EXPLORING THE PERCEPTIONS OF EDUCATIONAL PSYCHOLOGISTS WORKING IN INTER-PROFESSIONAL TEAMS SUPPORTING THE DELIVERY OF SCHOOL-BASED MENTAL HEALTH PROVISION: AN ACTIVITY THEORY ANALYSIS OF MENTAL HEALTH SUPPORT TEAMS

by

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A thesis submitted to the University of Birmingham

in partial fulfilment of the requirements

for the degree of

DOCTOR OF APPLIED EDUCATIONAL AND CHILD PSYCHOLOGY

Volume 1 of 2

Department of Disability Inclusion and Special Needs

School of Education

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University of Birmingham

December 2024

ABSTRACT

Over the past two decades, the UK Government has committed to improving children and young people's (CYPs) access to mental health (MH) support services, through the implementation of policy and practice which has led to the introduction of a range of MH initiatives (Wolpert et al, 2013; DHSC & DfE, 2017). In 2017, the government published, 'Transforming Children and Young People's Mental Health: a Green Paper', which laid out plans for the Department of Health and Social Care (DHSC) and the Department for Education (DfE) to jointly tackle issues relating to the disparity in access to MH services between CYP, and for the early identification and early intervention of MH needs, through joint working between education and health care professionals (DHSC & DfE, 2017).

Over the years, research has highlighted the importance of a "multi-agency responsibility" being taken between public health and education services in the pursuit of improved MH support for CYP (Morris & Atkinson, 2018, p.286), and further research has explored the 'distinctive' role and contribution of educational psychologists (EPs) within this context (Farrell et al, 2006; Gaskell and Leadbetter, 2009). However, despite the detailed advantages of inter-professional working between health and education sectors, EPs are not always given a clearly defined role within initiatives such as these.

The main aim of this study was to explore the perceptions of EPs who were granted

the opportunity to work as part of an inter-professional team (IPT), specifically, the recently established Mental Health Support Teams (MHSTs), that were developed as part of the government's initiative to embed MH provision in schools. Activity Theory (AT) was utilised as both the theoretical framework and analytical tool, allowing for the in-depth exploration of EPs' position within the MHST, in relation to their contribution to the work of the activity system and the factors both facilitating and constraining this role. Data was collected via semi-structured interviews with the subjects of the activity system (EPs), to inform the research questions. Thematic analysis (Braun & Clarke, 2006) was used to analyse interview transcripts, with generated themes being further reconceptualized in accordance with the AT framework.

Findings suggest there were a number of contentions and contradictions influencing EPs' engagement in MH IPTs, such as: clarity and assumptions regarding the EP role; characteristics of IPTs; team culture; models of practice governing IPTs; and competing demands of the EP role. Implications for future research and practice are discussed.

DEDICATION

To my daughters, Isabelle, Lauren and Melissa

For your unwavering patience and endless love throughout every stage of this journey – you are forever my greatest accomplishments.

To my father, Gavin Morrice

(18.09.1947 – 22.04.2024)

For the privilege of being your daughter – there are not enough words to capture the gratitude I have for you, Dad. My biggest supporter until the end. Here's to a lifetime of making you proud.

ACKNOWLEDGEMENTS

First and foremost, I would like to express my unreserved thanks and gratitude to my parents, Gavin and Linda Morrice. For the quiet words of encouragement on the days I've needed them the most, to riding every wave of emotion with me during the highs and lows of the past few years. I couldn't possibly put into words how much this has all meant to me, but hopefully this goes just a little way to recognising the wonder of you both!

Heartfelt thanks must also go to my university tutor, Dr Anthea Gulliford, for always believing that this would be possible for me – for your unending patience, exceptional guidance and reassuring presence, I am truly grateful. Much gratitude also to my first academic tutor, Dr Colette Soan – for inspiring this research and always offering a safe space for reflection when needed.

Sincere thanks to the educational psychologists who gave up their time to participate in this research; and to my placement supervisors, Dr Emma James and Dr Claire Smith, for your encouragement and unwavering support throughout.

Last but by no means least, the deepest thanks go to the three best companions a person could ask for; my wonderful girls – thank you for being my light at the end of what has felt at times, like a very long, dark tunnel! This is for you.

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LIST OF ABBREVIATIONS

ASD	Autism Spectrum Disorder
AT	Activity Theory
BPS	British Psychological Society
CCG(s)	Clinical Commissioning Group(s)
COVID-19	Coronavirus Disease 2019
CYP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DoH	Department of Health
DHSC	Department of Health and Social Care
EMHP	Education Mental Health Practitioner
EP(s)	Educational Psychologist(s)
EPS	Educational Psychology Service
IPT(s)	Inter-professional Team(s)
LA	Local Authority
MA	Multi-Agency
MDT	Multi-Disciplinary Team
MH	Mental Health
MHST	Mental Health Support Team
MH	Mental Health
NHS	National Health Service
PHE	Public Health England

PIRU	Policy Innovation and Evaluation Research Unit
RQ(s)	Research Question(s)
SEMH	Social Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SMHL	Senior Mental Health Lead
TAMHS	Targeted Mental Health Support
TEP	Trainee Educational Psychologist
WSCA	Whole School or College Approach

CHAPTER 1: INTRODUCTION

1.1 Introduction to the Volume

This volume presents research undertaken for the purpose of the Applied Educational and Child Psychology Doctorate training programme at the University of Birmingham.

1.2 Academic and Professional Context for Research

This thesis has been written in contribution to the award of Applied Educational and Child Psychology Doctorate. As part of the course requirements, a placement was undertaken with a local educational psychology service (EPS) in the role of trainee educational psychologist (TEP).

Prior to joining this doctoral course, I trained and worked in a research-based clinical setting which focused on developing early interventions for those experiencing mental health difficulties, with specific attention given to adults and young people. One of the research projects I was involved in included liaison with local secondary schools, with the aim of educating young people on the ways in which they could maintain good MH. This fuelled my interest in school-based MH provision and the ways in which this could be developed.

In addition, after working as a home-based private tutor for a number of years to a child with autism spectrum disorder (ASD), and subsequently supporting them to join mainstream primary education, the lack of opportunity for collaboration between

myself and outside agencies (e.g., speech and language therapists, educational psychologists, educators in setting) was noted, unless there was a statutory requirement to do so. After becoming a TEP, I continued to observe the reduced opportunities for ongoing joined-up working with other professionals whilst on placement, other than for discrete pieces of work. However, following the introduction of local mental health support teams (MHSTs), new opportunities emerged for EPs to join what was described by the government as multi-agency teams, alongside professionals from the health sector, to support MH provision in schools. However, there has since been a distinct lack of consistency in the ongoing involvement of EPs within these teams, as can be seen from the findings of the early evaluation of the MHST trailblazer programme (Ellins et al, 2023). This piqued my interest as to why this was the case, and led me to consider what the barriers and facilitators were to EPs' involvement in work of this nature. As such, this research has been shaped by my previous and current academic and professional experiences, in relation to school-based MH provision and interprofessional working, as well as my observations of practice across the fields of both clinical and educational psychology.

1.3 Interprofessional Teams

The term interprofessional team (IPT) has been selected for use in this study to describe the activity of joined-up working between EPs and other professionals from both the health and education sectors. Whilst Chapter 2 offers a detailed overview of this concept in practice, it is important to note here, why this terminology has been chosen. Contentions have been raised by a number of researchers regarding a lack

of consensus in how professional 'teams' are defined within the relevant literature, as well as the way in which specific terminology (e.g., interprofessional, multi-disciplinary and multi-agency) is often interchangeably used to describe concepts which are said to be fundamentally different (Baggs, 2022; Martin et al, 2022). However, whilst some authors have sought to offer semantic clarity regarding this matter (e.g., Table 1, p.17), the subtleties between differing terminology are also noted, making it necessary for researchers to explicitly state how key language is being defined, to avoid 'conceptual confusion' (Martin et al, 2022). As such, IPT has been chosen for this study, as it was felt this term most accurately defined the types of teams that EPs would be part of, due to the person-centred approach and collaborative nature of this style of working, factors that underpin the core values of an EP's work. However, it is acknowledged that the terminology used across the research base to describe conceptually similar phenomena may vary, and so at times, alternative language to IPT (e.g. inter-agency, multi-disciplinary team) will be used when this has been cited by the sources included in this literature review.

Table 1 – Key Characteristics of Professional Teams (taken and adapted from Martin et al, 2022).

	Unidisciplinary	**Multidisciplinary**	**Interprofessional**	**Transdisciplinary**
Alternative terminology	Uniprofessional, intradisciplinary, intraprofessional	Multiagency	Interdisciplinary, interprofessional collaboration, cross-disciplinary	Transprofessional, supra-professional

	Unidisciplinary	Multidisciplinary	Interprofessional	Transdisciplinary
Team members	One single professional	Professionals from multiple disciplines	Professionals from multiple disciplines; person-centred	Professionals from multiple disciplines; person-centred
Communication	May communicate with colleagues	Communicate via the leader	Frequent communication	Frequent communication
Collaboration	Work independently	Work independently	Work interdependently; share decision-making	Share roles, skills, tasks, and decision-making
Leadership	Single professional directs support offered	Leader is the highest-ranking professional	Members hold equal status; designated leader to oversee support offered	Members share responsibility; may be a designated leader to oversee support offered

1.4 National Context

In 2017, the government published 'Transforming Children and Young People's Mental Health: a Green Paper' (DHSC and DfE, 2017) which laid out plans for the Department of Health (DoH) and the Department for Education (DfE) to address a set of specific aims, which have been summarised below:

- Jointly tackle issues relating to the disparity in access to mental health services between children and young people (CYP);
- Enhance opportunities for early identification and early intervention of mental health needs through joint working between schools and the NHS;
- Actively promote good mental health and well-being at a whole-school and/or college level and:
- Ensure shorter waiting times for CYP requiring access to more specialist mental health services.

MHSTs were established by the UK Government in 2018 to fulfil these aims and implement ‘a multi-agency approach focused on collectively understanding and meeting the needs of children and young people in an area’ (DHSC and DfE, 2017).

1.5 Mental Health Support Teams

The core composition of MHSTs was initially intended to include a three-level hierarchical structure which encompassed (from top down) a team manager (NHS Band 8), a supervisor (NHS Band 7), and four education mental health practitioners (EMHPs) (NHS Band 4) (BPS, 2019). Participating schools and colleges were asked to identify a senior mental health lead (SMHL) who was to be the main point of contact for members within the MHST, with main duties including referral of CYP with possible mild to moderate mental health needs, as well as working with the MHST to develop the whole-school approach (WSA) to mental health and wellbeing (Ellins et al, 2023). Together, the members of the MHST, along with support from a range of

external collaborators (e.g. Children's Services, Child and Adolescent Mental Health Services [CAMHS], the voluntary sector, community services) would work in partnership with the school community to deliver the aims of the Green Paper. It was acknowledged in early guidance (BPS, 2019) that flexibility in the core composition would be likely, so that MHSTs could be best tailored to meet local need.

1.6 Local Context

In the Midshire[1] region, EPs have been working directly within MHSTs across some (but not all) of the waves of the programme, as dictated by the regional clinical commissioning group (CCG). EPs involved in the earlier waves held either NHS Band 7 (team leader) roles or Band 8 (strategic lead) equivalent positions within the MHSTs. Over time, in one of the Midshire region's local authorities, EPs were also able to apply for an NHS Band 6 equivalent role (which included 'on the ground' work such as delivering workshops and training, as well as offering EMHP supervision around working in and with education settings). At the time of this research, I observed there to be a variation in the level of involvement between EPs across MHSTs located within the Midshire region, for example some were taking a strategic lead role and were the sole EP working within the MHST, whilst other teams had a number of EPs involved in more direct 'on the ground' work. This research utilises the AT framework to explore how EPs might typically engage in joined-up working within an IPT, such as an MHST, to deliver school-based mental health (MH) provision.

[1] For the purpose of this research the pseudonym 'Midshire' will be given to the region.

1.7 Study Rationale

Recent figures suggest that CYP's MH remains a national concern (NHS Digital 2021). As a result, government priorities have focused on embedding school-based provision that is both preventative (e.g., whole school approaches to maintaining good MH) and responsive to individual need (DHSC & DfE, 2017). EP involvement within government-driven MH initiatives tends to be variable, with there often being no clearly defined role for the EP within these proposals (Birch & Gulliford, 2023). EPs' contribution to supporting the MH needs of CYP is rarely acknowledged in detail within government guidance, for example, EPs are cited only three times in the 'Mental Health and Behaviour in Schools' (2018) guidance. EPs receive extensive training in understanding child development and research informed approaches relating to the maintenance of good MH and well-being, as well as training in evidence-based therapeutic interventions (Birch & Gulliford, 2023). Whilst EPs are well placed to offer specialist MH support both at the individual and wider systems level in education settings, government policy has not tended to reflect this (Zafeiriou & Gulliford, 2020). A reason for this may in part be due to the role of the EP being misunderstood by other professionals (Fallon et al, 2010). It is argued that EPs are often associated more with assessment than intervention work, with this misconception only being fuelled further by the ongoing lack of clarity regarding the evolving role of an EP (Fallon et al, 2010; Birch & Gulliford, 2023). Another factor could be the evident difficulties in establishing interprofessional working practices between children's services across the health and education sectors, particularly in light of socio-political factors impacting the nature of an EP's work and their capacity to engage with work outside of their traded responsibilities with education settings

(Cheminais, 2009; Lyonette et al, 2019). Whilst there has been research exploring the role of EPs in multi-agency teams (e.g., Skene, 2023; Warwick, 2023; Price, 2017; Erasmus, 2013), there is currently a dearth of contemporary research exploring the perspective of EPs regarding their engagement in an interprofessional team (IPT) in the context of school-based MH provision.

Therefore, this research study will aim to answer the following questions:

1. What are EPs' perceptions of their role when working within an interprofessional team delivering school-based mental health provision?
2.What do EPs perceive their distinct contribution to be when supporting the delivery of school-based MH provision in an inter-professional team?
3. How can contradictions identified through the application of second-generation AT enhance the practice of educational psychologists in relation to:
    a Interprofessional team working
    b School-based MH provision

1.8 Expected Outcomes

It is expected that the outcomes of this study will offer insight into the nature of the EP role when working alongside health professionals, in the context of an IPT delivering school-based MH provision, and the possible barriers and facilitators influencing EPs' engagement in government-driven MH initiatives for CYP, from the perspective of EPs. This knowledge will look to offer clarity regarding the role and possible contribution of EPs when working in IPTs, specifically in relation to supporting the MH needs of CYP in education settings.

1.9 Introduction to Literature Review

The literature informing chapters 2 and 3 of this research study has been presented in the form of a narrative review. This approach allows the researcher to summarise a broad range of research evidence, whilst offering a clear level of rigour and reliability, through transparent search processes and a balanced approach to the interpretation of findings (Sukhera, 2022). As such, four academic databases (PsychInfo; Web of Science; Education Resources Information Center and ProQuest) were searched, using key terms relating to the research questions (RQs) being explored in this study. Inclusion and exclusion criteria were also defined and applied to ensure relevant studies were selected for the literature review (Table 2). Ancestral searches were subsequently conducted to source any supplementary research studies from the reference lists of selected papers.

Table 2 – Key Search Terms and Inclusion/Exclusion Criteria

<table>
<tr><th>Search Engines</th><th>Key Search Terms</th></tr>
<tr><td>PsychInfo</td><td rowspan="4">Search 1:
Educational psychologists
And
Multi-disciplinary team or multi-agency team or interprofessional team or inter-agency team or interprofessional collaboration
Search 2:
Educational psychologists</td></tr>
<tr><td>Web of Science</td></tr>
<tr><td>Education Resources Information Center (ERIC)</td></tr>
<tr><td>ProQuest</td></tr>
</table>

	And Mental health or emotional wellbeing or social emotional mental health (SEMH)

Inclusion criteria	**Exclusion criteria**
Search 1 - Papers looking at EPs working in IPTs.	Papers focused on EPs' independent work.
Search 2 - Papers looking at the role of EPs in CYP MH.	Papers not focused on CYP MH.
Search 1 and 2 - No limit on years searched.	Specified time period only.
Search 1 and 2 - English language papers only.	Papers written in languages other than English.
Search 1 and 2 - Inclusion of grey literature.	Peer-reviewed papers only.

The inclusion of grey literature (e.g. dissertations and government papers) was considered an important contribution to this narrative review. Grey literature allows for an in-depth appraisal of contemporaneous research, such as educational psychology doctoral theses, and as such, offers a timely and comprehensive overview of the available knowledge-base (Paez, 2017). A number of recent doctoral theses were identified for their focus on understanding the role and professional identities of EPs when working in inter-professional teams (including MHSTs), when supporting the MH of CYP (e.g. Skene, 2023; Milletti, 2022; Warwick, 2021). There

were also a number of theses exploring how EPs might work in collaboration with other professionals to support SEMH needs (Wariebi, 2024; Crosby, 2022), as well as research looking more generally at what EPs were able to contribute to the area of CYP MH (Purewal, 2020; Price, 2017). The increase in doctoral theses researching how EPs work in a multi-professional capacity, in the context of MH, is likely a reflection of the current policy context (which is further explored in Chapters 2 and 3) and demonstrates the breadth of relevant research available within the grey literature.

CHAPTER 2: INTERPROFESSIONAL WORKING

2.1 Introduction to Chapter

In this chapter, consideration is given to IPT working and the rationale for joint collaboration between services that are providing MH support to CYP. The account commences by discussing the origins of IPTs, and the psychology underpinning team processes, followed by an exploration of the potential benefits and tensions of interprofessional working. Finally, consideration is given to what IPT working may mean for the educational psychology profession, as well as the factors impacting how EPs are able to apply their psychological skillset within this context.

2.2 Interprofessional Working in Practice

Over the years, healthcare research has repeatedly explored the role of high-quality multi-professional working and its ability to not only improve patient safety and health outcomes but also facilitate reduced work-place related stress for healthcare staff (West & Lyubovnikova, 2013; Wei et al, 2022). Whilst the notion of IPTs originated within the field of healthcare, a growing body of studies have broadened the research gaze and highlighted the need for a wider range of non-health related professionals to be included in the conversation regarding collaborative team working, particularly across Children's Services (Cuff, 2014; Birch et al, 2023). The criticality of joined-up working was particularly felt following systemic failures across the children's sector in England, which contributed to the tragic death of Victoria Climbié, resulting in the introduction of the Every Child Matters initiative (DfES,2003) - a government

proposed strategy for improved multi-disciplinary working between education, health and social care professionals. Collaborative working is commonly believed to facilitate best practice across the fields of health and education, through the sharing of professional knowledge and subsequently applying this to address some of the most complex problems facing individuals (Hong & Shaffer, 2015; Peabody & Demanchick, 2016). However, for this to take place, Todd (2014) suggests the need to move away from the notion of 'virtuous partnerships' and instead acknowledge the complexities of team working and the politics of service delivery, so that meaningful team goals and authentic inter-agency working can be achieved.

It has been suggested that for a multi-disciplinary team to be considered effective – and for the notion of 'team' to be authentic - there must be shared objectives amongst all professionals within the team, effective communication and coordination of working practices, as well as regular meetings to reflect on the quality of practice being delivered (with this including the wellbeing of team members) (West & Coia, 2019). From a psychological perspective, these factors contribute to what is known as 'group cohesion' and focus on the importance of strong relationships between team members (social cohesion), as well as the team's commitment to a shared goal (task cohesion) to ensure successful team working (Festinger et al. 1950). However, establishing effective joined-up working partnerships between professionals is made complex by the dynamics involved in negotiating the roles of individuals within the team (Cheminais, 2009). Tensions relating to competing ideologies and opposing professional boundaries often present barriers for IPTs which, if left unaddressed,

can lead to ineffective working partnerships which ultimately compromise the quality of the provision being offered (Fukkink & Lalihatu, 2020). Therefore, even when IPTs have been established, it does not necessarily mean that successful collaboration and integration of services has been achieved (Greenhouse, 2013). This point is supported by West and Lyubovnikova (2013), who emphasise the necessity of distinguishing between 'pseudo teams' and 'real teams' to ensure that an integrated approach is in fact being delivered. Billington (2006) also noted the complexities of inter-agency working practices and proposed five central questions for all professionals supporting CYP to consider, so that a common language could be shared across IPTs, and so that CYP remained central to all collective decision-making being made by teams:

> "How do we speak of children? How do we speak with children? How do we write of children? How do we listen to children? Additionally, how do we listen to ourselves (when working with children)?" (Billington, 2006, p.8)

It was suggested that these questions might better support IPTs with establishing an effective team culture, to aid the integration of professional knowledge within IPTs and facilitate cohesive working relationships, all in support of achieving the desired objectives for CYP. Whilst challenges with establishing successful IPTs are not uncommon, tensions and conflicts in the early stages of team development are not necessarily detrimental to the long-term success of the IPT, providing these tensions are carefully navigated. Tuckman (1965) believed there to be four stages that all groups would typically progress through on their journey to becoming a cohesive working group. These stages include: 'Forming' (when team members are first introduced and there is role uncertainty); 'Storming' (where there may be conflicts

regarding the goals of the team and how work is conducted); 'Norming' (when team cohesion begins to develop and collaboration between team members increases); and 'Performing' (when the team is optimally functioning and working towards shared goals). Tuckman and Jensen (1977) added a further stage to this theory of group development, namely, 'Adjourning' (the stage at which the team's work together comes to a close). This concept of team formation highlighted the importance of recognising the 'human' aspects of working together, and the ways in which interpersonal relationships might impact the successful establishment of an IPT. However, it could be argued that this model offers an overly simplistic approach to understanding the complexities of human activity and ignores the contextual factors influencing the dynamics of team collaboration, such as systemically derived pressures or hierarchical team structures (Bonebright, 2010). However, Tuckman offers a useful framework for considering how a team will likely evolve over time, normalising team conflict in the early stages of team formation and allowing those establishing new IPTs to think ahead about possible tensions that may arise, so that they can be more effectively navigated.

