having something wrong with you’. Two children saw autism as being something that is ‘wrong’ with you and your mental health, suggesting stigma around the condition, which can be the experience of many with an ASC diagnosis (Rodgers et al., 2018). Children mainly from the second focus group, often used discriminatory terms to describe mental health, possibly suggesting they held a conscious or unconscious stigma around the term.

*“Crazy health” (FG2)*  
*“... you can act scary weird ... you can act creepy” (FG2)*  
*“...mental means crazy” (FG2)*  
*“... mental means when you’re like angry or when you’ve gone crazy” (FG2)*

This is consistent with previous findings and has led to the perceived necessity to challenge these perceptions by improving MHL amongst children (Nobre et al., 2021; Kutcher et al., 2016). Given that the majority of these answers were generated by one focus group, it could be that the group dynamics meant the children were simply following one individual’s perception and adding to it to make it their own. Gaining knowledge, whether accurate or not, is often an aspect of interactions with peers, especially if one is more dominant within the relationship.

*“... your body might have like a bad health in it ...” (FG2)*  
*“Yeah, probably like something like your health, but it’s probably bad” (FG2)*

Furthermore, popular media sites are a common source of information and knowledge acquisition for children and young people (Boneil-Nissim et al., 2022), which may be helpful if obtained from reputable websites, though an overreliance can itself negatively influence the individual's mental health (Bruggerman et al., 2019). However, there are social media sites that are less informed and could lead to misinformation and potentially more negative and damaging ideas resulting in stigma and discrimination.

*“... this TikTok video on YouTube ... I saw a person just writhing round [who] didn't have no eyes ... my stepdad said just point and laugh at them” (FG2)*  
*“... on Tiktok there's this angel and devil, yeah ... it says that I'm 5% devil” (FG2)*

This excerpt also reflects how understandings and perceptions of mental health can become discriminatory and stigmatising through remarks made by family members. Many explanations offered by the participants for this way of thinking seemed to have been inferred either consciously or unconsciously from within the family.

*“My dog is too crazy, and then my dad calls him mental” (FG2)*  
*“...my mum said she saw some men acting crazy and throw a teacher off a bridge” (FG2)*

The above descriptions indicate a need for children to be better informed about mental health to reduce stigma and discrimination around the term. Despite this, the children also shared their ideas around mental health in a way more aligned with the MIND (2022) definition of thoughts, feelings and behaviours.

### 5.1.3 Aspects and descriptors

Participants in each group shared their understandings of mental health by highlighting what they felt were the constituent factors that underpinned the concept, though those from groups one and three used more 'positive' descriptors like "happy". The idea that emotions such as anger, worry, anxiety and sadness are negative and therefore reflect a negative mental health was a subtle undertone of the chosen descriptors, ignoring the fact that such emotions are a 'normal' aspect of life (Waterman, 1993).

*"...scared ... frightened... or worried" (FG2)*

*"... if you don't feel the best ... you might get a bit angry" (FG1)*

Participants recognised the importance of emotions and feelings, and how you show these to others via your actions and behaviours. It could be argued that this recognition is the beginning of a developing emotion regulation, which is deemed necessary for positive mental health (Gross & Munoz, 1995). Helping behaviours and personal values were also mentioned.

*"... you should let them game if it makes them feel better"*  
(FG3)

*"Being nice and respectful" (FG3)*

*"... if you feel sad you might give someone a hug" (FG1)*

## Summary

It was important to identify the children's initial thoughts about mental health, before exploring their concepts in more detail, to see what they understood without prompting. The initial exploration is important to establishing what their knowledge and understanding was, and to see if there were any misconceptions they had adopted. It is important to remember that there is not a universally accepted definition of mental health, so children in this age group may not be clear about what it actually means for them (Fusar-Poli et al., 2022). The idea of emotions and feelings which you show to others through actions and behaviours was more in line with the MIND definition of 'thoughts, feelings and behaviours' (MIND, 2022).

There were some suggestions that mental health meant 'disease' or 'illness' which presented as more biological and genetic physical illnesses, though some children may not have fully understood the psychological impact of such illnesses. The discrimination some children displayed seemed to reflect values adopted from family influences and may be a reflection of a wider societal stigma around mental health which still persists (Radez et al., 2022). This is something which is important to be aware of if discrimination and stigma associated with mental health is to be challenged.

## **5.2 What are children’s conceptualisations of the term ‘mental health’ after providing a stimulus activity and scaffolding?**

As observed above, and in keeping with the socioecological model (Michaels et al., 2022; Bronfenbrenner, 1979), children’s constructions and conceptions of mental health were strongly influenced by their relationships and interactions with others and their wider ecological systems. Values and beliefs were largely based on their experiences and learning from within their peer groups, families, communities, and wider society (Michaels et al., 2022; Bronfenbrenner & Morris, 2006). There were three main themes that emerged from the children’s deliberations around the stimulus vignette (Appendix Four) and subsequent card sort activity (Appendix Five), which were more aligned with the MIND definition utilised for this study, than were their initial conceptualisations. These themes were ‘values and beliefs’, ‘connectedness’, and ‘safety’, and will be discussed individually, with reference to the literature.

### **5.2.1 Values and Beliefs**

The theme of ‘values and beliefs’ (Figure Four) shows how the children form their understandings of mental health through instilling information and experience from their interactions with others. Michaels et al. (2022) refer to this as ‘the influence of relationships’, which together with influences from their wider ecological systems (Bronfenbrenner & Morris, 2006), impact on their thoughts, beliefs and values and become internalised by the child.

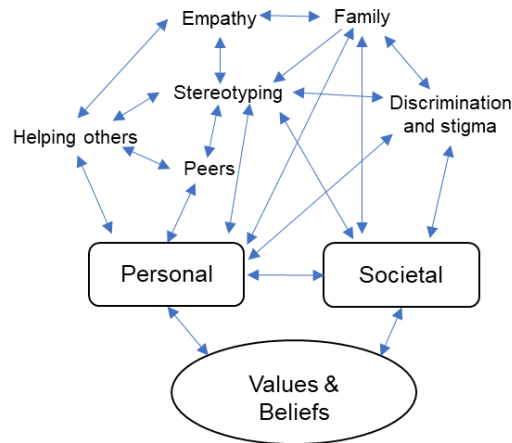


Figure Four: A thematic map showing the overarching theme of Values and Beliefs

Each of the subthemes, ‘personal’ and ‘societal’, will be considered as discrete entities whilst acknowledging they are strongly interrelated, in accordance with the socioecological models, within the main theme of ‘values and beliefs’.

Personal influences were typically peers and the nuclear and extended families, further reflecting the impact that others can have on someone’s values and beliefs (Michaels et al., 2022). According to Self-determination theory (Ryan & Deci, 2017), children’s values can directly affect their psychological, social and emotional functioning, and thereby have an important role in their developing mental health, as reflected in the children’s dialogue.

*“They could remember what their Mum said and say sorry” (FG1)*

*“...my auntie ... she’s posting on her Facebook page about things to do with mental health and her son” (FG3)*

Some influences were more subtle than others, with the children not explicitly realising or stating the source of their thoughts and values, though they seemed internalised.

*“... drugs are only good when you get them from doctors, but they’re really bad when you sell them on the streets” (FG2)*

*“... I bumped into some little children ... I felt guilty and then I said sorry to them” (FG1)*

*“...that guy is good coz he’s not fighting...” (FG3)*

This suggests that if children are surrounded by people who provide a positive and supportive ethos, they are more likely to develop positive values and beliefs in line with that of their peers, family and school relationships (Kirby et al., 2020). The participants within this study tended to share more positive values as if they were intrinsically good individuals and shared a range of values promoting empathy, helping themselves and others, which are important to developing resilience and subsequently positive mental health (Christensen, 2016; Galderisi et al., 2015). However, the potential for children to report what they perceive to be the ‘right’ thing through apparently holding intrinsic values that in reality they don’t follow, may cast some doubt on their revelations (Tessier et al., 2021). The children shared some of their values and beliefs, reflecting their kindness.

*“You should treat people as you want to be treated” (FG3)*

*“Be honest...be nice ... be respectful” (FG3)*

*“...I’ll tell the teacher to make you feel the best you possibly can” (FG1)*

*“Maybe you could ... say ‘Do you wanna be my friend?’” (FG3)*



There were also influences from within the children's immediate environments which suggested they may have been exposed to more negative value systems, discrimination and stigma which could have shaped their own values and beliefs (Lampropoulou, 2018). Some children talked about the negative behaviours they had directly witnessed or been told, whilst others were more subtle and reflective through their interpretations of the scenarios.

*"... my uncle does something bad ... drink alcohol, smoke and vape" (FG2)*

*"... my dad calls him [dog] mental" (FG2)*

*"My stepdad ... said when you're drunk, you can act scary or weird and ... act creepy" (FG2)*

*"... I can't go home 'til my mum's home ... I have to go to the park and take care of my sister" (FG3)*

*"Maybe he's quiet and that's why he looks scared and left out coz it's busy and noisy" (FG3)*

In addition to the children sharing explicit statements as seen above, their exposure to a more negative value system from within their immediate environment also seemed to lead to them stereotyping and displaying a negative bias. This was revealed through statements the children made about their understanding of what mental health means, as well as their views of some of the vignettes, again seemingly unaware of the underlying values and beliefs they were representing.

*“... and you have something wrong with you like autism...” (FG3)*

*“...he hasn't been treated well, maybe by his looks ... he's wearing things a bit different to the others” (FG1) (the child that was wearing a turban)*

*“[the girl with one leg] might feel thankful because the other two might not think like the others...” (FG1)*

*“...maybe [he has] different feelings to others, like if he has a special need...” (FG1)*

*“... [because] he's a nerd and by himself” (FG1)*

Societal influences on children's values included those they had encountered either consciously or unconsciously from within their neighbourhoods and communities.

This supports the idea that children learn their values and beliefs through interactions with others and from wider systemic influences, whether explicit or not (Michaels et al., 2022; Bronfenbrenner & Morris, 2006). This could partly explain why, despite efforts in schools, communities and within the media to de-stigmatise mental health, it is not easy to change negatively held values and beliefs, especially if the individual is unsure where they have come from, or even why they hold them (Khalil et al., 2020). One child shared their opinion about a perceived bullying scenario, which provided an alternative explanation to that of their peers.

*“... maybe that guy's just mad coz that person made him angry or something so he deserves it” (FG3)*

Developing relationships with friends and fostering such relationships for themselves and others, together with helping those who may be struggling, were values that all the children in the groups seemed to agree on. Being nice and helpful to someone can exert a positive influence on both the mental health of the children being altruistic

and the recipient of the prosocial act (Tashjian et al., 2021). If these were a true reflection of their values and belief systems, rather than simply 'saying what they thought was the right thing' (Tessier et al., 2021), it was an encouraging and positive outlook which provided a good basis for MHL to build on going forward. Children reflected their feelings of empathy and helpfulness, both explicitly and implicitly through discussion of the vignette scenarios.

*“... you should be nice to someone instead of being mean to them” (FG2)*  
*“Don’t make others cry ... they’ll think I don’t want to be your friend anymore” (FG2)*  
*“[They could be thinking] ‘How can we sort this out for him?’” (FG1)*  
*“He looks happy and is having a nice time and is making friends” (FG3)*  
*“... maybe he needs to make more friends to make him feel happy...” (FG3)*  
*“... they’re trying to make him feel better. It’s important to do” (FG1)*

## **Summary**

It is apparent that the young children who took part in this research had value and belief systems that exerted an influence over their perceptions of the vignettes. Their interpretations of the mini scenarios presented within the stimulus exercise, provided a degree of insight into their own experiences and the associated emotions. Their responses provided a window into some aspects of the values they held, despite them potentially being outside their conscious awareness. Given that any negative values and beliefs can exert an equally negative influence over their behaviours, understanding where these originate and providing some form of positive intervention to challenge them is an essential place to start. From within the socioecological models, the wider systems of society, community and relationships (Michaels et al., 2022) clearly influence the values and belief systems of the developing child, and

there is some evidence of this interaction in the responses above. This links nicely into the next theme, where the importance of such relationships is further considered.

### 5.2.2 Connectedness

The theme of ‘connectedness’ was a strong one, with subthemes of ‘belonging’ and ‘support systems’ and how they are impacted by ‘negative interactions’ and ‘positive interactions’, appearing throughout the majority of discussions (Figure Five).

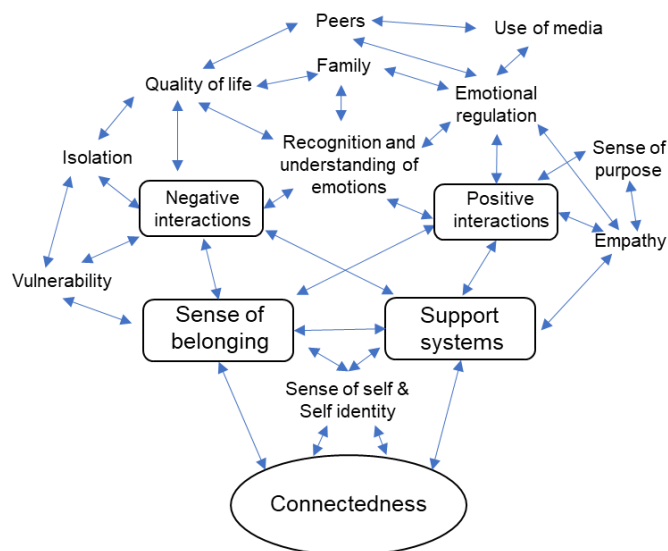


Figure Five: A thematic map showing the overarching theme of Connectedness

Feelings of loneliness, social isolation, and a reduced sense of belonging, together with an increased need for appropriate support systems, were increased for some children as a result of the lockdowns during the Covid-19 pandemic (Hussong et al., 2021). Children reported feelings of isolation and loneliness due to the lack of social contact, and anxieties associated with their subsequent ability to re-connect with others post-pandemic (Cost et al., 2022). Whilst not explicitly talking about the pandemic, the children did share an awareness of the feelings associated with

socialising and not socialising.

*“... he’s sad or anxious to go to the park ... he’s not going out much” (FG3)*

*“ ... the one stood by himself ... he’s not socialising” (FG3)*

The use of social media as a way of staying connected and improving their quality of life, became far more important and utilised by children during school closures because of Covid-19 (Pfetsch et al., 2022). Again, despite not necessarily discussing this in terms of the pandemic, the children did share their opinions of using it.

*“... I love it when doing something like playing on my Xbox ... with my friends” (FG2)*

*“Let kids game if they want to, to make them feel better ... makes it better for the world” (FG3)*

The subtheme ‘sense of belonging’, whilst not explicitly mentioned, was implied in relation to both positive and negative influences of relationships in line with the socioecological model (Michaels et al., 2022). Literature supports the importance of having a sense of belonging for children’s positive mental health and wellbeing (DfE, 2023). It is also necessary for the development of the child’s sense of self and self-identity and was usually discussed from a positive perspective through a consideration of interactions with others, such as peers, friends, and family, which were seen as influencing children’s feelings of connectedness (Michaels et al., 2022). The children shared their thoughts and experiences of being connected to others, reflecting the importance of a sense of belonging.

*“... the boys are teaching her how to hopscotch because she doesn't know how  
(FG2)*

*“... I get to spend time with my family ... I love my Mum and Dad and siblings”  
(FG2)*

*“... spend time with family or friends ...” (FG3)*

*“... she's always like my friend giving me hug when she leaves” (FG1)*

*“[Her peers are] there to support her if anything happens” (FG1)*

Children often shared their thoughts and perceptions of the vignettes within the stimulus activity through emotional descriptors. Positive emotions were related to feelings of belonging, friendships and positive interactions, which could have a positive effect on social wellbeing, quality of life and associated mental health (Benton et al., 2022; Tashjian et al., 2021). Though the emotion of choice when explaining them was usually 'happy', they did share some more complex emotions like feeling pride, and being thankful.

*“... that one looks really happy” (FG1)*

*“He looks happy and is having a nice time and is making friends” (FG2)*

*“He looks happy, so that's good” (FG2)*

*“[They] might be proud because [she's] achieved something” (FG1)*

*“... like joy ....” (FG1)*

*“[She] might feel thankful...” (FG1)*

*“I can tell by her face, she looks comfortable ...” (FG1)*

However, the majority of emotional descriptors used by the children focused on perceived negative feelings, with them sharing an array of emotions around feelings of sadness, vulnerability, fear, anger, anxiety, depression, embarrassment and isolation. As observed in the responses to the initial research question exploring the

children's immediate understandings of the term mental health, the assumption that these emotions were negative and therefore an aspect of negative mental health discounted their value as acceptable, rational responses to everyday occurrences which, provided they are acted upon appropriately, are neither abnormal nor negative (Waterman, 1993).

Generally, the children tended to be drawn towards what they perceived to be the more negative aspects of the vignettes to show examples of mental health, which supported the idea that they found it easier to recognise emotions in a more negative way. They showed this through naming emotions such as sad, angry, scared and terrified when describing many of the perceived feelings they ascribed to the characters within the scenarios.

*"... he's scared to go into class..." (FG1)*

*"She's sad coz they're talking about her..." (FG3)*

*"He looks left out or maybe he's bored" (FG3)*

*"This person might be like terrified for him..." (FG1)*

*"So maybe you might have anxiety ... or feel depressed or have depression..." (FG1)*

*"... he looks very angry..." (FG1)*

*"... she could have felt like embarrassed" (FG1)*

*"...really upset or sad..." (FG2)*

*"That one looks lonely and unhappy..." (FG2)*

Furthermore, vulnerability and isolation were noted by the children in many of the mini scenarios they had created around the pictures within the stimulus exercise. The

descriptors they used again tended to focus on the more negative aspects of relationships that reflected a lack of connectedness. The concept of loneliness was something the children seemed very aware of.

*“... he’s on his own and he’s frowning” (FG1)*

*“... there are three girls who won’t let her play with them ...” (FG2)*

*“... sad and depressed ... her friends don’t want to be friends with her anymore”  
(FG3)*

*“... he’s just a bit scared to talk to people” (FG3)*

*“... looks a bit lonely ... why is no-one playing with me?” (FG2)*

*“... He’s scared to go to into class because he might be a new student ...” (FG1)*

It might also be plausible that there is a related fear of being in a similar situation or relief that they were not.

*“... he might be thinking like, imagine if that’s me, and I don’t want that to be me. I want to be the happy person in there, not the sad one...” (FG1)*

A picture of an in-group and an isolated individual who was clearly not a member, was inferred from various vignettes within the stimulus exercise, and the associated emotions tended to focus on those resulting from an unpleasant scenario, reflecting a gang mentality. Some gatherings were thus perceived as groups or gangs, possibly intimidating those not included. The children often spoke about these scenarios expressing empathy for the perceived victim.



*“... those people ... they are laughing at that one person, which isn't nice” (FG3)*

*“... he's being bullied there by those three boys and they might be saying 'Hey you get out of here, we don't want you here'... He is feeling left out” (FG3)*

*“... he looks upset because there's three people who look like they're bullying him and he's a bit scared...” (FG2)*

These comments suggest that a sense of belonging and connectedness to others was recognised as not always necessarily being a positive thing, especially if that membership was part of a gang or group of bullies. They were, however, aware that those within the group probably did not perceive their membership in such a negative way.

*“They're probably thinking 'we don't care because we're bullies’” (FG3)*

*“... look at us ... we can rule you now...” (FG1)*

## **Summary**

The theme of connectedness, including aspects of belonging, was something that seemed to the children to be an important aspect of their deliberations when considering the stimulus activity. Their projections onto the provided vignettes centred on the importance of being a part of something, be that a family, a group of friends, their peers, or even the school setting. Thus, from a socioecological perspective the major influences on their feelings of connectedness were from 'relationships' and 'community' (Michaels et al., 2022). The majority of the chosen vignettes tended to be perceived negatively, even when only two characters were presented, rather than opting for more potentially positive perceptions. The notion of groups of individuals adopting a gang mentality, with the associated negative impact

on the victim’s emotional state and associated mental health and wellbeing, through a weak or non-existent sense of sense of connectedness, leads naturally into the theme of ‘safety’.

### 5.2.3 Safety

The theme of safety was recurring, implied by the children’s observations of what they perceived to be going on within the vignettes as part of the stimulus activity (Figure Six). Discussions focused on both physical and psychological safety, and in line with the socioecological models, were considered from within their wider ecosystems (Bronfenbrenner & Morris, 2006) and their relationships (Michaels et al., 2022).

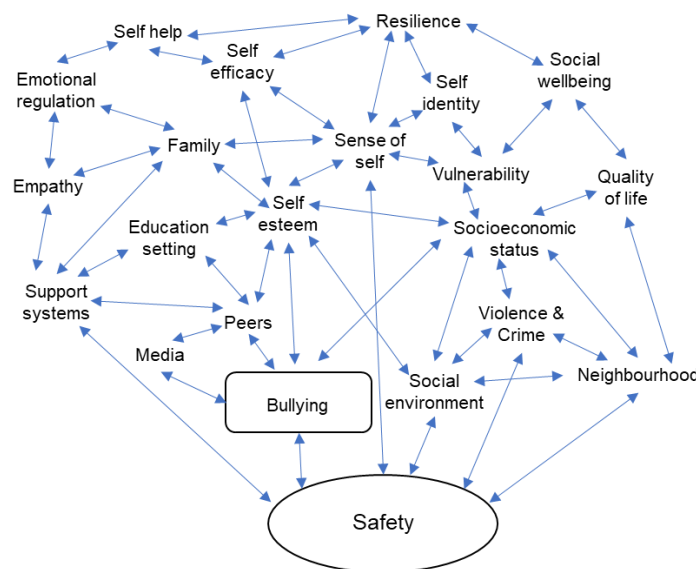


Figure Six: A thematic map showing the overarching theme of Safety

A particular threat to safety the children in each group identified quite quickly, and commented upon at length, was the dog in the vignette, which they all saw as being

a source of fear for those near it, particularly as it was not on a lead. The dog was shown baring its teeth, which the children recognised as a potential warning to stay away, and because it was off its lead, the perceived level of threat was heightened. The children shared their negative perception of the dog in different ways.

*“... he might be thinking that the dog’s going to jump on him and bite him...”*  
(FG2)

*“... the dog’s teeth look very sharp and he’s afraid of it...”* (FG3)

*“... he wouldn’t be worried if the dog was tied up...”* (FG2)

What was more surprising was the number of references to the dog’s emotional state during the deliberations, which the children linked to possible reasons for its behaviour. Despite dogs lacking higher cognitive processing the children’s observations reflected an awareness of the link between thoughts, feelings and actions in keeping with the MIND definition adopted in this study (MIND, 2022).

*“... the dog’s off lead and looks angry...”* (FG1)

*“... the dog is probably like trying to bark at him [child] so he can go like, coz the dog’s probably scared of him”* (FG1)

*“... maybe the dog might have no interest at the end and he might just go”* (FG1)

A subtheme of safety that emerged from the discussions, focused more on the social environment and immediate neighbourhood, and centred around violence and crime, the experience of which is likely to have a seriously deleterious effect on their feelings of being safe and their associated feelings of wellbeing (Cuartas & Leventhal, 2020). The implicit threat of physical violence, either directly or indirectly,

was discussed by some of the children, and somewhat disturbingly, some of them seemed to be drawing on personal experiences. Given that those affected have a much higher risk of developing comorbid mental health disorders, including anxiety, fear, depression and even post-traumatic stress disorder (Russell et al., 2022), this was a worrying revelation. Throughout the discussions, children shared some of their thoughts and experiences around violence and crime.

*“...you could get people who are drunk and could come and beat you...” (FG2)*

*“...there’s some people who are in gangs going around beating people” (FG2)*

*“... there was people going round in my street battering people ... mum told me to stay in the house ... dad had to drive me to my friends ...” (FG2)*

As noted, the experience of living within an environment typified by violence and crime is likely to negatively affect the mental health of those children growing up within it, and equally concerning is that for some they may internalise such behaviours as ‘the norm’ (Doba et al., 2022). One way of coping with the fear and anxiety this generates is to project it onto those perceived as different, weaker or vulnerable, which may result in a bullying mentality (Pfetsch et al. 2022).

Unfortunately, those perceived as being different within the scenarios they created around the vignettes, those from a lower socioeconomic status or those with a perceived illness or disability, were seen as ‘vulnerable’ and thus potential targets. As the children spoke about these perceived elements, they may have been reflecting on their internalised beliefs.

*“... maybe she doesn’t have a lot of money to eat some food ... they come and bully her and eat ... right in front of her and be like ... ‘ha-ha you don’t have any money’ ...” (FG3)*

*“She looks like, that she hasn’t had the best time so far ... since she’s only got one leg...” (FG1)*

*“... look at us, we’re so tall and we’re cool, and look at you, you’re so short” (FG1)*

This is perhaps even more important given the suggestion that those from lower SES are already at an increased risk of poorer mental health and stigma (Kirby et al., 2020), as are those experiencing some form of chronic illness or disability (Plevin & Smith, 2019). This leads on to a key subtheme within the safety theme, that of bullying.

### **5.2.3.1 Bullying**

Possibly linked to their exposure of stigma and discrimination, bullying was a prominent theme with the act of being bullied seen as a major safety issue. This was particularly noted during the second stimulus exercise, where nearly every child projected a negative interpretation onto the mini scenarios they created within the vignettes. Typically, these involved aspects of bullying, either as groups who they perceived as gangs of bullies, individuals who were perceived as being bullied, or those who had been bullied previously. Evidence of bullying was identified through projected actions and non-verbal expressions the children associated with the perpetrators.

*“He’s a bully because he’s pushing the little kid over...” (FG2)*

*“...there’s two bullying him ... they’re trapping him” (FG2)*

*“Maybe, like the bullies might have thrown something of his out of the window...”  
(FG1)*

*“... [he looks] cross with the other one coz he’s got his hands on his hips...” (FG3)*

There were also projections onto those in the stimulus exercise they perceived as having been bullied, based on their demeanour and facial expressions, which again shows a recognition of the link between the bullying behaviour and the victim’s thoughts and feelings, which were negatively impacting their mental health and wellbeing.

*“... he might have got bullied a lot, so he’s scared to go to school...” (FG2)*

*“... he looks very sad ... they could have bullied him...” (FG3)*

*“[Bullying victim] could be thinking ... ‘Why did they hurt me?’” (FG2)*

However, during their deliberations, some children offered alternative explanations that challenged the perception that bullying was taking place. The reasons why some children projected threat and bullying onto a vignette, whilst others perceived an altogether more positive interpretation of the image could not be established. It may be plausible that the opposing projections onto the vignettes and the resulting mini scenarios they had created around them, reflected an element of their own personal experiences and degree of exposure to violence. The associated levels of threat perception were based on the resulting anxiety and fear they had internalised, which could have led to their own impulsive behaviours, poorer mental health and wellbeing

(Do et al., 2022). Unfortunately, in the current study there was no information on whether participants may have been bullied in the past; were currently a victim of bullying; or were themselves a bully or part of a gang; or indeed may have had no negative experiences in relation to bullying; each of which would probably have exerted an influence on their subsequent projections, the latter being far more positive. Some children shared their perceptions of these scenarios expressing a more positive view.

*“... maybe they were talking about inviting her coz they hadn’t yet, but she doesn’t know that yet” (FG3)*

*“... maybe the girl is waiting for her turn, and they’re not bullying her at all coz she’s just waiting...or maybe she wants to watch them play rather than join in...” (FG3)*

In addition to this, many children recognised that bullying isn’t always necessarily only physical but it may also be psychological, verbal and non-verbal, with the associated negative impact on the victim’s mental health being equally damaging (McCrory et al., 2022).

*“... the two boys are there like shouting at him, and there’s one blocking him, so he’s all in one space ...” (FG1)*

*“...they might be laughing at her, like sniggering at her...” (FG1)*

*“...saying mean things and being rude [to her]...” (FG3)*

*“... he looks very sad, like someone has said something nasty to him...” (FG3)*

*“She’s sad coz they’re talking about her and she’s hearing it” (FG3)*

A particular example of the potential damage to the victim's sense of self, self-esteem and self-identity, and the negative impact this can have on the individual's subjective wellbeing (Lampropoulou, 2018), was implied by one of the groups in their discussions. They acknowledged that bullying was a widespread problem affecting many individuals, often within the school setting (DfE, 2022), though they also seemed to realise that the attempt to normalise the experience, was not likely to help the individual victim at the time.

*"[Thinking why am I] getting hurt? There's thousands of other children that might be in that position as well, but he might not really think that" (FG1)*

In this rapidly increasing technological age, bullying no longer only occurs as a result of direct personal contact, but can now be carried out whilst the individual is at home, with the associated damage to the victim's mental health, via gaming platforms where children 'play' together, and the increased use of social media (MacLachlan et al., 2022). The potential for bullying in this way became even more pronounced as children turned to the use of social media to try to remain in contact with friends and peers during the Covid-19 lockdown and resulting school closures (Pfetsch et al., 2022). Cyber-bullying is on the increase and affects over 10% of children who experience an associated negative impact to their mental health (NHS Digital, 2022), particularly as social media is rapidly becoming children's preferred method of communication and entertainment (Boniel-Nissim et al., 2022). The recognition that cyberbullying was a very real threat was shared by the participants, who also showed an understanding of the added risk to the victim's wellbeing and quality of life. The



children also noted that potentially no one would intervene and help, because they might not know it was happening.

*“If you’re online ... you can get messages from people, they could be mean to you”*  
(FG2)  
*“... they could be mean to you online instead of doing it at school because then they won’t get told off at school”* (FG2)

Reflecting quite a high level of understanding, a few children recognised that some individuals could ‘transfer their emotions’ to others as a form of personal emotional regulation, though unfortunately, if negative, this could result in the vulnerability and isolation of others and may be perceived as a form of bullying. Particularly in relation to cyber-bullying, such maladaptive emotion regulation reflected an attempt by the perpetrator to improve their sense of wellbeing at the expense of that of the victim (Pfetsch et al., 2022). This is further evidence that social wellbeing and quality of life can be affected by relationships with peers, and not always positively (Michaels et al., 2022). Children spoke about how some attempts at self-regulation can have a negative effect on others.

*“... they’re giving him their emotions”* (FG1)  
*“[They] might be transferring their emotions...”* (FG1)  
*“... they may be shouting at him and getting all their anger out...”* (FG1)  
*“...they might want to let their sadness out by bullying him ... the little one was happy but now he’s sad”* (FG1)  
*“...[the bullies] don’t feel well and they’re putting other people down...”* (FG1)

Both direct and indirect forms of bullying have the potential to lead to psychological vulnerability and a sense of isolation, which the children recognised as potentially damaging to the victim's sense of self, self-identity and self-esteem, and ultimately therefore their mental health (Clements-Nolle et al., 2018). As mentioned before, the children's dialogue could be projections of their own personal experiences.

*"... he's getting bullied and he's really sad because they're not playing with him..."*  
(FG3)

*"[They're] leaving her out of a party ... she's upset she hasn't been invited"* (FG3)

*"She's not allowed to play"* (FG3)

*"He looks left out and they look like they don't want his friendship so they're saying no you can't play"* (FG3)

Again, potentially reflecting a more positive outlook as a result of not having experienced being a victim of bullying, an alternative explanation for someone perceived as being isolated or not included, was offered. The individual in the vignette was perceived as being comfortable with their own company or not minding being alone because it was their choice. This may reflect a strong self-efficacy and emotional intelligence, enabling them to adapt to the situation which they saw as being within their own volition (Double et al., 2022; Schunk et al., 2022), which can exert a positive influence on their subjective wellbeing (Morosanova et al., 2021). Of note in this excerpt, the children voicing this more positive perspective, did seem somewhat confused by the apparent contradiction, which might suggest that they were not entirely confident in their own assertion.

*"He looks happy but he's still being left out"* (FG3)

As observed, the way the children used emotions and feelings when describing those perceived as being bullied, suggested that they may have experienced it themselves or at least knew someone who had. In fact, one child was brave enough to share his own experience from the previous year.

*“...if she was sad, she could have felt like embarrassed” (FG1)*

*“... he probably got hurt really hard so that he had to keep his eyes shut” (FG2)*

*“...scared ... worried ... he’s probably gonna cry when he’s at home” (FG2)*

*“...sad, really sad” (FG3)*

*“...when I was in Year 4 ... they started bullying me for six months straight” (FG2)*

The educational setting was seen by some to be an unsafe place, which increases the likelihood of experiencing problems with their subjective wellbeing (DfE, 2023; NHS Digital, 2022). Given that children spend a large proportion of their time in school, seeing it as a positive, safe place is important. Unfortunately for some, it is anything but safe, being a place of fear and uncertainty, with 25% of primary school children having been a victim of bullying in the previous 12-month period (DfE, 2022). Throughout the discussion, the children shared their ideas around the scenarios, often referring to the school as an unsafe place to be.

*“... he’s seen what’s going on ... somebody’s upset, somebody’s alone, and maybe he’s thinking I really don’t wanna go in there...” (FG1)*

*“... he might have ran out [of school] ... someone might have been mean to him...” (FG1)*

*“... he probably sees them bullying people and he don’t want to go to school because of that and he might be thinking ‘I don’t want to go to this school’...” (FG2)*

*“That child there looks like he’s scared to come into school...” (FG3)*

*“...[the bullies] probably think they’re teaching them a lesson and all the kids from their school...” (FG1)*

*“... he’s really, really scared of all the other big kids, especially these two bullying this one child...” (FG2)*

Unsurprisingly perhaps, the perceptions of the bullies tended to be negative, though two focus groups did consider that the bully might have been dealing with their own problems and needed help as a result, an assertion supported by research (Alcantara et al., 2017).

*“No! [the bullies] they’re terrible, no they don’t need help...” (FG2)*

*“The [bullies] might need help because they have anger issues in them...” (FG1)*

*“When you’re being mean, someone has to help you [the bullies]...” (FG3)*

Whilst most of the discussion centred on the lack of safety and associated fear and anxiety, there was also an awareness of strategies that may help to reduce the impact on the individual. Support from others perceived as trustworthy, was seen as providing the individual with a sense of safety, with an associated positive impact on their mental health (Arslan, 2018; Alcantara et al., 2017). Those deemed as trustworthy included parents, the teacher and their peers.

*“He needs like the teacher or his Dad or Mum to say like ‘Hey you kids stop bullying my son or student...’ (FG1)*

*“... he can call for the teachers or his Mum and Dad or adult” (FG3)*

*“... if the teacher sees them, they could tell the parent what happened...” (FG2)*

*“We [peers] could like tell the adults, or maybe tell them to stop [bullying]...” (FG3)*

*“... he might say to someone that he really trusts, like his Mum or parent or teacher...” (FG1)*

*“... maybe someone’s sneaked in to help the little boy coz they saw he was upset” (FG3)*

## **Summary**

If children do not feel safe because they are living with the potential risk of violence from either within their community and neighbourhood or perhaps as a direct victim of bullying, their developing sense of self, self-identity and self-esteem are likely to be seriously affected, with an associated damage to their wellbeing and mental health (Russell et al., 2022). Projecting this fear onto others through bullying may be a form of coping with the high levels of emotion, though such maladaptive emotion regulation is simply moving the problem onto the victims, without actually dealing with the emotion first hand (Pfetsch et al. 2022). As a result, there is the real potential for damage to the mental health of the victim, who may even adopt their own maladaptive emotion regulation and project their negative emotions onto a weaker target, moving the emotion and the associated damage to mental health further ‘down the chain’ (Arslan, 2018). This may in part explain the finding that not all bullies feel good about utilising this coping mechanism, if that is the reason behind their bullying behaviour, with some experiencing their own problems with their mental health as a result (Alcantara et al., 2017).

Actual experiences of violence, or in some cases those perceived as real through certain media outlets, are likely to be damaging to the child's feelings of safety, and potentially their wellbeing and mental health (Cuartas & Leventhal, 2020). This certainly seemed to be the case for many of the participants in this study who recognised the very real implications of living in an unsafe environment, both on their general wellbeing and mental health, and their subsequent quality of life.

Some children mentioned the value of trustworthy adults like teachers to turn to for support, and indeed, those who felt safe within the school environment would be more likely to enjoy it and to experience an overall feeling of subjective wellbeing, with an associated positive impact on their mental health (DfE, 2023; NHS Digital, 2022). Another potential source of support was seen as the parent, another trusted adult, and the home was therefore seen as a safe place to be. Unfortunately, this is not always the case, as family conflict can exert a negative influence over the mental health of children in the family (Dinh et al., 2017), as can any mental health issue felt by the parents (Wilkinson et al., 2021). Experience of abuse and associated lack of support can also seriously damage the child's feelings of self-worth, self-esteem, self-efficacy, and overall mental health (Clements-Nolle et al., 2018).

Unfortunately, those living in a low SES neighbourhood, as was the case for the children taking part in the current study, would be less likely to seek help even if it were available (Ford et al., 2021). The fear of associated stigma and further negativity as a result of accessing what was on offer was a further barrier to the

success of support systems (Khalil et al., 2020). Given the importance of the need to seek help as a key aspect of positive mental health (Kutcher et al., 2016), the third research question focused on what the children perceived to be useful strategies for doing so.

### **5.3 What do children see as useful strategies to support mental health?**

Throughout the second and third activities, children shared helping strategies from various sources of support. Support systems were seen as a necessary source of help with regards to helping with an individual's emotional regulation and general wellbeing. Here too, in keeping with the socioecological model (Michaels et al., 2022), and perhaps as a reflection of their ages, the focus was on relationships and interactions with family members, friends and peers. Supportive behaviours focused on: support systems helping the individual; what the individual can do to support others; and what individuals can do for themselves (Figure Seven).



Figure Seven: A thematic map showing how the overarching helping themes are interlinked

Whilst these were not discussed as being necessarily discrete solutions, for clarity they will be considered separately.

### 5.3.1 Support systems

The importance of getting support from others with whom you have trusting relationships had been considered, particularly in the second stimulus exercise as part of their created mini scenarios from the vignette triggers. The children had mentioned its value, with a particular emphasis on trust, though when thinking about it as a response to this activity, there was an added component of feeling that the person supporting them would listen and try to understand without being judgemental. Sometimes the source of this support was not specified, though, if carried out in this way, they too saw it as being important for developing emotional regulation and resilience whilst helping them feel safe (Galderisi et al., 2015). Children shared their ideas of support systems, and the different ways they may help.

*“... you can't really see any adult near to like, maybe protect him” (FG1)*

*“... you can get [your feelings] out with speaking to someone that you trust” (FG1)*

*“... someone who will agree with your emotions and won't say no your emotions can't be like that” (FG1)*

*“... if you talk to someone and you let out your feelings, and then you won't be upset about it anymore and then you could move on” (FG2)*

*“[Someone they trust could say] ‘This is how we can deal with our emotions sometimes. This is how you can like feel a bit better...’ (FG1)*

*“The child might need someone to calm him down ... because he was scared” (FG1)*

*“...he can call for the teachers or his Mum and Dad or adult” (FG3)*

Teachers were seen by some as a source of potential support and someone to talk to within school. If proactive in doing so, this could support the child's emotional



regulation and may mitigate potential damage to their mental health and wellbeing by enhancing a sense of acceptance and connectedness (Arslan, 2018).

*"[He could ask the teacher] Can you help me calm down?" (FG1)*

*"... if you get bullied, tell the teacher" (FG2)*

*"... if they told the principal or teacher the truth, they might believe them..." (FG1)*

*"... he could go back inside and tell his teacher..." (FG1)*

*"... she can just go and tell the teacher ... or maybe someone else could" (FG3)*

Family members, including parents, siblings and the wider family were also mentioned as sources of support. As before, they assumed they would be trusted, which as noted above may not always be the case, though the children believed their family members would help them in some way (Clements-Nolle et al., 2018).

*"... someone might have been mean to him and he might have gone to his parent..." (FG1)*

*"[The parent could] take them out somewhere for dinner or to play somewhere [to cheer them up]" (FG2)*

*"Maybe his parents could buy him a little puppy that's nice so he wouldn't be scared of the dog" (FG2)*

*"[Sister] will go and tell the person that bullied her little brother off or go and talk to the person and say 'Why did you bully my little brother?'" (FG3)*

*"... maybe he's scared so he's running to his Mum or Dad or an adult" (FG3)*

Another potential source of support identified by the children was that of peers, which could be a reflection of their ages or because they largely perceived the second stimulus exercise as a school playground. Either way, support of friends and peers is an important aspect of improving the individual's self-esteem and helping to provide

an element of protection against potential damage to their mental health and quality of life (Gardner & Webb, 2019). This could also be done online, though the children here fell short of actually specifying it (Peng et al., 2022).

*“... both of those girls are trying to help the boy feel better ... calming him down”  
(FG1)*

*“[They might be thinking] How can we sort this out for him?” (FG1)*

*“... she’s practiced [skipping] with them, so they’ve had some falls, and now they know how hard she’s practised” (FG1)*

*“... someone’s been mean to him, so they’re cheering him up” (FG2)*

*“... he needs friends, and he needs people to support him” (FG3)*

In addition to the children noting potential sources of support, they also suggested that some characters in the vignette needed support, but it was not available. This could be a reflection of the children’s ability to feel empathy and recognise when someone needs help. Understanding things from another’s perspective in this way is important for fostering good relationships and the development of adaptability and resilience within the empathic individual (Galderisi et al., 2015).

*“... why has nobody come to look for me and why ... standing here by myself and no one is trying to look for me to give me help” (FG1)*

*“... it looks like she might have fell, but the children aren’t helping her” (FG3)*

*“That kids Mum is over there ... she can’t see that her little kid is scared ... they’re all gathered round him and bullying him” (FG2)*

There were some interesting alternative perspectives relating to some aspects of the vignettes, where the children felt that the individuals they perceived as needing

support did not seem to want it or did not seem ready to accept it. This may be an aspect of strong self-efficacy whereby the individual sees themselves as capable of sorting things out for themselves, or from a more negative perspective not wanting help because that would carry a stigma with it, which can be a very real concern of those reluctant to seek help (Khalil et al., 2020). Either way, these perspectives offered as part of the deliberations may again be a reflection of the respondent's own experiences that may have resulted in more positive projections onto the created mini scenarios.

*"... they don't want to talk about it, but the teachers or some of their friends think they should" (FG2)*

*"... maybe he's sad or anxious to go to the park and his Mum or like sister or something is just trying to make him go coz he's not going out much. And she's trying to make the boy go and play with his friends or something" (FG3)*

*"... you could put something that he really likes there [in the park] so that you can persuade him to go outside more... then maybe he'll make friends..." (FG3)*

### 5.3.2 Helping others

The idea of support systems also linked closely with the children's recognition of the importance of helping others, and how that can lead to a sense of purpose, which in turn promotes a positive quality of life and enhances positive mental health (Tashjian et al., 2021).

*“[You should] be helpful or help someone” (FG3)*

*“... I want to help people that need help and make people smile when they feel unhappy” (FG1)*

*“He might be worried for his friends...” (FG2)*

*“... help somebody when they have something important to do, but they can't do it...” (FG3)*

*“... maybe because he needs friends, and he needs people to support him” (FG3)*

*“... he needs some support... friendship” (FG3)*

Noticing that someone needs support, be it emotional or practical, was felt to be necessary but not sufficient to make a difference. From within the vignettes, the scenarios they created allowed the children to identify possible supporting behaviours. They were also able to offer a variety of possible strategies for actually giving help to others within the scenarios.

*“Look at that – they're teaching her how to play hopscotch” (FG3)*

*“... they've gone up to her and said, hey, would you like to do some skipping with us ... and then they got a skipping rope and they started to help her do it” (FG1)*

*“She might be nice to him ... or make a funny face to make him smile ...” (FG3)*

*“... they could comfort the little boy there...” (FG1)*

*“... they can ask you if you're alright...” (FG3)*

This enabled a wider discussion around the issue of support, and some practical strategies for helping were considered. Some were more psychologically based whilst others were more behavioural solutions to helping, both of which were recognised as being important to the child's feelings of acceptance and helping to foster relationships (Arslan, 2018). Here too, the importance of involving trusted

adults like teachers (DfE, 2023; NHS Digital, 2022) and parents, or friends and peers (Gardner & Webb, 2019) was also recognised, though they did also provide suggestions for what they as individuals may be able to do to help.

*“Maybe you could speak to the teacher who could ask the person ... to go up to him and say ‘Do you wanna be my friend?’” (FG3)*

*“... you could call all your friends to come to your house ... and then go to him and say ‘We can all be your friends if you want?’” (FG3)*

*“If I was the person in there in the goal, I would say yes of course you can [play]” (FG1)*

*“Maybe get him a pet dog or like some friends who are like nice...” (FG2)*

*“Maybe you can get the people in the park to come ... then he’ll have even more friends won’t he? Then he won’t be scared and upset anymore” (FG3)*

### 5.3.3 Self help

How someone can help themselves was something the children discussed both as part of the second stimulus exercise and the card-sorting exercise. All the self-help behaviours involved the individual being proactive and, given the importance of positive self-efficacy beliefs to psychological wellbeing (Tommasi et al., 2018), this was an encouraging discussion. However, many suggestions still required supportive intervention by others.

*“Maybe he can, he can ask someone to help him” (FG1)*

*“... he could tell somebody...” (FG1)*

*“He could make new friends...” (FG2)*

*“... you could tell your friends or your parents so they know [what’s happened]”  
(FG2)*

*“... maybe he needs to make more friends to make him feel happy...” (FG3)*

*“Spend time with family” (FG3)*

Some of the self-help behaviours involving others were done so with the sole purpose of seeking support for the individual’s emotions and to help them to re-regulate. However, the children varied in their perceptions on how easy it would be to control their emotions. This is important given that problems with mental health are more likely in children who have less regulatory self-efficacy, (De Castella et al., 2018). Being aware of your emotions, understanding them and thereby developing emotional intelligence is a prerequisite for emotion regulation (Double et al., 2022), which is an important aspect of positive mental health as it enhances cognitive flexibility, develops resilience, and improves social wellbeing (Deighton et al., 2021).

*“[To the teacher]... please can I have time ... to reflect what’s just happened because my feelings don’t feel the best right now” (FG1)*

*“...maybe he can say to someone that he really trusts ... can you help me ... I’m not the best with looking after my emotions and how I show them. And how I react”  
(FG1)*

*“[He can ask someone] Can you help me calm down?” (FG1)*

*“... ask someone to reflect back on the emotions that you feel” (FG1)*

*“Maybe if you feel sad you might give someone a hug” (FG1)*

Talking to someone was considered to be a valuable form of support, again providing the individual chosen was trusted and perceived as non-judgemental.

*“... if you talk and let your feelings out so someone knows what’s happened” (FG2)*

*“Talk to someone or an adult...” (FG3)*

*“... if you talk to someone and let out your feelings then you won’t be upset about it anymore and then you could move on...” (FG2)*

However, there were also those for whom talking was not felt a valuable source of support, either because they didn’t feel that it served any real purpose and so probably wouldn’t help anyway, or that the individual was not ready to share their feelings or experiences. Not seeking help is a potential problem for those suffering with mental health issues (NHS Digital, 2022); reasons given included a perceived risk of further stigmatisation and a lack of understanding about mental health and what support may be on offer (Radez et al., 2022). Reluctance may also reflect negative attitudes held within the neighbourhood or wider community (Khalil et al., 2020), again revealing the influence of the wider community on the individual’s experiences of mental health, as predicted by the socioecological model (Michaels et al., 2022). However, two children seemed to feel that talking to someone was not that important.

*“... it’s just not that important, yeah, not important to talk to somebody” (FG2)*

*“...they don’t want to talk about it...” (FG2)*

The children also recognised self-helping behaviours which the individual could do themselves, without the need for others. Being able to do this could support their feelings of self-esteem and self-efficacy, which, in turn, are deemed to be beneficial to the child's wellbeing and positive mental health (Schunk et al., 2022).

*"... I need some time alone and I don't really want to come in today" (FG1)*

*"[Doing something you enjoy] ... might take your mind off why you are sad" (FG1)*

*"He might need like a ball then he can squeeze it in case he gets stressed out"  
(FG1)*

*"You can use a breathing ball that goes in and out or you can write in a journal or take medicine..." (FG3)*

*"Maybe she should just go for a walk or something" (FG3)*

*"Do something you enjoy" (FG3)*

*"Maybe facing your phobia could help [your mental health]" (FG3)*

Drawing from their own personal experiences, the children shared some of the self-help strategies they had adopted for themselves when they had felt the need to do so. During this discussion it was clear that some were able to employ strategies on their own, whilst others still needed other people, like family members and friends, or even just feeling connected by being online, showing once again the importance placed on relationships and feeling connected; aspects of the socioecological model (Michaels et al., 2022).



*"I used to have a stress ball ... [another child] And I did" (FG1)*

*"I get to spend time with my family and I like it... I go outside and play with my friends and then I spend time with Mum" (FG2)*

*"... I love it when doing something like playing on my Xbox or playing outside with my friends" (FG2)*

*"I like to go to the beach" (FG3)*

*"... TikTok, I enjoy TikTok..." (FG3)*

*"I'm doing [a journal] at my grandma's ... you can cut out the pictures that you like and it can express your feelings..." (FG3)*

*"... go to the trampoline park and that's the thing you enjoy the most..." (FG3)*

*"I have 18 guinea pigs. My oldest, is my therapy pig..." (FG3)*

Given that the children seemed to have a degree of success in employing their own self-help strategies, and similar behaviours were seen as something anyone could do, they identified those within the vignettes for whom attempts to do so were maybe less successful. Some others were seen as being unable to be proactive in seeking support for themselves, particularly asking for it from others. This was recognised by the children and may reveal aspects of their own feelings and experiences, or it may be a reflection of their ability to be empathic.