Interprofessional working has been central to a number of government policies and legislative initiatives relating to CYP's MH. For example, in 2015, the Future in Mind report (NHS England & DoH, 2015) emphasised the need for improved joined up working and shared communication between professionals working with CYP experiencing SEMH difficulties, and the continued development of an integrated model of service delivery across the children's workforce. Prior to this, between

2008-2011, the Labour government developed the Targeted Mental Health in Schools (TAMHS) project which also aimed for the strategic integration of Children's Services providing MH support for CYP in education settings (DCSF, 2008). However, despite joined-up working remaining a national focus, the effectiveness of collaborative working between professions has been challenged by some. Everitt (2010) questioned the benefits of enforced partnership teams, such as those stipulated by the government, suggesting the success of compulsory teams may be impeded due to a lack of relational compatibility between professionals. Leadbetter (2008) also highlighted the risk of supposing that structural changes in services equated to changes in team culture. In contribution to a government-commissioned review of both educational and clinical psychology training in England, the views of non-psychology staff (who were predominantly staff working in schools) were compiled from the available literature between 2008-2015. It was found that the majority of respondents felt that whilst joined-up working between psychology services (i.e., clinical and educational psychology) was desirable, there were often a number of barriers which prevented the effective integration of services. These included the lack of a shared language, different philosophies regarding the MH of CYP and differences between the working practices of clinical and educational psychologists (NCfTL & HEE, 2016). In addition, literature over the same period collating the views of parents/carers and young people, further highlighted how families hoped for better continuity of care and more collaborative working practices between the psychological services supporting the MH needs of young people. Whilst IPTs typically espouse person-centred provision and practice, it has been found that in some cases there is a failure to authentically include CYP and their

families in key decisions impacting the way in which the team operates (Todd, 2014). Furthermore, the assumption that interprofessional working is a panacea for all difficulties relating to the effective delivery of MH provision for CYP in England, is debatable, and instead, the considerable challenges associated with inter-agency teams have dominated the research base, in the hopes of establishing solutions to this matter (Todd, 2014).

2.3 Collaborative Working in Educational Psychology

Multi-disciplinary working between EPs and other professionals has ~~also~~ garnered further attention within educational research ~~particularly~~ following the introduction of the 'Every Child Matters Green Paper' (DfES, 2003) and the subsequent introduction of the Children Act 2004, which emphasised the need for more cohesive working practices across Children's Services (Gaskell & Leadbetter, 2009). In 2006 the EP training route changed to a doctoral qualification, to ensure that EPs had the relevant parity to work alongside clinical psychologists within multi-disciplinary contexts (NHS England, 2016). Such is the importance of collaborative working, it is a requirement of all practitioner psychologists, such as EPs, who are registered with the Health Care Professions Council (HCPC), to adhere to a generic set of professional standards, with standard 8.4 stating that all practitioner psychologists must 'contribute effectively to work undertaken as part of a multi-disciplinary team' (*HCPC, 2023).* However, the changing socio-political landscape over the past decade and the move to traded models of EP service delivery across many LAs, as well as increased statutory demands following the special educational needs and disabilities

(SEND) reforms in 2014 (DfE, 2014), has added yet another layer to the complexities of multi-disciplinary working (Lyonette et al, 2019).

In some of the earlier contexts, EPSs were thought to have constrained opportunities for EPs to work in a multi-disciplinary fashion, due to EP time being directed by the purchasing schools, with requested work often being at the individual level (Islam, 2013). Current models of EP practice were more recently considered by the British Psychological Society (BPS), following a survey of the EP workforce (BPS, 2024). Findings of the survey suggested EPs felt there were still constraints to how they carried out their work due to the demands of the role, particularly in a Local Authority (LA) context, for example, having reduced time to engage in preventative work and partnership working practices. However, for those EPs who had been able to engage in work at the multi-disciplinary level, it was thought to have broadened the scope of an EP's work and offered greater opportunities for more creative application of the EP skillset. It is considered important for EPs to maintain their sense of professional identity when working within a multi-disciplinary context to facilitate what is believed by some to be their unique contribution, however the growth of traded services has arguably made it harder for EPs to distinguish their role from that of other professionals now offering similar services (Hartnell, 2010; Lee & Woods, 2017). Despite this contention, research has suggested that multi-disciplinary working does not dilute the distinct contribution EPs are able to offer, which is stated to be 'the application of psychology for children' (AEP, DECP & NAPEP, 2009, p.4). This includes EPs' ability to work systemically with education settings and support the

implementation of WSAs that are grounded in psychological theory and evidence-based research, in support of organisational change (e.g. Seaton, 2021; Ruttledge, 2022). Conversely, it has been argued that the need to demonstrate professional identity within a multi-agency team, in the hope of establishing one's own unique contribution, may in fact hinder collaborative working practices from actually taking place (Hughes et al, 2006). In either case, this lack of clarity surrounding the specific contribution that EPs offer to an IPT has the potential to limit an EP's meaningful engagement with work of this nature, particularly if the appropriate time to negotiate roles and responsibilities is not given, and where out-dated or even inaccurate constructions of the EP role are held by other members of the team. Therefore, EPs hoping to establish inter-professional working partnerships would need to carefully consider how best this could be achieved.

Further contentions exist regarding EPs' engagement in multi-professional working opportunities, and the impact of the individual contexts within which EPs reside. For example, a research survey (DfE, 2023) exploring the views of EPs regarding the nature of their work suggested the role was often felt to be restricted by the demands of LA working, with statutory duties taking precedence and limiting the range of activities available to EPs, e.g., opportunities for early intervention work. Nevertheless, the need for a joined-up commitment between all professionals supporting the MH needs of CYP is agreed at both a national and professional level, highlighting the need for clarity regarding how best the skills of an EP can be utilised within the IPT, to facilitate best practice for all CYP. It is therefore no surprise that a

number of doctoral these have explored the EP role in these contexts (e.g. Skene, 2023; Milletti, 2022; Warwick, 2021).

2.4 Chapter Summary

IPT working has been judged necessary across children's services to ensure timely and appropriate support for the MH needs of CYP. Considering the dynamics of the IPT and the involvement of EPs alongside other professionals is necessary, to gain a broader understanding of how best practice can be achieved, in this climate of multi-agency MH initiatives.

CHAPTER 3: SUPPORTING CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

3.1 Introduction to Chapter

To contextualise the role of the EP in supporting CYP's MH through joined up working practices, this chapter begins by setting out the current context for CYP's MH in England, taking account of how government priorities have shaped MH provision over the past two decades. Consideration is then given to more specific guidance regarding whole school and college approaches to supporting CYP MH, as well as how conceptualisations of MH inform provision that is offered in education settings. The role of the EP in supporting MH initiatives is then explored, particularly in relation to the recently established MHSTs.

3.2 National Context

Improving CYP's MH has been described as a challenge for public health policy and practice, in need of government intervention (Watson & Lloyd, 2021). Whilst it has been acknowledged that progress has been made with CYP's MH services, it is still felt that more needs to be done to ensure appropriate and timely intervention is made available to those experiencing psychological distress (Lennon, 2021). Prevalence rates for CYP with MH difficulties have marginally increased every year since 1999 (NHS Digital 2021), whilst access to specialist psychological services has become notably strained (Glazzard, 2019). Figures taken from an NHS survey conducted in 2017 indicated that one in nine CYP aged between six to sixteen years old likely had a diagnosable mental health condition (NHS Digital, 2017). Following on from the COVID-19 pandemic, this figure was reported to have increased to one in six (NHS Digital, 2021).

Whilst there have been several societal factors that have led to a shift in how planned MH policy and practice have been implemented in England, for example, changes to the political leadership and financial recession, the most recent challenge to CYP's MH has been the global pandemic. The three national lockdowns, commencing March 2020, in response to COVID-19, resulted in the partial closure of education settings (Klimek-Tulwin & Tulwin, 2020). Research data indicates that factors such as increased family stress and social isolation during this time contributed to the rise in MH difficulties experienced by CYP, with those from disadvantaged backgrounds being most vulnerable to adverse social and emotional effects of the pandemic (Creswell et al, 2021; Watson & Lloyd, 2021). Furthermore, the impact of COVID-19 compounded capacity difficulties in an already strained NHS, leading to even greater challenges in access to MH services for CYP in England (Lennon, 2021). To support CYP's transition back to on-site learning following enforced lockdowns and the partial closure of schools, the government issued the 'Wellbeing for Education Return' programme (DfE, 2020). The aim of this initiative was to provide schools and colleges with the necessary resources and training to support the MH and emotional well-being of both staff and students, in the hope of mitigating some of the negative effects of COVID-19 (DfE, 2020). To further address the increased demand for CYP's MH support, the government also committed additional funding to MH services and accelerated the rollout of the MHSTs as part of the MH recovery action plan (DHSC, 2021). However, despite these efforts, the support available following the pandemic was described as insufficient by the Children's Commissioner for England, and concerns were raised regarding the long-term impact of inadequate MH provision on future life outcomes for CYP (Mahase, 2021; Ford et al, 2021).

However, further longitudinal studies will be needed to confirm the extent to which the pandemic has impacted long-term health outcomes for CYP and the government response to addressing increased demand for MH provision.

Increased demand for youth MH services following the COVID-19 pandemic, has not been limited to CYP in England. Many countries across the world acknowledged the need to expand MH initiatives for CYP, as a result of pandemic-related difficulties. For example, Ireland, the USA and Australia all directed funding towards reformation of both universal and targeted psychological support services for CYP, following COVID-19, to address difficulties such as, increased anxiety and emotional distress in CYP, reduced social skills in pre-school children and to tackle school disengagement – factors not dissimilar from those experienced by CYP in England (Baxter & Evans-Whipp, 2022; Nearchou et al, 2023; Delaney et al, 2024; Ashwell et al, 2023). However, a notable difference between England's response to youth MH compared with other countries, has been the embedding of MH provision within schools, and the integration of health and education services to deliver MH initiatives for CYP.

3.3 Mental Health Provision in Education Settings

Focus on early intervention and the promotion of good MH and well-being has highlighted the role schools and colleges have to play in supporting the SEMH needs in settings (Glazzard, 2019). There is longstanding evidence suggesting a link between pupils' emotional wellbeing and the ethos and culture of education settings (e.g. Birch & Gulliford, 2023), therefore, the active inclusion of schools and colleges in the delivery of MH interventions, alongside health professionals, is now considered

an appropriate way of embedding and improving access to MH support for all CYP (Wolpert, 2013; DfE & DoH 2018). To facilitate this new way of working, Public Health England (PHE) produced guidance to aid the development of a whole-school or college (WSCA) approach to supporting the MH and emotional wellbeing of all members of the school/ college community (PHE & DfE, 2021). The WSCA framework comprised eight guiding principles for educators to consider, focusing on key areas of influence within settings, including: leadership and management (seen as central to the effective implementation of a WSCA); curriculum, teaching and learning; student voice; staff development; identifying need and monitoring impact; working with parents and/or carers; targeted support; and ethos and environment (Figure 1).

Figure 1 – Eight principles to promoting a whole school or college approach to mental health and wellbeing (sourced and adapted from PHE, 2021, p9).

The key aim of developing WSCAs to MH and wellbeing in this way was to ensure that a multi-agency responsibility was taken between health, education and other specialist services, in the pursuit of MH provision for CYP (Morris & Atkinson, 2018).

However, concerns have been raised regarding the added pressure WSCAs may place on already over-burdened education staff and the impact of budget constraints on the effective implementation of initiatives that are embedded within school and college settings (Jones & Precey, 2024; Griffin et al, 2022) This suggests that for WSCAs to be successful, there needs to be a robust system-wide strategy (e.g. one that prioritises the adequate funding and resourcing of both health and education services at a policy level), so that WSCAs can be consistently implemented across all areas of the country.

Over the years, joint MH initiatives between health and education professionals, have been broad and varied, e.g., TAMHS (DfE, 2011); Future in Mind (DHSC &NHS England, 2015); and the Schools Link programme (DfE, 2019). Evaluation of these initiatives has contributed to learning around what effective MH provision in schools looks like. For example, it has been suggested that for school-based MH initiatives to be successful, consideration should be given to the following areas: the local context of the educational setting; the impact of the whole school/college culture; the flexible implementation of MH frameworks (particularly in secondary schools); the range of ways in which emotional difficulties are displayed, beyond just externalising behaviours; promoting a shared understanding between education and health professionals regarding how MH is conceptualised, assessed and discussed; and education practitioners' knowledge and skills in recognising the early signs of MH difficulties and the associated risk factors (PHE, 2021; Domitrovich et al. 2010; Wolpert et al, 2013). However, despite this learning, concerns continue to be raised regarding how MH is being conceptualised at a national level, and the subsequent

implementation of what has been described as a ‘clinical approach’ in schools, specifically in relation to the recently established MHSTs (Glazzard & Stones, 2021). It has been argued that current MH policy lacks a strong evidence-base and is instead shaped around a medical model that encourages schools to take a ‘within child’ response to SEMH needs, focusing on how the child can be supported to change, as opposed to a holistic view that considers how a range of factors, including those external to the individual, may be influencing MH . Rather than categorising a person’s MH in dualistic terms (i.e. mentally healthy or mentally unwell), an alternative perspective is to view MH on a continuum, where it is considered that varying degrees of MH exist, and that all individuals can move along the continuum and experience changeable states of mental wellbeing, over their life course, in response to a range of interconnected influences, e.g. environmental and social factors (Iasiello & Van Agteren, 2020; Bronfenbrenner, 2000). This holistic understanding of MH tends to be adopted by education practitioners, but not necessarily medical professionals, which presents a point of contention when trying to establish MH IPTs. Whilst government policy over recent years has sought to promote a broader understanding of the MH needs of CYP, there appears to be an ongoing disconnect between knowledge and practice, as clinical interventions for addressing MH needs continue to take precedence.

3.4 Mental Health and the Role of Educational Psychologists

EPs are often described as scientist-practitioners who can apply psychological knowledge and understanding to address a wide range of complex problems, via the established core functions of assessment, consultation, intervention, research, and

training (Sedgwick, 2019; Fallon, 2010). As applied psychologists, EPs receive extensive training in child development and SEMH needs, specifically in relation to CYP spanning the 0-25 age range. In addition, EPs are trained in a number of therapeutic interventions, with examples including, cognitive behavioural therapy (CBT), personal construct psychology, motivational interviewing, solution-focused brief therapy and acceptance and commitment therapy (Atkinson et al, 2012; Gillard et al, 2018). Due to changing responsibilities for EPs working within LAs over the past several decades (e.g., the requirement to complete statutory work for the LA), opportunities for EPs to engage in therapeutic work are thought to have become less prevalent in recent times (Atfield et al, 2023; Atkinson et al, 2014). However, the introduction of school-based MH provision, along with the growing demand for timely MH intervention has created further opportunities for EPs to apply therapeutic skills in practice, particularly when related to the context of education, or when SEMH needs are seen to be impacting educational outcomes (Greig et al, 2019).

In terms of systemic working, it has been argued that EPs have always had a role in supporting school-based MH provision, however, conceptualisations of this work have varied outside the profession (Birch & Gulliford, 2023). Despite varying levels of recognition across public policy, EPs are considered well-positioned to play a pivotal role in shaping systems-level approaches that have the power to holistically enhance provision and practice in settings, for the benefit of the whole-school community (Zaferiou & Gulliford, 2020). However, one factor that may be impeding the wider recognition of EPs' contribution to systemic working, could be related to the challenge of measuring impact at this level. Evaluating EPs' contribution has been

described as problematic, due to the varied ways in which EPs conduct their work. However, it is thought that clearer systems, focused on capturing the 'softer data' (i.e. long-term impact rather than standardised output) may help remedy this issue, e.g. through appreciative inquiry and reflective practice (AEP, DECP & NAPEP, 2009; Gaskell and Leadbetter, 2009). Nevertheless, for this approach to be effective, those commissioning work of this nature would also need to subscribe to measuring impact in this way and be prepared to shift the markers for progress away from short-term, quantifiable outcome measures only. A further factor impeding EPs ability to engage more broadly in systemic working is likely related to the current political climate, which continues to be in a state of flux regarding funding for children's services, all whilst LA demand for education health and care needs assessments continues to surge in a post-Covid era. This has led to statutory assessments often dominating an EP's work and thus, marginalising opportunities for engaging in systemic working practices and reinforcing the inaccurate view of EPs as primarily gatekeepers to statutory support (Lee & Woods, 2017). This is also an important consideration for the longevity of the EP profession, as increasing workloads (often a result of statutory-demand) across LA EPSs is thought to be a factor in both recruitment and retention difficulties of EPs in England, with current research suggesting that many EPs were contemplating moving to private practice due to the reduced statutory demand and greater variety of working activities (DECP, 2024).

The ability to clearly define the work of an EP, particularly in relation to CYP's MH, remains somewhat elusive, due to the continuing evolution of the role in an ever-

changing socio-political context (Winward, 2015; Arnold & Leadbetter, 2013). Misconceptions of the EP role have remained a perennial challenge, which has directly influenced practice with CYP, families and education settings across LAs in England, and likely prevented the meaningful inclusion of EPs in national conversations regarding CYP's MH (Lee & Woods, 2017; Atkinson et al, 2014; Woods, 2012; Fallon et al, 2010). One potential factor that may have hindered the profession from consolidating an effective message to the government regarding the role of EPs, despite attempts to redress this through research, may be related to external pressures on schools, such as those driven by resourcing constraints, shaping the ways in which education practitioners engage with EPSs, e.g. routinely requesting involvement that forces a more reactive and deficit-based response, often related to assessment of individual need, rather than systemic/ preventative work, thus reinforcing a narrow perception of how EPs can work with settings. One suggestion for redressing role misrepresentations is for workforce modelling to take place, so that the contributions of EPs can be clarified, beyond just the statutory duties associated with the role (Haycock and Woods, 2024). Additionally, the way in which MH has been conceptualised over time, often through a medical lens which has focused on symptom reduction as opposed to considering environmental factors influencing MH, has positioned professionals from the health sector, such as clinical psychologists, as the primary group best placed to support with these matters.

Despite these challenges, academic research, often conducted by trainee EPs working in the field, continues to try and offer clarification and improve the visibility of the EP role, as well as consider what EPs can do to support inter-professional work

and understanding, particularly in the context of MH (e.g. Wariebi, 2024; Skene, 2023; Warwick, 2023; Milletti, 2022). Milletti (2022) for example, used multi-perspectival IPA to explore EPs' professional identities when working with colleagues from CAMHS, and found that understanding one's own identity as an EP and having professional clarity, was central to developing effective joined up working practices between EPs and health practitioners. However, the study also recognised the challenges EPs faced with establishing professional clarity when working in a cross-sectoral manner. This highlights the need for ongoing research into this area, so that EPs can maximise their impact when engaging in IPT working and continue to align their practice with government MH policy.

3.5 Educational Psychologists' Involvement in Mental Health Support Teams

3.5.1 Composition of Mental Health Support Teams

As noted in Chapter 1, 'Transforming Children and Young People's Mental Health: a Green Paper' (DHSC & DfE, 2017) laid out plans for the DoH and the DfE to jointly tackle issues relating to the disparity in access to MH services between CYP; enhance opportunities for early identification and early intervention of MH needs through joint working between schools and the NHS; the active promotion of good MH and well-being at a whole-school level; and reduce the length of waiting times for CYP requiring access to more specialist MH services (BRACE & PIRU, 2019). This resulted in the establishment of Mental Health Support Teams (MHSTs) in 2018 across trailblazer sites, to address the aims set out in the Green Paper. MHSTs have three core functions: the delivery of evidence-based MH interventions for those CYP

with mild to moderate difficulties; supporting education settings to develop their WSCA to MH and wellbeing; and offering timely advice and signposting to other specialist services where necessary (DHSC & DfE, 2017). The role of Education Mental Health Practitioner (EMHP) was specifically developed for the MHST, with EMHPs being trained in the delivery of cognitive-behavioural therapy (CBT) to address the first core function of the MHST (BPS, 2019). It is important to note here that an early evaluation of the MHST programme, found that many professionals involved in the work of the MHST trailblazer felt CBT was not always a suitable approach for specific groups of CYP, e.g., those considered vulnerable and disadvantaged, those with special educational needs (SEN), younger children or those engaging in self-harming behaviours (Ellins et al, 2021). Foulkes et al (2024) went so far as to suggest that strategies taught to children to manage their own MH, such as CBT, may even be harmful if those approaches were not meeting individual need, with preventative and tailored support (when necessary) instead being championed. However, whilst delivery of CBT has remained a primary approach across most MHSTs, it was noted in the early evaluation of trailblazer sites, that flexibility in team composition across MHSTs has directly influenced the orientation of approach, for example, whether clinical or educational models of practice have taken precedence (Ellins et al, 2021). Furthermore, where flexibility has been observed, EPs have been found to be part of the core team structure, suggesting there may be opportunities for a broader range of approaches to be incorporated into the provision being delivered in schools and colleges.

3.5.2 The Role of Educational Psychologists within Mental Health Support Teams

Initial guidance documents regarding the composition of MHSTs, positioned EPs as collaborative external partners, as opposed to professionals who would be working directly within teams (BPS, 2019). However, as mentioned, adaptability in approach and the requirement of MHSTs to tailor their response to local need has meant that a number of teams now directly include EPs within this work (Ellins, 2023). Whilst there is currently limited research focused on the specific role of the EP within these teams, it is believed that EPs are increasingly supporting MHSTs in managerial and/ or supervisory capacities (Birch and Gulliford, 2023). This point is further supported by doctoral research exploring the developing role of EPs within MHSTs. Skene (2023) explored EPs contributions to the work of the MHST, with findings suggesting EPs were able to work at all levels of the system (individual, group, systemic), with their systemic roles being of particular note. Examples of EPs' work within MHSTs covered a number of areas, including: their support of the professional development of MHST colleagues; facilitation of WSCAs; actively bridging the gap between health and education systems; providing supervision to EMHPs; being consultative partners for MHST practitioners; and contributing psychological formulation to support the work of the MHST (Skene, 2023).

An article for the BPS further noted EPs' practice within MHSTs to include the promotion of staff wellbeing through systemic change and the development of interventions at an organisational, group and individual level (Hunt & Pickering, 2025). However, the article acknowledged that for valuable systemic interventions such as these to be successful, adequate staffing and time commitment was essential. It has been noted anecdotally that the level at which EPs are included in

MHSTs varies both across and within localities (e.g. when there are multiple waves of MHSTs in one borough) dependent on the decisions of LA CCGs – and, if included in local teams, EP positions range from strategic lead roles overseeing the running of teams, to non-managerial positions supporting only the WSCA, or at times, a combination of the two. Without clarity of role, it becomes harder to define exactly what outcomes are being worked on or how EPs are able to meet key performance indicators, which may hinder future commissioning of EPs into MHSTs.

A University College London 'Leading Edge Day' conference that took place in April 2025 presented case examples of how EPs had been conducting their practice when working within MHSTs, from across differing regions (Fonagy et al, 2025). Common activities included: consultation with professionals in the MHST to better understand and meet CYP's needs; development and implementation of WSCAs and co-production with CYP; training for schools; solution-focused supervisions; screening of cases at the IPT level; focused joint problem solving for complex cases; bridging systems and shaping a shared language; partnership working with other LA children's services; offering a critical lens and meta-perspective to formulation; and application of trauma-informed, evidence-based approaches to support at all levels of the system. In one case, it was also found helpful to blend an eco-systemic approach in with CBT models of practice. Noted challenges related to establishing IPTs that could successfully support the complex interaction of need in a multi-professional manner and difficulties with measuring impact of EPs' activity, particularly when what is most often measured tends to be what is incentivised, i.e. the number of referrals made to each MHST. The key take-aways from this

conference regarding EPs' involvement in MHSTs was how important this joint work was, the value EPs were able to offer teams through their distinct application of psychology to improve child development and wellbeing, particularly at the systemic level, and the need for EPs to present clear evidence to the UK Government regarding their contribution to initiatives such as these.