*“... he might think ... he’s tried skipping with the other people ... tried like hopscotch ... tried speaking to other people, but it hasn’t really worked out for him...” (FG1)*

*“[He wants to play but]... he might not have the confidence to say ‘Excuse me, can I play football with you?...” (FG1)*

*“... if he gets bullied again and it’s not working after you told the head teacher, probably ask to go to a different school” (FG2)*

*“... he wants to go and make new friends ... maybe he’s scared they’re gonna say no” (FG3)*

*“He could be thinking ... should I go to somebody? Should I go and play with somebody?” (FG1)*

## **Summary**

The recognition by the children in each of the focus groups, that help seeking was important for those potentially experiencing difficulties with their emotions and subsequently their wellbeing and mental health, was an encouraging outcome from their deliberations. Given that this aspect is a cornerstone of MHL (Jorm, 2015), it is pleasing to note that an element of it was identified, albeit perhaps without a full cognitive awareness of its true importance to the person suffering an issue with their mental health (Tully et al., 2019).

The involvement of others was seen as important to all aspects of support systems and seeking or providing help. Relationships, as identified in the socioecological model (Michaels et al., 2022), were seen as critical to the success of any sought help, providing they were perceived as positive, in line with research (Kirby et al., 2020). Indeed, having close friends could help to reduce the potentially negative impact on the mental health of an individual who is, or has been, the target of bullying

behaviours (Mak et al., 2020; Luitjen et al., 2018), and the children in the focus groups seemed aware of this.

In relation to what children could do to help themselves, having a strong sense of resilience and effective emotion regulation were also seen to be important for positive mental health and subjective wellbeing (Agarwal et al., 2021), as was a high self-esteem, especially growing up in a low SES neighbourhood (Chen et al., 2021). The children also recognised the value of partaking in some form of physical exercise, whether as part of a team or on an individual basis, and doing so has been found to provide an element of protection against the potentially negative impact on wellbeing (Natural England, 2022; Sport England, 2022). Such involvement in physical activity has also been linked to increased self-esteem and self-efficacy, and a reduction in emotions like depression with a positive impact on the individual's mental health (Biddle et al., 2019).

## **CHAPTER SIX:**

# **STRENGTHS, LIMITATIONS, IMPLICATIONS AND**

# **CONCLUSION**

This chapter will identify the strengths and limitations of the study and consider the implications for future practice, before providing some concluding comments.

### **6.1 Strengths**

This study had a range of strengths, including the stimulus activities being based on literature with the children's age, understanding and possible learning needs considered. They were designed to aid discussion within the groups, without being prescriptive. The groups were carried out in a quiet, familiar environment, which the children knew they could leave at any time, to help the children feel as safe as possible. Part of this safety was that they were aware that they did not have to talk if they did not want to and were merely being invited to contribute.

With a background in teaching, I was able to ensure the children felt safe, and their ideas and opinions valued. One way of facilitating this was that I only reflected and paraphrased the children's words to clarify understanding, rather than add to or lead the discussion, particularly in the first activity where I only repeated the same open question. For the other two stimulus activities, I only asked questions to focus the

children's deliberations if needed, to obtain responses to the research questions, as suggested by the literature (Puchta & Potter, 2004).

A strength of the analysis was that I carried out the transcriptions for the reflexive thematic analysis by hand to ensure that I was fully immersed in the iterative process. This enabled a deeper analysis of the children's deliberations by keeping as true to their responses as possible.

## **6.2 Limitations**

A potential limitation was the use of focus groups with children of this age as they are more used to adult-led learning and activities, rather than co-constructing ideas between themselves. However, I structured the stimulus exercises so that I could ask certain questions to aid the discussion, if necessary, without leading. In addition, providing opportunities for the children to discuss their ideas with their peers before sharing their individual perspectives with the group was more in line with their normal school experiences, so it was beneficial for the children to be assigned to a group in which they would feel safe and comfortable enough to talk and share their thoughts. Despite this, a further limitation of focus groups is that not all children are equally vocal or as comfortable to voice an opinion counter to another with an associated tendency to follow someone else's ideas. By building on another's perception in this way, rather than sharing their unique ideas, as was occasionally seen in this study, their true understanding of mental health may be misrepresented. Furthermore, children were asked not to share what they had talked about during the session with

their peers, in order to maintain confidentiality and avoid influencing later groups, though it is recognised that this was not something that could be guaranteed, particularly given their ages.

Furthermore, the study did not have information about the children's family dynamics or experiences with physical or mental health issues, either their own or that of parents or siblings. Given that such experiences are likely to exert an influence on the child's knowledge and understanding about mental health, this could be a confounding variable (Florea et al. 2022; Wilkinson et al., 2021; Shain et al., 2020). Similarly, there was no information regarding whether participants had been bullied or were even bullies themselves, or whether they had any experience of ACEs, any of which could have had an impact on their own mental health (Do et al., 2022; Linden & LeMoult, 2022; Schunk et al., 2022). If this was the case it could have implications for their projections onto the mini scenarios and what they subsequently perceived was happening, and what they felt willing or able to share within the group.

Whilst it was acknowledged that some participants may have had experiences that could have influenced the study, it was felt that trying to establish this information beforehand could have been problematic, both logistically and emotionally for the children, and we all have life experiences that influence our constructions. Similarly, to exclude them from the study for having potentially negative experiences could have skewed the findings, making them less representative of the year group under investigation. Instead, the focus groups were designed to enable the children to feel

safe, to only share if they wanted to, and have the opportunity for a debrief afterwards, to reduce any distress the children may have felt as a result of the study. It was important not to reduce the overall cohort in any way or focus on a specific group of children, as the research was intended to identify what children of this age understood by the term mental health, regardless of any individual differences that may affect the discussion.

Whilst the stimulus activities were based in literature, with a view to being accessible to the children involved, a limitation of the second activity was that certain aspects of the vignettes could have been leading. An example of this was the dog in the forefront of the picture, which looked very much like a large, aggressive dog, as was noted by all three groups. It is possible that their perceptions of this scenario would have been very different if it had been a smaller, more neutral looking dog. A similar limitation is the use of the card sort for the third activity, where due to time constraints, the children were encouraged to consider what they perceived as being the 'most' and 'least' important aspects of help seeking, leading to the potential to miss some information. Whilst this activity could have yielded further potentially valuable information, all the responses to the three activities were considered for the third research question, so it may not have had too much of a deleterious effect on the analysis.

Whilst the size of the sample could be seen as relatively small, mainly due to the time constraints of the study, this should not be seen as a limitation as the findings are not

claiming to be generalisable. Some parents actively refused to allow their children to participate, and whilst no explicit reasons were given, the school staff commented that some parents were not comfortable with their child talking about mental health. Despite this, the study still offers an insight into young children's current knowledge and understanding of mental health, which is a useful basis for future research and to inform school provision.

### **6.3 Implications for future practice**

Given that the definition operationalised in this study was that suggested by MIND (2022) as being "Mental health is about how we think, feel and act", the children in this study made links between the role of thoughts, feelings and behaviours but did not initially recognise that this was in essence mental health. This disconnect reveals the importance of finding out what children actually know before implementing any form of intervention focusing on deepening their knowledge and understanding of mental health, and in so doing enabling them to challenge discriminatory or stigmatising ideas they may encounter. These issues will be considered in relation to good practice.

The findings from this study add to the research and literature exploring young children's conceptualised understanding of mental health. Given the varying levels of beliefs, values and understanding, it is hoped the findings will inform future learning and research, whilst emphasising the importance of obtaining pupil's perceptions of what mental health means to them. It is important to know what children understand



by the term mental health, so that their future learning can be guided to reduce misconceptions and pathologising as well as challenge stereotypes, whilst ensuring any guidance is delivered at an appropriate level for their age and understanding.

Furthermore, gathering children's views can support and inform teaching, knowledge and support, to ensure children are able to recognise and address difficulties in their mental health and see the potential benefits of seeking and providing help. In this way, it is hoped that children will develop self-efficacy, understand that help-seeking is a positive thing to do, enhance emotion regulation and understand the difference between 'typical' and pathologising emotions.

It is also hoped that the exploration of children's conceptualisation of mental health can be used to advise future teaching and interventions within schools and inform the role of the educational psychologist, leading to an improvement in mental health outcomes for children. It is of particular importance to address any negative attitudes and bias around mental health issues, whilst ensuring children can relate their understanding of empathy and strategies of helping to that of positive mental health.

Despite the school chosen for this study being situated in a low socio-economic area with a high level of refugee families, the staff were very informed about how to support their students. They seemed to be aware of the potential difficulties facing the children and their families and created an inclusive and supportive ethos within the school. They had specialist Nurture provision for children who found it difficult to

access the classroom environment full time, and several Early Literacy Support Assistants (ELSAs) to support children with specific aspects of their learning. There was a Specialist Early Years practitioner who liaised with outside agencies and families to inform a more holistic approach within the Foundation stage, and a school counsellor who visited the school on a weekly basis for those needing more bespoke support. The school Headteacher and SENCo worked closely with their link EP and were very aware of the outside agencies within the area that they could utilise for additional support.

Research in the UK conducted by Collishaw et al. (2019) and Kirby et al. (2020) suggest that it is of particular importance for such schools to have positive working relationships with their EPs to support a holistic and nurturing whole school ethos. Relational approaches help to support those children in need of a more trauma-informed and attachment approach to school life. EPs can provide staff training in numerous areas and can also assist the school in setting up parent workshops or drop-ins to extend the level of support available. Developing the perception that the school is an important part of the community and a safe place to seek support, can be particularly beneficial, especially to families new to the area. Furthermore, by utilising their EP service, schools can set up bespoke packages of training and create a supportive environment for relatively little money, as they do not always have the resources or funds available to buy in the larger specific packages that are often advertised to schools.

Schools are ideally positioned to promote mental health initiatives as children spend a large amount of time at school, if interventions are delivered in an appropriate way for the age and stage of the children's development (Patafio, 2020; Tully et al., 2019). Those working in schools should be aware of the levels of their children's understanding and the words they use to describe their feelings and emotions, to ensure any language used is appropriately modelled and understood. Enhancing MHL with these groups of children, should take account of the fact that they may already recognise the relationship between their own thoughts, emotional reactions and associated behaviours. This will deepen understanding and work towards the development of positive mental health (Renwick et al., 2021), whilst encouraging help-seeking behaviours and reducing stigmatisation (Tully et al., 2019). Mental health leads are being trained to support children within schools, aiming to get a trained person in place by 2025 (DoH & DfE, 2017). It is also important for schools to find out what children know and understand so that any gaps in their knowledge can be addressed in an appropriate and supportive way, and they are more likely to engage with any intervention (Khoury, 2020).

Some schools could go so far as to communicate the children's wishes to inform school policy or share with local support systems within the community. As seen in this study, there were some parents who were not comfortable with their children discussing mental health, so parental involvement in designing and planning interventions may also be beneficial. Those children who do not discuss mental health at home should be considered when delivering universal interventions as their

familial and personal perceptions could be a barrier to them seeking support if needed (Braun & Clarke 2021a).

Universal school interventions could focus on the implications and consequences of bullying others, teach emotional awareness and coping skills, and support the development of empathy, whilst 'normalising' emotions such as anger and sadness rather than pathologising them. If taught at an appropriate level for the children to understand, this can be discussed from Nursery school onwards to build children's emotional and mental health literacy from an early age, thereby reducing the possibility of stigma and discrimination as they mature (Kutcher et al., 2016). It may also be important for schools to have a small group of adults who are seen as trusting and trained, to support children should they need to talk to someone. Any interventions and support should not be compulsory and should merely be there in case the children wish to access it, particularly as some children do not like talking about their thoughts and feelings.

As mental health difficulties are psychological in nature, and educational psychologists (EPs) are often embedded within the school context, they are able to use their psychological and theoretical knowledge of child development to help implement any mental health initiatives. This can be in the form of helping to amend policies to inform practice, helping to develop a wider sense of belonging and a positive school ethos, ensuring any interventions are appropriate for the particular cohort, and carrying out staff and parent training, workshops and support. EPs can

visit schools and see the environment from a different perspective, such as 'Be happy' posters, which are meant to be supportive, but can actually have an adverse effect if children believe they should 'be happy' all the time. EPs can also advocate for the importance of pupil voice, and guide staff to gather children's opinions in safe ways when discussing potentially sensitive topics such as mental health. This is of particular importance for children who experience mental health difficulties, to ensure their diagnosis is not undermined or undervalued in any way.

Given the dearth of research into children's conceptual understanding of mental health, a target for future research is to explore through co-construction, which universal school-based interventions help children, how to improve them, and why they perhaps do not work for everyone. New ideas and initiatives should be designed with children and piloted, with feedback taken on board before wider roll-out.

Furthermore, future research could develop the current study and explore a wider and more diverse range of children, to understand more about how they conceptualise and understand mental health and what they would find useful regarding the delivery of information, help and support. Identification of those demographics that may be in particular need of a different way of working or require more specialised and targeted support, would also prove beneficial. As language is always evolving, researching how different children conceptualise mental health could inform future strategies and interventions to make them as accessible as possible for everyone.

## 6.4 Conclusion

The current study revealed a disconnect between how the children responded to the question 'What is mental health?' and their knowledge and understanding of what the term actually means and how it is conceptualised. Therefore, simply asking children what they understand by the term mental health is not sufficient to truly gauge what they know, as they initially responded with somewhat disjointed and pathological reasoning. It was only through exploring their ideas and perceptions, and scaffolding their thoughts and responses as they arose, that the true level of knowledge and understanding about what constitutes mental health could be uncovered.

Encouragingly, this was more closely aligned with that of the definition used by MIND (2022). The discussion around the anxieties associated with issues such as bullying and safety, and the potential impact on the individual, reflected some degree of understanding of the links between emotions, thoughts and behaviours, and how they can affect mental health. Whilst this is a good starting point, there is much to be done to ensure children have the necessary knowledge about mental health, how to achieve and maintain it, how to recognise problems and access available support, thereby ensuring more acceptance and understanding of those experiencing difficulties.

There has been an increase in the number of initiatives created to support the development of positive MHL within schools, with mixed results. Key to the success will be ensuring that any such interventions are co-produced and designed to be as appropriate as possible to the child, taking account of their personal demographics,

previous experiences and societal and cultural influences. To this end, it will be essential to gather the levels of conceptual understanding of the children, together with what they perceive as being useful to know. Involving them in the design, application and evaluation of any programmes and materials will hopefully facilitate their engagement.

Whilst this is the ideal, the pressure on schools in terms of personnel, time and resources could be a limiting factor, especially as any programme is unlikely to appeal to every child and some parents may not wish their children to be involved. Despite this, having a positive mental health ethos within a school should prove beneficial for all.

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## **CHAPTER EIGHT: APPENDIX**

### **Appendix One**

Approaches considered for this study

Qualitative approach	Description of approach
Content analysis	Despite usually being a quantitative approach, content analysis can be used for qualitative research. It uses coding to identify themes and meaning within text. The focus is largely on the 'content' rather than 'themes', and researchers often use a codebook to ensure coder reliability and inter-coder agreement.
Interpretive phenomenological analysis (IPA)	IPA is concerned with the analysis of speech and language to identify the thought processes and beliefs underpinning the chosen dialogue. There is an acknowledgement of the researcher's positionality and preconceptions which may influence the analysis and subsequent meaning placed on the text (Smith, Jarman & Osborn, 1999).
Grounded theory	Grounded theory largely focuses on the wider social context, particularly relationships between individuals' perceptions and where they see their role within their society. There is a strong emphasis on symbolic interactionism and the meaning individuals attribute to events and ideas. Patterns and relationships emerging from the 'data' are identified and used to generate hypotheses and theories (Charmaz, 2014).
Discourse analysis	This approach analyses language from within texts or social interactions and highlights the assumptions and actions of the participants and social structures they are in. It concentrates on the broadest level of language rather than trying to interpret it. There are varying techniques to carrying out discourse analysis as there is no single definition (Potter & Wetherall, 1987).
Narrative analysis	This approach focuses on the entire narrative in an attempt to understand not only what the participant was trying to say, but also the reason behind them saying it and how they chose to do so (Murray, 2006). It focuses on their 'story' with its beginning, middle and end.
Thematic analysis	There are three broad types of thematic analysis; Coding reliability; Reflexive; and Codebook. Although slightly different in their analytic procedures, the underlying principle is to develop 'patterns' or themes across cases through the exploration of individuals' subjective experiences (Braun & Clarke, 2020; Willig, 2013).

## Appendix Two

A table of advantages and disadvantages of qualitative methods, and of various forms of data collection when using focus groups

Method	Advantages of approach	Disadvantages of approach
Questionnaires / surveys	These allow for a large amount of data to be collected from a range of children.	Some children may find these difficult to read or understand. Some children may see these as a test and become anxious about completing them. As this is a qualitative study, these were deemed less suitable.
Semi-structured interviews	These can be useful to gather information on a more personal level. They can allow for individual exploration of a subject matter. They are often used in qualitative research.	These may be seen as too anxiety provoking for younger children. It can be difficult to minimise the power imbalance if carried out with children. Children may think there is a 'right and wrong' answer or assume what you want to be told.
Focus groups (chosen method)	These are suitable for use with children if set up appropriately and in a safe way. These can minimise the potential power imbalance of an adult / pupil discussion. Children are in a group, so there is less individual emphasis, allowing them to feel less 'on-the-spot'. Children can build on each other's ideas. Children are used to working in small groups within the classroom, so it is more natural to them.	These could be seen as a 'classroom' with the researcher as the teacher, resulting in a possible, perceived power dynamic, meaning the children may not be as open and honest as they could be, making appropriate and careful facilitation therefore essential. If the groups are not carefully selected, certain children may not have their voices heard or feel able to share their thoughts.



<b>Methods of data collection considered for the focus groups</b>		
<p>Teddy bear emotion cards – ask CYP What emotion they see How they know What might they be thinking? Do they need help? What could help?</p>	<p>These cards are used within the EP profession so are suitable for use with CYP. No reading, writing or drawing is required, making them accessible to the majority of CYP. The cards are drawn in a child-friendly, cartoon way.</p>	<p>The bears express one emotion each, so this would be very adult led as not every card would be used due to time restrictions. Cards would therefore have to be selected beforehand, limiting the findings. There could be too much emphasis on emotions which could be leading rather than more 'natural' scenarios. The cards could be construed as being 'young' to some of the children.</p>
<p>Blob tree figures – CYP to choose a blob character and talk about how it may be feeling, thinking and if it needs help</p>	<p>There is no reading, writing, drawing or 'making' with these which makes them more accessible to CYP. The characters are quite nice and different from each other enabling choice.</p>	<p>The 'blobs' on the tree could be seen as too simplistic with limited non-verbal language and detail. The CYP may not be able to relate to some of the 'blobs' or find it difficult to identify more complex emotions or interactions between them.</p>
<p>Drawings – draw ideas to represent 'mental health' and discuss</p>	<p>These can be individually created and therefore personal to each CYP. The CYP are able to share as much or as little as they feel able to.</p>	<p>Not every child likes to draw or feels able to do so. Drawing could take a long time depending on the individual child. If in a group, other CYP could be left waiting. Children could compare their drawings with their peers which could affect them negatively. It could be difficult for the CYP to think about what to draw which could lead to a negative experience.</p>
<p>CYP to choose a colour or animal to represent ideas of</p>	<p>No writing, drawing or creativity is required, so any child of any ability can engage with it.</p>	<p>This could be quite difficult to do as colours and animals may not 'map' directly onto the CYP's ideas.</p>

<p>mental health and discuss</p>	<p>Most CYP know their colours and animals, so they will have a large range of ideas and stimuli to choose from.</p>	<p>If CYP cannot think of anything, this could cause upset. This is quite an abstract idea, and could be difficult to do if the CYP is more literal in their thinking. Once one person has shared their ideas, others may want to say the same thing for safety or as it makes sense to them.</p>
<p>Art – making a model to represent ideas of mental health and discuss</p>	<p>This could be seen as a child-led activity as the child can choose their own model. If the CYP enjoys model making, this could be a lovely way of them sharing their ideas.</p>	<p>This could be seen as slightly adult-led, as the adult will have chosen the craft supplies and may put their own ideas onto which materials could be useful. This could be very time consuming. It is limiting in the number of models that could be made so there's the potential of not much data being gathered. Not every child enjoys model making, or they may have sensory sensitivities.</p>
<p>Lego – create a model to represent ideas of mental health and discuss</p>	<p>This would be a child-led activity where the child can choose their own model. If the CYP enjoys building with lego, this could be an enjoyable activity for them.</p>	<p>This could be very time consuming, and could require a lot of lego to ensure everyone has enough. Not everyone enjoys lego building. For some CYP, lego could be seen as a 'young' activity, and may be reluctant to take part. It could be prone to collapse, which could lead to upset. It is limiting as the CYP are unlikely to be able to make several representations, meaning a lack of data.</p>
<p>Vignette of a household scenario</p>	<p>This could be seen as a child-led activity as the children choose their own images and ideas.</p>	<p>This was deemed too personal for a group discussion with 9-10 year old children and could have resulted in distress.</p>

	<p>Children may find it easier to relate to something they are familiar with, such as the home environment. The characters are drawn in a cartoon-style, but with facial expressions and basic gestures, making them seem more age-appropriate. Within the vignette, there are smaller groups of characters that the children can use to create situations.</p>	<p>This could be seen as an adult-led activity as the picture will have been chosen by an adult.</p>
<p>Ask the CYP questions and note their answers</p>	<p>The researcher can ask the questions they want answers to directly. There are no resources to create so could be quicker to organise.</p>	<p>This is a very adult-led activity and the researcher could be seen in an authoritative position, with the CYP telling them what they think they want to know. It may be difficult to gather enough information if the children are reluctant to speak or if they don't understand the questions. Unless there are probes, the information gathered could be limited.</p>
<p>Vignette of a playground – the CYP are asked to identify a part of the picture which represents mental health.</p>	<p>This could be seen as a child-led activity as the children choose their own images and ideas. Children may find it easier to relate to a scenario they are familiar with, such as a playground. The characters are drawn in a cartoon-style, but with facial expressions and basic gestures, making them seem more age-appropriate. Within the vignette, there are smaller groups of characters that the children</p>	<p>This could be seen as being an adult-led activity as the picture itself had been chosen by an adult, however, the children were free to choose their own aspects of the scenarios provided and could share whatever they felt appropriate.</p>

	can use to create situations.	
Card sort activity – CYP are either given pre-made cards to organise into an order or can make their own.	Children may enjoy this type of activity as it is more practical and hands-on. CYP can create their own cards as well, allowing some autonomy over the activity. The cards could be used to structure discussion and support the CYPs thinking.	If the cards are pre-made, this is an adult-led activity. Some CYP may struggle to read the cards, which could affect them emotionally. If CYP make their own cards, it does not lend itself to quantitative analysis. This can be quite a rigid activity. The CYP may just order the cards without actually thinking through them.

## Appendix Three

### Introduction

#### Introduce me

- Thank them for coming
- Go through the child consent form and check understanding and consent to participate – children to fill out consent forms
- Make sure they understand they do not have to join in if they don't want to, and can leave at any time, etc. They can also join in whenever they wish.
- Emphasise there are no right or wrong answers – I am just interested in what they think

#### Set some group rules:

- Ask them what they might want to include – collate ideas
- (include we listen when others speak; take it in turns to talk; respect what others say; remember we might think different things, but that is okay, etc)

#### What's going to happen:

- Explain about the dictaphone and that everything we talk about in the room will be anonymous so no one will know who said what – I won't use names etc.
- There will be 3 activities

### Activity 1

#### Question:

If a little alien came down right now and asked us what mental health is, what could we tell him? How could we explain it to him? (write ideas on board)

Prompts: It can be a difficult thing to explain...

Even adults struggle to explain it sometimes

There are no right or wrong answers – I'm just interested in your thoughts

This is not a test – I am just curious...

End: Round everything up

Look at all the information we have gathered

Is there anything else anyone wants to add before we move on?

## **Activity 2**

### Question:

Look at the picture...

Is there anything in the picture that you think is an example of mental health? (that we could explain to the alien)

I will give you 3 minutes to have a look at your picture and see what's going on...

Okay, so you will now have 5 minutes to share and discuss your thoughts with your partner / person sitting next to you and then we can share our ideas as a group if you want to...

Prompts: I'm wondering what it was about that particular scenario that you felt showed an example of mental health?

How do you think they are feeling? How do you know?

What might they be thinking?

Do you think they may want someone to help them? What could they do to help themselves? What could someone else do to help them?

End: [ask the group] Is there anyone in the picture who may be feeling something different to what we have already talked about?

[repeat prompts from before about feelings, thoughts, and help seeking]

## **Activity 3**

### Question:

In pairs, you have 10 cards with ideas that people have said might be useful to help children with their mental health.

I would like you in your pairs to put them in order from which you think is the most helpful to the least helpful.

There are also 2 blank cards that you can use if you feel that there is something better or more useful that isn't included. If you let me know, I will come and write it on the card for you. You do not have to use them if you don't want to.

I will give you up to 10 minutes to do this...

End: Does anyone want to share their order and any reasons for their choice.  
Remember there are no right or wrong answers

Prompts: What is it that makes that one the most helpful / least helpful?

## **Plenary**

### Question:

After all your hard work, is there anything we could add to our web of ideas for our alien to help him to understand mental health? [add them to the board in a different colour]

## **End**

Thank you so much for all your hard work today.