Whilst EPs have long advocated for WSCAs to supporting the SEMH needs of CYP (Birch & Gulliford, 2023), the nature of EPs' involvement within MHSTs appears to depend on a range of contextual factors, leading to variation in the level of EP inclusion (Ellins et al, 2021). Variability in MHST service delivery, in particular, with or without EPs, may perpetuate uncertainty among CCGs regarding how EPs could be supporting MH provision, and consequently present a barrier to EPs involvement in future MH initiatives. However, there is growing evidence to suggest that for MHSTs to maximise impact, clear knowledge of school systems, as well as factors such as SEND and child development is a necessary requirement for MHST practitioners – areas that make up part of the core professional training that EPs undertake (Skene, 2023; Ellins et al, 2023).

3.5.3 Supervision

As previously noted, one of the roles that EPs have been observed to carry out when working in MHSTs has been the supervision and management of EMHPs (Birch & Gulliford, 2023). In a briefing paper regarding how to maximise the impact of MHSTs, the BPS (2019, p.11) recommended that psychologists "specialising in working with children and young people" would be highly suitable for this role. In addition, the BPS recommended that supervisors should have worked therapeutically

with CYP in a MH setting for at least two to four years and that supervision should be clinical. EPs typically engage in professional supervision, distinct from clinical supervision in that the predominant focus is placed on professional learning and development, as opposed to the appraisal of competency, in relation to clinical-based practice (HCPC, 2021). EP supervision typically incorporates clear models and frameworks that are utilised to guide the supervisory process from both a line management and professional development perspective (Dunsmuir & Leadbetter, 2010). Commonly accepted models of practice - such as, Proctor's supervision model (1986) and Hawkins and Shohet's Seven-Eyed model of supervision (2020) - focus on the managerial, educative, and supportive functions of supervision, as well as the influence of relational dynamics on practice. Proctor's model, for example, is centred on the three core functions of supervision, namely: the normative function (managerial aspects of supervision focused on ensuring professional accountability); the formative function (focused on learning and skill development through reflection of practice); and the restorative function (where the emotional aspects of practice are addressed and supervisees are provided with appropriate support to build resiliency). This highlights the possibility of emerging epistemological tensions within and across MHSTS, depending on team orientation (e.g. whether EPs or health professionals are guiding service delivery), which has the potential to hinder interprofessional collaboration and ultimately the long-term goals and outcomes of the MHST (Fukkink, 2020).

As noted, research into the contextual factors influencing MHST functioning is limited, however anecdotal accounts have suggested that at times, when MHSTs

have been clinically led, the ways in which EPs conduct their practice has been seen as contradictory to the expected approach. For example, expectations regarding what supervision with EMHPs will entail, has been said to vary between EPs and health managers, so where clinical supervision would typically focus on pupil cases in terms of practical effectiveness relating to CBT delivery, EP supervision would provide a framework for EMHPs to employ professional curiosity and consider systemic factors at play. This could be seen as controversial in relation to how the EMHP role is defined and what it is they can offer to CYP they are supporting – should EMHPs just be delivering CBT without considering wider systemic influences, or should they be encouraged to explore alternative problem-solving techniques within the safety of supervision and with the guidance of an experienced psychologist? It is questions such as these that are yet to be answered, but ones that pose important considerations for commissioners and those working in MHSTs, so that best practice can continue to be achieved.

3.6 Chapter Summary

This chapter explores some of the evolutions in the role of the EP, particularly in relation to the delivery of MH provision for CYP. Discussion around the role of the EP in supporting CYP MH in schools, in line with government-driven MH initiatives, is highlighted as a point of continued contention. It is argued that EPs are well-placed to contribute to the implementation of systems level work to promote the WSCA in support of improved MH and wellbeing for the whole school community. These contentions and opportunities underpin the development of this study's aims and questions, presented in the next chapter.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction to Chapter

The aims and questions guiding this study are presented in this chapter, based on the review of research contained in previous chapters, and identified concerns for IPT working in MHSTs. The philosophical assumptions underpinning the researcher's methodological choices are then discussed, and the research methodology detailed, with particular attention given to AT as the conceptual tool and analytical and to its practical applications for this research. Information regarding the conduct of the research, recruitment of participants and methods of data collection, is presented.

4.2 Research Aims and Questions

4.2.1 Research Aims

The aim of this research was to explore the perspectives of EPs regarding their role when working in a MH IPT and the factors supporting and constraining their work alongside professionals from the health sector, through the lens of AT. The perspective of the EP is centred to better understand the factors required for the successful integration of both health and education approaches to support the delivery of school-based MH provision for CYP. By identifying tensions and contradictions within the IPT, it is hoped that this knowledge can be used to inform future developments in EP practice. Additionally, facilitative factors will be shared to highlight effective practice. This will help contribute to a wider understanding of what EPs are able to offer within this context.

4.2.2.Research Questions

1. What are EPs' perceptions of their role when working within an interprofessional team delivering school-based mental health provision?

2.What do EPs perceive their distinct contribution to be when supporting the delivery of school-based MH provision in an inter-professional team?

4. How can contradictions identified through the application of second-generation AT enhance the practice of educational psychologists in relation to:

    a. Interprofessional team working

    b. School-based MH provision

4.3 Research Methodology

4.3.1 Activity Theory

AT, also referred to as Cultural Historical AT, is a multifaceted theoretical and methodological framework that looks to interpret and understand the complexities of human activity, through in-depth analysis of the unique contexts (known as 'activity systems') within which human activity takes place (Leadbetter, 2005). Over the years, AT has followed a number of philosophical directions which have subsequently led to the development of a broad and varied set of perspectives regarding how AT should best be understood in terms of theoretical positioning and methodological application. AT has been, and indeed continues to be, shaped by the changing cultural, historical and social contexts that have influenced human behaviour and development over the past century. Whilst AT has continued to evolve and adapt in response to the shifting socio-cultural landscape over time, some research suggests there to be five key principles that typically underpin the 'conceptual system' that is AT. Holzman (2006) believed a number of key principles

could be observed across the various representations of AT within the research literature, for example:

- The focus on human activity and the interactions between individuals, artefacts and cultural systems.
- The exploration of the historical contexts informing understanding of the human mind.
- The use of a non-dualistic approach, whereby the individual is not separated from society, and human activity is understood in terms of the interconnectedness and mutual influence between internal and external factors shaping the human experience (Holzman, 2006, p.6).

Based on these principles, the very nature of AT allows for its precise application to be determined by the individual researcher and tailored purposefully to the research activity, rather than the researcher being bound by a single theoretical or methodological approach Kaptelinin & Nardo, 2017). This variation in the application of AT can be perceived as both a strength and weakness – a weakness, due to the absence of there being one distinct perspective regarding what AT essentially is; and a strength due to its flexibility, allowing for an AT framework to be practically and purposefully tailored to fit a wide range of research activities across a breadth of disciplines and domains, (Gedera & Williams, p.vii, 2016; Holzman, 2006). The adaptability of AT and its focus on collective human activity has made it a popular choice for researchers who wish to examine organisational systems, in particular, multidisciplinary working practices (Krause, 2018). Furthermore, AT is considered to have 'historical roots' in the progress and development of education making it a seemingly natural fit for the study of systems and interprofessional working practices within the education sector.

4.3.2 Origins of Activity Theory

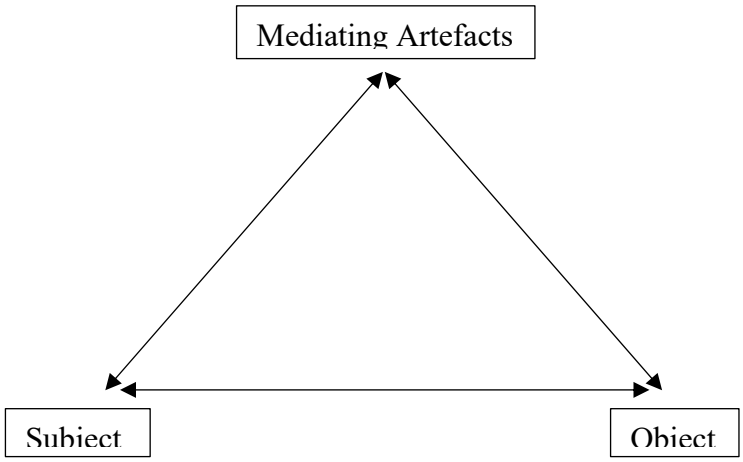
The origins of AT have been attributed to the early work of Russian psychologist, Lev Vygotsky (Daniels et al, 2013). Vygotsky began developing the foundations of this novel approach to how psychologists think about human behaviour and development in 1920s Soviet Russia and consequently rejected the widely accepted notion of epistemological dualism that existed within Russian psychology at the time (Daniels et al, 2013). Vygotsky considered how cultural artefacts (also referred to as 'tools' in AT) mediated the actions of humans, suggesting the two could not be studied in isolation of one another. This led to a theory that aimed to illuminate the interconnectedness between the external and internal aspects of human thought, and between behaviour and communication, through the study of dialectical human activity as it existed and evolved within the presiding social, cultural and historical contexts (Kozulin, 1998, p.13). Vygotsky's original ideas continued to be developed by Luria and Leonte'ev during the 1930s, whose works shifted the theory's focus towards collective human activity rather than just that of the individual - with these ideas then being further shaped and expanded by contemporary practitioners with an interest in the conceptual system of AT for modern day research and practice (Daniels, 2010; Ramanair, 2016). The work of Engeström, has been instrumental in expanding AT through the use of diagrammatic representations that depict the theory at each of its key stages of development, with this leading to a tri-generational understanding of the development of AT and its application within the research literature (Engeström, 1999).

4.3.3 First Generation Activity Theory

Engeström presented the idea of three generations of AT, with the first generation being based on the work of Vygotsky. This early depiction of AT focuses on the

theory of ‘mediated action’ which Vygotsky suggested took place between the subject (the individual or group of individuals involved in carrying out the activity), the object (the purpose of the activity) and the mediating artefacts (the tools employed by the subject, both material and conceptual, that are used to mediate the activity) (Ramanair, 2016; Cole and Engeström, 1993). Engeström used a tripartite structure to visually represent this process (Figure 2).

Figure 2: First-generation activity system (adapted from Engeström, 2001, p.134).



4.3.4 Second Generation Activity Theory

Second generation AT, expanded by Engeström to encompass Leont’ev’s work, shifted the focus from the individual to that of the collective activity (Daniels et al, 2010). However, it is still recognised that the object and artefacts utilised by the individuals who make up the wider collective will vary, with each person having specific goals regarding what it is they hope to achieve, i.e., what the outcome of their activity is (Leadbetter, 2006). To support analysis of collective activity at a wider systems level, the activity triangle was expanded to include consideration of further components, including the ‘rules’ governing the activity system (what

supports/constrains the work), the wider ‘community’ (who else is involved) and ‘division of labour’ (how is the work shared) (Figure 3). These components add an additional depth to the study of human activity. For example, by examining the rules that influence the activity system (either directly or indirectly), an opportunity to illuminate the contradictions and tensions that exist between the differing components of the system is presented (Leadbetter, 2006). Contradictions are an inevitable part of the activity system due to the continually evolving nature of human activity in response to sociocultural contexts:

“Activity systems are in constant movement and internally contradictory. Their systemic contradictions, manifested in disturbances and mundane innovations, offer possibilities for expansive developmental transformations.” (Engeström, 2000, p.960).

By examining these contradictions, any tensions within the activity system can be identified, and used to inform positive change and expand the learning of those involved within the activity system (Leadbetter, 2006).

4.3.5 Third Generation Activity Theory

The third generation of AT (Engeström, 1999) was developed to consider the interaction between differing activity systems, with the knowledge that “all activity systems are part of a network of activity systems ” (Roth & Lee, 2007, p.201), and, when considered in conjunction with one another, represent human society as a whole (Figure 4). When two interacting activity systems are analysed together, there

is potential for a new object (purpose of the activity) to emerge (Leadbetter, 2006).

(See also Tables 2 & 3.)

Figure 3: Second-generation activity system (adapted from Engeström, 1987, p. 78).

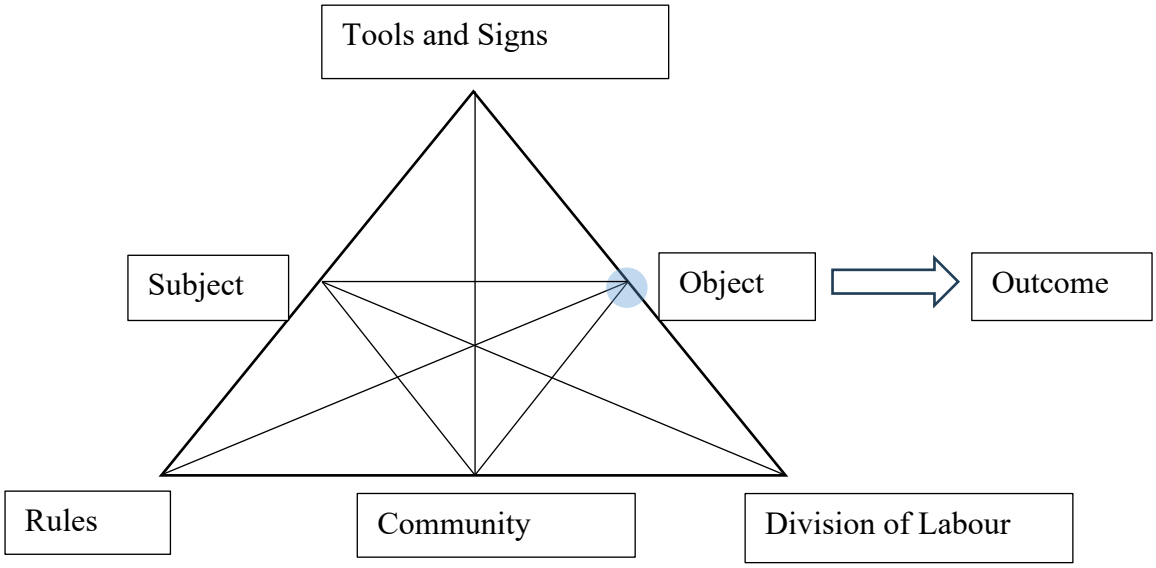


Figure 4: Third-generation activity system (adapted from Engeström, 2001, p. 136).

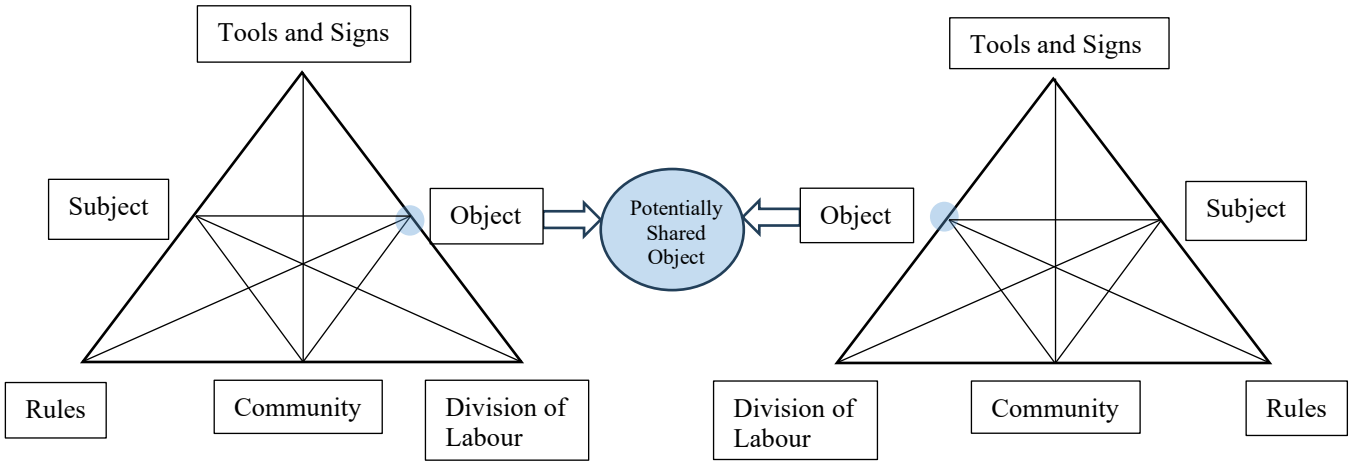


Table 3 – Description of Activity Theory nodes (taken from Engeström, 1987)

Activity theory node	**Meaning**
Subject	Who is involved in the activity/ whose perspective?
Object	The shared purpose of the activity system – what's being worked on?
Outcome	What is hoped to be achieved by the activity?
Rules	What are the rules (explicit or implicit) that are governing the activity taking place?
Community	Who else is involved in the work of the activity system?
Division of labour	Who is carrying out what work / what are the implicit divisions of power?
Mediating artefacts / Tools and signs	The conceptual or concrete tools that mediate the activity.

Table 4 - Five principles of an activity system (taken from Stuart, 2014, p.349)

	Five principles of an activity system
1.	A collective, tool/artefact-mediated and object-oriented activity system seen in its network relationships to other activity systems is taken as the prime unit of analysis.
2.	The activity system is always a community of multiple points of view, traditions and interests, with the division of labour creating different positions for the participants, each with their own histories, and the activity system itself carries multiple layers of history engraved in its artefacts, rules and conventions.

3.	Activity systems take shape and get transformed over lengthy periods of time, their problems and potentials can only be understood against their own history.
4.	Contradictions have a central role as sources of change and development. These are structural tensions within and between activity systems.
5.	Expansive transformation is possible as contradictions are aggravated, and participants begin to deviate from its established norms (often referred to as the process of knot working). An expansive transformation has occurred when the object and motive of the activity have been reconceptualised to embrace a radically wider horizon of possibilities than in the previous mode of the activity.

4.3.6 Rationale for Use

For the purpose of this research study, second generation AT framework will be used as the conceptual tool and analytical framework. It is argued that the formation of multi-disciplinary teams, particularly those spanning the health and education sectors, are influenced by the historical socio-cultural contexts within which they have emerged, however simplistic nods to 'partnership' working often dominate the research (Todd, 2014). These influences are likely to be apparent and complex when such teams are tasked with joined-up working in the context of CYP's MH – a topic that itself has faced high levels of historical contention regarding how the notion of MH should be defined, understood, and managed in practice (Birch & Gulliford, 2023). As such, AT is considered a useful tool for its ability to explore interprofessional working in a more thorough and meaningful way (Todd, 2014).

In addition, the adaptability of AT and its focus on collective human activity has made it a popular choice for researchers who wish to examine organisational systems, in

particular, multidisciplinary working practices (Krause, 2018). Furthermore, AT is considered to have 'historical roots' in the progress and development of education making it a seemingly natural fit for the study of systems and multidisciplinary working practices within the education sector (Gedera & Williams, p.vii, 2016).

More specifically, in reference to the educational psychology profession, AT has been used to illustrate how historical paradigms and the wider systems within society, greatly influence the work and perceived role of the EP (Leadbetter, 2002; Gaskell & Leadbetter, 2009). In particular, it has been considered that AT, through its ability to reveal tensions and contradictions within practice, has allowed the educational psychology profession to learn and transform its approach in response to contextual challenges: by encouraging critical consideration of service delivery models, as well as recognising educational psychology practice as a dynamic system that is influenced by societal rules (e.g. statutory expectations), mediated by tools (such as EPs' choice of assessment methods), and impacted by the views of the community regarding the capabilities of EPs and the breadth of their role (e.g. EPs as assessment-only practitioners vs consultative, collaborative partners) (O'Shea, 2019; Leadbetter, 2002).

Arguably, one of the most notable shifts AT has contributed to in the EP profession, is the recognition of the EP role being embedded in wider collective practice alongside other professionals, challenging historical views of EPs as practitioners who work only in isolation. The research of Leadbetter (2005) and colleagues (Gaskell & Leadbetter, 2009) in particular, has highlighted how AT can be utilised to identify tensions and explore the complexities facing EPs' when working in multi-

disciplinary contexts, such as MH teams, with the AT framework being said to provide a useful tool for reflection and for driving meaningful change. By reframing EP practice as part of a collective and dynamic activity system, Leadbetter has aimed to shift the narrative regarding the role of EPs, from one that focuses on historic conceptualisations of the role that are no longer favoured, to one that recognises the ways in which systemic and organisational contexts influence the evolution of the EP role, thus understanding EP practice through a socio-cultural lens which highlights the collaborative and complex nature of EP practice. Whilst it could be argued that using AT to understand the EP role may limit understanding of findings by those not familiar with this theoretical framework, due to its conceptual density, the influence of AT-based research, such as that conducted by Leadbetter in recent years, as well as other EPs (e.g. Capper & Soan, 2022), has demonstrated how this approach will most likely contribute to a more dynamic and progressive understanding of the EP role, in line with changing socio-political and educational contexts. Therefore, AT has been chosen for this study as, based on the research discussed, it is felt that it will facilitate a nuanced and multi-layered understanding of how EPs are able to contribute to the delivery of MH provision for CYP in education settings, whilst addressing the complexities of doing so whilst working within an IPT.

4.3.7 Reflections on Activity Theory

The flexible and varied nature of applied AT has been noted as a weakness of this approach (Holzman, 2010). Schein (2010) argues that the culture of the organisation may be overlooked in AT, through lack of clarity on what constitutes a psychological tool when considering the mediating artefacts within an organisational activity system, to the detriment of the AT analysis and longer-term likelihood of organisational change being affected. Research has also found that defining other

nodes within the activity triangle, in particular the 'object' of the activity, can be challenging for researchers – however this should not be seen as a limitation of AT but instead, a result of the complexities that are inherently part of all human activity (Blacker, 2009).

4.4 Ontology and Epistemology

Philosophical assumptions and theoretical concepts underpin the premise of any research undertaken. These include consideration of both the ontological and epistemological positions within which the research study is situated. Ontology is concerned with our understanding of reality and what exists, as well as the knowledge that we can gain from this; epistemology on the other hand, considers how knowledge can be created (Blackman & Moon, 2017). A researcher must understand the ontological position of their research, so to determine the nature of the object of study, which in the case of this research is human activity. In the two opposing branches of ontology – realism and idealism - a realist perspective takes the stance that reality exists, whether or not we are consciously aware of it. A realist perspective takes an objective stance and considers there to be only one reality and that, as humans, we share a conceptual knowledge about what is real and false in the world, i.e., there is only one objective truth (Blackman & Moon, 2017). Conversely, an idealist perspective is based on the view that reality is immaterial and only exists in the human mind. Epistemologically speaking, idealism supports the notion that there are multiple 'truths', as reality is believed to be a subjective, socially construed object that exists in the mind of the individual, and thus reality varies from one person to another (Thomas, 2013; p. 110). In this way, a subjectivist conception of social reality guides the researcher to explore how individuals interpret their own worlds and how this knowledge can be used to determine the values underpinning

collective human activity, so that meaningful change can be actioned (Cohen et al, 2018; p.7).