Can I just remind you not to talk to the others about what we have done today as I don't want all your hard work to influence what they say in their group.

If anyone would like to talk to me about anything we have talked about today, I will be here until the end of the day, so you can come here if you like. And you can always talk to your teacher if you prefer.

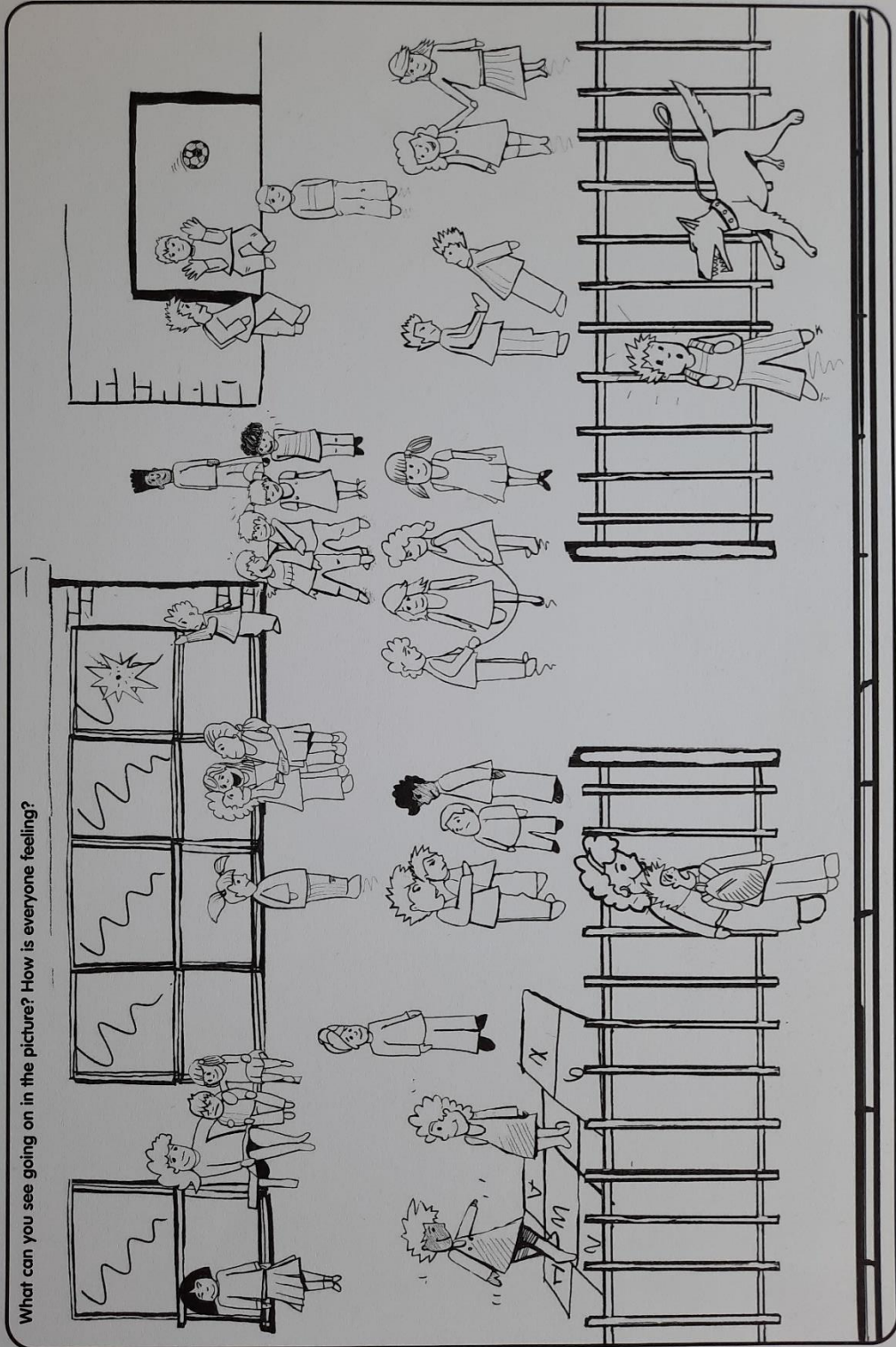
Does anyone have any questions?

Thank you again

# Appendix Four

## Activity sheet 2 – School Playground

What can you see going on in the picture? How is everyone feeling?





## Appendix Five

Talk to someone



Write or draw your feelings



Do something you enjoy



Do some deep breathing relaxation or mindfulness



Learn something new



Make sure you get enough sleep



Spend time with friends or family



Do something nice for someone else



Eat healthily



Physical activity



## Appendix Six

A Table showing how the themes were generated			
Original themes	Merged themes	Key themes	Final themes
Biology (1)	Biology*	Values	Values
Emotions / Nonverbal (2)	Emotions / Nonverbal	Societal beliefs	Connectedness
Support systems (3)	Support systems	Personal beliefs	Safety
Consequences (4)	Consequences*	Connectedness	
Safety (5)	Safety	Positive peers	
Isolation (6)	Isolation	Negative peers	
Sense of belonging (7)	Sense of belonging	Support systems	
Bullying (8)	Bullying	Sense of self	
Self awareness (9)	Emotion regulation	Safety	
Emotion regulation (10)	Educational setting	Bullying	
Educational setting (11)	Self efficacy		
Self efficacy (12)	Empathy		
Empathy (13)	Societal belief		
Societal belief (14)	Norms & values (15,16)		
Norms (15)	Violence & crime (17,29)		
Values (16)	Positive peers		
Violence (17)	Sense of purpose		
Positive peers (18)	Negative peers		
Sense of purpose (19)	Vulnerability		
Negative peers (20)	Connectedness		
Vulnerability (21)	Self esteem		
Connectedness (22)	Sense of self (9,24)		
Self esteem (23)	Sense of identity		
Sense of self (24)	Discrimination		
Sense of identity (25)	Stigma		
Discrimination (26)	Stereotyping		
Stigma (27)	Social wellbeing		
Stereotyping (28)	Experience of illness*		
Crime (29)	Resilience		
Social wellbeing (30)	Personal beliefs		
Experience of illness (31)	Quality of life		
Resilience (32)	Family (35,36,37)		
Personal beliefs (33)	Social environment		
Quality of life (34)	Neighbourhoods		
Parenting style (35)	Technology & media		
Family dynamics (36)	(39,41)		
Family mental health (37)	Socioeconomic status		
Social environment (38)	(42,43)		
Media (39)			
Neighbourhoods (40)			
Technology (41)	*Those that were		
Socioeconomic status (42)	subsumed by several		
Poverty (43)	other themes rather than		
	being a stand alone or		
	merged theme		

## Appendix Seven

### Transcription Group One

Key: Codes are written within square brackets [ ]

Ellipses are used to indicate a different child talking within 'Speaker 2' ...

Speaker 1

Ready? Okay. So activity one this is the first one so our question is, If these little aliens came down right now and they asked What's mental health? OK, so they come down and want to know what mental health is as they haven't heard of it before. So what is mental health? What could we tell them?

Speaker 2

It's what we think about and we could share those thoughts.

Speaker 1

That's what we think about. So I'm going to write these up here, So what we think about, yes, it's our thoughts, did you say? Brilliant stuff. OK. Anything else? Yep

Speaker 2

The definition.

Speaker 1

What's the definition of this? (points at the words mental health)

Speaker 2

It's the meaning of a word.

Speaker 1

It is. The definition is the meaning of a word that's absolutely right. So if I say to you what's the definition of mental health, then what could you say?

Speaker 2

I don't actually know the definition.

Speaker 1

That's OK, that's OK. To be honest, there isn't really one. OK, so there's lots and lots of different ideas about what it might mean. So, so far they've come down, they've said Hello Group 1 What's mental health? And so far we've got what we think about, so it's our thoughts. That's good. What else might it mean?

Speaker 2

Maybe something that goes on with our body [1].

Speaker 1

Something that goes on with our body. That's a good one. Our body. That's good. So, what else could we have?

Speaker 2

Like health wise, so mental health is health that is mental.

Speaker 1

Health that is mental, yes. That's right. So what might that look like? Or what might any of our ideas we have so far look like?

Speaker 2

Yeah, maybe it might show all people might see what goes on with your body [1].

Speaker 1

OK, so how you show other people? That's good. So how you show other people. OK. And what might that look like? How might you show them?

Speaker 2

Like a body acts like what you act with your body [2].

Speaker 1

OK, like your body acts. I like that, very good.

Speaker 2

Like, like joy with dancing [2] or something like that.

Speaker 1

So joy? So if you were feeling joy, you might be dancing. OK, that's really good. Yeah

Speaker 2

Your actions maybe

Speaker 1

Your actions. What actions might you do?

Speaker 2

Maybe if you feel sad you might give someone a hug [2;3]

Speaker 1

OK. So you might need somebody to give you a hug if you are sad. Very good.

Speaker 2

I just want to know if we will have break time

Speaker 1

If you want to have break time when the bell goes, then we can pause this and come back. Would you like to do that? OK. So looking at this then, we've got actions, body acts, all these ideas. What other things could we have, do you think?

Speaker 2

Yeah, maybe our emotions [2]

Speaker 1

Emotions. What are emotions?

Speaker 2

It's like what you feel with your body and what you show [2;9]

Speaker 1

Okay It's what you feel, good. And what might you show?

Speaker 2

Maybe if you don't feel the best you need, you might get a bit angry [2;9]. You might do something to maybe harm someone but not basically on purpose because of your emotions [2;4;5;9;33]

Speaker 1

Ok so it brings us back to these again, doesn't it? If you're angry, you might hurt someone because of your emotions, Ok. These are all fantastic answers. Really good. You're all doing great. So anything else we can think of?

Speaker 2

I don't think so

Speaker 1

No? Have we covered everything?

Speaker 2

Yep

Speaker 1

So this is brilliant. Look at all of those, that we've got. OK. And that was just from 2 words mental health and we've got all of these. Let's just have a quick look, so we have what we think about our thoughts, we've got what goes on with our bodies, yeah. That's amazing. How you show other people what's going on in your body, so how we act, so if you're joyful you might be dancing right? If you're sad you might

need to give someone a hug, if you're angry you might hurt someone because of your emotions. So emotions are inside our bodies and what we feel with our body and what you show others and health that is mental. These are all fantastic. Really, really well done. Brilliant start. So that's our first activity done.

So, are you ready for the second one?

Speaker 2

Yep, yes

Speaker 1

Ok so this time we have got a picture. OK, so we need to look at the picture and I want you to see if there is an example on here somewhere of mental health. OK, something that we could maybe show to our little alien to say this could be what mental health looks like. OK, so I'm going to give you 3 minutes just to have a look at the picture first, so have a really good look and see what's going on in it because it's quite busy. Alright. And then afterwards I'm going to give you a little bit of time to chat to your partner or person sitting next to you if you want to, about what you think. OK?

Speaker 2

I've got one already

Speaker 1

That's okay but I don't want to know just yet. I'm going to give you a few minutes just to have a really good look. It's great you've noticed one already. Have you seen one as well? All right, if you haven't, that's fine. I'll give you a few minutes to do that ok.

Speaker 2

I've got one too

Speaker 1

OK, if you've chosen one just let me know. Yeah, perfect. OK, you've got one as well, huh? That's OK.

Speaker 2

I've got one for everything

Speaker 1

OK. I'll give you a few more minutes to have a look first. Perfect. It's Ok if you want to just keep looking and have a think. Have you found one yet? OK, so we've all got one. So we didn't need the three minutes, did we? Okey dokey. That's fine. So just for a few minutes now, if you want to talk to the person sitting next to you, you can, or if you want to have a little bit more of a think, that's okay, and we can share all your ideas in a minute, if you want to share. Alright, so have a little look and have a chat

with the person sitting next to you about which one you chose and what made you choose it as an example of mental health, alright?

Speaker 2

I chose this one because he looks lonely [2;6]. What did you choose? I chose this one because they're trying to make him feel better [3;7]. It's important to do [16;33].... He's being bullied this one [8].... And this one looks scared [2] look... and he is on his own [6;13].

Speaker 1

Okay? Did you choose the same or different ones?

Speaker 2

We chose different ones.

Speaker 1

That's interesting. Very good. Are you ready to share with the group?

Speaker 2

Yeah

Speaker 1

And you seem to have finished too. Yeah? You are all fantastic at this. Well done! Right, who would like to start us off? ... Yeah, everybody okay with that? That would be fantastic thank you. So which one did you chose?

Speaker 2

That one because he's feeling scared [2].

Speaker 1

This one, so I'll just hold it up to show that you chose this one here. OK. And how, what was it about that particular bit that you thought was mental health?

Speaker 2

The dog was frightening him and he, he was scared [2].

Speaker 1

The dog was frightening him and he was scared. OK, so that's mental health isn't it? Perfect. So how else do you think he might be feeling?

Speaker 2

Maybe anxious [2]

Speaker 1



Maybe he's anxious. You said scared as well. How do you know that might be what he's feeling? I think you're right.

Speaker 2

Because the dog's off lead and looks angry [2;5] and he looks like, like he's got his mouth open so he could be shouting at him [2;21].

Speaker 1

He could be. OK. And how do you think or how do you know he might be a bit scared or a bit anxious?

Speaker 2

Because he's ....

Speaker 1

Is it maybe because the dog's off lead and you said that the dog looks a bit angry, doesn't he? So I think that would make me a bit frightened as well, wouldn't it? Well done. Brilliant. What might this person be thinking right now?

Speaker 2

That he wants to get away from the dog [3;9;10].

Speaker 1

He wants to get away. Yeah, I bet. I think I probably would as well looking at him.

Speaker 2

He probably wants to run to school [5; 9;10;11;12].

Speaker 1

He probably wants to run into school, doesn't he? To get away? OK Great. Do you think this person might want somebody to help them?

Speaker 2

Yeah

Speaker 1

Yeah? What do you think they might want somebody to do?

Speaker 2

Like get them away... Yeah or like catch the dog by its lead [3;13]

Speaker 1

Yeah, so catch the dog by its lead and help them get away. Anything else that this person might want someone to do?

Speaker 2

The owner should be staying there in case the dog hurts someone [5;14;15;16;28;38]

Speaker 1

Yeah, the owner should be with it really shouldn't they in case it hurts someone.

Speaker 2

Maybe if there's a parent walking by out of the school, they might go and say, is this your dog and say why they shouldn't have let it go off the lead because you don't know what can happen because it might be dangerous for young people [3;5;14;15;16;28;30;35;38].

Speaker 1

Absolutely. That's very, very true. So we need this dog to be sorted out, don't we I think. And do you think this person's going to be OK afterwards, or do you think he might want something?

Speaker 2

It's only if it... we don't really know because in the image she is with him, but you can't really see any adult near to like, maybe protect him [3;21;30]. But maybe the dog might have no interest at the end and he might just go.

Speaker 1

OK, so he might be a little bit scared or a little bit anxious to start with we said didn't we? And then once...

Speaker 2

If he walks off, the dog might follow him and it might hurt the other children in the image as well [5;13;14;17;38].

Speaker 1

Yeah, he could you actually. If he went into school like you said.

Speaker 2

If he went to school then he would, the dog might have followed him and like, hurt the teachers and principal and stuff [5;11;13;17].

Speaker 1

Oh, my goodness. And how that might make them feel?

Speaker 2

A bit worried [2]

Speaker 1

A bit worried as well, yeah. I think if you've got a dog loose on the playground, it might.

Speaker 2

And they'd be mad at the child [2;4;33]

Speaker 1

Oh, so you think that the people will get mad at the child for letting the dog in as well or for letting the dog follow him? OK, that's interesting.

Speaker 2

But they might, if they told the principal or teacher the truth, they might believe them and then the owner might get into trouble? [3;4;16;33]

Speaker 1

Yeah, that's a good idea as well. Yeah, anything else?

Speaker 2

The child might need someone to calm him down if the dog runs away because he because he was scared [2;3;9;10;19;22].

Speaker 1

OK. So you think he might need someone to help him calm down because he was scared. Perfect. These are fantastic examples. Really, really good.

OK, so thank you very much for sharing that. That was a really good example. Who wants to share next? Yeah, OK, we'll work around. So which one did you choose?

Speaker 2

The child in the top left here.

Speaker 1

OK, the one sat on the bench. OK. And what made you choose that one?

Speaker 2

Because she's trying to ... because both of those girls are trying to help the boy feel better [3;10;13;16;18;19;22].

Speaker 1

OK and how do you think the boy's feeling then?

Speaker 2

A bit calmer because the girls were calming him down [2;3;10;13;18;22;30;33].

Speaker 1

The girls are calming him down. OK. How do you think he's feeling right now?

Speaker 2

He's a bit better [2]

Speaker 1

So he's feeling a bit better now, so what might he have been feeling before?

Speaker 2

Sadness... Or ashamed [2]

Speaker 1

Sadness. Yeah. Or he could be ashamed. What makes you think that?

Speaker 2

Because he's frowning [2].

Speaker 1

He is. He's frowning, isn't he? And he's being calmed like you said. That's really good. How do you think he's feeling, then? The little one in the middle?

Speaker 2

He might feel upset [2] and you might feel a bit like under pressure because you don't really know like what has happened to him to make him feel upset like that [13;19].

Speaker 1

Yeah, good. Any other ideas?

Speaker 2

Maybe he got bullied by one of the people, like these ones over here or this one coz they're bullying him [5;8;20;21;23]

Speaker 1

They are. So maybe they've bullied him as well before, and he needs to be comforted. What might he be thinking then?

Speaker 2

Why did, why did the person bullying him do that [8;9;21;23;24;30], or like, thank you for comforting me [3;18;22;30], he might be thinking to the other.

Speaker 1

That's very clever. Yeah, well done. That's really good answer.

Speaker 2

He might be thinking why it had to be certainly just him that might be getting hurt? [21;23;24;25;26;33] There's thousands of other children that maybe might be in that position as well, but he might not really think that [13;24;25;33].

Speaker 1

OK, so he might just be thinking it's him and why is it him? OK, so what do you think the two people comforting him might be thinking then?

Speaker 2

Don't worry, it's going to be okay [3;13;22].

Speaker 1

Yeah, yeah, they could be thinking it's going to be okay.

Speaker 2

How can we sort this out for him? [3;19;22]

Speaker 1

Okay, yeah.

Speaker 2

They're probably scared [2]. And then the Mum [child whispers 'it's a teacher'] or the teacher might be helping them [3;13]

Speaker 1

It might be a Mum yes, but I guess it's probably a teacher yes, that's right.

Speaker 2

The bigger one might be a teacher.

Speaker 1

Maybe. So they might be trying to sort it out and work it out for them. And do you think any of them might need help or might need extra help? We already said he is being comforted didn't we.

Speaker 2

And you can tell by his emotion on his face [2].

Speaker 1

Yeah, somebody said he looks a bit sad, is that right? Brilliant. Thank you very much. Another fantastic scenario? Would you like to share yours? Go on then.

Speaker 2

I think it's the kid next to the window.

Speaker 1

This one up here? Yeah. Yeah. OK.

Speaker 2

I think he looks lonely and sad [2;6;21;23]

Speaker 1

He looks lonely and sad yeah. How can we tell that he feels lonely and sad, do you think?

Speaker 2

Because he's on his own [6] and he's frowning [2].

Speaker 1

He's all on his own and he's frowning, oh dear.

Speaker 2

And he's alone cause probably all other kids are bullying him because he's probably like a nerd and he's probably by himself [4;6;7;8;21;27;33].

Speaker 1

OK. So you think he's a nerd? What's a nerd?

Speaker 2

A nerd means like that you're very, very smart [33].

Speaker 1

It means you're smart, and are people horrible to you for that?

Speaker 2

Sometimes yeah.

Speaker 1

Yeah? Okay, that's a good answer, yeah.

Speaker 2

Maybe he might be lonely [2;6], or because he hasn't been treated well [5;20;21;26], maybe by his looks, maybe what he wears because he's wearing things a bit different to the others [4;7;24;25;26;27;28;33;34].

Speaker 1

Okay, so he might be lonely, or he might not be treated well because he is wearing things that are a bit different, yeah.

Speaker 2

He might not have any friends [6;7;21].

Speaker 1

He might not have any friends, yeah.

Speaker 2

He could be angry [2] because it looks like he's thrown a book at the window [child agrees 'oh yeah'] [5;17;20;29]

Speaker 1

He could be feeling angry as well, yeah, and he might have broken the window.

Speaker 2

Sounds like he's new and hasn't met any friends [7;21;22].

Speaker 1

He could be new and he hasn't met friends yet, yeah.

Speaker 2

Maybe, like the bullies threw one of his favorite things out the window [5;8;17;20;26;30], and now he's just stood looking at the window because he's so sad [2;4;23]

Speaker 1

Ah, so you think the bullies might have thrown something of his out the window, and he's looking at what they've done.

Speaker 2

Maybe it's like smashed it. If you look here, it looks like this guy is like walking away from throwing it [4;17;19;29]

Speaker 1

Oh, so you think he might have been the one who's thrown something. That's interesting. So what might he be thinking then?

Speaker 2

He's thinking why has this guy thrown my favourite thing out of the window? [6;8;20;21;23;24;25;30]

Speaker 1

He might be thinking that, yeah. What else might he be thinking?

Speaker 2

He might be thinking why has somebody done that to me, and why has nobody come to me and why do I have to be the one standing here by myself and no one is trying to look for me to give me help [3;6;7;9;21;23;24;25;30;34].

Speaker 1

Yeah, he may be.

Speaker 2

He might be really stressed out [2] because someone threw his stuff out the window [4;8;13].

Speaker 1

He could be really stressed, couldn't he? Yeah. He could be thinking, why did you do that?

Speaker 2

He could be thinking should I play with someone? Should I play with someone, or go to someone? [3;7;9;10;12;21;22]

Speaker 1

Ahh, so he could be thinking, what can I do? Should I go to somebody? Should I go and play with somebody? That's a good idea.

Speaker 2

Well, if you look, it sounds like he's smiling [2] because he's happy [2] that he threw his phone out the window [4;8;16].

Speaker 1

So you think the other lads happy cause he's just thrown something of his out of the window. So that may have made him feel better about himself, but he's upset the other one.

Speaker 2

He looks like he's showing his teeth can you see? [2] ... But if he repeats it then it is bullying isn't it? [8;16;33]

Speaker 1

It could be bullying yes. So, do you think this lad needs help then? What could you do to help? What could you do to help himself? Or what could we do to help him?

Speaker 2

If, if someone did throw something that was his out the window, he could tell somebody, can you get it? [3;12]



Speaker 1

He could ask somebody to get it, yes.

Speaker 2

He's got the evidence from the broken window so he can say someone has thrown his favourite thing out of the window [3;16]

Speaker 1

He has. So what other help might he need?

Speaker 2

Maybe he could go back inside and tell his teacher and then say, can I please have time to take back and reflect what's just happened because my feelings don't feel the best right now and then after can you please go and help me get my thing out of the outside or inside, please [2;3;4;5;9;10;11;19;21;32]

Speaker 1

Yeah, that's a brilliant answer as well.

Speaker 2

Maybe, maybe it's a rubber or his pencil case.... He might need like a ball then he can squeeze it in case he gets stressed out [2;3;33]

Speaker 1

Ohh so you think he could have a stress ball to help him?

Speaker 2

I used to have a stress ball [3] ... And I did... I used to have one until one of my friends stood on it.

Speaker 1

All right. These answers are brilliant, brilliant, brilliant! Well done! Would you like to share yours?

Speaker 2

I think this one with the skipping rope.

Speaker 1

OK.

Speaker 2

She looks like, that she hasn't had the best time so far, cause I think her face shows it a bit, but since she's only got one leg, I think that she feels very included as well [2;4;7;18;21;22;23;24;25;28;31;34].

Speaker 1

OK.

Speaker 2

Because she might think I'm gonna be left out because how I, how my looks look and how I don't think anyone's gonna like me... [6;9;21;23;24;25;26;27;30;31;34]

Speaker 1

Okay.

Speaker 2

Hang on, maybe she's just lifting her leg up like this at the back [15;33]

Speaker 1

She may be. I don't know. Okay, so how might they be feeling in this one?

Speaker 2

The two that are holding the skipping rope [3;18] might feel proud [2;18] of her because if she does only have one leg other people might not be able to do that kind of talent for like what they are, how they how they are [13;14;15;16;18;19;22;23;24;25;28;31].

Speaker 1

OK, fantastic. Yeah.

Speaker 2

Two things, it looks like them two are smiling [2] holding the rope.

Speaker 1

OK. Yeah, they're smiling. Holding the rope, yeah.

Speaker 2

But they might be saying, and they're probably saying, like, ha-ha you can't skip [8;20;23;24;26;28;30;31].

Speaker 1

OK. So yeah, so they could be proud of her for skipping, but they could also be going ha-ha you can't skip.

Speaker 2

I think the two feel very happy for her [2;3;18;22] that she's achieved something that maybe she couldn't do, and she's practiced it with them, so they had some falls, and now they know how hard she's practiced, she really has achieved something [7;12;18;19;22;23;24;25;31;32] .... And the girl in the middle, she might be thinking are they thinking I'm doing well or are they're thinking I'm doing bad because they don't really look happy [2;9;21;24;25;31]. They don't really look too happy [2;20;21].

Speaker 1

OK, fantastic. So what might they all be thinking then?

Speaker 2

They might be proud [2] because the two holding the skipping rope [3] might be proud because the one with one leg [31] achieved something [3;18;22;28;31] and the and the other one might be the one in the middle might be proud because she's achieved something with one leg [2;18;22;23;28;31;32].

Speaker 1

Yeah, so what might she be thinking then?

Speaker 2

The one in the middle might be thinking I'm so proud of myself [2;4;9;22;23;25;31;33].

Speaker 1

Brilliant, yeah.

Speaker 2

The middle, the middle one might be like Oh yeah, I've skipped for once. I haven't done it for ages and now I've finally done it [4;7;12;16;19;24;25;31;32].

Speaker 1

Yeah, that's right. That's good.

Speaker 2

Yeah, the one in the middle might think well, might feel thankful [2;9] because the other two might not think like the others [15;18;28] and know that maybe they can skip because of they've got two legs, yeah. But she might think I'm thankful because they're there holding me, holding the skipping rope and doing things for me and being there to support if anything happens [2;3;7;9;18;22;23;28;30;31;33;34]

Speaker 1

OK, fantastic. Do you think any of them might need help?

Speaker 2

Maybe, maybe not really, really need help, but maybe the one in the middle maybe like you know how they get, like, robotic legs to help them walk [1;3;28;31;33].

Speaker 1

Yeah, a prosthetic.

Speaker 2

Maybe she could get one of them and then she might show them too, especially maybe because then she feels more and more included in things [7;18;23;24;25;31;34].

Speaker 1

OK. Yeah, that might be nice. Any other ideas?

Speaker 2

The other two might be proud of her for doing at least like 1 skip [2;7;18;22;28;31;32].

Speaker 1

Yeah, that's very nice.

Speaker 2

They might be like really, really happy for her [2;13;16] and see if she can do another one [3;7;18;22].

Speaker 1

Mm-hmm. Yeah, maybe.

Speaker 2

So I can tell by her face [2], she looks comfortable [2] and she doesn't, because maybe she's been one of those people, all alone and had no one to play with [6;7;21;23;24;30;31;34]. And now they've gone up to her and said, hey, would you like to do some skipping with us because it looks like you don't feel you're included in much, and then they got a skipping rope and they started helping her do it [2;3;7;13;16;18;19;22;23;24;30;31;34].

Speaker 1

That's really good as well. OK. Shall we just pause for a second for your break.

.....

Speaker 1

Right, OK. So we've had some amazing ideas so far. Well done! So who hasn't shared yet? Would you like to? Thank you. So which one did you choose? This one at the front gate, OK. What made you choose that one?

Speaker 2

I think I worked out that he's like he's scared [2] to go into class because he might be a new student [5;7;11;21] or probably got bullied or something [5;7;8;11;21;30].

Speaker 1

OK, so he's scared. How do you know he might be feeling scared?

Speaker 2

Because if you look at him, the emotions on his face right, and if you look and he's opened his mouth like argh [2].

Speaker 1

Yeah, he looks like he's saying Argh doesn't he?

Speaker 2

Yeah, and his mum's trying to force him, maybe [5;19;21;35].

Speaker 1

His Mum's trying to force him to go in, OK.

Speaker 2

Yeah, maybe he, he got scared [2] by the dog as well.

Speaker 1

Ohh he could have done. Yeah, he could be scared.

Speaker 2

For me, it looks like he's looking at the dog, see? [2]

Speaker 1

He does. He could be looking over at the dog

Speaker 2

This person might be like terrified [2] for both of them [13;38]

Speaker 1

They could be yes. He could be terrified for him and for his friend, maybe. That's a good idea too.

Speaker 2

Maybe he's seen, like, what's going on in the image like, people are being mean to people [8;20]. Somebody's upset [2], somebody's alone [6;21], and maybe he's thinking I really don't wanna go in there cause of what's happening [5;9;11;12;21;23]

and maybe he might feel uncomfortable [2;23] where he is because maybe people aren't being nice to him [8;20;21], maybe he feels left out [6;7;9;21;22;24], and maybe he has, like, maybe different feelings to others, like if he has a special need of some kind [21;26;28] and you might feel I need some time alone and I don't really want to come in today [5;7;9;10;11;12;21;23;24;32].

Speaker 1

So he could be looking at everything that's going on in this playground and thinking I'm really not feeling that right now. Yeah, he doesn't fancy going in. He could have special needs, so he might need a bit of time out. OK, fantastic. What sort of special needs do you think? And when you say special needs, what does that look like?

Speaker 2

It's maybe like not really a special need, but like maybe you might have different like, certain like, maybe deep deeper emotions [2]. So maybe like you might have anxiety [2] sometimes, or you might feel depressed or have depression [2], as his face looked pretty worried [2]. Or there's been a parent walking by and because of the gate, he doesn't really have like a place [5;11;21] where he can like, well, they can't come out, but he might have ran out and someone might have been mean to him [5;8;20;30] and he might have gone to his parent that he's recognized [3;5;10;22]

Speaker 1

OK. So you think his parent might be waiting outside the gate and he's gone to them. That's interesting. That's very good.

Speaker 2

The owner yeah, it might have told him to look after his dog [3;19] and then the dog is probably like trying to bark at him so he can go like, coz the dog's probably scared of him [2].

Speaker 1

OK, so it could be the other way round. OK. So what do you think this person here might be thinking then?

Speaker 2

He might be thinking that the dog might be scared [2;13] of the child.

Speaker 1

Ah. OK, that's good. Yeah, I like that.

Speaker 2

Might be the reason why this one might be scared to go to school [2;5;9;11;13;21;23;30].

Speaker 1

And he could be scared to go to school, yeah.

Speaker 2

He might be thinking like I don't want to go in there because what's happening [4;5;9;11;20;21;30;38]. And he says, and he might be thinking like, imagine if that's me, and I don't want that to be me [4;5;9;12;21;24]. I want to be the happy person in there [2;9;30;34], not the sad [2] one, and I want to help people that need help [3;9;12;13;16;19] and make people smile when they feel unhappy [2;3;9;13;19;24;34].

Speaker 1

OK wow, these are all fantastic. So, do you think this little person needs help here? What do you think he could do to help himself?

Speaker 2

For sure, I think this one needs help [3;13]. Maybe he can, he can ask someone to help him [3;19].

Speaker 1

He could ask someone yeah, and what would he say do you think?

Speaker 2

Can you help me calm down? [3;9;10;19]

Speaker 1

Can you help me to calm down, yeah, that would be good

Speaker 2

Yeah, it's kind of like the same as I just said, but maybe he might say to someone that he really trusts, like his mum or parent or teacher [3;12;22;36], he might say like, my emotions, please can you help me with them because I'm not the best with looking after my emotions and how I show them. And how I react? [3;9;10;12;19;25]

Speaker 1

OK, brilliant. What do you think that might look like? How does somebody help you with that?

Speaker 2

Maybe like you might get friends that the teacher might get, or people that they really trust and that help people [3;9;18;22], or know that they're someone that they can trust, like trust them and stay with them and show respect [3;9;16;22] and show other people, like say, 'this is how we can deal with our emotions sometimes. This is how you can like feel a bit better than normally, like how you come into school' [3;9;10;11;15;16;19;30].

Speaker 1

OK, fantastic. Very good. Yeah.

Speaker 2

A way that he or them or the children can show the help to him is a bit like the one that I said that's mental health, they could comfort the little boy, the boy there [3;16;18;19;22;33].

Speaker 1

Yeah, they could comfort him like they're comforting this one up here couldn't they. This is really, really, really great. Well done. Is there anything else that you feel might represent mental health for us that we haven't talked about?

Speaker 2

Where like the problem is for him there, he's all alone [6;21] and he's like, maybe in his position, he looks very angry [2], because maybe he hasn't like been invited or been goalie yet [4;7;20;22;23;30], so he's lonely [4;6;22;30], coz that one looks really happy

Speaker 1

So he hasn't been invited to play football? How might that make him feel?

Speaker 2

Left out, alone [6;20]

Speaker 1

Left out and alone, yeah.

Speaker 2

Not included in anything [6;7;22], and maybe he might think, maybe he's tried skipping with the other people. Maybe he's tried like hopscotch, with other people and tried speaking to other people, but it hasn't really worked out for him [6;7;12;19;20;21;23;25;32;34] and he knows that football might be his best sport to play and he might not have the confidence [9;12;21;23;24] to say 'Excuse me, can I play football with you? Because I don't feel the best right now. Because nobody's playing with me' [3;6;7;9;12;21;22;23;25;34].

Speaker 1

So what could we do to help him then do you think?

Speaker 2



If I was the person in there in the goal, I would say yes, of course you can [3;13]. And if anything, if you don't feel well, then come and tell me and I'll tell the teacher to make you feel the best as you possibly can [2;3;10;13;19].

Speaker 1

Yeah, that's lovely. Very, very good. Any others then before we move on? Yeah

Speaker 2

The people playing hopscotch

Speaker 1

Okay. Can you tell me about that one?

Speaker 2

Because, because she, the person that's doing hopscotch, they might be laughing at her, like, sniggering [2;7;8;20;21;23;30] at her because she doesn't know how to do hopscotch [23;24;26;30;34].

Speaker 1

OK, So how might that make her feel, do you think?

Speaker 2

The one on the right, well she feels happy [2]. But, but if she was sad [2], she could have felt like embarrassed [2;9].

Speaker 1

Hmm. Maybe yeah. OK, yeah.

Speaker 2

Maybe if she is like being mean and laughing at her [7;8;20], like, she might feel on the spot [4;6;7;9;21;24] and she's trying her best to do it [9;19;32], because she feels like someone's watching her and laughing at her [2;9;20;21;23] and thinks I don't really know if I can do this anymore [9;12;21;23;32;34] because I'm feeling the pressure of this because of this person [7;8;9;20;21;24;32;34].

Speaker 1

OK, really, really good. These are fantastic.

Speaker 2

And this one, it looks like this guy is like he's pointing [2] like going, 'Hey, what are you doing? Don't bump into me' [4;5;8;20;21].

Speaker 1

OK, so how do you think he might be feeling then?

Speaker 2

He might feel sad [2], but I think I've got a reason for it. So maybe they've been like, like not very nice to him [8;20;21;23] because as you can see in the image, all of them are tall and he's maybe like short maybe? And since he's short, he thinks ohh, look at us, we're so tall and we're cool, and look at you, you're so short [5;6;7;20;24;26;27;30;34].

Speaker 1

Ohh okay. So how do you think the tall ones are feeling?

Speaker 2

Like they own him because like if they look up, they're looking down at him. And if he looks down, he's looking up, so he thinks like, oh, look at us, we're so tall, we can rule you now because you're not as high as we are [2;8;20;21;23;24;26;27;30;33;34].

Speaker 1

Ah, and what do you think?

Speaker 2

The tall ones might be feeling like good about themselves [2;7;13].

Speaker 1

Mm-hmm, yeah, they might be. How do you think the little one is feeling then?

Speaker 2

Anxious [2]. He might feel like if you're in a small place, you might feel like all, like cramped up because he can hear and see the two boys are there like shouting at him, and there's one behind blocking him [5;6;8;20;21;34], so he's all in one space, and he might feel a bit like, you know like if you get worried [2;9;21] and you feel like hot on the inside [1;2;9], that might be how he feels [13;33].

Speaker 1

OK, so you get hot on the inside when you feel a bit worried, do you? Okay. So do you think they need help?

Speaker 2

I think the little boy does.

Speaker 1

You think the little boy needs help? What do you think the little boy needs?

Speaker 2

He needs like the teacher or his dad or mum [3;35] to say like 'Hey, you kids stop bullying my son or my student. Get out of here. You don't belong here' [3;7;8;19;16;33].

Speaker 1

OK, so he needs somebody to stick up for him. Yeah

Speaker 2

Maybe the tall people need help [3] because maybe they're not meaning to do that with their actions and with their like emotions. Maybe because they don't feel very well and they're putting other people down and thinking, oh, I can do that to them because they look fine and I want to make them how I feel, so they know how I feel [8;9;10;19;20;23;24;30;34].

Speaker 1

Very interesting, yeah.

Speaker 2

Maybe the two tall ones might need help [3] because they might have anger issues in them and they might be angry [2] because the small one might have bumped into them by accident.

Speaker 1

Ohh OK, so they're quite angry anyway, and then he's bumped into them and they're even more angry now.

Speaker 2

Maybe it's the opposite way, and maybe they've bumped into him and then they said, why have you bumped into me? Why have you done this? Why have you done that? [4;5;8;20;21] Because they might not have noticed that they've done it and not him. Or maybe they've done it on purpose to make him feel like under pressure and not feel nice and stuff [2;4;8;10;20;21;24].

Speaker 1

Yeah, brilliant. Yeah.

Speaker 2

And, like you said, them boys, the big ones, they might be saying like, hey, why do you do that? Well, they try and do it like on purpose, and then they're gonna tell him off [8;20;21;34].

Speaker 1

That's really, really good. OK.

Speaker 2

And maybe like, they're giving him their emotions and things [10;33]

Speaker 1

They giving emotions to him. OK, how could they be giving emotions to people? That's really interesting.

Speaker 2

Well, they might be transferring their emotions [2;10;33], like these might be, the two tall ones might feel sad and they just want to let their sadness out by like bullying the little one [8;9;10;19;20;21] and the little one was happy [2], but then since the tall ones were bullying him [8;20], the small one's now sad [2;4;9;21;24;26;30].

Speaker 1

OK. That's interesting. Yeah.

Speaker 2

So like he said, they are showing their emotions because they might be angry [2], they might be shouting at him and getting all their anger out [2;4;8;19;20]. And then they might just walk away and they might feel like a bit guilty [2;4;9;15;16;24] and realise what they've done because they might think if that was me in that position I wouldn't really like that being me there, standing there and feeling like that [9;13;16;24;25;33]

Speaker 1

So you think afterwards they might feel a bit guilty. I'm really loving all of these ideas. What do you think they should do if they feel guilty afterwards?

Speaker 2

If they feel guilty [2], the big ones might be feeling guilty because they bullied him and they probably think they're teaching them a lesson and all the kids from their school [5;8;11;19;20]. And if they probably did it again they could remember what their mum said and say sorry because they probably feel guilty [4;9;16;24;35].

Speaker 1

So they need to say sorry if they feel guilty, yeah.

Speaker 2

Like, well, sometimes I feel a bit guilty [2;9] like if I do something bad or like do something bad to a little one by accident. I feel like guilty is an emotion that's gonna stick with you until you forget it because you know what you've done and you know, like ohh, I shouldn't have really done that, that was an accident and I wish I didn't really do that because I didn't mean to do it on purpose [2;9;13;16;24;33].

Speaker 1

OK. Yeah, really, really good.

Speaker 2

I know one. On Saturday, no Sunday, it was my brother's birthday, so I went to Jungleland yeah, and then I bumped into some little children by accident and I felt guilty and then I said sorry to them [2;9;16;19;33].

Speaker 1

Ohh, that was nice you said sorry. That's a nice example as well about how you can feel guilty, isn't it.

Speaker 2

There's a little girl and she's in school and she was in the dinner hall, and like, she doesn't feel the best sometimes I don't think, so when I'm there I'm like, 'Hi. Are you okay'. And she's in like, year one and she's always like my friend giving me a hug when she leaves [3;11;13;15;16;18;19;22;33].

Speaker 1

Oh, that sounds lovely. That's really nice.

Speaker 2

That sounds like my sister.

Speaker 1

Does it! OK, so I'm so impressed with everything that you've just come up with. We've had a really good discussion around all of that, so thank you, it's fantastic.

So the last thing we're going to do is the third activity. So what I'm going to do is, you can work in pairs, and I'm going to give you 10 cards. Now each of these have got ideas on them that people have said might be useful to help children with their mental health. OK? These are all things that people have said could be useful, so in your pairs, I'd like you to put them in order from which you think is the most helpful to the least helpful. OK? Are you all okay to work with the person next to you? Yeah? Would that be OK?

Speaker 2

Yeah.... I'm okay.

Speaker 1

OK, so it's not competition and there are no right or wrong answers. So to remind you, we are ordering them from the most helpful to the least helpful, okay. There are also two blank cards in there in case you can think of something that I haven't got already, and you think could be more helpful with your mental health. If you want to

use them, you can write them yourselves, or I can write them for you, but you don't have to use them if you don't want to, okay. They are just there in case you do. So if you're ready, you can have up to 10 minutes to make a start and discuss where you are going to put them.

Speaker 2

Give something nice to someone ... Make sure you get enough sleep ... Spend time with friends and family. Physical activity. OK. The worst one might be.

Speaker 1

Remember to chat in your pairs and if you want any help reading them, please let me know, okay.

Speaker 2

Right. The worst one. Like maybe this one because people might just eat and actually might be bad or worse on ... It might be something you enjoy here, so this could be here? ... Yeah, you should get enough sleep ... If they do some good physical activity that might be under here, and then you might learn something new might be here? ... Something mindful ... What about this, can you put erm, do you have any ideas?

Speaker 1

You don't have to use those if you don't want to remember? They're just there in case.

Speaker 2

Have you done yours already? Have you thought of one? ... Let's see if we can think of something

Speaker 1

You're very welcome to write them yourself if you like. It might be easier with a pencil, but as long as you can read it, that's fine.

Speaker 2

Yeah, that's good.

Speaker 1

Again, you don't have to, but if you want to, that's fine.

Speaker 2

Wait, wait, stop. Don't, don't write it. It's already there.

Speaker 1

These are really interesting. You are working really hard.

Speaker 2

Think of something.

Speaker 1

You don't have to think of another one if you can't, OK? It's not a problem.

Speaker 2

Ohh yeah!

Speaker 1

All right then, are we all done? Shall we have a look at what you've decided then? Would you like to start? Great, thank you. So would you like to read them out from the most important to the least important for me please.

Speaker 2

So the first one we wrote was to ask someone to reflect on your feelings [3;10;12;22;33], and then the second one is don't be scared to share your emotions [2;3;10;12;22;33] and then do some deep breathing, relax, relaxation or mindfulness. Talk to someone. Make sure you get enough sleep. Spend time with friends or family. Write or draw your feelings. Physical activity. Do something you enjoy. Do something nice for someone else. Learn something new and eat healthily.

Speaker 1

Brilliant, so you chose your own 2 for the top, didn't you? Could you please read the top one again for me.

Speaker 2

Ask someone to reflect on your feelings [3;7;12;22;33].

Speaker 1

OK, so what makes that the most helpful do you think?

Speaker 2

Maybe because if your feelings don't feel the best, like you can get them out with speaking to someone that you trust [3;7;12;10;19;22]. Someone like who will agree with your emotions and won't say no your emotions can't be like that [3;9;10;13;22].

Speaker 1

OK. So that does sound like it would be really helpful doesn't it? And you had eat healthily as the least helpful, so what made you pop that down there?

Speaker 2

We thought that if you eat healthily, how was that supposed to like affect your emotions. How is that supposed to help your emotions? [2;3;33] So we just thought we would pop that one last and that would be the easiest thing to do.

Speaker 1

Great. That's really, really interesting. Thank you. Can you just keep those like that for me for a little bit longer? That'd be perfect. Thank you. Okay, so would you like to share yours with us? Are you okay to read them in order as well please?

Speaker 2

OK, do something you enjoy, then do something nice for someone else, visit a place that you like [3;9;10;12;19], learn something new, physical activity, spend time with friends or family, write or draw your feelings, do some deep breathing, relaxation or mindfulness, make sure you got enough sleep, and eat healthily.

Speaker 1

OK, fantastic. So this time you've got Do something you enjoy as the most helpful thing. What do you think would make that the most helpful?

Speaker 2

Because it might take your mind off why you are sad [2;3;9;10;12;19;33].

Speaker 1

Yeah, it could do. Yeah, absolutely. And you've also got eat healthily as the very last one. That's interesting you've both chosen that one as the least helpful. What made you put that one down there?

Speaker 2

Same thing as they said, why would it help your feelings like if you're sad [2;3;33].

Speaker 1

Okay

Speaker 2

But you might want to eat something.

Speaker 1

Ahh, so it could actually be that you want to eat too. We sometimes call that comfort eating.

Speaker 2

So like, you could eat a lot and maybe you might not like eating healthy. And it might make your emotions worse, like chocolate [1;2;9;33].



Speaker 1

Yeah, fruit and veg or chocolate. Yeah, I understand that.

Speaker 2

Yeah. You should first eat the apples.

Speaker 1

Yeah, brilliant. And you had an extra one in here, didn't you? It was to visit a place that you like? [3;19;33] You've got that quite high up. Very good. Really, really good. Could you do me a favour and just keep them as they are as well please because I will take a very quick picture when you leave so that I can remember the order that you've put them in. Is that alright? Thank you so much.

Speaker 2

Okay

Speaker 1

Okay? So just before you go, remember before, you did all this amazing thinking and amazing talking. Is there anything else we could add to our fantastic word map over here that we haven't already got to help our little alien friend to understand what mental health is?

Speaker 2

To ask someone to reflect on the emotions that you feel and then don't be scared to show your emotions [3;9;10;12;19;24;33].

Speaker 1

OK. And that's what mental health means, okay. What was the other one?

Speaker 2

Yeah, ask someone to reflect back on the emotions that you feel [3;9;10;12;19;22]

Speaker 1

Great.

Speaker 2

Don't be scared to share your emotions [2;10;16;22;33].

Speaker 1

Fab. Anything else that we can think of that we can explain to this alien what mental health is?

Speaker 2

Mental health is something that might go on with your body [1], how you feel, how you act, and how you show things to other people [1;9]. But they might not like what you think, like if I get my anger out on them, then they'll be sad and I'll be happy [2;9;10;20;30;33]. And I want them to be in that position to feel how I was, so then I know by doing it to someone else, they then know how I felt [4;9;10;13;20;30;33].

Speaker 1

Okay.

Speaker 2

Maybe, like maybe they might pass feelings on to different people [10;33]. So like, someone might do something to that person, then they might carry on, so then they go 'but look, this is how I feel so you know how I felt now, so don't do it to me again' [9;10;16;20]. So maybe they would then think Ohh, that's how you felt, but maybe don't show it in that kind of way in future, because it might make things worse [4;9;10;13;33].

Speaker 1

OK, that's interesting. So any other ideas then just before we leave? What is mental health?

Speaker 2

Mental health is something that goes on in your body [1], but it's like special things like anger issues [2] or something that happens in your body and people might not be able to see it ... You can't see it [1;9;33]

Speaker 1

Okay

Speaker 2

You might be able to hear it, or see it when they do it with their actions or their feelings? [1;9;33]

Speaker 1

Alright, fantastic. Did you want to add something else? No? Okay, so look at all this fantastic work and learning for our alien.

Speaker 2

Can we come back? ... Yeah, can we come back and do some more?

Speaker 1

I'd love to have you back, but that's all we needed to do today. It has been so, so, so good. Thank you so much for all of your hard work today. I really appreciate it. So

just to remind you not to tell the others what we talked about, OK, because I don't want all of your hard work to influence what they're going to say. OK?

If any of you want to talk to me, then I will be here all day, or you can talk to your teacher if you would like to, okay. So, do you have any questions before you go? Apart from when can you come back!?

Speaker 2

No ... No, only that I want to come back

THE END

## **Appendix Eight**

### Transcription Group Two

Key: Codes are written within square brackets [ ]

Ellipses are used to indicate a different child talking within 'Speaker 2' ...

Speaker 1

OK. So, Group 2. If these little aliens came down right now and asked us about what mental health is, so they say to us What's mental health? OK. They've never heard of it before. They've come down to Earth and they want to know what it is? What could we tell them? So how could we explain it to them?

Speaker 2

I don't know what the word means, but I've heard it ... I'm having a guess, so I think it means when someone's mental, but they're healthy.

Speaker 1

So they're mental, but they're healthy, OK?

Speaker 2

Crazy health [27].

Speaker 1

Crazy health, OK.

Speaker 2

And like mental health is like, your body might have like, a bad health in it [1;31].

Speaker 1

OK, so something in your body? OK.

Speaker 2

Yeah, probably like something like your health, but it's probably bad [27].

Speaker 1

So you think it's bad? OK. It's something bad. [pause]

OK. Could you maybe explain a little bit more about this one. Maybe what this might look like?

Speaker 2

Yeah, crazy health [27] is like, like you've probably been drinking loads [1] or something and you're like, burst, burst, burst and gone crazy [27] and got a crazy health ... Yeah, like lots of energy drinks, like burst, burst

Speaker 1

OK, so too many energy drinks.

Speaker 2

Yeah, so when I say crazy health, mental means crazy [27]. And my dog is really crazy.

Speaker 1

OK, dogs are bit crazy, yeah.

Speaker 2

So, my dog is too crazy, and then my dad calls him mental. So the last time he called him mental it was about 2 weeks ago or something [26;27;36].