The object of study here is human activity, as it exists within its cultural, historical and social contexts - this aligns closely with an interpretivist methodological stance, which focuses on understanding social phenomena and centring the perspectives of individuals to achieve this. This study will explore the individual social constructions of a collective group, to inform understanding of how reality is being construed within the MSHT activity system, taking into account the use of symbols, tools and artefacts. Thomas' (2017) explanation of interpretivism demonstrates how this paradigm fits closely with the ideology of AT and therefore, highlights the appropriateness of this approach:

"So, the social world is all the time being created or constructed by each of us. And each of us does things differently, with symbols – words and events – carrying different meanings for each person and in each situation." (Thomas, 2017; p.110).

This study adopts the perspective that EPs' perceptions of constraints and facilitators guiding their role within IPTs are socially constructed beliefs of the individual, reflecting their personal experience of being an active member of this professional team. This accords with the epistemological perspective of social constructionism, whereby an individual's experience and perception of the world shapes, and is shaped, by everyday relational interactions that lead to the creation of multiple realities.

4.5 Research Design

This study employed a qualitative research design that was shaped around the key tenets of AT, to explore the individual perspectives of EPs working alongside health professionals in MH IPTs. For this study, it was felt appropriate to only interview EPs for a number of reasons. Firstly, it has been noted that when working alongside other professionals, the role and professional identity of EPs may become harder to define (Lee & Woods, 2017), and so by focussing solely on the EP perspective, clarity can be sought regarding the unique psychological contribution that can be offered by EPs, compared with other professionals, which in turn will also help to redress possible misconceptions of the EP role (discussed in Chapters 2 and 3). Additionally, the tensions experienced by EPs when working in an inter-professional fashion, are likely to be different from those experienced by health professionals, due to diverging models of practice (e.g. conflicting theoretical perspectives regarding how MH should be understood and supported), as well as competing expectations from professional others (e.g. schools) regarding how EPs should engage with work relating to the delivery of MH provision in education settings. Finally, by centring the EP perspective, EPs can be given a voice to drive meaningful change, in relation to systemic and multi-disciplinary working practices at both a local and policy level - an opportunity that has not always been afforded to EPs in the past (Zaferiou & Gulliford, 2020).

Semi-structured interviews were conducted with EPs working within an MHST (n=6) to allow for a detailed exploration of the range of factors and complexities influencing the ways in which EPs were able to engage with the work of the MH IPT, and how this could be contextualised in reference to the activity system. As such, the

interview schedule was developed in accordance with the core elements (nodes) of the activity system, with questions designed to reflect participants views regarding each of these key areas. For example:

Subject: For this node of the activity system, questions explored participants' professional roles and experience in relation to CYP MH support.

Example – 'Describe your role within the MHST.'

Object: Questions for this node were centred on understanding what was being worked on within the IPT.

Example – 'What were the initial aims of your involvement within the MHST.'

Outcome: These questions focused on participants' goals for their involvement in the IPT.

Example – 'What are you hoping to achieve through your work with the MHST?'

Rules: These questions sought to explore the factors that participants perceived to influence their work within the IPT.

Example – 'What constrains your involvement within the MHST? Please consider the following: 'Individual level' (e.g., colleagues within the MHST); 'Local level' (e.g. EPS/ local authority/ community; 'National level' (e.g. government support, policies)?'

Community: Questions for this area looked to explore who else may have been a collaborative partner of the IPT.

Example – 'Who else is involved in the work of the MHST and how do you work together in this context?'

Division of Labour: These questions focused on how the work of the IPT was distributed between team members.

Example – ‘How are the roles within the MHST shared amongst the professionals involved?’

Tools or Artefacts/ Instruments: Questions here explored the way in which subjects interacted with their environment to achieve the goals of the activity, through the use of mediating tools (these could be concrete or abstract).

Example – ‘What instruments or tools do you use in your work within the MHST (e.g. resources/materials, skills, techniques, approaches, psychological theories/ frameworks)?’

4.6 Research Methods

4.6.1 Selection of Participants

Due to the specific nature of the research study a non-probability, purposive sampling method was employed to select those participants deemed as having the desired characteristics for this research study, e.g. qualified EP status, member of an MHST.

4.6.2 Participants

Please see Table 5 below for details relating to participant information.

Table 5 – Participant Information

Participant	MHST	Years qualified	Prior experience as an EP in an IPT	Prior MH experience?
EP 1	MHST A	17	None	Yes – in EP role

EP 2	MHST B	7	Not discussed	Yes – in previous career and EP role
EP 3	MHST C	12	None	Continuing professional development as EP
EP 4	MHST C	7	In previous LA as part of statutory work but not extensive + occasional casework	Yes – in previous career + Continuing professional as EP
EP 5	MHST C	5	In previous LA as part of the autism diagnostic observation schedule panel + occasional casework	Continuing professional as EP
EP 6	MHST C	8	Pilot (not discussed)	Pilot (not discussed)

4.6.3 Methods of Data Collection

Semi-structured interviews were used to collect data from participants. Interviews were carried out online on a one-to-one basis. The interview schedule followed the second generation AT framework, with questions being structured around the nodes of the second-generation activity triangle (Figure 3).

4.6.4 Pilot Study

A pilot study was conducted with a consenting EP who met criteria to participate in this research. Pilot studies are seen as a necessary component in ensuring research can be carried out as intended and appropriate in relation to the quality of the research design and methods (In, 2017). Furthermore, when conducting

interviews as part of the research methods, a pilot study allows for the interview schedule to be reflected on in response to a participant's ability to effectively engage with the interviewing process (Bryman, 2012). Due to the targeted nature of this study (and the subsequent narrow pool of eligible participants), the semi-structured interview process was conducted with one of the participants who had consented to take part in the research study. As there were no significant modifications to the interview schedule following the pilot, this data was included in the final data analysis.

4.6.5 Procedure

Participants for the research study were identified by their qualified EP status, their current employment in an EPS situated in England and their involvement (past or present) in a MHSTs. Information relating to EPs who were members of local and national MHSTs was gained from the Strategic Lead for the Mental Health Support Team in Midshire LA), England, who first checked that EPs were happy for their details to be shared with the researcher. A recruitment letter was sent via email to EPs who met the inclusion criteria , offering individuals information on the prospective study and what their involvement in the study would entail, should they choose to participate (Appendix 2). Four of the EPs recruited for this study were placement colleagues of the researcher. Whilst conducting research with colleagues and those known to the researcher is relatively commonplace, it was necessary for the researcher to consider the possible implications of role conflict on the research process, as well as the interpretation of data findings (McConnell-Henry et al, 2010). The researcher addressed this contention by ensuring that there were clear professional boundaries in place when interviewing participants who were known colleagues, by reaffirming participant confidentiality, and by ensuring prior

knowledge of the researcher did not inform data generated from participants or inform study findings in any way (McConnell-Henry et al, 2010).

Prior to involvement in the study, EPs who had agreed to participate in the research study received an information sheet and consent form (Appendix 2 & 3) and were provided with the opportunity to ask the investigator any questions relating to the research. Fully informed consent was then gained from all individuals willing to take part in the study, and participants assured that their involvement in the study was voluntary.

Information on participants' right to withdraw from the study was made explicit in the information letter provided to participants (Appendix 2). Participants had the right to withdraw from the study at any time during the research process, and up to 3 months afterwards. After this period, participants could still withdraw their data from any future publications which had not yet been published.

Semi-structured interviews were conducted on an individual basis with participants via Microsoft Teams conferencing software and lasted for approximately one hour each. All interviews were transcribed verbatim by the researcher and qualitatively analysed.

4.7 Ethical Considerations

An application for the ethical review of this research study was submitted to the University of Birmingham's ethics committee to ensure that all elements of this project adhered to the ethical criteria set out by the British Educational Psychology Code of Ethics (BPS, 2009), the British Educational Research (BERA, 2011), the BPS Code of Human Research Ethics (BPS, 2014) and the Health Care Professions

Council Standards of conduct, performance and ethics (HCPC, 2016). Ethical approval was granted in July 2021.

Participant data - Participants were informed that their data would be confidential but not anonymous. Any identifying participant data were stored on a password protected online system.

Confidentiality - Participant confidentiality was maintained as the researcher only used participant initials or an ID number. The study adhered to the guidance set out in the Data Protection Act (2018).

Storage of data - Data was archived on the BEAR Datashare and arrangements made for data to be deleted from storage on a specified date, ten years after completion of the study.

Risk to participants - There were no risks relating to this research that would negatively impact either the investigator or the research participants.

4.8 Data Analysis

AT enables the researcher to explore the intricacies of complex human activity through the application of a clear theoretical framework, that offers both methodological structure and a framework for conducting data analysis. In this study, the AT framework guided the analysis of participant responses, with the support of thematic analysis (Braun & Clark, 2006; 2019). Firstly, thematic analysis was conducted to determine key themes in the dataset, relating to EPs' views of their work in an MHST, with these themes then being reconceptualised and mapped onto the nodes of the AT triangle based on their relevance to each part of the activity system. Braun & Clark (2006, 2019) suggest a six-phase approach to conducting a

reliable thematic analysis. Details of how this approach was applied in conjunction with AT for this study are presented in Tables 6 and 7.

Table 6 – Phases of Thematic Analysis

Phases of Thematic Analysis	**Description of process**	**Application of phases in line with Activity Theory**
1. Familiarisation with data	Transcription of data (if necessary), reading and re-reading the data, noting down initial ideas	Each participant interview was transcribed verbatim. Initial ideas were noted directly onto transcripts during reading and re-reading of data.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.	Firstly, codes of interest were written down on a paper-based visual depicting the activity triangle nodes for each individual participant. This information was then systematically re-coded onto a single activity triangle representing interesting features from the whole dataset. Data relevant to these codes was highlighted on participant transcripts.

3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.	Potential themes were noted on a fresh activity triangle in reference to relevant nodes and relevant data was then collated onto a separate document.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.	Themes were reviewed on multiple occasions and discussed with academic supervisor. A thematic map was then developed (exemplar presented in Table 7).
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.	Each theme was positioned in reference to the specific node of the activity system which it best represented. From this, overarching themes were generated, followed by key themes, sub-themes, and where necessary, sub-sub themes, so to present a detailed and rich analysis of participant data.

6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back the analysis to the RQs and literature, producing a scholarly report of the analysis.	Extracts from the data were selected for the clarity they offered regarding the theme in question and for their relevance to the RQs.

Table 7 provides an exemplar of how initial themes were mapped onto nodes of the activity system and then interpreted in relation to RQs and the presenting literature.

Table 7 - Exemplar of How Themes Were Mapped onto the Nodes of the Activity System

Themes generated through Thematic Analysis	**Corresponding Node of the Activity System**	**Interpretation of Theme**
'WSA to MHWB'	Object	Illuminates the motivations driving the activity of EPs within the MHST, particularly in relation to systemic working practices.
'Models of Practice'	Rules – National Level	Indicates the tensions presented for EPs when working in contexts that are guided by widely accepted

		practices that do not align with EPs' theoretical understanding of MH.
Expectations from other colleagues	Division of Labour	Suggests there to be conflicting expectations placed on EPs by health professionals that are at times, unexpected and do not support EPs' to direct their activity towards their preferred object (e.g. systemic work).
'Skills gained through EP training'	Tools/ Artefacts	Highlights how EPs utilise a breadth of abstract, psychological tools to mediate their work in the MHST.
'Integrated approach to supporting CYP's MH needs	Outcome	Demonstrates EPs' view of the need for IPT working between professionals, including EPs, to support the delivery of MH provision for CYP.
'LA commissioners'	Community	Shows the influence of professional others/ external partners, on the level of involvement EPs have in work of this nature.

It was important to clearly map themes onto the corresponding nodes of the activity system, so that tensions within and between nodes could be identified, to facilitate an in-depth exploration of why certain experiences occurred within the activity system, and to support expansive learning and transformation of practice for EPs, in relation to IPT working in the context of MH (Engeström, 2000, p.960; Engeström, 1987).

CHAPTER 5: FINDINGS AND DISCUSSION

5.1 Introduction to Chapter

Chapter 5 presents the findings of this study and offers analytical interpretation of the findings for EPs' involvement in MHSTs. Key themes are presented in relation to EPs' work in MHSTs, through exploration of the AT triangle. Justification is given for an integrated discussion and an initial explanation offered regarding the contradictions of the activity system. As the focus of this research is centred on EPs work in MH IPTs, findings from the thematic analysis will be interpreted in relation to the wider theoretical and research context presented in the literature discussed in chapters 1-3. Tensions within the activity system will be discussed throughout and then summarised and tabulated to conclude this chapter.

5.2 Findings and Discussion Summary

Findings from the data gathered in relation to the AT nodes are presented alongside discussion of key themes; considered in conjunction with the wider literature, to address the RQs being explored in this study:

1. What are EPs' perceptions of their role when working within an interprofessional team delivering school-based mental health provision?

2.What do EPs perceive their distinct contribution to be when supporting the delivery of school-based MH provision in an inter-professional team?

3. How can contradictions identified through the application of second-generation AT enhance the practice of educational psychologists in relation to:

a Interprofessional team working

b School-based MH provision

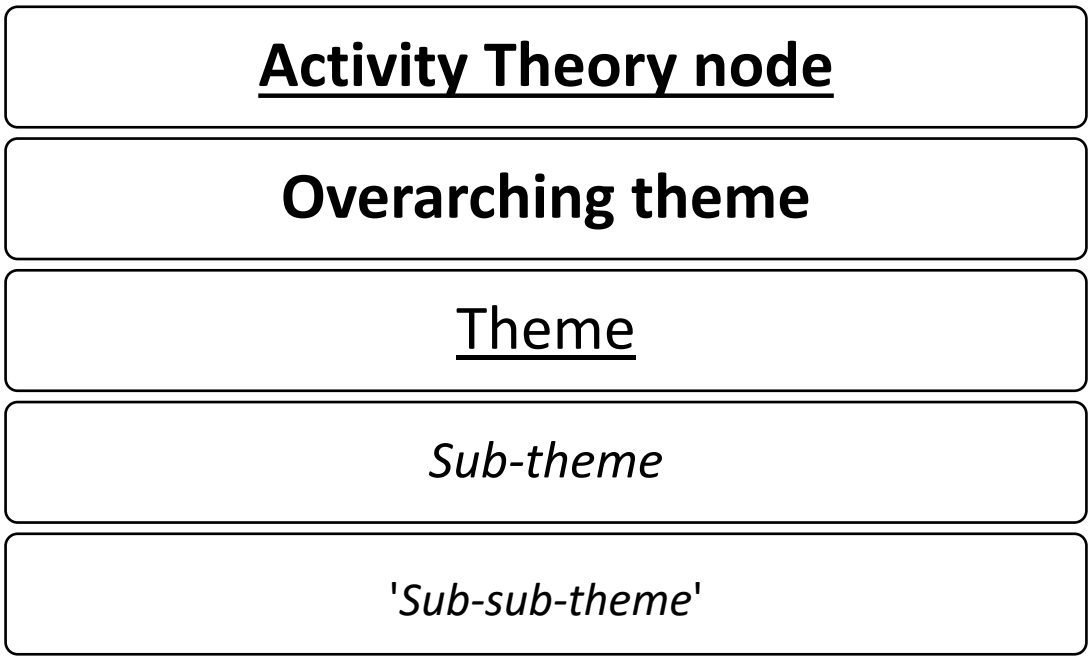
The decision to integrate the findings and discussion was made in line with the interpretivist position taken within this research, to offer methodological congruence and ensure critical analysis of data could be contextualised in relation to the research and theory presented throughout this study (Braun & Clarke, 2023). The findings are organised thematically, by each node of the AT triangle, namely the *subject*, *object*, *outcome*, *rules*, *community*, *division of labour* and the *tools/ artefacts*. Each **node** represents one of seven contextual elements, identified within the AT framework as being important considerations when exploring the complex nature of activity systems (see also Table 3, Chapter 4). The **overarching themes** that were generated through thematic analysis of participant data are presented under each corresponding node and where appropriate, further analysed into *sub-themes* and, in some cases, *sub-sub themes*, to offer greater depth to the interpretive analysis (Figure 5).

5.3 Contradictions in the Activity System

To identify and fully elucidate the underlying influences shaping how the activity system operates, contradictions and tensions existing within and between the nodes of the activity system must be analysed (Daniel, 2004). The ability to look beyond surface presentations of activity and address the complexities associated with interprofessional working – both explicit and implicit - is a strength of the AT framework due to its awareness of cultural and socio-historical powers (Todd, 2014). Through analysis of the contradictions, new and improved ways of working together can be discovered (Engeström, 2021). Primary contradictions are found when there are tensions within a single activity node, whereas secondary contradictions indicate tensions between differing nodes (e.g., the 'rules' and the 'object') (Engeström,

1987). As such, contradictions will be considered throughout this section at pertinent points, to illuminate where they are located within the activity system and how this knowledge can be used as a catalyst for positive change and improvement of EP practice in the context of IPT working and the delivery of MH provision for CYP.

Figure 5 – Structure of report of findings per Activity Theory node



5.4 Subject Node

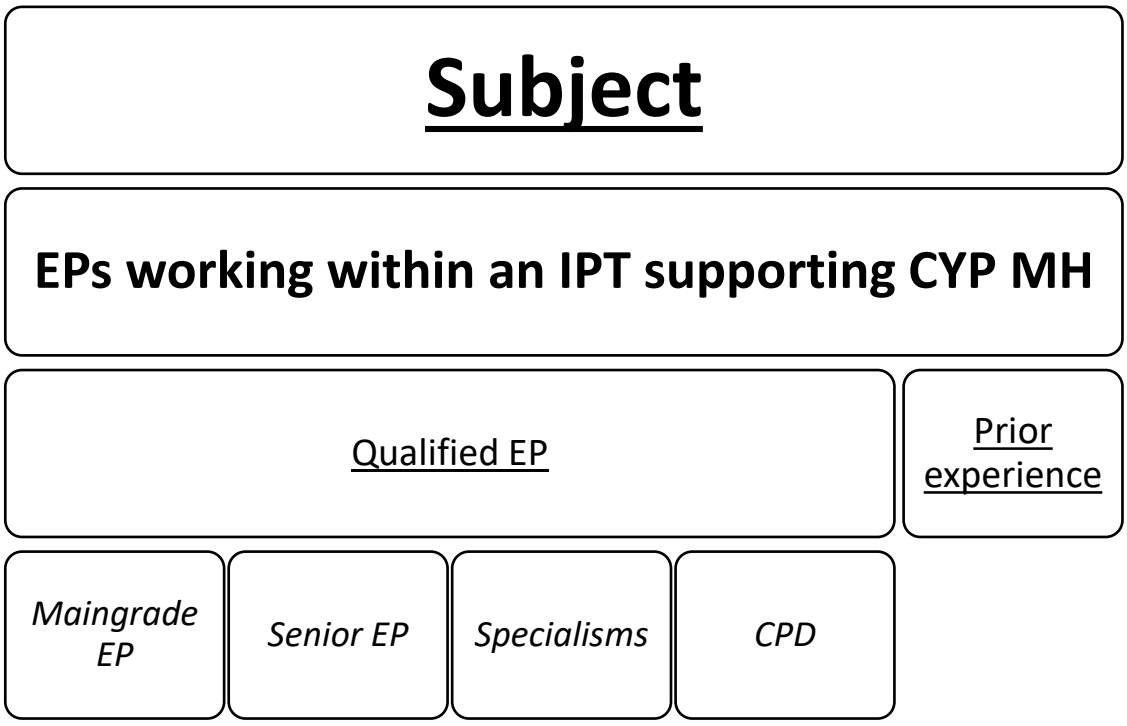
The 'subject' node of the AT triangle details whose perspective informs the current understanding of the activity taking place. In this study, the perspective of qualified EPs working in MHSTs was centred, to better understand the role of EPs in IPTs and their distinct contribution in supporting the MHWB of CYP (Figure 6).

Participants all described having a personal interest in supporting CYP's MH in their professional capacity, with some having specific prior experience. The majority of participants actively engaged with continuing professional development regarding CYP's MH and most had independently sought out their role in the MHST (apart from Participants 1 and 2 who were given the role based on past experience and current capacity). Two participants specifically noted that they were looking for wider opportunities to engage in MH and multi-professional working, in addition to those opportunities EPs typically encounter in their daily work.

Despite all participants having been in the EP role for several years (ranging between 5-17 years) there had not been any ~~range of~~ consistent opportunities for IPT working, particularly with colleagues from the health sector. As previously documented (see Chapter 2), government strategy over recent decades has promoted joined-up working across children's services: however, there appear to be a number of barriers to the inclusion of EPs in school-based MH initiatives, both at a national level and within the local context of schools, with constructions of the EP role presenting one possible obstacle for EP involvement (Price, 2017). Additional reasons may be to do with the competing demands from various models of service delivery (e.g., traded and statutory work), following the reorganisation of children's services in response to the SEND reforms in 2014 (Lyonette et al, 2019). These factors may provide further explanation as to why participants in this study, despite having a professional interest in activities related to the MH of CYP, had received or developed limited opportunities to engage in work of this nature over the duration of their careers.

The activity of EPs in the context of MHST working, varied within and between teams, in part due to the banding level assigned to the individual. EPs working in MHSTs were banded according to NHS pay scales, either at a Band 8 level which was described as a strategic lead role (a managerial position typically overseeing the running of the MHST), or a Band 6 or 7 level, with both of these positions having a less clearly defined role. A more detailed appraisal of what EPs were working on in their respective MHSTs is given later on in this section, under the 'object' node. Critically speaking, the application of NHS banding to EP positions is potentially problematic, as this banding scale was not designed with EPs in mind, and therefore risks misrepresenting or even diluting the skillset EPs have to offer, the extensive postgraduate training they have undergone and their distinct contribution as systemic agents of change, bridging the gap between health and education services.