Speaker 1

Okay. So anything else we could tell these little aliens about mental health? What does it mean?

Speaker 2

Uhh, when you're healthy or when you're probably not healthy [1].

Speaker 1

When you're healthy or when you're not healthy, OK. So what does healthy look like then?

Speaker 2

Vegetables ... Like if you're healthy, you've been eating like fruit and vegetables instead of having like Pepsi or chocolate ... or sweets ... Yeah, I brush my teeth straight after I drink a bit of Pepsi and sweets ... That's why to be healthy, you need to show proof they're healthy by eating vegetables all the time and eating healthy food. But when you want to eat some unhealthy food you must also eat healthy food [1;3;9].

Speaker 1

OK, brilliant. So we've said what healthy might look like, so what does unhealthy look like?

Speaker 2

Like when you're eating sweets or chocolate or something? ... I know the answer to this coz I've had like pork scratchings and if you eat too many, there's two reasons,

so one, if you eat a whole pack, your stomach can get hurt, and if you eat like 2 packs, your teeth will start to hurt, because they can be that hard [1;9].

Speaker 1

They can, yeah.

Speaker 2

I know what it feels like to be unhealthy because if you eat a lot of chocolate, your teeth will also rot and then you'll have to have them taken out [1;9].

Speaker 1

OK.

Speaker 2

Miss, yesterday, I was unhealthy [1], do you know why? Coz you know a full pizza and you cut them into four slices. I had that.

Speaker 1

Ohhh. My goodness!

Speaker 2

And my brother had to have his teeth out.

Speaker 1

Oh wow! Okay. These are all very good. So what other things could tell the aliens about what mental health means.

Speaker 2

When we were talking about unhealthy, I was gonna ask if I could draw you an unhealthy lung later? [1]

Speaker 1

An unhealthy lung? Okay, maybe we could see if we have time later, would that be OK?

Speaker 2

My mum said that I was born unhealthy, and do you want to know why? I don't know if this was true, but my mum said I was born with black lungs [1;25;35].

Speaker 1

Oh, wow. Well, I hope you're OK now.

Speaker 2

Yeah I am, and mental means when you're like angry [2] or when you've, like gone crazy [26;27] ... Yeah, like if you get a bit too mad with someone [2] ... Or you could go crazy with fun stuff [9].

Speaker 1

You could OK.

Speaker 2

That's what mental means ... And like you could lose your energy [1]

Speaker 1

And what would that look like?

Speaker 2

Like tired or sleepy [1] ... You can get bad lungs from smoking and eating bad [1;31;33], but you can get good lungs by not smoking and breathing normal air and eating healthy [14;15;16;33;38], but if you breathe in as like someone's smoke when they blow it out, it could also make your room bad and damage your body [1;33] ... My step dad and my uncle do something bad [15;33;35;37]. My uncle does three things, drink alcohol, smoke and vape and you know my step dad, guess what he does? He smokes and you know, like drinks alcohol, and you know you get those monster things yeah, so it's like pop, but it tastes like alcohol, but it's not. He also drinks that [1;9;15;35;36;37;38].

Speaker 1

Goodness me, OK.

Speaker 2

Erm, so mental health might mean when you're like shouting a lot [2].

Speaker 1

OK. That's a good answer as well.

Speaker 2

Or throwing your stuff around [2;17].

Speaker 1

Yeah, good

Speaker 2

You know that one that you're writing right now, that can also, you know when that happens a lot, that can also happen when you're drunk [1;15;17;33].

Speaker 1

It can.

Speaker 2

I know something about bad health, so bad health is like having bad drugs  
[1;14;15;33]

Speaker 1

Yes, drugs are bad as well aren't they?

Speaker 2

They're really bad and can kill you [4;5] ... drugs are only good when you get them  
from doctors, but they're really bad when you sell them on the streets  
[1;5;15;16;29;33;38].

Speaker 1

That's very true. Yep.

Speaker 2

And when you smoke, it could kill you because you're smoking a lot [1;4;5] ... You  
got cocaine as well ... My uncle and my stepdad was smoking for a long time and  
they still didn't die [1;4;5;36;38] ... Isn't cocaine technically coke and the cane mixed  
together?

Speaker 1

As in Coca-Cola?

Speaker 2

Yeah, so you say coke and then cane next to each so does coca cola have cocaine  
in it?

Speaker 1

I think when it was very, very first invented a long time ago, it might have contained a  
bit, but now it absolutely doesn't at all.

So, is there anything else we can think of before we go to lunch, about what mental  
health might mean?

Speaker 2

Well, when you're drunk and you're driving a car and you crashed [4;5;15;29] ... Ooh  
I've got one, like you might have infected blood [1;31] ... Or you might have cancer  
[1;31] ... Ohh or when you're drunk you could seriously hurt yourself. You could fall  
over and hurt yourself and the reason is coz you've got bad health [4;5;15] ... Or  
maybe you go to the shops and then you go home and have a drink and then you



might go out to get some more and then you might fall over and hurt yourself or get run over by a car [4;5].

Speaker 1

Yeah, lots of ideas.

Speaker 2

My stepdad used to work in an alcohol place and I usually he said when you're drunk, you can act scary or weird [2;4;33;35] and he said that when you get drunk, sometimes you'll start swearing and you know also when you're drunk, you can act creepy [2;4;33;35;38] because I watch this TikTok video on YouTube and I saw a person just writhing round and then he went upstairs backward and he went upside down and the scary part [2] was when he looked, he looked like he didn't have no eyes. And the head was wriggling like that. And my and my and my stepdad said if that happens, then just point and laugh at them [3;4;5;35;38;39] ... Oh good idea, yeah.

Speaker 1

Ohh my goodness. Wow!

Speaker 2

If they're riding their bike and they're drunk, they might end up going over and falling off the bike and hurting themselves [4;5].

Speaker 1

They might fall off their bike, yeah.

Speaker 2

And like there's some people who are in gangs going around beating people [5;17;29;38;40] ... There was someone ages ago like about 2021 and there was people going round in my street battering people and that. Umm and my mum told me to stay in the house all the time and then my dad had to drive me to my friends house if I wanted to go [3;4;5;17;18;29;35;36;38;40].

Speaker 1

That was a good idea.

Speaker 2

So yeah, I watched this video [39] that you know if you eat infected chicken nuggets you become a zombie and it comes on really fast, and the thing was, it's really scary coz when an infected zombie touches you, you become one of them ... Yeah, I seen that too.

Speaker 1

Oh my goodness, I've not heard of that.

Speaker 2

Ooh and one more thing - you could get people who are drunk and could come and beat you [5;17;21;29] and my mum said she saw some men acting crazy [26;35] and throw a teacher off a bridge [5;17;29] and then and she saw them again near our street treating a dog badly [5;17;29;35]. So if you're bad people and you're unhealthy, you could hurt your dog bad. I know someone who lives next door to my Dad who's bad and does that [5;14;15;16;17;21;29;33;35;40].

Speaker 1

Well, that's not kind is it.

Speaker 2

That's basically abusing dogs [16;17;29;33].

Speaker 1

It is. It's not kind, is it? OK, let me turn this off for now.

.....

Speaker 1

OK. Fantastic. So, you were brilliant before lunch and we got loads of nice ideas.

So, for the next activity, I am going to give you one of these each, and I will give you a few minutes to have a look at what's going on in the picture, and what I'd like you to do is to see if there's anything in this picture that you think is an example of mental health. Okay? So, we could say to the alien look, this is an example of mental health. There are no right or wrong answers, it's just whatever you think, okay?

Speaker 2

These two.

Speaker 1

That's good, but make sure you have had a really good look at all of the different bits before you choose one. There's no rush, you have a few minutes remember, and there are no right or wrong answers. Once you have chosen one, you can share your ideas if you would like to.

Speaker 2

I got six

Speaker 1

Okay, that's good. Could you maybe choose the best one for me?

And if you have chosen, you can talk to the person sitting next to you about your ideas if you want to.

Speaker 2

I think this one here because this guy looks like sick [1;2] and has a bit of mental health ... there's lots of people bullying [8] ... She looks sad [2] coz like she don't have no friends [6;7;22] ... Excuse me. Excuse me. When we're finished can we take these home and colour them in?

Speaker 1

I need these ones, but maybe we can photocopy one for you to take home at the end if you like? Would that be okay?

Speaker 2

Sure ... That's basically mental health there look

Speaker 1

Yeah, good. OK. Have you all chosen one?

Speaker 2

Yeah, yeah.

Speaker 1

So shall we listen, and share which part of the picture you chose that represents mental health, and what made you chose that particular bit? Only if you want to, and it doesn't matter if you have chosen the same or different to someone else. So, who would like to start us off?

Speaker 2

I chose this one coz it looks like someone's been mean to him [20], so, they're cheering him up [3;10;18].

Speaker 1

So you chose this one here with the lady on the bench with the two children, and what did you say about the little boy in the middle?

Speaker 2

It looks like he's been bullied or hurt [8;20], so them two are cheering him up [3;10;18].

Speaker 1

They might be cheering him up. So, you think he's been bullied? How do you think that's making him feel?

Speaker 2

Really upset or sad [2].

Speaker 1

And how do you know you know he might be feeling that.

Speaker 2

Because he's crying [2] and he just looks sad [2].

Speaker 1

He does yeah.

Speaker 2

I think he's sick [1;31] ... Well, yeah, like he probably got hurt really hard so that he had to keep his eyes shut [2;17].

Speaker 1

So he might be hurt, he might be sick, he might have been picked on or bullied or something. Yeah. Any other ideas?

Speaker 2

Like he might have tripped over something and then he hurt his self [4;5].

Speaker 1

He might have done that as well, yeah.

Speaker 2

And he, he looks a bit sickish [1;2;31] and like feels down [2] because some of these people, some of these children are not letting him play with them [6;7;20] ... Hmm they're not.

Speaker 1

Okay. So we've said how he might be feeling, so what might he be thinking?

Speaker 2

He could be thinking 'why did they do it?' 'Or why did they hurt me?' [4;7;21;23;24;25;26]

Speaker 1

Yeah. Yeah, they could. And what do you think the other two people might be thinking?

Speaker 2

They could be thinking 'what happened to him?' because they didn't know. They're just sat with him [3;7;10;13;18;22].

Speaker 1

And do you think any of them need help?

Speaker 2

No, no ... Hmm maybe

Speaker 1

Maybe. What sort of help do you think they might need?

Speaker 2

They might need em, if the teacher sees them, they could tell the parent what happened [3;10;35] and then they could cheer them up, like take them out somewhere for dinner or to play somewhere.

Speaker 1

That sounds nice, to make him feel a bit better. That's lovely. Beautiful. Thank you very, very much. You've given us a lot of information on that one.

Right. So, which one of you chose this one here and wanted to share it? Was it you?

Speaker 2

I did yeah. Can I share it now?

Speaker 1

Of course. So this one here, what made you choose that particular one to show mental health?

Speaker 2

So mine is like a tiny bit of mental health, but also normal health [15;33]. This guy probably feels like he's gasping for air because he might have asthma [1;2;31]. He's probably hurt himself and screaming [2] or he's just got asthma [1;31].

Speaker 1

OK, good. Yeah.

Speaker 2

Or he might not have no friends down [6;21], he might have got bullied a lot [6;8;20;21], so he's scared to go to school [2;11;12;20;21] because he don't like that happening.

Speaker 1

OK. So you think he might be scared to go to school cause he's being bullied. OK? Yeah. Or he might have asthma, yeah.

Speaker 2

Probably he went to the park coz he's scared or frightened of everyone [2;6;7;9;10;11;20;21;34;38].

Speaker 1

You think he's frightened of everybody else and he doesn't want to go. Yeah, yeah.

Speaker 2

He might be new [6;7]

Speaker 1

He could be new to the school, yeah.

Speaker 2

He's probably scared of the dog because it has shocked him and he's running to school or he's scared to go there [2;3;5;9;11;12]

Speaker 1

He could be. So what might he be thinking then? What do you think he might be thinking?

Speaker 2

If he was new, he would probably be thinking why do I have to go to this school? [6;7;9;11;15;24] Or if he's scared of the dog, he could be thinking, will it bite me? [2;5;9]

Speaker 1

Yeah, he might be a bit worried about that, might he. Good idea.

Boys, what do you think he might be thinking?

Speaker 2

He might be thinking that he's really, really scared [2] of all the other big kids, especially these two bullying [8;20] this one child that looks about same size as him [5;7;9;20;21;24;38].

Speaker 1

OK. So you think that he can see what's going on over here?

Speaker 2

And he's probably been bullied by them as well [8].

Speaker 1

Ohh, that's a good idea too. What do you think?

Speaker 2

Because you might, there's also another reason why you might be scared [2] and that yeah. Because you know them two bullying kids yeah, he probably sees them bullying people and he don't want to go to school because of that and he might be thinking 'I don't want to go to this school. I want to go to a different one?'

[4;5;7;8;9;11;20;21;23;24;30;34]

Speaker 1

Yeah, yeah, that's a good answer as well. You're very good at all of these.

Did you have an answer as well about what he might be thinking?

Speaker 2

He's probably thinking that he's sees everyone getting bullied [8;38] and probably the dog. He's scared of the dog [2;5;21].

Speaker 1

Yeah, he could be scared of the dog couldn't he, or the bullies.

Speaker 2

He could be thinking that looks like a Pitbull.

Speaker 1

He could. It does look a bit vicious, doesn't it?

Speaker 2

Do you know how? Coz it has that thing around it's neck with the spikes around it and they have sharp teeth [2]. That's all I know it's a Pitbull.

Speaker 1

Ahh, that's clever.

So do we think this child here needs help?

Speaker 2

Yeah. Yeah.

Speaker 1

Yeah? What can people do to help him do you think?

Speaker 2

Two things, yeah. One if you get bullied, tell the teacher [3;8;11;14;16]. Two, if he gets bullied again and it's not working after you told the head teacher, probably ask to go to a different school [3;8;11;14;15;16;24;34].

Speaker 1

OK, that could work yeah. Thank you.

Does anyone else have any different ideas about what we could do to do to help him or what he could do to help himself?

Speaker 2

You could give him ice-cream [3].

Speaker 1

You could give him an ice cream, yeah

Speaker 2

Probably give him his Batman toy [3].

Speaker 1

You could give him his toy, yeah.

Speaker 2

Maybe get him a pet dog or like some friends who are like nice as well, so they don't bully him [3;8;18].

Speaker 1

Ahh, so maybe help him find some nice friends.

Speaker 2

And maybe his parents could buy him a little puppy that's nice so he wouldn't be scared of the dog [2;3;35]. Or he could make new friends so he's not bullied at school [3;8;11;18;34].

Speaker 1

Ohh, so he could have a nice dog so he wouldn't be so scared of this one. Or he could make nice friends so he wouldn't be bullied at school.

Speaker 2

Maybe to make him feel better, you could buy him a pitbull toy so he won't be scared of it, or a real pitbull but a nice one that isn't mean to you unless you are mean to it or the owner [2;3;5].

Speaker 1



Okay. Fabulous. Well you've done brilliantly with this as well.

Did anybody have any other different ideas?

Speaker 2

I had a different one – I thought this one here coz she is skipping with one leg [28;31].

Speaker 1

OK. That's interesting. How do you think she is feeling?

Speaker 2

A bit happy because all her friends are showing her a bit of respect [2;7;18;22;24;25].

Speaker 1

They're showing her respect, yeah.

Speaker 2

Ooh I know. That one looks lonely and unhappy because it wants to play, the same as that one there [2;6;20;30].

Speaker 1

Ahh, yeah. So some of them look a bit lonely but this one here is pleased because her friends are playing with her and they're showing her respect.

Speaker 2

And this one, he looks upset [2] because there's three people who look like their bullying him and he's a bit scared [2;8;20]. And there's two bullying him at the side and there's a boy behind him too, and so maybe they're trying to be mean to him by not letting him out because they're trapping him [2;5;8;20;21].

Speaker 1

They do look like they could be trapping him yeah. Can you see the one that she's talking about? Look, it's this little group here. Yeah?

So how do you think they might be feeling in this group then? Or what do you think they might be thinking?

Speaker 2

Maybe that kid's mum is over here and she's looking at everyone playing, but she can't see that her little kid is scared [2;3;21], because they're all gathered around him and bullying him [3;6;7;8;20;21;30;38].

Speaker 1

Yeah, they look like they are gathering around him. So how do you think that's making him feel?

Speaker 2

They're making him feel scared [2;5;20]. Worried [2] ... He's probably gonna cry when he's at home [2;3;5;21;30].

Speaker 1

He could be scared or worried, couldn't he? Yeah.

Speaker 2

You know the one that has one leg. I know how they show respect to her - by skipping slowly so she can get the hang of it [3;7;13;16;18;19;28;31;32].

Speaker 1

That's nice, yeah. So they're helping her, aren't they by doing it a little bit slower so that she can get the hang of it. That's really, really nice. Yeah.

Speaker 2

Em, this one with the dog yeah, because he looks a bit worried [2] because he's right next to the dog and that might be his friend there. So he might be worried for his friends [2;5;13;18]. And he looks scared because the dogs right next to him and the dogs got sharp teeth [2;5;28], but he wouldn't be worried if the dog was tied up [2;5;14;15;33]. But the dog's not, he's right next to him, so he's scared because the dog looks like it's about to jump on him [2;5].

Speaker 1

OK, that's really good.

Speaker 2

You know where the dog is yeah, and their facial expression is like 'Ooooh' [2].

Speaker 1

Yeah, he is, isn't he? He looks like 'Ooooh'. So what do you think he might be feeling when he goes 'Ooooh' like that?

Speaker 2

He's scared [2] maybe? ... Or frightened [2] ... Or worried because the dog looks like he's gonna jump [2;5]

Speaker 1

Yeah. What might he be thinking then?

Speaker 2

I'm stronger than you ... He might be thinking that the dog's going to jump on him and bite him because he's a bit scared as well, so he might think that [2;4;5;9].

Speaker 1

Yeah, brilliant. So he's scared of the dog, but the dog could be scared of him. Anything else?

Speaker 2

Can I go back to my dog?

Speaker 1

If you want to, yeah.

Speaker 2

OK, you know, on Tiktok [39] and there's this angel and devil, yeah, Guess what it said - 1% angel and 99% devil

Speaker 1

Oh my goodness. Do you think that's like that dog?

Speaker 2

Maybe ... No, no, it might not be real ... It says that I'm 5% devil ... The 1% angel and 99% devil could be those bullies though [8]

Speaker 1

Maybe yeah. So do you think the bullies need help then?

Speaker 2

No! ... No, no! ... They're terrible, no they don't need help ... they could have anger issues [3;10;16;33].

Speaker 1

They could have anger issues, couldn't they? I like that.

Speaker 2

He's a bully because he's pushing the little the kid over and he's about to fall [2;8] and there's 2 girls behind him, so he might land on one of the girls.

Speaker 1

Yeah. OK, right. I think maybe one last thing about this one and then we'll move on.

Speaker 2

You know, it's the bullying [8]. So you know when I was in Year 4, yeah, M and L and us two were good friends, we were like always, always funny and we always did burp

competitions and mine was always the loudest [7;18] and then like, two weeks later, uh, they started bullying me for six months straight [8;20] and then they stopped.

Speaker 1

Aww. I'm glad they stopped.

Speaker 2

Erm, when I was like a bit little, my sister kept being funny and then now, when I got older to my age now, I try to make her laugh, and now she's laughing now [3;22;36]. And then in August, I got a new dog. It's not like that dog, it's like 100% Angel and 0% devil.

Speaker 1

Aww that's nice.

Speaker 2

I think this one looks a bit lonely because he has no friends around him [2;6;21], so he feels sad and he might be thinking why is no one playing with me? [2;6;7;9;21;23;24] And she looks sad there [2], and there are three girls who won't let her play with them, so she might be thinking why won't they let me play? [6;9;16;21;22;23;24] And then this last one, because the boys teaching the girl to do hopscotch because she looks like she doesn't know how to do it, so the boys are showing her how to do it [3;7;13;16;18;22;23;24;33].

Speaker 1

That's beautiful. Wow, loads and loads of ideas. Well done!

Right. So onto the last activity. Are you ready? So, I want you to work in twos for this one, OK, or you can work in a 3 if you prefer. So in your pairs, you've got 10 cards with ideas that people have said might be useful to help children with their mental health. OK, so I would like you to put these in order from which you think is the most helpful to the least helpful. OK? There's also two blank cards for if you think of anything else that isn't in here, and you think, 'actually, I think that would be more helpful'. OK, so you can write your own if you want to, but you don't have to. So boys just to check, you need to order the cards from which you think is the most helpful for your mental health to the least helpful, and you do have two blank cards, but you don't have to use them. They are there just in case you think of something else that isn't already there. OK, so you can start to discuss your ideas when you're ready.

Speaker 2

Can I swap seats to be closer?

Speaker 1

Of course you can. It's important you can see them and decide together, then we can share our ideas with the rest of the group if you want to.

Speaker 2

Let me know ... Yeah, this one is healthily OK. So we've got the healthy food, this one, make sure you get enough sleep.

Speaker 1

Would you like me to read them to you? Would that be helpful?

Speaker 2

Yes please ... I think this one is really important ... This one is about sleep, so this will go under this one ... What about the spend time with friends and family? Maybe here? ... Learn something new. We do that all the time anyway [16].

Speaker 1

Have you ordered them? Which one is the most important and which one's the least important. Okay, if we put them in a line like that so that we can see them clearly. Good job! Have the rest of you finished your ordering as well? Fantastic! Okay then, shall we share our ideas with each other?

Speaker 2

Can I go first? ... I wanna do mine

Speaker 1

Yes, thank you. So, would you like to read yours out starting with the most helpful all the way down to the least helpful please?

Speaker 2

First is spend time with our friends or family, then do something nice for each other, and then eat healthy, make sure you get enough sleep, do something you like or enjoy, do some deep breaths and relax a little and mindfulness, physical activity, write or draw your feelings, talk to someone and learn something new.

Speaker 1

OK, great. So right at the top, you have Spend time with friends and family. What makes that the most helpful do you think?

Speaker 2

Because I get to spend time with my family and like because I love my mum and dad and my siblings and that because they're really nice to me [3;5;7;16;22;23;34]. I have three sisters. One's 13, one's 6, and one is 4, and they always bully me [8;36], and then I have a younger brother who's 8, and he plays on the Xbox [41]. So I go outside and play with my friends [7;16;18;19;22;23;34;38;40] and then I spend time with Mum. And I got Mum a gift for Valentine's [5;7;16;22;34;36].

Speaker 1

Oh, how lovely. Thank you for sharing that. So you've put Learning something new as the least helpful. What makes it the least helpful do you think?

Speaker 2

I put that there coz I like sticking with something because I get to have a decent living out of it [12;16;19;32;34;42].

Speaker 1

OK, so you like to stick with what you know and what you're good at.

Speaker 2

Yeah, and my middle is Doing something you enjoy, coz I love it when doing something like playing on my Xbox or playing outside with my friends [7;9;10;18;23;24;25;38;41].

Speaker 1

Yeah. OK. That's great. Thank you for sharing. So, if you could keep them exactly as you've left them for me, that would be great please whilst we listen to the others. Okay, so would you like to share yours?

Speaker 2

OK. Our first one is to Eat healthily, then Do some deep breathing, relaxation and mindfulness, then Make sure you get enough sleep, Do something you enjoy, Do something nice for someone else, Write or draw your feelings, Learn something new, Spend time with friends or family, Physical activity and talk to someone.

Speaker 1

Well done boys! Thank you. So you have Eat healthily as the most helpful. What made you put it first?

Speaker 2

Because if you don't eat healthily you might die, or you might get ill or diseases [1;5;14;15;31].

Speaker 1

Okay, yeah. And what makes talking to someone the least helpful do you think?

Speaker 2

Because it's just not that important, yeah, not important to talk to somebody [3;10;12;33].

Speaker 1

OK, thank you for sharing as well. Brilliant. Could you leave them as they are for me as well please whilst we listen to you – would you like to share yours? Would you like for me to read them out with you?

Speaker 2

Yes please

Speaker 1 (whispers) Speaker 2 (aloud)

Okay, Eat healthily, Do something nice for someone else, Learning new, Write or draw your feelings, Make sure you get enough sleep, Talk to someone, Do something you enjoy, Physical activity, Do some deep breathing, relaxation or mindfulness and Spend time with friends or family.

Speaker 1

Good girl. Well done! And what made you choose to put eat healthily at the top?

Speaker 2

Because if you don't eat healthy, you might eat unhealthy for the rest your life, and then if you have any kids, they might be unhealthy as well because if you eat too much unhealthy stuff it could affect you and stuff [1;15;16;33]. And if you eat healthily it could make you feel good for yourself and if you eat healthily in public they could think why are you eating that and if you have kids they would be healthily as well [2;12;15;16;33;34;35].

Speaker 1

Yeah, your kids could be healthily too. Beautiful. So what made you choose to put Spend time with friends or family as the least helpful?

Speaker 2

Because if you're at school or when you're at school, you don't really see your family so, but you learn and learnings good for you because then you can get a job when you're older and when you get a job, when you're older, you know stuff and what to do and you learn it in school. And if you have a job what needs reading or writing or maths you learn it at school so you know what to do [3;11;14;15;16;32;33;34].

Speaker 1

Brilliant. Thank you for sharing your ideas as well.

Right. Just to finish off then, because you guys have done brilliantly. Leave those there as well for me so I can take a picture please. Thank you. So before we finish, thank you so much for all of your hard work.

Is there anything else you would like to add to this that we could teach our alien about what mental health is? Anything else we can say about what mental health is?

Speaker 2

Em, when someone's being mean to someone [8;21] ... When someone's beating someone or someone's scared to do something [2;8;17;21] ... Or when they don't want to talk about it, but the teachers or some of their friends think they should [3;10;12;16;33].

Speaker 1

So sometimes people think you should talk. Is that what you said? Yeah, yeah. Good.

Speaker 2

I got one ... You could, if you talk to someone and you let out your feelings, and then you won't be upset about it anymore and then you could move on [2;3;7;10;12;22;32] ... Yeah, if you talk and let your feelings out so someone knows what's happened [2;3;7;10;22].

Speaker 1

Okay, so talk about it and let your feelings out so others know. Good.

Speaker 2

You have to be careful if people stay for the night coz they could scam you [5;29].

Speaker 1

OK. What do you mean by scam you?

Speaker 2

Because like on eBay, they have your email, and they usually don't ask you for your email address but the scammers do, so you should be careful [3;4;5;21;39;41].

Speaker 1

OK.

Speaker 2

If you're online and you're playing a game where you can get messages from people, they could be mean to you. Or if you could like talk to your friends, they could be mean to you overline instead of doing it at school, because then they won't get told off at school [4;5;7;8;11;20;21;22;39;41]. But then you could tell your friends or your parents so they know [3;5;7;12;22].

Speaker 1

Yes, you should tell your parents as well, yeah. Good. Any other ideas about what mental health is before we finish?

Speaker 2



Ooh me, me,me! It's something where you should be nice to someone instead of being mean to them [16;18;24;33]. And if you're not nice you could get in big trouble [4;16]. And then if you get in big trouble, you could get like if you were in college or something, if you're not nice, you could get detention or you get extra homework [4;15;16].

Speaker 1

Brilliant. Yeah.

Speaker 2

You should watch out for poisoning food [1;5;31] ... Don't make each other cry [2;7;16;33], because if you do and you upset [2] them a lot, if you're their friend and you make them cry and they think you did it on purpose maybe, and then they'll think I don't want to be your friend anymore [4;7;16;18;20;33].

Speaker 1

Brilliant. You have worked so well. Thank you so, so, so, so much all of you. Look, all these words on here. It's amazing! Thank you. So does anyone have any questions?

Speaker 2

No ... nope ...

Speaker 1

Okay, so I will be around for the rest of the day if any of you would like to talk about anything, or you can always talk to your teacher as well, okay?

So just to remind you not to tell the others what we talked about, OK, because I don't want them taking all your hard work for their group afterwards. Okay? So I will be around for the rest of the day if you want to ask me anything or talk about anything. So you are welcome to go back to class when you're ready. Thank you again.

THE END

## Appendix Nine

### Transcription Group Three

Key: Codes are written within square brackets [ ]

Ellipses are used to indicate a different child talking within 'Speaker 2' ...

Speaker 1

Welcome Group 3. Thank you again for helping me out today.

So, for the first activity we've got these little aliens here and they've just come down to us right now and said 'Excuse me. What's mental health?' They have heard these words before, but have no idea what they mean. So what could we tell them about it? How could we explain it to them?

Speaker 2

Umm it's like your health, yeah, it could be really bad sometimes

Speaker 1

OK, so it could be bad health, yeah.

Speaker 2

Like if you have a problem like cancer or something [1;31]

Speaker 1

Like cancer, yeah, okay. Any other ideas of what mental health is?

Speaker 2

Where you have health.

Speaker 1

Where you have health, yeah.

Speaker 2

You could have health problems [1].

Speaker 1

You could have health problems. Yeah. What sort of health problems do you think?

Speaker 2

Poison. Like poison? [31] ... Or allergies [1;31] ... Like if your body's good or not [1].

Speaker 1

Yeah, so if your body is good or not. Yep. That's good too.

Speaker 2

If you're allergic to animals [1;31].

Speaker 1

You could be, yeah. I'll pop that one with this one as well if you want.

Speaker 2

It's like if you're autistic or have any disease [1;15;28;31].

Speaker 1

Autism or a disease, yep. Do you think autism is a disease?

Speaker 2

No ... No

Speaker 1

OK. So we have if you have autism and if you have any disease? OK, that's good. These are very good ideas. Any other ones we can think of?

Speaker 2

Erm, hair colour? ... Ooh I've got one, be helpful [3;16] ... Or maybe reading problems? Maybe they have reading problems [1]

Speaker 1

So hair colour, be helpful and reading problems. Yeah.

Speaker 2

Or they have a disease that one part of their body's not there [1;15;28;31], like their legs are not working. Like when they was born, they had the disease [1;31] on their legs or maybe on their hands maybe, and then they can't use their hands or their legs [1;15;28;31].

Speaker 1

Okay. I've put that down. Okay, good.

Speaker 2

Like if someone's poorly [1;31], you have to look after them all the time [3], like sickness [1;31] ... Yeah sickness, that's what I was going to say.

Speaker 1

Okay, so if I pop that one up here... great.

Speaker 2

Maybe a really bad addiction [1;31].

Speaker 1

Addiction. That's a good one. One yeah.

Speaker 1

Like if someone wants to read a book with you, you just go there [3;16;22] ...  
Respect? Like be respectful [16;33] ... Yeah, be respectful and safe and ready  
[3;5;16;33].

Speaker 1

Respectful, safe and ready. I like those words yeah.

Speaker 2

And don't talk when anybody's talking [16;33].

Speaker 1

Don't talk when others are talking, yeah.

Speaker 2

We've got loads of ideas! ... I know a few things to help mental health

Speaker 1

Great! Would you like to share them?

Speaker 2

You can use a breathing ball [3;12] that goes in and out or you can write in a journal  
[3;12] or take medicine [3;12] ... I know because my auntie is a therapist and every  
day of the week now she's posting on her Facebook [3;39;41] about things to do with  
mental health and her son [3;37].

Speaker 1

OK, so you know about these then, so writing journals and using breathing balls.

Speaker 2

Like when you when you need someone to help you do PE or homework or  
something [3]

Speaker 1

You need help, yeah.

Speaker 2

Or like a cleaner in your house or a cook

Speaker 1

A cleaner or a cook, okay.

Speaker 2

Or maybe don't talk when other people are talking, like you have to put your hand up and don't shout out [16;33]

Speaker 1

OK

Speaker 2

Maybe if like you're a kid and you have something wrong with you like autism [15;27;28;31] and you really like gaming [10;41], and if you're the parents, you should let the kids to do what they want [3;10;12;31;34;35]. Like if they want to game, yeah, if that helps them, you should let them game, like if it makes them better [3;10;12;31;34;41].

Speaker 1

Yeah, let kids game if they want to, to make them feel better.

Speaker 2

It makes it better for the world [33;34].

Speaker 1

It could do, yeah, absolutely. Right, is there anything else or do you think we've thought of everything?

Speaker 2

No we haven't. I think, maybe if they're scared [2;9] of something and they have a disease [1;31].

Speaker 1

Scared of something

Speaker 2

There's so many stuff we've got!

Speaker 1

I know you've done brilliantly! Look at all these words!

Speaker 2

Being nice and respect [16;33] ... We've already got respectful on there ... Oh yeah, being nice then

Speaker 1

Brilliant. I'll pop that one on the top here then, okay?

So I'm going to keep that up there for now okay. You've all thought of some really, really good ideas. Well done!

So next, I'm going to give you a picture. This is our second activity already, okay. So, I want you to look at this picture and I would like you to see if there's anything in the picture that you think is an example of mental health.

Speaker 2

It's like a spot the difference!

Speaker 1

Erm, It does look like that doesn't it, but I would like you to choose a part of the picture that you think is an example of mental health that we could show to the alien and say 'Look this this is an example of what mental health might look like', okay. So I'm going to give you a few minutes just to have a look at it so that you can have a really good look at all the different parts of the picture. OK, you don't have to tell me just yet, have a little look first because there's quite a lot going on in the picture.

Speaker 2

I've got one already ... I've got one too ... I think I have 2 ... I chose that one

Speaker 1

OK, have you got one as well? Great. So, we might have chosen the same as someone else and we might have different ones and that's OK. Alright, because every single one of them could be something, so it's just about which one you think, and then we can have a chat about the reasons that you feel your part of the picture shows mental health.

Speaker 2

I have a lot of them that I think

Speaker 1

OK, if you could maybe choose the top one that you think shows mental health that would be great. Any of them would be fine, they're all brilliant. OK, so I'll give you a few minutes to talk to your partner about your choices and then we can share them with each other if you would like to do that.

Speaker 2

So I think she's feeling lonely [2;6], that one ... Oh yeah, and that guy's being pushed over [5;8;20] ... That child there looks like he's scared to come into school [2;11;12;21;32] ... You can see he's been bullied [6;8;20;21;34]. Oh yeah he is ... He looks really sad there as well [2] ... They're being chased by the dog [5;30] ... He looks happy, so that's good [2;15;16;33]... He looks left out [6] and they look like they don't want his friendship so they're saying no you can't play [6;20;23;24;25] ... She is left out and don't have no friends [6;7;21;22] ... She's sad [2] coz they're talking about her and she's hearing it [4;6;7;8;13;20;21;23;24;25;34] ... She's not allowed to play [6;7;20;21;23] ... And someone's helping her skipping there look [3;7;13;16;19;22;23;34] ... Maybe she should just go for a walk or something [3;10] ... Ooohhh maybe that boy there wants to play at the park but his Mum don't let him [4;12;30;34;35;38] ... They look like they're playing nicely together [7;16;18;22;23;24;25;30;34;38] ... Those two people are bullying them and they're being left out [4;5;6;7;8;20;21;26;34] ... He looks terrified [2;5], maybe ... She's smiling or laughing at someone [2] ... And look at that, they're teaching her how to play hopscotch [3;7;16;18;19;22] ... And he's being bullied there by those three boys and they might be saying 'hey you, get out of here, we don't want you here' [5;6;8;20;21;34;38] ... He is feeling left out [2;6;21;23] ... The dog's teeth look very sharp and he's afraid [2;5] of it, and, and maybe being scared [2] ... He looks terrified [2;5] ... I think those kids are trying to help [3;7;16;18;19;22] ... He is trying to help there too [3;7;16;18;19;22] ... They're having fun there [7;22;23;34] ... Is he being left out of the football do you think or not? [7;22] Hmm, I'm not sure. I don't know ... You see the glass? Yeah, he looks sad [2] because that's happened to his school [11;16] ... He looks happy [2] but he's still being left out [7;22] ... Maybe he's quiet and that's why he looks scared [2] and left out coz it's busy and noisy [4;6;7] ... This one here maybe he's been playing with something, but that guy there's thrown it over there so he's having to go and get it while he stands there [4;19]. Ohh yeah, he's walking with his hands in his pockets ... I don't know if he is playing football or not but he seems happy [2;22] standing with them so maybe nothing's happened [4;7;15] ... And maybe he's smashed the window and he's gone over to have a look whist he stands there and looks the other way [4;5;17;19;29] ... It does feel like he's being left out [6;20;22] coz they have a ball ... Maybe that's a teacher or maybe someone's sneaked in to help [3] the little boy coz they saw he was upset [2;16;22]. Yeah, they could be brother and sister maybe? [7;22;15;16;36] ... Maybe they could steal some goals and he can have his own? [3;4;19;29] ... He looks left out or maybe he's bored [6;9] ... He looks happy [2] and is having a nice time and is making friends [7;16;18;22;23;30;34] ... This one is teaching that one hopscotch [3;7;16;18;22;34] ... This one looks terrified [2] ... He's just watching them play I think [7;19] ... They look like they are leaving her out of a party, coz they have the invitation and she's upset because she hasn't been invited maybe? [2;6;8;16;20;23;24;25;26;30;34] ... He looks bored coz he wants to make friends but he doesn't know how maybe? [2;6;9;12;13;15;22;23;30;34] ... I think we've finished ... Yeah us too.

Speaker 1

Wow! You've got some great ideas listening to you all. Goodness me! Fantastic! So would anybody like to share which part they found, you all would, okay then, shall we just go round then? Would you like to go first? Fab, so which part did you think showed us what mental health is?

Speaker 2

This one or maybe this one?

Speaker 1

Okay, which one are you going to choose to share with us?

Speaker 2

I think that one because that guy is getting bullied [8;20] and she's being left out [6;20] from her friends and he's getting bullied too [8] and that guy there is bored [2] and wants to make friends [9;16;22;24]

Speaker 1

OK, so we've got some people being bullied and somebody being left out. OK. And someone who is bored and wants to make friends. Right. So which one do you think shows mental health the most?

Speaker 2

This one. Yeah.

Speaker 1

OK. You can have different ideas from each other and that's fine. We will come round to everyone okay. So, the one you chose, what do you think they're feeling?

Speaker 2

Cross [2] ... I think that guy's feeling terrified [2] and upset [2].

Speaker 1

How do you know that?

Speaker 2

Because he's getting bullied [8] and he's really sad [2] because they're not playing with him [6;20;24], they're bullying him [8] you know.

Speaker 1

OK and what do you think they might be thinking?

Speaker 2

That this guy deserves it and that they don't care because they're bullies [4;8;20;24;25].



Speaker 1

OK. And what might the little one be thinking?

Speaker 2

The little one might be thinking that these people are mean people [20] and he just wants to make friends [7;21;22;24].

Speaker 1

Yeah, that's nice. OK. So do you think any of them need help?

Speaker 2

Nah, only the little boy needs help [3;33].

Speaker 1

So only the little boy needs help. And what do you think we could to help him do or what could he do to help himself?

Speaker 2

He can like, he can call for the teachers or his mum and dad or adult [3].

Speaker 1

Yeah, he could, yeah.

Speaker 2

He could call them to come and help [3;12], cause there's 2 adults look

Speaker 1

Ahh you've noticed there's 2 adults he could go to.

Speaker 2

Maybe they're not adults, I don't know. I'm not sure if that's an adult there too? ... There's someone getting bullied there too [8]. They're being pushed over look [2;20]... Yeah, but maybe he's not getting bullied [19], maybe that guy's just mad [2] coz that person made him angry [2] or something so he deserves it [4;16;33].

Speaker 1

Ohh. So he's pushed him because he made him angry. OK, so which one of those two would need help in that situation?

Speaker 2

The two boys. Both of them [3].

Speaker 1

OK. Yeah. I would agree with that, yeah.

Speaker 2

And that guy is good coz he's not fighting [16;17;33] ... And that girl is getting left out [6] ... But that that boy is not getting left out because maybe he's just bored [2;9;24] and wants to make him friends [10;12;16;19;22].

Speaker 1

So, he's trying to make new friends. OK. Beautiful. Thank you. That's really, really helpful. Thank you. And which one did you choose?

Speaker 2

I chose this one

Speaker 1

You went for this one here. OK. And what made you choose that one?

Speaker 2

I think maybe, maybe he's like, sad [2] or anxious [2] to go to the park and his mum or like sister or something is just trying to make him go [3;35;36] coz he's not going out much [6;21;38]. And she's trying to make the boy go and play with his friends or something [16;18].

Speaker 1

OK, so she's trying to persuade him to go and play with his friends, but he's a bit sad and anxious. What might he be thinking then?

Speaker 2

Maybe he doesn't want to make friends [7;12], or maybe he doesn't want to go to play with his friends coz he wants to go and make new friends [12;18;19;22].

Speaker 1

Maybe he does yeah, maybe.

Speaker 2

And maybe he's scared they're gonna say no [2;6;9;21;24].

Speaker 1

Oh, OK, yeah, we've got some really good and different ideas. I like those. So what might he be thinking then?

Speaker 2

I don't want to go here [7;9;12;23]. I'm sad [2] ... I don't feel like it today [9;10;12;21;23]

Speaker 1

I don't feel like it today. Yeah, OK. Brilliant. Do you think he needs any help?

Speaker 2

No. Yeah. I mean, well, maybe because he needs friends, and he needs people to support him [3;6;16;18;21;22].

Speaker 1

You think he needs friends?

Speaker 2

Yeah, and if he hasn't, then you could put something that he really likes there so that you can persuade him to go outside more [3;6;13;16;19;38].

Speaker 1

So you could persuade him to go outside. So you think that they want him to go in here and play because he needs to get outside more, yeah, but because he doesn't want to, if they put something nice in the garden that he likes, he can go outside? Yeah. Beautiful. Lovely.

Speaker 2

Or maybe they can put something here at the park. Yeah. Like one of his favourite fruit or one of his favourite vegetables in there. And when he sees that he would go over there [3;19;22;30;38].

Speaker 1

Ah, so you might sort of say 'Look what's in here for you?'

Speaker 2

Yeah, and then maybe he'll make friends and then he will be like, I'm not worried, I'll go and make friends [2;3;12;19;22].

Speaker 1

They sound like really brilliant ideas. Thank you very much, both of you.

So which one did you choose? Yeah, definitely. Give each other a high 5 that was well deserved.

Speaker 2

I've chosen this one because the little boy, he looks very sad [2] and this adult and a little girl are just trying to cheer him up [3;10;13;18;22;30] because he looks very sad [2], like someone has said something nasty to him or bullied him ... They could have bullied him before they went over to this one? [8;21;20;23;24;30]

Speaker 1

OK. What makes you think he looks sad?

Speaker 2

Or maybe that's his sister?

Speaker 1

It could be, yeah.

Speaker 2

He looks sad [2], coz his face is not like, he's got tears [2] ... and it's all weird and funny, and he's looking down [2].

Speaker 1

He does look like he has tears doesn't he, yeah. So I wonder what he might be thinking?

Speaker 2

He might be thinking about going home, like he wants to go home or something ... [5;9;10;21] Maybe he's worrying about being upset [2;9] or about being bullied [8;20] a lot or making no friends [6;12;30;34].

Speaker 1

OK, So he might be worrying about things. Is there anything else he could be thinking?

Speaker 2

He might be thinking he wants some more friends, maybe [22] ... Or he might think I'm gonna get bullied all day long [8;21;30] while I'm here and I can't go home till my mum's home [5;9;35] because my mum and dad have went out to shop for food and I have to go to the park and take care of my sister [3;4;5;19;21;25;30;34;35;36].

Speaker 1

OK. So you think he's supposed to be looking after his sister? What might she be thinking then?

Speaker 2

She might be thinking her little brother is upset [2] because that little girl bullied him [8] and he needs some support [3;22;36]. Can you sing something?

Speaker 1

Yeah, so what might that support look like?

Speaker 2

Friendship [7;15;16;22].

Speaker 1

Yeah, so your friendships can be a support for you can't they. That's really nice.

Speaker 2

She might be nice to him [3;16;18;33] ... Or make a funny face to make him smile [2;3;10;18;22] ... Or help him [3] ... If that girl has bullied him yeah [8], and his big sister saw it yeah, she's gone to him to have some support and help him not cry [3;10] and maybe she will go tell the person that bullied her little brother off or go and talk to the person and say why did you bully my brother? [3;4;8;13;16;19;25;30;33;34;36]

Speaker 1

Yeah, maybe. So do you think they need help? And if you do, what do you think they could do to help themselves or what could we do to help them?

Speaker 2

Yeah. We could like tell the adults [3], or maybe tell them to stop [3] ... Or teach them a lesson by treating them bad and then telling them you should treat people how you want to be treated [3;4;12;16;19;33;34].

Speaker 1

Absolutely. Yeah, you should treat people how you want to be treated. I like that. Brilliant. These are all very good. Yeah, another high 5 for you, definitely.

So which one did you choose over here?

Speaker 2

The window with the boy

Speaker 1

Okay, the window with the boy. What made you choose that part?

Speaker 2

Because maybe some hacked it or something.

Speaker 1

Maybe someone hacked it? And how does that show us what mental health is, do you think?

Speaker 2

Maybe the boy's throwed a rock on there [5].

Speaker 1

So you think the boy threw a rock? I wonder what made him throw a rock?

Speaker 2

Or maybe he accidentally throwed it because he was playing with it, and then he's going to see if it's really bad, and he's worried [2;4;9;19] ... Yeah he's worried he will get told off [2;4]... It's my turn to talk. So maybe he has throwed a rock there but because he's been playing hopscotch, and he threw the rock yeah, but he did it accidentally too far [4;13;15;16;33].

Speaker 1

Ohh interesting. So he was playing hopscotch and it was an accident. So what do you think he's feeling now?

Speaker 2

He's sad because he did it by accident [2;4] ... He's terrified or scared [2] ... Or maybe sad [2] because he broke the window [4;9;17] and then some of the people were laughing at him for doing it [4;9;20;24;30;38] ... Or maybe they weren't laughing, maybe they were all staring at him [4;9;20;24;30;38]

Speaker 1

Uh-huh. Yeah. They might be laughing at him or they might be staring at him. Yeah. What might he be thinking then as he's looking at it.

Speaker 2

He's thinking like, Did I do that? Well, I did, but I was it was by accident [4;9] ... He might go inside and tell the teacher because he accidentally threw the rock [3;5;9;15;16;33] ... Or he could ask the teacher if he really did it [3].

Speaker 1

OK, so what could he do to help himself then do we think?

Speaker 2

Be honest [16] ... Yeah go tell the teacher what he's done and be honest [3;16;33].

Speaker 1

That would be good. Go and tell the teacher what he's done, yeah. Fantastic! You guys are amazing at this. It's really good.

So just before we move onto the last activity, are there any other parts of the picture that we haven't talked about that you think shows us what mental health is.

Speaker 2

Erm, the football one, coz that boy there looks a bit cross [2] with the other one coz he's got his hands on his hips and looks cross [2;20] coz he's just let a goal in [4;23]

... Or maybe this one because he's terrified [2] coz maybe the dog has a disease or something and he's running away from it [5;10;12;21] ... Yeah, like maybe he's scared [2] so he's running to his Mum or Dad or an adult [3;4;22;35].

Speaker 1

Yep, these are all very good ideas.

Speaker 2

Or the one stood by himself by the goal there look, coz he's not socializing [6;7;15;16;22;30].

Speaker 1

He's not socializing, yeah, okay. So how might that be affecting his mental health, do you think?

Speaker 2

Maybe it won't ... Maybe he needs to make more friends to make him feel happy, so he wants to make more friends [2;3;4;16;18;19;22], but like, maybe he's just a bit scared to talk to people [2;3;7;9;12;22;30;32].

Speaker 1

Ok, yeah I. He might be a bit scared to talk to people. So what could we do to help him do you think then if you saw someone like that?

Speaker 2

Maybe you could speak to the teacher who could ask the person he wants to be friends with to go up to him and say, 'Do you wanna be my friend'? [3;7;18;19;22;30]

Speaker 1

Oh, that's lovely. I love that as an idea. Is that what you were going to say as well?

Speaker 2

It was a little bit like it, but you can call all your friends to come to your house and then go with all your friends and go to him and say 'We can all be your friends if you want' [3;4;7;13;22].

Speaker 1

Ohh, so get a group of your friends together and say we'll all be your friend. What a lovely idea!

Speaker 2

Or maybe you can get the people in the park to come with you guys too and tell him, then he'll have even more friends won't he? Then he won't be scared [2] and upset [2] anymore [3;7;13;16;22;23;24;30;38].

Speaker 1

That's really lovely. Brilliant! I love all of these ideas.

Which other one did you think? The one where the three of them are hugging and chatting in front of the window?

Speaker 2

Yeah, so like the three girls are talking about that girl [6;20;21;27] and they're eating.

Speaker 1

Ohh okay, so what you think they're saying about her?

Speaker 2

She's saying mean things and being rude, and she's saying like 'You're so you're so naughty' even when she hasn't done anything [2;6;8;19;20;22;30].

Speaker 1

OK. And how do you think they might be feeling then?

Speaker 2

Happy. They're happy [2].

Speaker 1

And how do you think they're making her feel?

Speaker 2

Sad. Really sad [2].

Speaker 1

Yeah, and what might they be thinking?

Speaker 2

They're probably thinking 'We don't care because we're bullies' [7;8;19;25;33].

Speaker 1

Yeah, we don't care cause we're bullies. They could be thinking that couldn't they, yeah.

Speaker 2

Yeah. And if they do say 'we don't care because we're bullies', she can just go and tell the teacher ... Yeah, you could go tell the teacher in the school, yeah, or maybe somebody else could [3;4;5;6;8;11;25].

Speaker 1



Maybe, yeah. Good idea. What were you going to say?

Speaker 2

Erm, they're eating candy too look, and sharing with themselves [7;22], but like making her jealous [2]. Or maybe she doesn't have a lot of money to eat some food and they come and bully her [8;20] and eat candy in the park right in front of her [20] and be like, 'Ha-ha, you don't have any food on you' [8;20;22;26 ... Yeah, they're eating their candy or food in front of her to make her jealous [2] and they're saying 'You don't have any food and we have' ... Or they could be saying 'Ha-ha, you don't have any money' [8;20;22;26;27;30;34;42;43].