Figure 6 – Themes for the 'subject' node of the activity system

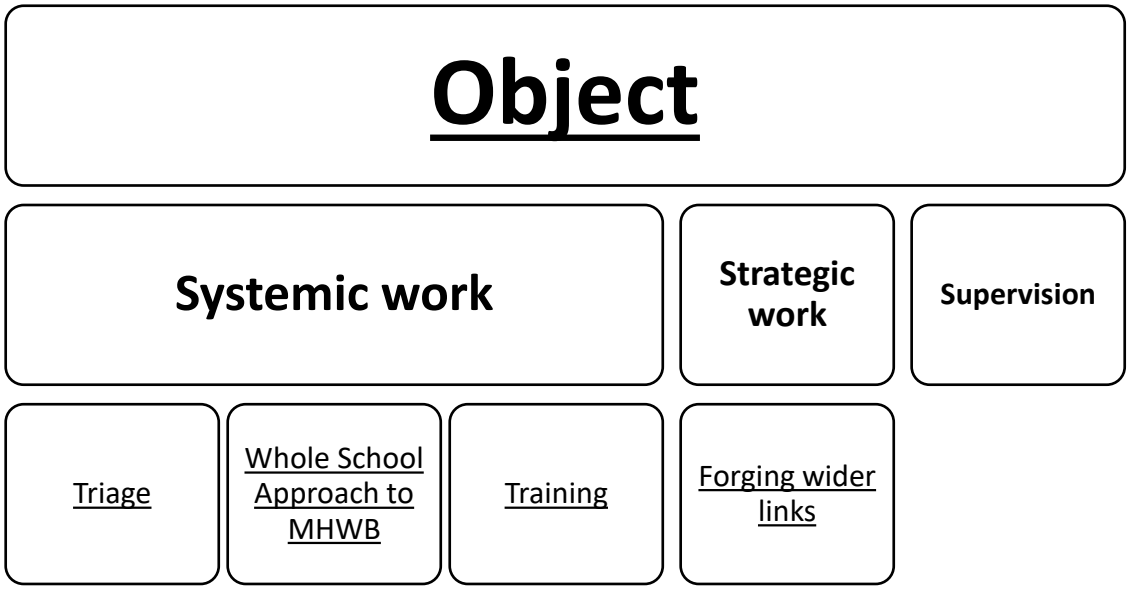


5.5 Object Node

The object node in AT considers what is being worked on within the activity system (Engeström,1987). However, this is notoriously difficult to define, due to the way in which participants may construe the realities of their work (Leadbetter, 2008; Engeström, 2000). Through this, possible tensions between the *subject* and *object* nodes of the activity system can arise, which in turn may impact the desired outcome of the team (Greenhouse, 2013).

Three overarching themes were established, describing each type of activity that was carried out by EPs working in their respective MHSTs: **systemic work, strategic work,** and **supervision**. **Systemic work** was further analysed into the themes, whole school approach, triage and **strategic work** generated the theme, forging wider links, with this being particular to the Band 8 EP role (Figure 7). The object node elucidates the nature of an EP's work within an IPT, thus contributing, in part, to addressing RQ 1.

Figure 7 – Themes for the 'object' node of the activity system



5.5.1 Systemic Work

It became clear soon after joining the MHST that EPs would not be conducting any direct therapeutic work with CYP, as the role of EMHP had specifically been created to meet this need. Therefore, this led to further consideration about what the EP role could and should entail within the context of the multi-professional team, as well as the EP's distinct contribution to this work. One participant discussed the EP's unique role in being able to support colleagues from the health sector with effectively navigating the wider school systems:

EP 5
" ...I think one of the things my colleague in another team said is , 'We don't want this to be a mini CAMHS, we want this to be...not just about providing that individual therapeutic support, but also thinking how we can contribute to the whole school approach', and actually as EPs we have a unique insight because we work directly with schools - that's very complementary because often CAMHS aren't often, or the NHS side of things, they're not aware of school systems, they're not aware of the way that schools work, who key people are, how to approach schools, how to negotiate work, setting up expectations with them and you know, all those sorts of things ."

The same participant discussed how EPs were in fact specifically trained to support systems level work, which was seen as advantageous for carrying out the work of the MHST:

EP 5

"…we're one of the few professionals that are actually trained, or receive some form of training on systems approaches to working with school, you know, and that's quite unique."

Critical analysis of these comments lends support to the argument put forward by Zaferiou & Gulliford (2020) that EPs are well-positioned to not only support systemic working practices, but in fact, shape their implementation in schools, alongside the wider school community and supporting professionals, particularly due to EPs training in this area. However, an important implication for professionals working in IPT MH teams, and also for RQ 1, is the necessity of creating a shared understanding of what the object of the activity is, to ensure that professional realties of the work taking place are aligned and valued in the same way, so not to hinder the long- term outcome of the work (Greenhouse, 2013; Engeström, 2021). Without this agreement, IPTs run the risk of becoming 'pseudo teams' where professionals work together in name, rather than practice, thus limiting the reach of the team in terms of the quality of support it can offer to those who need it (West & Lyubovnikova, 2013). Therefore, for MHSTs to be successful, more focused consideration of how the team itself is formed may be needed, in particular, how varied professional contributions can be maximised, so to avoid inefficient working practices and ensure there is a robust relational infrastructure underpinning the team (Sargeant et al, 2008). This way, by intentionally supporting team formation, MHSTs would likely have a greater chance of withstanding any presenting tensions and conflicts, as and when they occur. However, according to Sargeant et al (2008), successful teamwork is contingent upon a combination of technical, cognitive and affective competencies.

Another participant discussed how the unique contribution of EPs could be exemplified through their day-to-day engagement with the working activities of the MHST:

EP 2

I can continue to use psychological theory...and application of that because that is what, in my opinion ...I think that is our unique contribution. We are using psychological theory, and application of that within formulation, within you know, what we do every day, so I'm not really changing myself for that role necessarily, I think…and I think that's what they're asking us, they wouldn't be asking an Ed Psych to do something that's not an Ed Psych role, you know, if they want Ed Psychs involved it's because they want their expertise or their knowledge or their approaches to be integrated into the MHST so, I would just do what I would normally do."

Critical analysis of these views highlights the importance of knowing one's professional identity (see also chapter 2), particularly in the current climate of IPT working and traded children's services, where working boundaries may become blurred if clarity of role and assurance of EPs distinct contribution is not upheld (Hartnell, 2010; Lee & Woods, 2017). Conversely, it has been argued that to allow for effective inter-professional collaboration to take place, professionals must shift their focus from what they can uniquely contribute, in favour of what can collectively be achieved (Langlois, 2020). This raises a possible point of contention for EPs who, on one hand, have been encouraged to define their distinct contribution, due to misconceptions of their role historically hindering engagement in domains such as

MH; whilst on the other hand, EPs looking to integrate themselves within IPTs, to synergise children's services, may find that through demonstrating a distinct professional identity the collaborative process is hindered (Hymans, 2006). Critically, this calls into consideration how best to negotiate professional identity within IPTs, where competing ideologies and power dynamics present tensions for EPs wishing to retain role distinctiveness, whilst also working cohesively towards the joint goals of the team. One solution may be for team roles to be co-constructed and clarified between all members of the IPT, so that agreed expectations and boundaries for each professional role can be established in a complementary manner, and then revisited overtime, as team objectives evolve. This approach would also require a leadership style that prioritised space for individual and team reflection, to address the human aspects of IPT working in a supported and constructive way. Research conducted by Mitchell et al (2011) investigating the role of both professional and team identity in the success of IPTs, suggested that the key component to team effectiveness was establishing interprofessional motivation, which in turn would strengthen team identity. The focus on professional identity over team identity was considered to negatively impact team functioning, through increasing conflict and discord amongst professionals. This suggests that EPs and health colleagues working in MHSTs need to be supported to develop collective motivations and shared goals with the aim of strengthening the identity of the team, as opposed to being driven by individual professional interests.

5.5.2 Strategic Work

The strategic element of the EP role entailed forging of wider links across the corresponding LAs to facilitate the integration of the MHST into the local offer already available to CYP and their families. For EP 6, who had a strategic lead role

within the MHST, the opportunity to facilitate wider integration of services was felt to take place through a breadth of work:

EP 6
“I also attend regional steering group meetings, I attend strategic meetings and working groups, we look at the...position of the MHST within the local authority and are trying to look at linking, trying to make sure the MHST is smoothly integrated into the...mental health and wellbeing provision on offer in the local authority.”

The other EP who also had a strategic lead role felt their focus was predominately on supporting the systemic work focused around developing the whole-school approach to MH and WB.

Critical analysis here, highlights the multiplicity of realities that subjects may construe regarding their own activity, as shaped by their interactions within the activity system, and the way in which this can influence the perceived object of the system – even when colleagues consider they are carrying out the same role (Galbin, 2014). This further highlights the ability of AT to capture the multi-voiced nature of collective human activity, even within one subject group: an important factor for meaningfully transforming the activity (Engeström, 2001). In this case, it could be argued that AT has allowed for a multi-layered understanding of the EP role, through centring the collective voice of EPs without losing the nuance in how individual EPs conduct their activity.

5.5.3 Supervision

Supervision was a recurring theme throughout the interviews for the majority of EPs. Whilst those who held a strategic lead responsibility (Band 8) oversaw the

supervision of Band 6 EPs in the MHST, Band 6 EPs were responsible for providing a specific level of supervision for the EMHPs, which was in addition to the clinical supervision that EMHPs received from the Band 6/7 health practitioner. However, the boundaries for EP-led supervision were unclear and, at times, created tensions within the team due to opposing expectations from health colleagues regarding what EP supervision should involve, e.g., the frameworks used to support the supervisory process. The discrepancies in the expected level of supervisory support were highlighted by the responses of two participants:

EP 2

"…so the self-organised learning grid I shared with them, I've actually shared that tool, so when they're actually in a bit of a rut around a certain piece of casework, they can get that out and just map it out and they've found that's really been helpful. However, I was told.. ~~because they don't have degrees~~ we shouldn't be showing them these models because they wouldn't understand them, so I'm in a bit of a kind of contradiction here, do I show them, do I not? So I take the stance, I don't see what educating them could harm…"

EP 5

"…when we set up meetings...with EMHPs, supervision meetings...we were always full of ideas, you know, we were always...'well could you try this, could you try that' and we've gotten ourselves into a little bit of trouble once or twice by recommending things that fall outside the CBT skillset, like you know, talking about the solution focused approaches or whatever. I remember I mentioned 'The Ideal Self' or something to one of them once and they really liked the idea, but then their

[health] supervisor said, 'Well actually you shouldn't be doing personal construct psychology, we need you stay within your CBT framework."

EP supervision typically incorporates clear models and frameworks that are utilised to guide the supervisory process from both a line management and professional development perspective (Dunsmuir & Leadbetter, 2010; DECP 2022). Commonly accepted models of practice focus on the managerial, educative and supportive functions of supervision (e.g., Hawkins & Shohet, 2008), whereas clinical supervision (as understood by EPs participating in this research) involved more specific support for EHMPs in relation to individual CYP casework and managerial guidance. Generally, EPs' supervisory role was expected to focus on WSA work but due to the complexities of casework, this was not always the circumstance, with EMHPs seeking alternative forms of supervision via their EP for both their professional development and personal wellbeing:

EP 4

"…what's been interesting is [the EMHPs] have really used supervision with me for that restorative function and as well as managerial function of supervision..."

EP 4 further discussed how this had created tensions within the line management, due to the opposing supervisorial philosophies at play. However, providing supervision to EMHPs had been positively viewed by the EPs delivering it and the EMHPs receiving it:

EP 4
"…the Band 6, it's hands on, it's supervision with the EMHPs and I've really enjoyed that work, I have really enjoyed it …we've had lovely feedback from the EMHPs, I think they've valued having psychologists to work with...definitely."

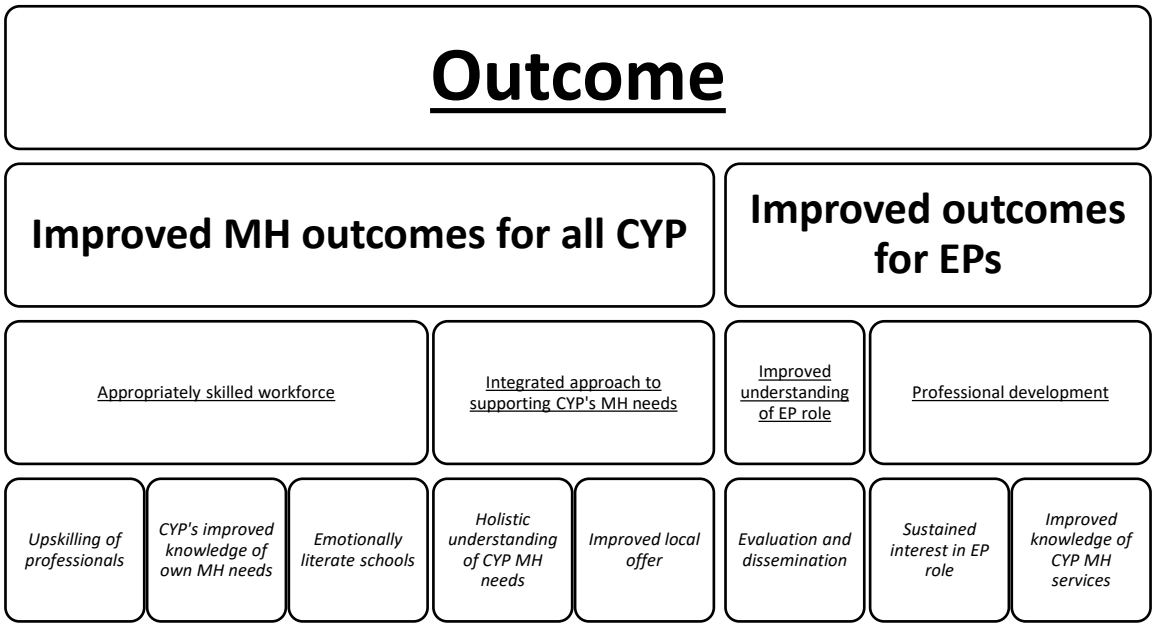
Critical analysis of these views thus indicates that EPs were presented with two main tensions when conducting supervision. Firstly, the appropriateness of sharing psychological models in supervision with EMHPs who had no prior training in these approaches; and secondly, offering professional guidance that fell outside of a CBT framework. Whilst EPs discussed the contradiction between the models of supervisory support, it was still felt that the 'EP' style of supervision being conducted with EMHPS was necessary to meaningfully address the complexities of the needs presented by supervisees. As noted earlier in Chapter 3, epistemological tensions in models of practice, including supervision of colleagues, are best addressed at the earliest point of discrepancy, or else the effectiveness of the team may be compromised (Fukkink, 2020). Engeström (2000) discussed the process of knot working (see Table 4 in Chapter 4), as a means of aggravating the tensions within an activity system, in this case, a MH IPT. Through this, those carrying out various activities can reconcile the objectives – or as Leont'ev described them, the "motive-goals" - of the team, so that collective productivity can be achieved (Leont'ev, 1978, p. 134; Mnaymneh et al, 2021).

5.6 Outcome Node

The outcome node of the AT triangle encapsulates the overall aims of the work being conducted in an activity system and what is hoped to be achieved (Engeström, 1987). In the context of this study, participants discussed a range of expected

outcomes in relation to their individual involvement and collective aims of the MHST as a whole. The research generated two overarching themes for the outcome node, the first of which was **Improved MH outcomes for all CYP –** related themes were, Appropriately skilled workforce **(**subthemes- *Upskilling of professionals; Emotionally literate schools;* and *CYP's improved knowledge of own MH* needs) and Integrated approach to supporting CYP's MH needs (subthemes- *Holistic understanding of CYP's MH needs;* and *Improved local offer).* The second overarching theme was, **Improved outcomes for EPs –** generating two related themes, Improved understanding of EP role (subtheme – *evaluation and dissemination*) and Professional development (subthemes – *sustained interest in EP role* and improved knowledge of CYP's MH services (Figure 8). Collectively these themes highlighted a range of areas that EPs felt their profession was able to contribute knowledge and skills, as a result of EPs' direct involvement in the work of the MHST – offering useful insights for RQ 1.

Figure 8 – Themes for the 'outcome' node of the activity system



5.6.1 Improved Mental Health Outcomes for All Children and Young People

Appropriately skilled workforce

It was hoped by several participants that EP involvement within the MHST would contribute to the professional development of the children's workforce. It was anticipated that this would take place through the upskilling of professionals working in the MHST, by developing the skillset required to work effectively within the context of educational settings. It was felt by some that for MHSTs to work effectively with schools, all MHST colleagues needed to have good knowledge and understanding of whole-school systems to ensure that the work of the MHST was complementary to existing support already available in settings. One response highlighted how EPs were well-placed to support health sector colleagues to enhance their working practices with school:

EP 6

"…[Health colleagues in the MHST] have been operating within mostly, a clinic-based model, so it's about supporting them in their understanding of schools and school systems and how to operate a service like this with schools, and how to link with schools into like, one example, doing a planning meeting: how do we want to do that, how we want to understand where the MHST work might sit alongside other services that the school is linked with and that kind of thing".

Emotionally literate schools - One participant discussed how through upskilling school staff to implement a WSA to MHWB, it was hoped that emotionally literate schools would be become the norm, and thus, better provision would be in place for supporting not only the MH difficulties of CYP, but also the prevention of their onset in the first place:

EP 4

"I think yeah for me, I've always been passionate about mental health promotion, so… developing emotionally literate schools I guess, so, if it's embedded in your curriculum, your ethos, your culture, you know, the idea that would lead to fewer complex mental health needs later."

This view is in line with the evidence-base suggesting that school ethos influences pupil mental health and wellbeing (Birch & Gulliford, 2023) and highlights how EPs, through joined-up working practices, aspire to directly contribute to the improvement of CYP's MH, an important point to note for RQ 1.

CYP's improved knowledge of MH - EPs also discussed how through supporting staff to develop emotionally literate schools, they would be able to contribute to the wider goal of CYP developing a greater knowledge and understanding of their own mental health, with this point being highlighted below:

EP 4

"…if from a very very early point, children are learning about their own mental health, then we can...intervene earlier, but potentially, we can also prevent certain mental health needs developing because children...have a better understanding...of what mental health is and what mental ill-health is as well."

This supports the call for more preventative work to take place and for CYP to be taught how best to understand their own individual MH needs (Foulkes et al, 2024). Critical analysis of these views illuminates how IPT working has the potential to create a platform from which EPs can engage in working opportunities that may not

otherwise have been afforded to them, due to wider societal factors such as reduced public sector funding (Lyonette et al, 2019). Furthermore, it suggests that EPs' objectives are in line with government aspirations for improving and preventing MH difficulties for CYP (e.g. DHSC & DfE, 2017), with EPs being able to facilitate improved school-based MH provision, through the upskilling of multiple professionals from across the children's workforce. As noted in Chapter 3 (Fongay et al, 2025), challenges related to measuring the impact of EPs' involvement in teams such as MHSTs, often present themselves. It is therefore necessary for EPs' to ensure that the profession's contributions in work of this nature are being recognised. This could be achieved through presenting evidence-based examples and research to the UK Government, that clearly documents how EPs have been contributing to MHSTs and why this activity is of value/ necessary for achieving national targets for improving CYP MH. Examples could include how EPs have implemented evidence-based systemic practices that support a holistic understanding of MH, or when EPs have facilitated joined up working practices between health and education systems, a crucial factor in ensuring IPT working can successfully take place between the two professions.

Integrated approach to supporting CYP's MH needs

Holistic understanding of CYP's MH needs - Participants discussed the importance of taking a holistic view of MH. One participant used the example of triage (the process whereby MHST colleagues decided which CYP would receive individual therapeutic support via the MHST) to highlight the role EPs played in ensuring that a broad understanding of CYP's development and MH needs was used to inform best practice and outcomes:

EP 3

"In the triage it's important to have the EP voice in terms of what those children could be looking like in school and also, we take a more holistic view of the child and where Health will often say 'Yes, yes', I will be like, 'Well actually we've got no idea about this child's learning needs or language needs...has this child got the language needs to be able to access, you know, a CBT programme?'…and we'll be like, 'Well I think that sounds like it's kind of trauma-based'… and I think it's just taking that holistic view of a child which EPs tend to do kind of more, and you look at the environment as well and so yeah, I think it's really important in those triage meetings to have the EP voice."

Critical analysis of this finding suggests that without EPs being directly involved at the stage of triage, there was a likelihood that CYP who may not have been suitable for CBT would have been referred to the service. Concerns around national policy implementing a 'clinical approach', taking a within-child view of MH in schools, have previously been raised (Glazzard & Stones, 2021). To ensure that the appropriate support is offered to CYP via the MHST (or for that matter, any MH IPT) it has been argued that it is important to have professionals who understand and can implement a holistic and interactionist view of MH, to maintain the quality of the provision being offered and ultimately safeguard CYP from avoidable psychological harm (Glazzard & Stones, 2021; Foulkes et al, 2024). Learning from this study suggests, that as well as offering training to MHST staff (as observed in previous research e.g. Skene, 2023), EPs can also use joint formulation as a collaborative tool as a way of integrating professional frameworks and approaches to problem-solving, e.g. formulating through an ecological lens, thus sharing psychology, in contribution to a

holistic understanding of need and consequently reducing the dominance of one model over another. This would support EPs to contribute a distinct psychological lens and share their voice when working in an inter-professional context that may otherwise lean towards a medical model of practice.

Improved local offer - Several participants discussed their hopes to be able to contribute to the integration of CYP MH services across their respective LAs in contribution to an improved local offer, by facilitating a joined-up approach between health and education services; and to support early intervention, particularly for complex MH needs in CYP. The following responses highlight two participants' views regarding the importance of EPs supporting the development of an integrated model of service delivery across LAs:

EP 2

Interviewer – "What are you hoping to achieve...from being involved within the MHST?"

EP 2 - "I would say, a synergy within the two services….so what I would like to be able to see is that they [MHSTs] come in and work with services that were already successful and enhance them further, that's my goal."

EP 6

"...thinking wider about the integration of, you know, this coherent...offer of services that are all joined-up and talking to each other...because for so long its felt like, you know, it's us lot education and maybe health is like two tribes sort of

thing and actually what it is, is just different people all with the aim of supporting the children and young people in the area."

5.6.2 Improved Outcomes for Educational Psychologists

The outcome node also highlighted some possible advantages that participants thought would be afforded to EPs through working as part of an MHST, detailed below.

Improved understanding of EP role

Participants hoped that EPs' engagement in MH work that was taking place alongside colleagues from the health sector would contribute to an improved understanding of the EP role across professions. One response suggests that professionals from other sectors can appear to have a limiting view of what EPs can offer:

EP 1

"Well I really hope that [*health colleagues*] understand and appreciate the role of being an educational psychologist...I think it's that understanding of the real broadness of our role and the unique contribution that we can bring...you know, that we are equally as trained as anybody else...because you know, it's quite important really."

EP 1 later added:

"And I suppose because we are working in schools, they can perhaps see the impact of the work we do in schools and the contribution we can make..."

Misconceptions of the EP role have long been noted in the research and considered a perennial challenge facing the profession (Lee & Woods, 2017). However, through IPT working, EPs felt that additional opportunities existed for greater collaboration between colleagues working across sectors, allowing EPs to demonstrate the full extent of their capabilities, and facilitating a broader understanding of the EP role amongst professionals and families. This understanding is all the more pertinent in the context of traded models of service delivery, as it allows for EPs to distinguish their distinct role from that of other professionals and as previously discussed, reaffirm professional identity, regardless of the shifting socio-political landscapes (Hartnell, 2010; Lee & Woods, 2017). More broadly speaking, through inter-professional collaboration, a better understanding of EPs' skillset may be achieved and thus, help to may mitigate some of the commonly held misconceptions of the EP role (Fallon et al, 2010).

Evaluation and *dissemination* - Developing other professionals' views of the EP role was thought to be further supported through the evaluation of EPs' work and the wider dissemination of evaluative research, beyond just that of the EP profession: however, both evaluation and dissemination of EPs' contributions were highlighted as areas that needed further improvement. The response below highlighted this point and posed a question regarding the reach of EPs' evaluative work:

EP 6

"….are we good at evaluating what we do, disseminating that? But not just disseminating to EPs, disseminating to a wider audience and having a presence...outside of our world, if you like?"

Evaluation of an EP's work is notoriously challenging due to the nature of their work (e.g., systemic working practices) and so ensuring clear systems of evaluation are in place is necessary, for evidencing impact and supporting other professionals to understand the breadth of the EP role (AEP, DECP & NAPEP, 2009). In terms of AT, evaluation presents a contradiction between the *rules* and *object* nodes of the activity system, which is discussed further in the *rules* and *contradictions* sections of this chapter.

Professional development

Improved knowledge of CYP MH services - On a more personal level, one participant hoped that by working within the MHST they would be able to enhance their own practice through developing their knowledge of MH support:

EP 5
Interviewer: "...what would you say you're hoping to achieve by being involved within [the MHTS]? EP 5: I think a new experience, I think also, you know, understanding more perhaps about CAMHS and how they work, or NHS colleagues, how they work, understanding more about mental health support for children and young people."

Sustained interest in EP role - Furthermore, EP 5 discussed that by carrying out the work of the MHST they would hopefully be able to engage with more inter-professional working practices in contribution to maintaining professional interest, as is captured in the following quote:

EP 5

"...one of the things about the EP role, you need to seek out different experiences work wise, because actually the bread and butter work can be a little bit routine... some people might be fine with that, but I find I need a bit more variety, so I'm always kind of seeking out new avenues, or new ways of improving my skills, but also from a kind of interest point of view, so I can stay interested in being an EP essentially."

Critical analysis of these comments illustrates how the activities carried out by EPs within the social context of an IPT, offer insight not only into the expected outcomes of the collective activity (e.g. improved MH provision through the work of an MHST), but also those goals which are less apparent, but of equal value, for understanding the motivations of the subjects carrying out the work (e.g., EPs' desire to establish inter-professional working practices). This highlights the usefulness of AT for elucidating the socio-historical factors shaping an activity system, without deemphasising the voices of the individuals involved (Leadbetter, 2005). At present, there is a crisis in recruitment and retention of LA EPs, with statutory demand and a lack of variation in role cited as factors contributing to this (DECP, 2024). Critically speaking, increasing opportunities for EPs to work in creative ways, such as through inter-professional working and in systemic and strategic capacities, may be not only beneficial for achieving government priorities, but possibly for the retention of EPs to the profession as well. As suggested by Haycock and Woods (2025), developing a 'workforce planning model' may contribute to clearer conceptualisations of EP work, as well as ensure that more than just statutory work is reflected in the EP role.

5.7 Rules

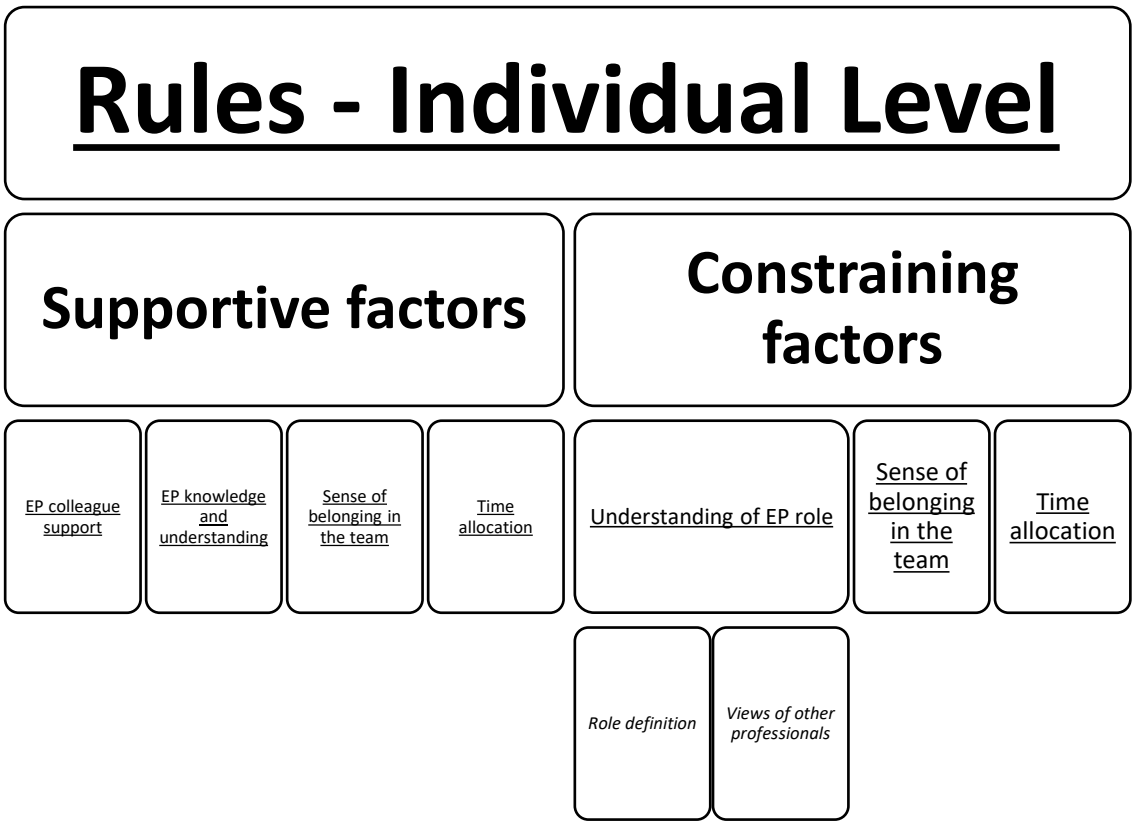
The ‘rules’ node in AT considers the elements within the activity system that both support and constrain the object (Engeström, 1987). Daniel (2004) describes the rules as ‘principles of regulation of action and interaction’ which dictate the way in which professional practice occurs. Here, the rules are analysed and presented across three levels: individual; local/community; and national and/or cultural level, to reflect the many layers of socio-cultural complexities underpinning IPT working and due to the pertinence of this node to RQ 1. There were two overarching themes at all three levels: **Supportive factors** and **Constraining factors**.

It is worth noting that some of the themes discussed at an individual level were likely to influence, and be influenced by, the local and national context (e.g. the understanding of the EP role at an individual level would likely influence wider understanding at both a local and national context, as well as be influenced by national and local guidance and understanding). Additionally, initial constraints were in some cases, thought to be reflective of more typical ‘teething problems’ that would naturally be experienced when trying to develop an IPT with a range of professionals (Solomon, 2019), with initial barriers often turning into facilitating factors in the future, hence why some themes have been presented as both supports and constraints across the varying levels. This point is supported by Tuckman’s theoretical model (1965) of group processes and reflects his view that teams such as MHSTs, once formed, will typically face conflicts and tension when beginning to work together (the ‘storming’ stage). However, if navigated with care, this will eventually lead to the establishment of cohesive and collaborative working practices (the ‘norming’ stage), which in turn, can result in optimal team performance, where

everyone is working towards the collective goals of the team (the 'performing' stage). Using theory to understand team processes in this way, may help with the development of IPTs, where research has repeatedly demonstrated the difficulty of blending health and education systems (Todd, 2014). EPs are well positioned to support with the establishment of these teams, through their knowledge and training relating to systemic and inter-professional working practices, and their ability to apply theory to practice, to ensure IPTs (such as MHSTs), have good foundations for success in the real world.

Rules - Individual level

Figure 9 – Themes for the 'rules' node of the activity system at the individual level



5.7.1 Rules – Individual Level

Supportive factors

There were a number of individual factors that participants felt both supported and constrained the role of the EP within the MHST – some were specific to individual MHSTs, and some individual experiences were observed across multiple MHSTs – additionally, certain themes were supportive for some and constraining for others, depending on the individual EP, again demonstrating the ability of AT to capture the multi-voicedness of the activity system and bring to light the complexities of human activity, particularly in the context of IPT working (Todd, 2014). Four key themes were established: EP colleague support; EP knowledge and understanding; Sense of belonging in the team; and Time allocation (Figure 9).

EP colleague support

Peer support from EP colleagues was seen as important, particularly for those who had found engagement in the MHST difficult, as exemplified in the following comments:

EP 3
"Well, I think the main facilitator is peers, especially having someone who started at the same time as me, so we've been able to kind of share...the journey."
EP 4
"…peer supervision in terms of the other band 6 EP, having that, because we were both going through it at the same time and it validated my feelings, because I was

starting to think at certain times that I was going crazy with the difficulties I was experiencing and reflecting on, 'Am I being reasonable or should I be concerned?' and then with other people having exactly the same concerns as me, it was reassuring."

EP knowledge and understanding

Interestingly, one participant felt that their role within the MHST had been facilitated by their previous work experience prior to becoming an EP. Having prior knowledge and understanding of how the health sector operates, in terms of what drives practice and decision-making, allowed one participant to feel able to establish those team relationships and sense of belonging more easily, as discussed below:

EP 2

"I think it's been quite good and what's helped me there is that I've got a health background anyway, so my background is quite clinical, so I can kind of understand where they're coming from, so it's easier for me to kind of integrate."

Previous evaluative research of school-based MH initiatives reflect this finding and suggests that for IPTs to be successful, there needs to be a common language between education and health professionals regarding how MH is discussed to ensure that teams are fully integrated (Wolpert et al, 2013; NCfTL & NHS England, 2016). Critically speaking, EPs, regardless of whether they have previously worked alongside health professionals, are trained in a breadth of conceptual approaches to understand need, and to some extent, these approaches overlap with clinical models of practice. For example, the use of biopsychosocial theoretical frameworks, often

used by health professionals to guide formulation, closely aligns with the ecosystemic approach to interpreting need that is typically applied in EP practice (Birch & Gulliford, 2023). BBoth of these approaches focus on a range of interacting factors influencing an individual's health and wellbeing. Therefore, EPs are in a position to utilise these commonalities to create a shared language with health professionals, without diluting psychological theory, but instead offering clarification for the team regarding the language used to formulate need.

Sense of belonging in the team

Positive working relationships between members of the MHST was key to fostering EPs' sense of belonging within the team. The experience of forging positive relationships varied between participants interviewed for this study, however, for those that managed to achieve this, it was felt that interpersonal skills had played an important part in successful multidisciplinary working, as highlighted in the following response:

EP 2
"It goes back to interpersonal skills and multidisciplinary working, you've got to set up those relationships and they weren't set up...when I first got to the team and you know I wondered where all this friction was coming from and 'what is this barrier' and 'what is the problem' and with some frank conversations after we'd built relationships and 'I'm going to do it like this, is that okay with you?' and, 'Do you want to ask me any questions?' and just being their friend, their colleague...If I hadn't got those relationships this whole thing wouldn't work."

Good working relationships between members of an IPT are thought to be pivotal in securing the success of a team, and is an important consideration for RQ 1 (Hymans, 2006).

Time allocation

Finally, having appropriate time allocation to carry out the role was seen by some EPs as a highly supportive factor in achieving the activities they set out to do. However, this varied between participants, with this factor also being discussed in the following section exploring constraining factors. Overall, having the appropriate time to carry out working activities within an IPT, has been considered a fundamental principle underpinning the success of all teams – as such, this is an important factor for EPs to consider before negotiating roles within any team, to ensure agreed workloads are sustainable alongside both traded and statutory demands of the role (Lyonette et al, 2019).

Constraining factors

Three themes were generated for the constraining factors at an individual level: Understanding of EP role – which was further analysed into the sub-themes, *role definition* and *views of other professionals*; Sense of belonging in the team; and Time allocation.

Understanding of EP role

EPs found there to be two key contentions regarding how their role was understood, in terms of the support they could offer to an MHST. Firstly, defining exactly what EPs should be doing in the MHST proved challenging, with this uncertainty being

further compounded by MHST professionals, as well as those from local commissioning groups, having an unclear view of what EPs were able to contribute to a MH team, as detailed below.

Role definition –Findings here suggested that defining the EP role in general had proved challenging, particularly in the infancy of the MHST, which directed the nature of EPs' work. It was felt that the specifics of the EP role were in an ongoing state of evolution, with one respondent noting the apparent uncertainty from commissioners regarding what EPs would be working on within the MHST, and another noting the time taken for any form of role clarity to be achieved, for example:

EP 1

"My understanding was that there was a bit of confusion even with the people higher up within the mental health [team]…the clinical directors higher up really, as to the role of the EPs…"

EP 4

"The EP strategic leads have really struggled for over a year almost, to clarify exactly what the EP role is, so they've been trying to come up with a memo of understanding of 'these are the roles and responsibilities of the Band 8 EP and the Band 6 EP."

One participant noted that the role of the EP within an MHST was subject to change dependent on the individual MHST being scrutinised, therefore EPs could only speak to their own personal experience of what their role entailed. The following response highlights this point:

EP 5

Interviewer: Is there clear definition of what your role is within the team?

EP 5 - “I think it’s been attempted, but I think it’s been kind of subject to change potentially. I know recently they’ve looked across the different teams and in some teams there’s perhaps...more so than our team, perhaps, there’s EPs who do a bit more of the clinical side of things…”

For the most part, EPs did not have a clearly defined job description upon accepting a role within the MHST, and even where there had been clear guidance, this quickly changed once the actual MHST work started. To a certain extent, EPs were able to carve out their own role within the MHST. EP 4 described this as being part of the job, “to actually work out our roles and responsibilities”, linked to the MHST being a trailblazer. EP 6 also felt that refining the EP role over time and managing differing expectations from other professionals when working within a multi-professional team, alongside new colleagues from differing fields, was just “part of the process” and to be expected. However, overall, the lack of role definition presented a number of barriers for EPs engagement with the work of the MHST. Critical analysis of these points highlights the complex dynamics of inter-professional working, particularly for EPs whose role continues to be re-defined by the shifting socio-political context (Leadbetter & Arnold, 2013). This provides further consideration for RQ 1 regarding what can be learned about how the role of the EP can be facilitated in the context of CYP MH.

Views of other professionals - A number of participants felt that the lack of

understanding from health colleagues regarding their individual role (both as an EP and as a member of the MHST) had constrained their ability to integrate within the team, with specific time needing to be dedicated to working through this:

EP 5
"We did have to have a bit of time with some of the colleagues from health, just explaining exactly what we did and how we could support…I'm not sure we've completely got there yet in terms of that understanding."

EP 5 also noted that individual attitudes regarding the EP profession, and the lack of value placed on it, had been apparent within their team from certain health colleagues and created a barrier to inter-professional collaboration:

EP 5
"I think the individual attitudes towards us as a profession has sometimes constrained things, so you know, on the grape vine I've heard things like, you know, that person doesn't think much of EPs, they don't value our involvement, they think that money could have been used to buy another high intensity therapist, you know, so I think that that's been a barrier."

Sense of belonging in the team

EPs' sense of belonging within the MHST was influenced in some cases by poor working relationships between EPs and colleagues from the health sector, with EP 3 commenting that this was "the biggest difficulty that caused the most conflict". One EP noted that poor working relations were not necessarily related to discrepancies in how those from the health and education sectors worked, but more the differences in

individual characteristics and personalities. This led to one participant feeling their professional autonomy was being compromised, as discussed below:

EP 4

"…but our health colleagues shouldn't be keeping an eye on what we're doing, we're equals as it were in the in the team and I think that was...just one individual who was wanting to control things…because we didn't have that with the previous team leader who had left, there was none of that, so I think it was just an individual who wanted to maintain control, and I remember talking to the [strategic] lead and saying, 'I'm feeling a bit uncomfortable…this person isn't my manager, my manager is the principal EP and so then my work shouldn't be scrutinised or managed by this person'….so it's all these things that we never thought would be an issue."

Critical analysis here indicates that tensions arising from individuals' differing ideologies can complicate the dynamics of an IPT and need addressing at the earliest opportunity, to prevent ineffective working partnerships from becoming ingrained (Fukkink, 2020). Sometimes referred to as 'collaborative drift', conflicts of this nature must be managed via embedded mechanisms within the team that regulate the orchestration of collaborative working practices, a pertinent point for RQ 1 (Watson, 2006).

Time allocation

Time allocation for the EP role within the MHST varied between the EPs participating

in this study. Some felt that they did not have enough hours allocated to effectively engage with the work of the MHST, and even if there was an opportunity to increase MHST time allocation, it would likely present a challenge due the working commitments of EPs outside of their MHST work, a conflict acknowledged in chapter 2 (Lyonette et al, 2019). The following comment exemplifies these concerns:

EP 6
"There's other things we could do as well and one reason why I haven't really been able to do much myself is just simple - time…working across two MHSTs, alongside my regular EP work as well, and you know traded work with schools, statutory work, that sort of stuff, it's just meant that it's...been difficult to find the time to do that."

5.7.2 Rules – Local Level

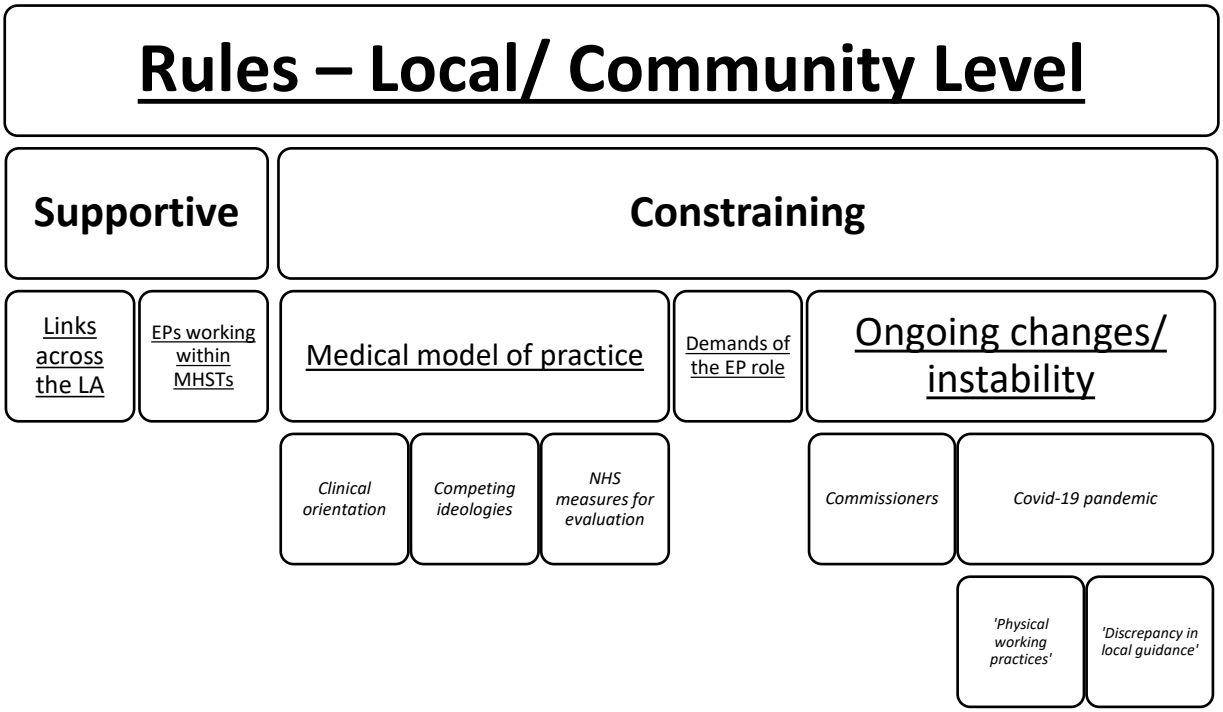
Supportive factors

Two supportive factors at the local/community level were identified by EPs for facilitating their engagement with the activity of the MHST. Key themes were: Links across the LA and EPs working in MHSTs (Figure 10).

Links across the LA

Two aims of the MH Green Paper (DHSC & DfE, 2017) were the integration of local MH support services for CYP (including MHSTs) and the development of sustainable and longstanding partnerships between differing LA sectors - with both being considered complex ambitions (DFSC & DfE, 2018). However, findings of this study

Figure 10 – Themes for the 'rules' node of the activity system at the local/ community level



suggested that EPs with strategic responsibilities were able to harness their unique position across the LA, to enhance the work of the MHST and connect it with existing services across the locality:

EP 6

"I think also because I know people in Public Health...because I'm situated within the local authority, those are the local authority employees, staff and teams that have lots to do with these things. I've met with Public Health...I have meetings with [Public Health] colleagues...I can't speak for everyone directly, but I think our colleagues in the MHST have appreciated it as well, because they're delivering this service but they don't necessarily know everything else that's going on and don't want to replicate things and so on, and want to make sure that what they're doing fits in and makes sense and stuff, so I think having me there, but also having these people that I know and have a link with, definitely facilitated my role."

Not only did this facilitate the EPs role in the MHST, but EPs' strategic links in turn, facilitated the core aims of the Green Paper (DHSC & DfE, 2017).

EPs working within MHSTs

It has been noted earlier in this research that EPs were not originally identified as professionals who would be working within the MHSTs, but rather they were expected to support the work as external collaborators (BPS, 2019). However, owing to the expected flexibility within a trailblazer programme, where learning takes place 'on the ground', in some localities such as Midshire, EPs had supported the MHST from within the team (Ellins et al, 2021). One participant discussed that by working directly in a MH team such as the MHST, EPs would be recognised as having a role to play in supporting the MH needs of CYP and would likely be called on again in the future:

EP 6
"We're not kind of discussed as a core group who has something to say here about the mental health of people…. so I think, as I say, the one thing that will help is that...we are a key part of these teams in different parts of it, that'll help in the future."

Another participant felt that although the national aim was always to have blended teams, this had not always been the case in differing LAs and so the fact that EPs were residing within the MHSTs across the Midshire region, allowed them to set a precedent for other localities:

EP 4

"The national initiative was always to have a blended health and education team but actually in the Midshire region we were one of the first teams that were blended, so we were trailblazers in that sense as well, so nobody had done it before, in [city name] I understand, teams there were purely health, no education…."

Critical analysis here suggests that joined up working between health and education professionals is necessary if services across the children's sector are to fulfil government aims and ensure that the reforms made across children's services continue to promote cohesive working practices (Gaskell & Leadbetter, 2009). One participant felt that having EPs sitting on MHSTs alongside colleagues from the health sector, helped to facilitate a joined-up approach to the delivery of MH provision:

EP 6

"But by sitting in the teams, I think it's really been a positive experience to...bring two kinds of groups together to be able to sort of facilitate this...to support the young people, [that's] what it's all about."

Further critical analysis illustrates how EPs are well-situated to support systemic and strategic working practices, and enhance the reach of MH teams, in a way that other services may not be able to. This is thanks to the complementary nature of their existing work which frequently involves collaboration with a range of stakeholders and professionals across local areas. This point links with the literature presented in chapter 3 (Birch & Gulliford, 2023) and also contributes to answering RQ 1, in terms

of EPs recognising their valuable contribution to systems level work and RQ 2, in relation to EPs' ability to facilitate strategic partnership working across the LA.

Constraining factors

Constraining factors for EPs' engagement within MHSTs at the local/community level were noted by all participants. The two key themes identified were: Medical model of practice (subthemes - *clinical orientation*, *competing ideologies* and *NHS measures for evaluation)* and 'Ongoing changes/ instability', (subthemes - c*ommissioners* and *Covid-19 pandemic).* The subtheme *Covid-19 pandemic* was analysed further into two sub-subthemes: *'location of the team'* and *'discrepancy in local guidance'.* Each of these themes are discussed below.

Medical model of practice

The medical model, which is typically employed by those working across the health sector, tended to dominate the working model of practice across all of the MHSTs discussed within this study. This approach presented a number of barriers for EPs, particularly in terms of what ways of working were valued by heath colleagues within the team. For example, one participant described feeling the role of the EP was generally unappreciated by colleagues within the health sector, whilst another described EPs as constantly needing to prove their value within the team. The following two quotes highlight these points:

EP 1

"To be honest with you, I've found the whole thing really frustrating, it's just so difficult. I think CAMHS just don't understand what EPs do really or appreciate our roles, or our knowledge or our expertise, so it's just really hard to put the two things alongside really."

EP 4

"It's always felt like we're having to demonstrate what our worth is and what we can contribute, but our health colleagues aren't having to do that within the MHST."

Clinical orientation - Supporting the WSA to MHWB was discussed by all participants as being a responsibility of the MHST and a key focus of the EPs work. EP 5 explained that the WSA was not, in their opinion, always valued in the way that it should have been by health colleagues within the MHST, and instead precedent was given to therapeutic work:

EP 5

"…there's tensions in that because from the NHS point of view, because I've asked, I've said, you know, how much of our work should be workshops, training, that kind of thing and how much of our work should be therapeutic support, and from the NHS perspective, the 1:1 therapeutic support always trumps the whole school training for the staff and the workshops, that's always prioritised…"

Critical analysis suggests that whilst therapeutic intervention was understood to form part of the work undertaken through the MHST, the importance given to it over systemic work, such as the WSA, was likely a result of individual professionals

having their own motives and goals within the team. This aligns with the finding that professional diversity in MHSTs dictates the orientation of the working activity, which ultimately shapes team outcomes (Ellins et al, 2023).

Competing ideologies - Conflicts between working systems and different working practices can prevent IPTs from achieving their desired outcomes (Cheminais, 2009; Fukkink, 2020). Having shared objectives, effective communication and collaboration and regular contact with each other is key for teams to be successful (West & Lyubovnikova, 2013). One participant described how this was not the case in the MHST that they were part of, and how opposing ways of working had led to conflict within the MHST:

EP 4

"There's a lot of conflict, a lot of conflict in the team at the moment between education and health, not me specifically but more the people who are kind of a bit higher up than me...there's poor communication, different styles of communication, different ways of working, decisions made by the health...as if they can just make decisions about the whole team without, making decisions with the EP..."

This point was further analysed by EP 4, who reflected on the fragmentation of the team:

EP 4

I've analysed it and I think it it's around the systems that that they use...and health records...[health] have the database with all the children's referrals, we don't have access to that database, so it feels very much like an NHS service and a health team and 'these EPs are guests'."

Critical analysis here indicates that the characteristics of an IPT and how the team is defined (e.g., multi-agency versus transdisciplinary) are key considerations for all professionals entering into partnership working (Martin et al, 2022). To mitigate the risk of conceptual confusion regarding the dynamics of the team (such as, the expected level of collaboration between professionals, how the team will communicate, the leadership structure etc - all of which are integral to the outcomes of the collective activity), it is necessary for EPs to ensure collective arrangements for service delivery are negotiated, ideally before the working activity commences, a key consideration for RQ 1 (Martin et al, 2022; Todd, 2014).

NHS measures for evaluation - Whilst evaluation of EPs' work has previously been mentioned under the 'object node', this point has been raised again in relation to additional barriers presented by a clinical method of evaluation being favoured by MHST commissioners. The following quotes highlight two EPs' concerns regarding how the work of the EP could meaningfully be evaluated when the clinical commissioners measured impact in terms of tangible outcomes (i.e., how many children had received therapeutic intervention) as opposed to measuring the longer-term difference that had been made via systemic working practices (work typically carried out by the EPs):

EP 6
"I think this is quite an interesting barrier, whereby periodically there has to be information sent back to NHS England and Department of Health, Department for Education about the work that the MHSTs are doing - sending data back, like how many young people have been seen, maybe some data on you know, impacts of interventions. How many referrals the NHS employed staff [have made] are used

to kind of work towards and demonstrate their work against. Now, there's an issue whereby...and there's still some ongoing discussions about this, about how can we do the same for the work of the EPs".

Even when EPs had tried to record their activity so that their impact could be measured in a way that was appropriate to the nature of the work, EPs felt this information was still in contrast to what commissioners were looking for. This raises questions about how a truly integrated approach can be established within MH teams such as the MHST, if indicators for success are based solely on a medical model of practice and evaluation. Critical analysis indicates a need for IPT s to implement varied models of evaluation to capture the 'softer' data that is often generated through activities such as systemic working, so that all aspects of the work activity (in particular the work carried out by EPs) can be evaluated (AEP, DECP & NAPEP, 2009).

Retention of EPs

Having the appropriate time and capacity to conduct work within an IPT is another essential component for ensuring effective collaboration can take place (West & Lyubovnikova, 2013). Retention within EPSs and the impact of this on EP capacity and ability to have a more substantial role in the MHST was noted at a local level. However, the literature suggests that strains on EP capacity is also a national problem (Lyonette et al, 2019). EP 2 discussed the impact of understaffing within EPSs, on their work with the MHST:

EP 2

“I need some spare wiggle room in the week, and having two days MHST work is not giving me that wiggle room, so it may even be that because I’ve got so many other hats on, I can’t dedicate two days…at the moment it’s okay, but I have to juggle so many things, so I don’t know whether it’s sustainable long term. I think the issues with that, isn’t just the MHSTs, it’s the retention, the recruitment in EPSs as well - we don’t have enough staff, we’re understaffed, we have too much on our patch, which means it pinches into MHST time.”

Retention across the EP profession is a country-wide problem, with not enough EPs being trained and recruited to meet statutory demand (Atfield et al, 2023). The EPs in this study previously noted under the outcome node of the activity, that being part of the MHST helped sustain their interest in the EP role, and so further critical analysis of these views suggests that ensuring there are enough opportunities for EPs to engage in work of this nature is an important consideration, both for EP retention and to facilitate effective working arrangements within IPTs.

Ongoing changes/ Instability

Commissioners - When discussing the variation in the make-up of individual MHSTs across one LA, it was felt that the lack of understanding of the EP role at a local level, e.g. by commissioning groups, as well as the variability in local commissioners and their decision-making processes, had contributed to EPs not being included in all waves of the initiative, as noted in the following comments:

EP 4
“I think it’s quite political and also part of it may be around understanding people’s roles and understanding what EPs do and what they can potentially offer...what I

did learn...through my colleagues... was that the commissioners seemed to come and go very quickly and part of what shaped what the wave looked like, was what the commissioners' knowledge and understanding was maybe, or how they viewed the role of the EP, whether they thought, you know, should EPs be involved, or shouldn't they be."

EP 2

"I definitely think that in terms of CAMHS Clinical Commissioners, the understanding of our role and the understanding of our training, the understanding of how we can contribute towards the Mental Health Support Team, I don't think was fully there and has resulted in decisions being made in the past that have meant that we've been excluded in some waves."

The Covid-19 pandemic - The pandemic commenced in March 2022, around a similar time to the launch of the MHSTs in Midshire. This unprecedented global event presented a number of challenges for EPs and their position within their local MHST.

'Location of team' - The pandemic was seen by participants as having an impact on how all of MHSTs were originally intended to operate. For example, in one MHST, one EP described how both health and education colleagues were originally meant to be co-located in the same physical space, however these plans were disrupted by the period of national lockdown and the move to a greater level of remote working for most EPs. EP 4 noted how co-location may have influenced the orientation of the MHST, had it been able to take place, as discussed in the following quote:

EP 4

Interviewer: It sounds like the pandemic itself has caused quite a disruption to how things were intended to work...

EP 4: Yes, and how you communicate...we were not physically in the same environment and if we'd been co-located at the [EP office], they would have been part of our team more, which it's interesting isn't it, yeah and so in that sense, would they have been absorbed into our culture and how we work?"

Critical analysis suggests that whilst establishing a team culture is necessary for proficiency in service delivery, structural changes to services, e.g. co-locating professionals from differing agencies, does not mean this will automatically be achieved (Leadbetter, 2006). Furthermore, co-location of IPTs is not always considered necessary for, or even facilitative of, improved working practices, particularly if the team do not know how to work together (West & Lyubovnikova, 2013; Todd, 2014). Thus, the findings of this research should not be taken as evidence in support of this concept.

Discrepancies in local guidance - During the pandemic, EPs also noted how discrepancies in the local guidance given to EPs and health colleagues varied between their respective governing bodies. This led to health professionals being able to return to in-person working practices (e.g. going into schools, sharing office spaces) before EPs were permitted, which resulted in EPs being excluded from some of the MHST work, as noted below:

EP 5

"With the pandemic, from sort of a relatively early stage compared to the council, [health colleagues] were allowed to go out to schools in person and they were allowed to meet in person for the team meetings, and I think when that opportunity arose they thought, 'Great, fantastic, we're going go in, we're going to meet, we're going to…' and things like that, but actually in doing that, they excluded us because we weren't able to meet, we had our own set of guidelines to follow."

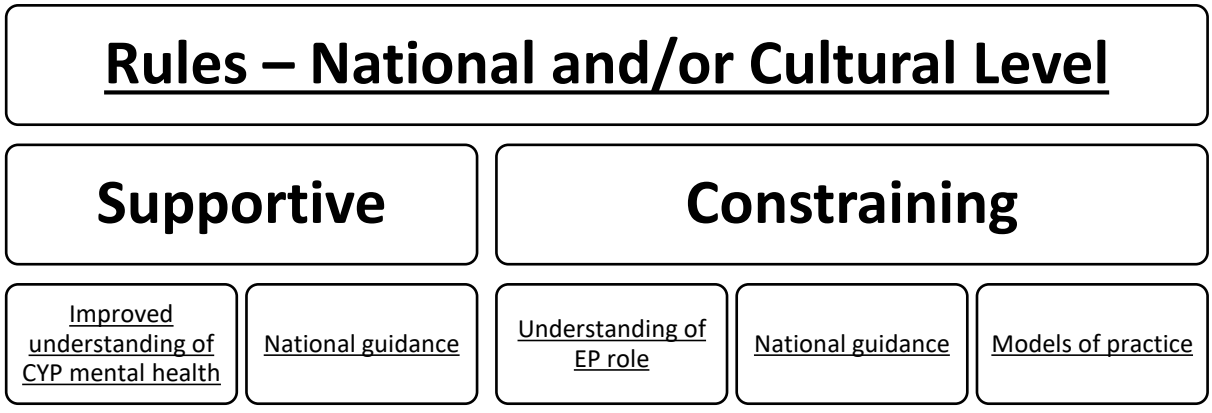
Critical analysis here highlights the complexities of establishing IPTs comprising a range of practitioners who are governed by differing professional bodies, as discrepancies in decision-making can hinder cohesive working practices (Hymans, 2006).

5.7.3 Rules – National and/or Cultural Level

Supportive factors

Two themes were generated in relation to the factors deemed supportive for EPs at the national level, namely Improved understanding of CYP's MH and the National guidance made available by the government (Figure 11).

Figure 11 – Themes for the 'rules' node of the activity system at the national/cultural level



Improved understanding of CYP's MH

Recent understanding of CYP's mental health at a national level was considered by one participant to have helped facilitate work, such as that conducted by an MHST:

EP 3

"I think there's a lot more known about and talked about mental health now, you even look in the media, you know it's all about, there's so much about mental health in the media isn't there."

National guidance

Two participants also commented on the supportive nature of having national guidance to refer to, as noted in the following quotes:

EP 4

"I suppose starting at the more national level and that's a macro level, it's been the national guidance, the national initiative, the green paper, what was this actually about, what were the, what were the erm, you know, the ambitions of of that project and of that initiative, that, I think that supported it and sometimes we've needed to reminded of because, you know it was meant to have been a blended team."

EP 5

"I think it's been useful...to have a framework to always come back to and I think...those three things in the Green Paper around therapeutic support, whole

school approaches and signposting to other services, you know, we keep those in the back of our mind I think and what we're about as a team…so that national guidance I think's been helpful."

Having explicit political guidance to follow appears to have supported EPs with affirming their roles within the MHST.

Constraining factors

Several subthemes were generated in response to the question regarding what constrains the activity of the MHST at a national level. These included: Understanding of EP role; National guidance*;* and *Models of practice*.

Understanding of EP role

The lack of understanding of the EP role has been noted as a constraining factor at the individual, local and national level – this is an ongoing area of contention for EPs due to the impact that misconceptions of their role have on the level of inclusion in national MH initiatives (Fallon et al, 2010), as noted by two EPs below:

EP 6

"I think a general issue...is that EPs aren't necessarily really thought of, because with the MHST stuff, in all the guidance that's come from the government, we're not kind of necessarily written in as a professional group or someone that should be considered to be a key part of the MHST. We're down as a professional group that could liaise or support from distance so, I think that's just part of a wider issue we have in educational psychology."

EP 1

“I think my understanding is like the whole government initiative didn’t really include EPs did it, initially at all, so that, the whole thinking has been you know, yeah…not recognising what we do.”

Critical analysis here, illustrates the perennial issue relating to how the work of EPs has been conceptualised across wider society; this is despite systemic working practices (such as those required for implementing whole-school MH provision) being a principal tenet of EP work for some time (Birch & Gulliford, 2023).

National guidance

Some EPs in this study further noted a lack of national guidance to present a barrier for those working directly in the MHST (contrasting some earlier views). When asked if there had been any national constraints effecting EPs involvement in the teams, one EP offered the following view:

EP 4
“I guess you could link the lack of clarity at the national level...in terms of exactly who was doing what...at that national level... the DfE and NHS - I think that’s probably been a constraining factor.”

This finding lends further support to literature discussed in Chapter 3, relating to the influence of socio-political factors on EPs inclusion in work of this nature (Zaferiou & Gulliford, 2020).

Models of practice

Furthermore, perspectives based on viewing mental health through the lens of a medical model understanding of MH tend to dominate government decision-making, which further impedes the inclusion of EPs in joined-up initiatives at the national level. The following quote highlights this point:

EP 1

"…because I think in a sense, it's just so typical this time around, the government not even thinking about the EPs in terms of launching the whole MHST, it's just completely doing a clinical model."

However, EP 2 felt there were advantages to integrating both models of practice, despite the challenges this would likely present:

EP 2

"...the kind of discrepancy between health and education is a big barrier to overcome…completely different worlds really, you know, the social model and the medical model, never the twain shall meet, and I don't feel happy with that. I think that's nonsense, of course they can work together. They both exist, they both have advantages and disadvantages, and they can both work together."

Glazzard and Stones (2021) described the medical model as viewing the MH needs of CYP through a lens of deficit and questioned the government's decision to shape MHSTs in this way, particularly when the aim of multi-agency working was to promote a holistic view of CYP MH (Birch & Gulliford, 2023). Critical analysis of findings suggests it would likely be an advantage for EPs to be more consistently

included in the national discourse regarding CYP MH and the development of MH initiatives at a national level, so that an alternative perspective could be offered.

5.8 Community

The 'community' node of AT allows the subject to consider who else is involved in the work of the activity system (Engeström, 1987).

5.8.1 Other Professionals Working with the Mental Health Support Team

For the majority of participants, the core composition was the same - health colleagues, EMHPs and EPs. In addition, the community also included Senior Mental Health Leads from school/college settings, Public Health England colleagues, and LA commissioners (Figure 12). One participant felt there was more scope for a wider range of organisations to work in conjunction with the MHST:

EP 5
"…I think there's a lot of scope isn't there, for… people working in the charity sector, or people...doing youth work or youth offending...or even Connexions..., there's a whole lot of youth services...that need to know about mental health and support with mental health, that could be a valuable asset in terms of providing diversity to a mental health support team… that hasn't really happened too much."

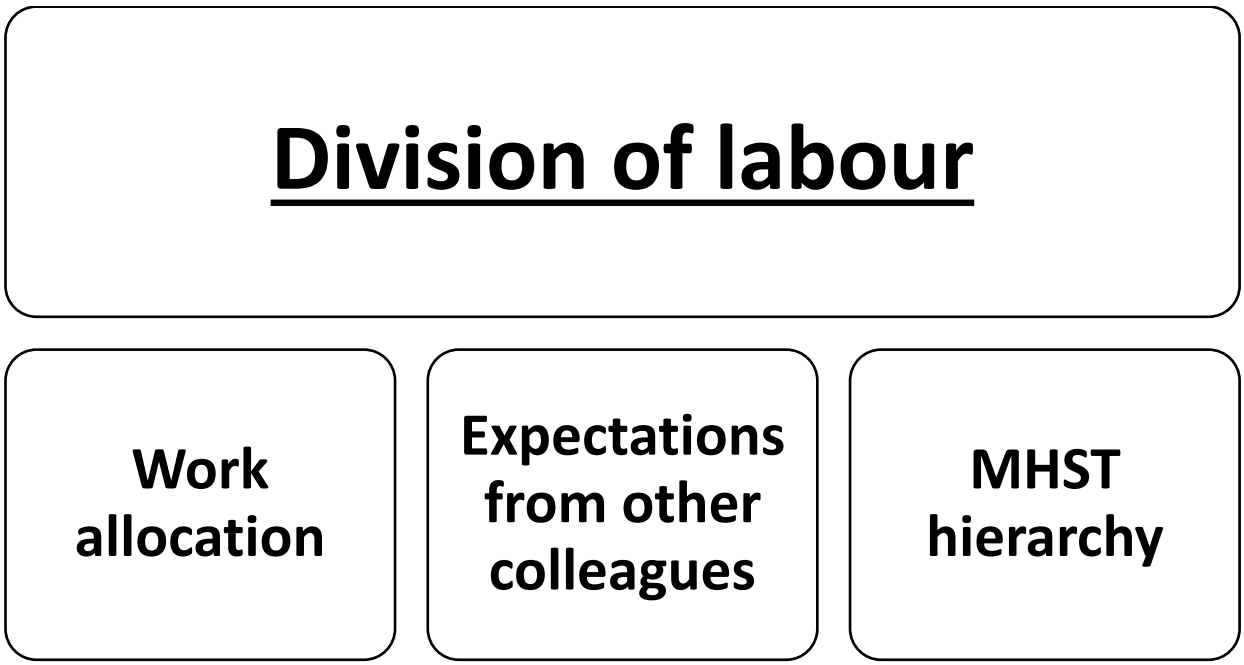
This view supports the government's ambition for multi-disciplinary working to involve collaboration between "statutory, independent and voluntary and community sectors" (DoH and NHS England, 2015). This also links with earlier findings suggesting that EPs may be able to offer strategic support to broaden the reach of local MH initiatives (RQs 1 & 2).

Figure 12 – Themes for the 'community' node of the activity system

5.9 Division of Labour

The division of labour node in the AT triangle explores how the work of the activity system is shared out, in terms of who is carrying out what tasks, as well as the more implicit division of power within the team (Engeström, 1987, 1990). The division of labour for the participants taking part in this study related to three overarching themes: **Work allocation**; **Expectations from other colleagues**; and the **MHST hierarchy** (Figure 13).

Figure 13 – Themes for the 'division of labour' node of the activity system



5.9.1 Work Allocation

Work allocation

One participant discussed how although work allocation of team members had been collectively agreed, it was found that health colleagues did not always carry out the agreed activities, placing the burden for a number of tasks on the EP, as exemplified in the following quote:

EP 3
"When I have a school and am supposed to be supporting them, [health colleagues] are supposed to be jointly doing that with me, so we go to those meetings and it's supposed to be like our school, not just me doing it, but that hasn't really been happening."

Additionally, whilst participants discussed therapeutic intervention as forming part of the MHST work, this was not an activity that was shared with EPs in any of the teams, although this is something that one EP thought might fall under their remit, as highlighted below:

EP 5
"I thought perhaps I might be involved in the first [*function*], which was around supporting young people therapeutically, perhaps on a 1:1 basis."

However, none of the EPs in this study were involved in any kind of direct therapeutic work conducted with CYP. Whilst EPs receive training in a range of therapeutic interventions, they are often unable to engage with work of this nature, again due to the shifting responsibilities placed in them via the LA or through trading (Atkinson et al, 2012; Atfield et al 2023), which in turn may contribute to decision-makers not recognising that this can form part of the EP role. MHSTs typically provide CBT, however, as previously mentioned, this has been found to not always meet the need of CYP referred to the service (Ellins et al, 2021). Therefore, it may be to the advantage of MHSTs to have EPs deliver alternative therapeutic interventions (e.g., ACT, solution-focused brief therapy etc), where appropriate, to ensure that all groups of children can access appropriate MH support, in a timely manner, as is the aim of the government initiative (DHSC & DfE, 2017).

5.9.2 Mental Health Support Team Hierarchy

MHST hierarchy

The leadership hierarchy within professional teams is an important consideration for the effective running and integration of team members (Mnaymneh et al, 2021). One EP discussed feeling like their MHST was 'not a team'', due to its hierarchical

structure, and reflected on how these power dynamics prevented joint collaborative discussion within the MHST. The following quote exemplifies this point:

EP 5

"It's one of the problems that I mentioned...there was far too much of a hierarchy and there was no sense that we could ever all get together in a room and kind of, tell each other who we were and even to the point where...there has been a feeling that...we're not a team, but it's kind of led by the NHS and the EPs are just along for the ride."

Organisational structure has the power to shape the culture of an IPT, as well as team members' sense of belonging and being valued. Hierarchical structures of leadership are considered outdated, however still tend to take precedent in the health sector (Fernandopulle, 2021). Critical analysis suggests traditional team hierarchies may pose a contention for MH IPTs involving both health and education professionals and potentially present a barrier to these groups being able to work as collaborative partners. To achieve authentic inter-professional collaboration in complex teams, such as an MHST, a distributed leadership model – whereby leadership responsibilities are shared between professionals – may prove beneficial (Mnaymneh et al, 2021).

5.9.3 Expectations from Colleagues

Expectations from other colleagues

A final point raised by some participants, referred to the expectations on EPs from health colleagues, that had not been explicitly agreed, and that did not fit in with their allocated time:

EP 3

"…just this kind of delivery of all the workshops, they're expecting us to deliver all this training and having the responsibility of organising all this training, this training that they've suggested and that they want to put out to schools, and now it's the EPs who have got to be organising it, delivering it, when we don't have capacity."

5.10 Tools/ Artefacts

This node considers the **tools and artefacts** used by the *subject* (EPs), to carry out the work of the activity (*object*), in support of achieving the desired *outcomes* of the activity system (Engenstöm, 1987). Tools and artefacts can either be **concrete** (e.g. a tangible resource, such as a questionnaire) or **abstract** (e.g. skills gained through training) and have been used to represent the overarching themes generated from the data collected for this study (Figure 14). Table 8 has been included to demonstrate the vast number of tools/ artefacts discussed by EPs, which were found to support their work in an MH IPT.

Figure 14 – Themes for the 'tools/artefacts node of the activity system

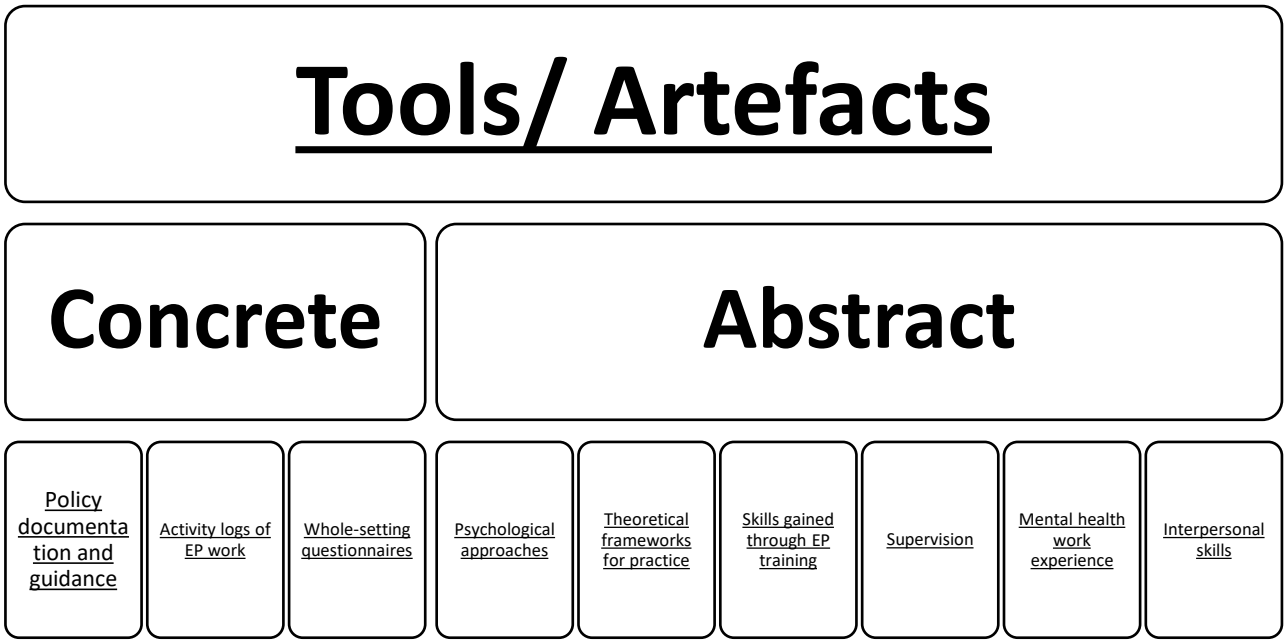


Table 8 – The tools/ artefacts used by educational psychologists in the context of a mental health support team

Tools/artefacts node – Themes	Tools/artefacts mediating EPs' work in an MHST
Policy documentation and guidance	• SEND legal frameworks • BPS/DECP standards and competencies • Activity logs of EP work • Whole-school/ college questionnaires
Psychological approaches	• Personal Construct Psychology • CBT • ACT • Hypothesis testing • Formulation • Consultation
Theoretical frameworks for practice	• Ecological systems theory • Biopsychosocial theory • Problem-solving frameworks (e.g.. Interactive Factors Framework) • Model I & II (single/ double loop learning)
Additional skills developed through EP training	• Knowledge of child development • Reflective approaches • Historical knowledge of EP profession • Knowledge of education systems

5.10.1 Concrete Tools

Three concrete tools were discussed by participants as being helpful in carrying out their role within the MHST. These included Policy documentation and guidance; Activity logs evidencing EP work; and Whole-setting questionnaires for schools. The latter tool was used to help tailor the work of the MHST to the needs of individual settings, as detailed below:

EP 1

"... schools have all done questionnaires now about...where they're at really with mental health and issues and all sorts. I think we're using those as a resource now...so I think there will probably be more individual school input and perhaps the training tailored a little bit more to what schools need."

5.10.2 Abstract Tools

The majority of the tools and artefacts that EPs felt helped them with carrying out the work of the activity system, were abstract in nature. Key themes generated were Psychological approaches; Theoretical frameworks for practice; Additional skills developed through EP training; Supervision; Mental health work experience; and Interpersonal skills.

Psychological approaches

One participant discussed how they had used a range of psychological knowledge and skills to support EMHPs to 'think like psychologists'. This sharing of psychology was not always conducted explicitly, but often in more subtle ways to guide EMHPs' ability to hypothesise, formulate and ultimately problem-solve, for the benefit of the CYP they were supporting:

EP 4
Interviewer: "...thinking of the frameworks...that's been helpful would you say, in organising and planning your work out and how you approach things?"
EP 2: "Yeah definitely and how I would maybe support the EMHPs to solve problems...it's getting them to think like psychologists I guess, hypothesis testing, applying systems approach, getting them to step out and think about formulation, and so particular frameworks that we might use for formulation, even when I might not be explicit with them, what I'm doing is, I'm using the Interactive Factors Framework, but they don't know that I am, but I'm getting them to think about the different areas of that child's life and then how do they interact and what are the maintaining or contributory factors..."

Research has suggested that the unique contribution of EPs remains to be 'the application of psychology for children' (AEP, DECP & NAPEP, 2009, p.4). Shifting political agendas, however, have influenced the way in which EPs deliver their specialist knowledge (Birch et al, 2023). It seems that through working in the context of an IPT, EPs are offered the opportunity to use their skillset creatively and more systemically, to support improved MH outcomes for CYP via the training of key adults. (RQ 2)

One EP discussed how their work had similarly supported the MHST with appropriate decision-making (e.g triage referrals) and with supporting EMHPs to enhance their own practice and skillset, through the indirect use of psychological knowledge and approaches, as discussed in the following quote:

EP 5
"I think about those ACT principles and borrow some of the CBT ones as well, you know, whenever [EMHPs] are talking about cases, because we have opportunities for them to discuss their cases with us and kind of, informally we recommend or suggest ways forward for them...we're trying to create value, we're trying to support the EMHPs and although we're not clinical specialists we will try and help them if we have ideas in terms of moving their cases forwards, and sometimes that might just be within the context of the whole school approach, but sometimes that can lean into other areas."

As participant 5 highlighted, EPs are 'not clinical specialists' however, it may be the case that an alternative approach to the clinical model is of significant benefit within an MH IPT, as previously discussed.

Supervision

Further tools/artefacts discussed by participants included professional *supervision* carried out by EPs with the EMHPs. As discussed earlier on in the findings of this study, EP supervision has provided an outlet for EMHPs that had not otherwise been available to them through the clinical supervision they were receiving. As previously discussed in Chapter 3, EP supervision utilises clear models and frameworks, such as Proctor's Three-Function Model (1986), that focuses on the normative (managerial), formative (learning) and restorative (supportive) functions of supervision, to guide the supervisory process. Supervisees are typically engaged in a reflective process that includes time spent considering many aspects of their professional role, such as a supervisee's emotional wellbeing in response to work-related activities, as well as the impact of relational dynamics on their practice (Dunsmuir & Leadbetter, 2010; Hawkins and Shohet, 2008). The following participants discuss how this has felt advantageous for supporting the MHST (in particular, the EMHPs) to effectively achieve the desired goals, as discussed in the two points below:

EP 4
"…[*EMHPs*] were working in a complex team at a complex time I think, during the pandemic, and so I would like to think we were able to bring our supervisory skills and yeah, I'd like to think that that was a positive contribution."

EP 3

"…but the only thing that I would say is...supervision skills, you know, problem solving frameworks and also using that in the triage as well, so looking at the different aspects of the case."

Theoretical frameworks for practice

Finally, EPs' specialised knowledge in theoretical concepts such as ecological systems theory and the breadth of knowledge they have available to draw on, has proved highly supportive for the following participant and supported them to not only carry out their own individual activities, but the collective activity of the MHST as a whole. The following quote demonstrates this point:

EP 5

"I think one of the benefits of having an EP on board is that they tend to not be wedded…exclusively to one approach, so there are times when we might think more clinically, there are times we might think more sort of ecologically, there are times when you know, we might think more systemically...I don't think there's one particular one that I would sort of highlight and say, you know, 'This is the tool that I use the most'…I think all of the tools are important. I think it's having that ability to kind of take a step back and...look at all those various aspects and all those kind of things going on for the young person, that I think adds…adds value."

This further illustrates how the skillsets of EPs are transferable across multiple levels of the working systems, a point of interest for RQ 1.

5.11 Contradictions

As discussed at the beginning of this chapter, identifying contradictions within an activity system is pertinent to the discovery of new and improved ways of working together (Engeström, 2000). Primary and secondary contradictions offer insight into the tensions constraining the collective activity, which ultimately may prevent the outcome of the activity system from being realised (Engeström, 2021). Critical analysis of the contradictions noted in this study (Table 9) highlighted the *rules* and the *object* nodes to be the main sources of tension, within the AT triangle. Engeström & Pyörälä (2021) described the 'fragmentation of the object' (often resulting from the rules of the activity) as a distinct challenge for IPTs. In this study, it was noted that tensions relating to how the MHST was governed (*rules*), directly impacted the work of EPs within the team (*object*), and their desired goals for the work (*outcomes*). A number of specific contradictions were illuminated through implementing an activity-theoretical approach to analysis, relating to topics, including: clarity and assumptions regarding the EP role; characteristics of IPTs; team culture; models of practice governing IPTs; and competing demands of the EP role. Whilst tensions of the activity system have been discussed throughout this chapter, Table 9 draws together key contradictions in the hope that this may provide a catalyst for positive transformation of future MH initiatives, where inter-professional working between EPs and other professionals is required or may be of benefit.

5.12 Chapter Summary

This chapter presented study findings alongside an integrated discussion of key themes relating to the RQs being explored. Concluding comments and implications for future practice and research will now be presented in Chapter 6.

Table 9 – Primary and Secondary Contradictions of the Activity System

Primary Contradictions	**Location of contradiction**	**Contradiction**	**Participant quotes**
1	Rules	Benefit of EPs carving out their own role within MHST Vs EPs own lack of clarity regarding MHST role boundaries	P2: "…but the advantages of [EP*s shaping their own role*] is that because [the health colleagues] are coming from a different perspective, you can make it, 'well...this is my perspective...[and it] is different to yours and this is my distinct contribution." vs P4: "So because it was a trailblazer, part of our job was to actually work out our roles and responsibilities, and, so that has created difficulties and challenges as well, in terms of working out boundaries."
2	Rules	Expectation of collaborative working in the MHST vs Lack of cohesion in day-to-day functioning of MHST between EPs and professionals from health sector	P6: "I think this is a real opportunity to you know, re-establish coherence, productive links between Health and Education, because I think that for so long, it's been silos." vs P3: "There's poor communication, different styles of communication, different ways of working, decisions made by [other professionals] as if they can just make decisions about the whole team without making decisions with the EP."
3	Rules	EPs' expectations of the nature of their involvement in the MHST vs Lack of understanding from other professionals regarding EPs contribution to the MHST.	P2: "We are using psychological theory and application of that within formulation, within what we do every day." vs P1: "There was a bit of confusion even with…the clinical directors higher up really, as to the role of the EPs…"

4	Rules	MHSTs as integrated health and education teams (national level) vs Inconsistency in EPs involvement across different MHST waves (local level)	P4: "The national initiative was always to have blended health and education teams." vs P5: "We have had a lot of change of commissioner, who kind of decided Ed Psychs are going to be in one wave and then they're not going to be in the other waves, which is just...an inconsistent approach."
Secondary Contradictions	**Location of contradiction within the activity system**	**Contradiction**	**Participant quotes**
1	Outcome vs Rules	EPs applying an ecological/ holistic model for understanding MH vs MHSTs shaped around medical model of MH	P3:"In the triage it's important to have the EP voice in terms of what those children could be looking like in school and also, we take a more holistic view of the child." Vs P5: "I remember I mentioned 'The Ideal Self' to one of [the EMHPs] once and they really liked the idea, but then their [clinical] supervisor said, 'Well actually you shouldn't be doing personal construct psychology, we need you stay within your CBT framework."
2	Outcome vs Rules	EPs' hopes/ expectations for the development of integrated MH teams vs MHSTs' hierarchical structure	P2: "If [the NHS] want Ed Psychs involved it's because they want their expertise or their knowledge or their approaches to be integrated into the MHST Vs P4: "...there was far too much of a hierarchy... there has been a feeling that we're not a team, but it's kind of led by the NHS and the EPs are just along for the ride."
3	Outcome vs Rules	EPs' goal of supporting the MH needs of CYP at a systems level vs EPs not included in core composition of MHSTs at national level	P4: [What are you hoping to achieve in the MHST?] "I've always been passionate about mental health promotion, so developing emotionally literate schools...that would lead to fewer complex mental health needs later...then we can intervene earlier...and potentially... prevent certain mental health needs developing." vs

			P5: “We’re not kind of discussed as a core group who has something to say here about the mental health of people.”
4	Object vs Rules	Evaluation of EP work required for ongoing commissioning of MHST services vs No clear methods for evaluating EPs’ work in MHST	P6: “...periodically there has to be information sent back to NHS England and Department for Health, Department for Education about the work that the MHSTs are doing.” Vs P4: “When you kind of move it up to a systems level there’s a wider impact, but again it’s how is that being evidenced, how can we even do that…and then how can that get fed back to commissioners to understand the value of the role of the EP within that?”
5	Division of Labour vs Rules	Varied allocation of work given to EPs vs Ineffective time allocation to carry out MHST work	P2: “...the team leader erm she probably has more of a strategic expectation of me...but she also expects me to do on the ground stuff too.” Vs P2: “We [EPSs] don’t have enough staff, we’re understaffed, we have too much on our patch, which means it pinches into MHST time.”
6	Tools vs Rules	EPs knowledge of a range of psychological theory and approaches vs Clinical (CBT) model of practice in MHSTs	P5: “I think one of the benefits of having an EP on board is that they tend to not be wedded exclusively to one approach.” vs P3: “In triage what I generally try and think of ‘is this something that CBT can work with’, and often it is something that can be worked with [*with an alternative approach to CBT*] but it’s not something EMHPs have been trained in.”

CHAPTER 6: CONCLUSION AND IMPLICATIONS FOR PRACTICE AND FUTURE RESEARCH

6.1 Introduction to Chapter

This chapter draws together and summarises the key findings presented in Chapter 5. Each RQ is explored in relation to the perspectives shared by EPs working in MH IPTs, (namely the MHSTs) with focus placed on what can be learned from EPs' experiences whilst engaging in this context. The contradictions established through AT analysis of EPs' working activity (also presented in Chapter 5), will inform implications for future research and practice in this area.

6.2 Conclusions

The aim of this study was to explore the perceptions of EPs working in MH IPTs, specifically in relation to their perceptions regarding their roles within the team, what they perceived their distinct contribution to be in this context, and the barriers and facilitators to their involvement. Each RQ is now presented and key findings discussed accordingly.

6.2.1 Research Question 1

What are EPs' perceptions of their role when working within an interprofessional team delivering school-based mental health provision?

This research study generated a number of useful findings in relation to EPs work~~ing~~ in MH IPTs. All EPs in this study perceived that it was a key part of their role to support the MH needs of CYP, according with Purewal (2020), and frequently exemplified the ways in which they were able to apply their psychological knowledge and professional skillset, in the context of an MH IPT. Working systemically underpinned most of the activities carried out by EPs within MHSTs, offering further support to the notion of EPs being key players in shaping systems level approaches

that benefit the whole school/college community (Zaferiou & Gulliford, 2020). A more detailed description of EPs' working activity within MHSTs is presented below.

Systemic work – What has been exemplified throughout the research findings is EPs' ability to work systemically to support the activity of MHSTS. For all EPs in this study, supporting the development and delivery of the WSA to MHWB was one of the key areas that EPs facilitated, through a number of approaches. This included liaising with senior leaders and SMHLs in settings to establish how the MHST could best support whole-setting need, in collaboration with teaching staff, CYP and families. Identification of need often led to requests for whole-setting training regarding how best to support good MH and emotional wellbeing, which EPs would sometimes deliver, at times alongside EMHPs. Bridging the systems between health and education sectors was an important aspect of this work, and a role that EPs, whether they worked as a strategic lead for the MHST or in a non-managerial capacity, concorded was a role to which they were well suited. The combination of EPs' post-graduate training in systemic working practices, such as ecological systems theory and consultative problem-solving frameworks, along with their knowledge and experience of working directly within education systems, strengthened the ability of MHSTs (that were predominately comprised of health professionals) to adapt practice to fit local need and effectively navigate complex education systems.

EPs in this study also discussed their role in the triage process (decision-making regarding which CYP met criteria for referral to the MHST for therapeutic intervention), alongside MHST colleagues from the health sector. This further

demonstrated how EPs were able to practically apply consultation skills and problem-solving frameworks to present a broader lens through which to understand CYP's MH and formulate need, whilst ensuring interventions were developmentally appropriate. Considering recent findings from an early national evaluation of MHSTs (Ellins et al, 2023), where it was noted that there may be potential contentions with delivering a CBT-only model, EPs' ability to contribute an interactionist lens at the triage phase may help to redress some of these concerns.

*Supervisio*n – Professional supervision was a key contribution of EPs in the context of the MHST. Upskilling MHST colleagues in effective ways of working with education settings, through the delivery of training and supervision at an organisational level, was another example of EPs' work at a systems level. The role of supervisor, however, was noteworthy for its ability to highlight tensions within the activity system. EPs offering professional supervision to EMHPs, rather than clinical supervision, presented a number of interesting points regarding how this activity should be conducted, with these tensions being discussed in more detail in the summary of RQ 3.

Strategic work -. The nature of the work carried out by EPs proved to be broad and varied, and yet most participants noted the potential for there to be an even wider reach, in terms of EPs supporting not only systems level work with schools but also having a strategic responsibility in contribution to LA-wide engagement and integration of MH services for all CYP across the borough. For those EPs who already held a strategic lead role within the MHST, this already formed part of their working activity and involved developing partnership working practices across the

LA, e.g. meeting with colleagues from Public Health to share the work of the MHST, with the aim of integrating MHSTs into the local offer, so that they could work with pre-existing services, rather than superseding them. As previously mentioned, bridging systems between the health and education sectors formed a key part of the EP role within MHSTs, which on a wider scale, contributed to the synergising of children's services across LAs, to ensure a coordinated approach to supporting CYP's MH could be offered. This aligns with public policy regarding the need for joined up working practices between all professionals working in children's services, to promote the safeguarding and wellbeing of all CYP (DHSC & DfE, 2017).

Interestingly, as well as the activities that EPs discussed as forming part of their everyday role in the MHSTs, the overarching aims for the participants in this study were to support improved MH outcomes for all CYP, but also improved outcomes for EPs. The former aim was demonstrated through the ways in which EPs adapted their working activities within MHSTs to ensure local need was being met (e.g. through the systemic and strategic work previously mentioned). However, the latter aim holds particular significance in a time where the EP profession is facing a crisis in recruitment and retention, largely due to reported high levels of stress and increased statutory demand, in an overstrained system (DECP, 2024). Participants discussed how they hoped that through working directly within MHSTs, other professionals would gain a better understanding of the breadth of the EP role and the value of their contribution to SEMH work. Implications of this finding for policy and practice are discussed next.

Overall, with regard to government initiatives and aspirations for CYP's MH support (e.g. the MH Green Paper [DHSC and DfE, 2017]), the findings for RQ 1 serve to strengthen EPs' position within inter-professional MH teams, whilst demonstrating how the work of EPs can contribute to the national agenda for early intervention and preventative measures being available in schools and colleges. Furthermore, the findings for this RQ offer clarity regarding EPs' professional identity, highlighting their role as systemic practitioners, who are able to apply psychological frameworks grounded in theory relating to both education and child development, to improve joined up working practices between health and education professionals, as well as ensure individual need is considered through a holistic lens.

6.2.2 Research Question 2

What do EPs perceive their distinct contribution to be when supporting the delivery of school-based MH provision in an inter-professional team?

For this RQ, AT analysis facilitated an account which articulated EPs' account of what they felt their distinct contribution was in the context of implementing and delivering school-based MH provision, in collaboration with other 'non-education' professionals. Analysis derived the following insights:

- Participants felt that EPs were one of the few practitioners who receive systems level training at a post-graduate level, and who also have vast experience of working across multiple levels of the education system (e.g. individual, group, organisational), with this exemplifying a distinct aspect of the EP role, that was felt to benefit the work of the MHST. In this particular study, this skillset allowed for EPs to actively bridge both the health and education systems, allowing for MHSTs and schools to integrate and operate

effectively together. EPs noted how MHST colleagues who worked directly for the NHS, had limited knowledge of school systems and whilst EMHPs were positioned to work directly in schools with CYP, these colleagues did not always have experience of working within education