Speaker 1

Yeah, they could be being really nasty couldn't they? What were you going to say?

Speaker 2

Maybe she's sad [2], because if you look closely at this girl, she's actually holding an invitation, saying party and maybe that girl is sad [6] because she ain't getting invited to her friends party [6;7;9;20;23;24]. Yeah.

Speaker 1

Oh, I didn't notice. Right, yeah. So they're all talking about their party, and she's left out, isn't she? Ohh, how might that make you feel?

Speaker 2

Sad [2] and depressed [2] and that, coz her friends don't wanna be friends with her anymore [6;7;20;23;24;25;30].

Speaker 1

Yeah, that is sad isn't it? Ohh dear.

Speaker 2

I spotted something, like, if you see the girl there, right, if you see her knee, yeah, it looks like she might have fell [2;13], but the children aren't helping her [2;3;16;21;33].

Speaker 1

Ohh, she could have fallen over and no one is helping her, yeah.

Speaker 2

Or maybe the girl just fell and she got up and they saw her, and then she got sad [2] of her leg and of them not helping her [3;6;16;20;23] ... And then maybe they were talking about inviting her coz they hadn't yet, but she doesn't know that yet [6;7;9;16;20;23].

Speaker 1

Yep, good ideas.

Speaker 2

And this boy is maybe not scared for going in the park, but maybe he is scared of the dog [2;5;15;33;38] because he sees the dog running at the little boy and him ... Ohh yeah!

Speaker 1

Ah, so he might not be scared of going into the park.

Speaker 2

No, he's scared [2] of the dog [5] ... Because he sees the dog right in front of him, and he's looking at the dog and making a scared face [2;5].

Speaker 1

Fab! Okay, let's take one more then.

Speaker 2

So you see those people, yeah, they are laughing at that one person, which isn't nice [2;6;8;20] ... And can you see here, maybe the girl is waiting for her turn, and they're not bullying her at all coz she's just waiting [7;8;10] ... Or maybe she wants to watch them play rather than join in, yeah [7;9;10;15] ... And maybe this girl skipping, has a disease in her leg because she only has one leg [1;15;28] and these other girls are trying to help her not to be scared of anything [2;3;10;13;16;18;19;22;33].

Speaker 1

That would be nice, wouldn't it? To help somebody and to make sure that they're OK. That's lovely. Brilliant.

So, for our last activity, would you like to work in pairs or separately on your own?

Speaker 2

I want to do this separately ... yes, work alone ... Can I work alone too?

Speaker 1

Of course, so do you want to swap places if you want to sit there? Is that okay? So, are we all ready? Okay, so I'll give you all a pack, and we've got 10 cards here, and they all have ideas that people have said might be useful for children with their mental health. OK, so they might be useful to help children with their mental health.

Speaker 2

I already got one.

Speaker 1

So, I'd like you to put them in order from which one you think is the most helpful to the least helpful. OK, most helpful to least helpful. There are also two blank cards in here, but you don't have to use them. They're only there if you think of something that isn't on one of the other cards all right?

Speaker 2

Miss, can we draw a picture of them too?

Speaker 1

If you wish to yes, or you can just write it down, but you don't have to use them, remember? OK, so if you have a look at all of them, first put them in order from most helpful to least helpful for our mental health, and then we can share our ideas if you want to. So you have got 10 minutes, okay, so you've got plenty of time.

Speaker 2

Can we have two crayons?

Speaker 1

Well, you need to have a look first and see, because your idea might already be on one of the cards. Okay?

Speaker 2

I don't think my ideas are there.

Speaker 1

OK, you don't have to use them if you don't want to, okay, and if you want a hand with any of the reading or writing, or anything like that, just let me know and I'll come round. Okay?

Speaker 2

OK, OK, now put them down ... Put them here and then move up. Look, this one says meditating, and this one says make sure you get enough sleep. I really struggle to get to sleep ... This one is calm and meditating ... Miss, what does this one say?

Speaker 1

This one here? It says, make sure you get enough sleep, okay?

Speaker 2

Miss, I've got an idea for the blank card ... What does this say?

Speaker 1

It says do something nice for someone else.

Speaker 2

Can we have some colours to colour? I'm going to do someone being helpful.

Speaker 1

OK. You're doing very well.

Do you want to start here and work down maybe, and then we can, yes if you go that way, then we've got a bit more space on the table, haven't we. Is that all right? Yeah?

So remember, there's no right or wrong answers to any of these, okay.

Speaker 2

Miss, so there's like this book and it's called like 'The winner walking in the water'.

Speaker 1

Okay, I've not heard of that. How can it help your mental health do you think? What are you going to put on your card?

Speaker 2

It's like helping read them books or helping them to read a book [3;16;33].

Speaker 1

Ohh, okay, so helping them to read a book. That's nice! Can I just write that on the bottom so that I remember, or would you like to do it?

Speaker 2

You can do it.

Speaker 1

OK, what's your favourite colour?

Speaker 2

Erm, green, do it in green.

Speaker 1

Okay, so helping someone to read. Is that right? I'll do my best writing on these for you. Okay, so we're going to pop that in your mix of cards as well. Great.

How are you two doing over here? These are brilliant. If you want to just write it, you can just write it. You don't have to draw it if you don't want to.

Speaker 2

I like drawing stuff. Yeah, I copied off there look, so I can do a book.

Speaker 1

Oh, wow. Very good.

So when you're done, we're going to see if you would like to share your order, okay? Which one you've put as the most helpful, and which one you've put as the least helpful, alright. You have a few more minutes, but there's no rush, okay.

Ohh, wow! That looks lovely!

Speaker 2

I have 18 guinea pigs. My oldest, is my therapy pig and her name is Sky. Every time I'm sad [2], like my mom says 'Go and get Sky' [3;10;12;19;35]. All she does is just sit on you and get comfy, but if she gets too comfy, she wees on you.

Speaker 1

Ohh, I love guinea pigs! You are so lucky! So you love to cuddle them and hold them, but not let them wee on you. Is that right? Yeah, fair enough, I understand that. So, whereabouts do you think that would come in your order of helpfulness?

Speaker 2

Erm, in the middle ... Excuse me, can you write medicine in here for me please? [3]

Speaker 1

Oh, my goodness, I don't know if I can write it in there, let me have a go for you. Is it okay if I just put med, because I'm not going to fit medicine clearly for you. Would that be okay?

Speaker 2

Yes, okay. Thank you ... I can hold a family member – my niece [7] ... This is a scroll thing that you have to put in the medicine and then pull it out and the medicine is in it for you [3] ... I like to go to the beach [3;9;16;34] ... Which one shall we put here?

Speaker 1

Okay, so you have a bit of a group up here. Which one do you think is the most helpful? Can you try to put them in an order for me do you think? It's difficult isn't it? That's great, thank you.

There's no right or wrong answer remember, it's just what you think.

Speaker 2

What does this one and this one say?

Speaker 1

That one says Write or draw your feelings, and this one says Learn something new, okay?

Speaker 2

Okay, so where shall we put this one? ... Do something you enjoy – TikTok, I enjoy TikTok [9;10;39;41]. That's true, we could put that here maybe? ... This could go at the top I think. Yeah, put ours at the top.

Speaker 1

Right. OK then. It looks like you've all got your orders ready. Well done! So if you would like to, we can share our ideas with each other, okay. Great. Would you like to start us off? So if you could read what you think is the most helpful to the least helpful, or if you'd prefer me to read them out, that's fine. Okay?

Speaker 2

Write or draw your feelings; physical activity; do some deep breathing, relaxation or mindfulness; use your breathing ball [3;10]; talk to someone; spend time with friends or family; do something nice for someone else; hold a pet [3;10]; learn something new; make sure you get enough sleep; eat healthily and do something you enjoy.

Speaker 1

Beautiful. Thank you. So, we have this one at the top. What made you put this one at the top?

Speaker 2

Because it's like I feel like if you do that, you could like show it to your parents and then they know and then they can speak to you in private [3;7;10;12;13;19;22;35;36], and with a journal, because I'm doing one at my grandma's [36], you can like, with an old newspaper you can cut out the pictures that you like and it can express your feelings [2;3;10] and if you ask someone to look at your journal and they see stuff that can really express your feelings, and then that person if they understand it, they can ask you if you're alright with that stuff and yeah [3;7;10;12;22;23;24;25].

Speaker 1

That's really, really good. Thank you. And this one 'do something you enjoy', that one's the least helpful. What made you pop that one down there?

Speaker 2

Because I feel like something is, you can always do something you really enjoy [9]. You can always do it like at special occasions, you can always do something you enjoy like everyday [3;10;12;23;24].

Speaker 1

Brilliant. Thank you so much for sharing that with us. If you could just leave those there for me, that would be great please. Thank you.

So would you like to go through your order for us please?

Speaker 2

So I put do something you enjoy first; physical activity second; sleep third; learn something new; go somewhere you enjoy; give help to people who need it [3;16]; talk to someone; do some deep breathing relaxation and mindfulness; write or draw your feelings; do something nice for someone else; eat healthily; and the last one is spend time with friends or family.

Speaker 1

Brilliant. So what made you put that one last, as the least helpful?

Speaker 2

Because, I think she said you could do it like every single day [7;22].

Speaker 1

OK. Yeah, you can do it all the time, can't you? So what made you put this one at the top? I know you were deciding between two at the top weren't you, so what made you decide on that one in the end?

Speaker 2

Because I think uh, so say that you wanna go to the trampoline park and that's the thing you enjoy the most [2;9;16;33] and you can't just go to the trampoline park every single day [9;15], you know.

Speaker 1

Yeah, so it's like, for a special occasion, isn't it? It's something you enjoy, and how does that make you feel?

Speaker 2

Happy! [2]

Speaker 1

Happy. OK, fantastic. Thank you so much for sharing as well, and if you could just keep those things there for me please, that would be great.

So, would you like to share? Shall I read them out? So we've got medicine [3]; helping someone to read [3]; do something you enjoy; write or draw your feelings; do some deep breathing relaxation or mindfulness; physical activity; spend time with family or friends; learn something new; make sure you get enough sleep; talk to someone; do something nice for someone else; and eat healthily. So what made this one go right at the bottom. What makes that the least helpful do you think?

Speaker 2

Because you can eat what you want whenever you want really. So, you can eat like apples or something. Or you can eat vegetables when you want or when you like [1;3;15;34;42].

Speaker 1

OK, okay. And what do you think makes medicine the most helpful for your mental health?

Speaker 2

Because you can help yourself [3], or like you can help people [3;16], like if your stomach hurts or your leg, you can you just drink medicine to make it better or if it doesn't go you, you have to wait ... and if you're poorly you should go to sleep and when you wake up it will go [1;3;9;12;15;31;33].

Speaker 1

Brilliant. Thank you for sharing your ideas and can you leave those there for me as well please?

So, you've worked brilliantly today. Thank you so much. So just before you go, we've talked a lot today about mental health, so is there anything else that we can add on to here, that would explain to our little alien what mental health is? Anything else do you think?

Speaker 2

Spend time with family [7;16;22;36] ... because you have to help when someone's poorly [3;16;31] ... Maybe facing your phobia could help [3;31;33] and you could be really scared [2] like claustrophobia, like tight in spaces claustrophobia that is.

Speaker 1

Yeah. So you think facing your phobia would help? Brilliant.

Speaker 2

When your being mean, someone has to help you [3;10;13;33] ... Yeah like be helpful or help someone [3;16;33].

Speaker 1

Yeah, be helpful. Yeah. Brilliant. Any more?

Speaker 2

Erm, like medicine [3] and help somebody when they have something important to do, but they can't do it [3;13;16;33]. And you can do it for them [3] and help them to read [3;22;33] or spend time with family or friends [3;22;33] ... Or talk to someone or an adult [3;10;12;22;33] ... and you can eat vegetables too. Maybe if you like vegetables, and that makes it better for you [1;3;33].

Speaker 1

OK, you have all been absolute superstars. Thank you so, so much. If anyone wants to stay and talk to me for a bit, you are more than welcome. I'll be staying round for a



bit, or if you want to speak to your teacher then you can as well, but if not, then you are free to go. Thank you so much for all your help again today. I really do appreciate it. Thank you.

THE END

**Appendix Ten  
Recruitment form**

Dear Head/teacher,

I am a trainee educational psychologist working on placement within the local authority. I am undertaking a doctorate in Applied Educational and Child Psychology at the University of Birmingham.

As part of my training, I am undertaking research exploring children’s understanding of mental health in so much as how we ‘think, feel, and act’. I will be carrying out focus groups with Year 5 children exploring their thoughts and ideas around how they think, feel and act.

The aim of the research is to explore how children make sense of how they think, feel and act. It is hoped that the findings from the project will help us to understand how we can inform and shape their future learning thus reducing misconceptions and stereotypes.

I would like to invite you and your Year 5 class to participate. Specific details on what your participation would involve can be found in the attached information sheet.

If you are interested in taking part, or would like to find out more information, please complete the form below and email it to me at [redacted] before (date).

Thank you for considering this request.

Best wishes,

Julie Smith-Lewis

Trainee Educational Psychologist

.....

**We would like to participate in the research outlined above and are happy to be contacted to arrange a suitable date and time.**

**School:** \_\_\_\_\_

**Name of contact:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **Appendix Eleven**

### **School information sheet**

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#### **Who am I, and what is my role in school?**

- ❖ My name is Julie Smith-Lewis and I am a trainee educational psychologist working as part of Telford Educational Psychology Service. I am completing my doctoral training at the University of Birmingham.
- 

#### **Why am I contacting you?**

- ❖ As part of my training, I am undertaking a research project, investigating children's understanding of mental health, using the MIND definition of 'how we think, feel and act'. As part of this, I will be carrying out focus groups of between 5 and 10 children, where we will discuss topics around the research question, such as how we think, feel and act.
- 

#### **What is the research about?**

- ❖ The aim of the research is to explore how children currently understand how they think, feel and act in different situations.
  - ❖ Thematic analysis will be employed to analyse ideas expressed by the children.
  - ❖ It is hoped that the findings from the project will inform a better understanding of how to pitch the support and learning offered to children in respect of the above.
- 

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

- ❖ Participation is voluntary and you will be asked to sign a consent form if you agree to take part.
  - ❖ Participation will involve children being part of a focus group, lasting between 30 minutes and an hour which will be led by myself in a room the children are familiar with. The children will be shown different pictures or scenarios and be asked to discuss what they see. The teacher will be consulted regarding which children will be best placed in each group to ensure they feel comfortable.
  - ❖ If you change your mind about participation, please let me know before, during or up to 1 week after the focus group at which point anything relating to your part in the study will be destroyed.
-

### What will happen to the data collected during the research?

- ❖ The focus groups will be recorded using a Dictaphone and some notes will also be scribed. I will be the only person who hears the recording when I type up the discussions.
  - ❖ Printed transcripts and all data will be kept in a secure, locked cabinet which only I will have access too.
  - ❖ In line with university policy, data will be preserved and accessible for 10 years after completing the project. After this time, all electronic data will be erased and printed transcripts securely shredded.
- 

### What will happen to the findings?

- ❖ I will not use your name, school or the local authority's details when I write up the findings from the focus groups.
  - ❖ The findings may be written in a report which will be shared with the school and other educational psychologists that work in the local authority.
  - ❖ The findings from the research will be written and published as a doctoral thesis.
  - ❖ The findings may also be used anonymously in publications and conference proceedings
- 

### If I agree to take part, can I change my mind?

- ❖ The school, parent or guardian and the children can withdraw without sanction before or during the focus groups. They do not need to give a reason.
  - ❖ Unfortunately, data and specific information cannot be withdrawn once the focus group has occurred as it will form part of the whole group conversation.
- 

### How do I take part?

If you would like to take part in the research, please contact me via the details below by (date).

#### Contact details:

Researcher:	Supervisor:
❖ Julie Smith-Lewis Trainee Educational Psychologist	❖ Dr. Julia Howe Academic and Professional Tutor University of Birmingham
❖ Email: [REDACTED]	❖ Email [REDACTED]

## Appendix Twelve

### Parent consent letter

Dear Parent/Carer,

---

Who am I, and what is my role?

My name is Julie Smith-Lewis and I am a trainee educational psychologist completing my doctoral training at the University of Birmingham and working within Telford Educational Psychology Service. Educational Psychologists work with schools and families to make learning a positive experience for children and young people.

---

Why am I writing to you?

As part of my training, I am undertaking a research project, I am interested in exploring how children understand and talk about their mental health by looking at how they think, feel and act. I will be carrying out discussions in small focus groups within school time with those children who wish to take part. I have spoken to the school about this project and they have agreed that your child's class can take part but I am also seeking your consent for your child to participate. The school will speak to your child and explain what the session will involve, once I have your consent. After this, your child will be asked if they consent to take part and fill out a consent form. Please be aware that you can withdraw consent at any time up to and during the session, without needing to give a reason.

---

What is the research about?

The aim of the research is to explore how children understand and talk about their mental health by using their thoughts, feelings and actions in certain scenarios. It is important to know about this as there has recently been a boost within schools to talk about 'mental health and wellbeing' and it needs to be pitched at an appropriate level in order for it to be effective. It is hoped that the findings from the project will help us to understand how we can support children in the best way possible when talking to them about how they think, feel and act in school.

---

How has my child been selected?

The research is focusing on children within Year 5 classes. The pupils will be asked whether they were interested in taking part and will be asked to complete a consent form once you have consented for them to take part.

---

Does my child have to take part?

Participation is voluntary. If you are happy for your child to take part, please fill in the consent form attached. If you change your mind, you can withdraw consent at any time by contacting the school or by emailing me directly, at which point all data relating to your child will be destroyed. Your child can also withdraw their consent without sanction or reason any time up to the end of the session. After the session has ended, it will not be possible to withdraw your child's data as it will form part of the group conversation.

---

What will taking part involve?

Your child's participation will involve taking part in a focus group discussion lasting between 30 and 60 minutes.

Your child will be asked not to talk about the other members of the group and what was said throughout the session, to retain confidentiality. They will be able to talk to a trusted adult if they so wish and the distinction between the two will be explained to them at the start of the session.

If your child changes their mind about taking part, they have the option of leaving the group at any time, without needing to explain.

---

What will happen to the information collected?

The focus group discussions will be audio-recorded and transcribed. Children will be given a number or pseudonym during transcription so that no child can be identified. I will be the only person who will listen to the recording and it will be deleted as soon as it has been transcribed. In line with university policy, data will be preserved and accessible for 10 years after completing the project. After this time, all electronic data will be erased and printed transcripts securely shredded.

Your child will be offered the opportunity to talk to the researcher or teacher before, during or after if they so wish and any relevant information shared as appropriate.

Your child will not be identifiable in any way and I will never use their name, the school or the local authority's details when I write up the findings of the research. The final report may be shared with the school and other educational psychologists within the local authority and may be used to inform other professionals.

---

What happens next?

If you are happy for your child to take part in the research, please complete the consent form attached and take it to your child's teacher or email me directly (details

below). There will be no sanction for your child if they do not participate and they do not have to give a reason why they do not wish to take part. If this is the case, they will spend the time in their usual lesson.

If you would like to find out more information or ask any questions, please do not hesitate to contact me, my academic tutor or at school via the details below.

<b>My details:</b>	<b>Supervisor:</b>
<b>Julie Smith-Lewis</b> <b>Trainee Educational</b> <b>Psychologist</b>	Dr. Julia Howe Academic and Professional Tutor University of Birmingham
<b>Telephone:</b>	Telephone: <input type="text"/>
<b>Email:</b> <input type="text"/>	Email: <input type="text"/>

Many thanks for your time in reading the above.

Yours sincerely,

Julie Smith-Lewis

Trainee Educational Psychologist

---

## Appendix Thirteen

### Parental Consent Form

An exploration of children's understanding of 'mental health' (by looking at how they think, feel and act)

---

Please read each statement below and circle your answer. If you have any questions, please ask.

Please circle your response:

❖ I agree to my child taking part in the research project exploring children's understanding of mental health	Yes	No
❖ I have read and understood the information detailing what my child's participation will involve.	Yes	No
❖ I agree to the focus group being audio recorded and understand that only the researcher will listen to this.	Yes	No
❖ I understand that the information will be kept securely in line with university policy for 10 years after the completion of the project.	Yes	No
❖ I understand that my child can leave the group at any point if they would like to. They do not need to give a reason.	Yes	No
❖ I understand that I can withdraw my child's information anytime up to the start of the session.	Yes	No
❖ I understand that once the session has happened, I will be unable to remove my child's data.	Yes	No
❖ I understand that the findings may be used anonymously in publications and conference proceedings.	Yes	No
❖ I understand that I can ask further questions at any time before or during the study.	Yes	No

Name of pupil: \_\_\_\_\_

Parent/Carer name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_




## Appendix Fourteen

**Pupil Information** (to be read aloud by the teacher to check and ensure understanding).

---

Who am I?

- ❖ My name is Julie Smith-Lewis 
  - ❖ I am training to become an Educational Psychologist
  - ❖ Educational Psychologists work with parents, pupils and school staff to help to make learning a positive experience.
- 

Why am I contacting you?

- ❖ I am studying at university and as part of my course I am doing a research project in your school
  - ❖ I would like you to take part in my project, but only if you would like to.
- 

What is the project about?

- ❖ The project is exploring how children understand mental health by looking at how they think, feel and act.
  - ❖ The findings from the project will help us to understand how we can support children in the best way possible when talking to them about themselves in school.
- 

What will this involve?

- ❖ You and your classmates will take part in a small group discussion, which will be audio-recorded (it only records what the group says).
- ❖ There will be three activities in total.
- ❖ This is not a test and there are no right or wrong answers - I am interested in what you think.
- ❖ You do not have to talk if you do not want to, and you can join in whenever you like.
- ❖ You can leave at any time you like without having to give a reason. Your teacher will have a different lesson for you to attend if you do not want to take part.

- ❖ You will have the opportunity to speak with me or your teacher after the session if you want to discuss anything we have talked about in more detail.
  - ❖ I would like it if after the session, you do not talk about who was in the group, or share what was said, with anyone outside of the group. This will help to keep confidentiality and make sure we have a safe environment to talk openly to each other. If you wish to, you can talk to a trusted adult.
- 

What will happen to this information?

- ❖ I will audio-record what we discuss, but I won't know any names.
  - ❖ I will then write up what we have talked about and I will be the only person who will hear the recording.
  - ❖ As I will not know any of your names, no one will know what you said – you will either be given a number or a pretend name when I write it up.
  - ❖ Anything I write will be locked in a cabinet and in line with university policy it will be kept for 10 years after which, all information will be destroyed.
  - ❖ The only time I will share what you have said, is if you tell me something that could harm you or someone else.
  - ❖ The findings will be written up and may be shared with your school and other educational psychologists, although no one will know who said what.
- 

What happens next?

- ❖ I hope you would like to help me with my research project.
- ❖ I have already got consent from your parent/guardian, so you can talk to them about it if you want to, but it is up to you if you want to take part.
- ❖ If you wish to take part, there is a consent form for you to fill in.
- ❖ It is okay to change your mind about taking part - you can let me know before the group activities, or during the session. You can do this by contacting me using the details below or by telling your teacher who will let me know.
- ❖ If you do not wish to take part, this is okay. You do not need to fill out the consent form and you will take part in a normal lesson arranged by your teacher instead. You do not need to give a reason why you do not wish to take part.

- ❖ If you have any questions about this, please ask your teacher now. If they need to, your teacher can always get in touch with me to answer any questions you may have. I will ask you if you have any questions before we meet as well in case you think of any later.
- 

My contact details:

- ❖ Julie Smith-Lewis (Trainee Educational Psychologist)
- ❖ Email: [REDACTED]

My supervisor's contact details:

- ❖ Dr. Julia Howe
- ❖ Telephone: [REDACTED]
- ❖ Email: [REDACTED]

**Thank you!!**



## Appendix Fifteen

### Pupil consent form

Please read each statement below and circle your answer. If you have any questions, please ask.

I would like to take part in the group discussion	Yes	No
I understand that I do not have to take part in the activity and that this is okay	Yes	No
I agree to talk about things as best as I can	Yes	No
I understand that only Julie will hear the recording and no one will know which answers are mine	Yes	No
I understand that what I say will be kept confidential unless I say something that suggests that I, or someone else is at risk of harm	Yes	No
I understand that I can leave the activity at any point if I would like to, and this will be okay. I do not need to give a reason.	Yes	No
I understand that once I have taken part in the activity, I cannot ask for my answers to be removed from the write-up as they will be with everyone else's answers	Yes	No
I know that I can talk to Julie or my teacher about things before, during or after the session if I want to	Yes	No
I understand that the findings will be written up and may be shared with the school and other Educational Psychologists.	Yes	No
I know not to tell other people about who was in my group and what we talked about (unless I need to talk to my teacher or parent about it). This helps to keep what we talk about confidential.	Yes	No
If I have any questions, I know who I can ask	Yes	No

Signed:

Date: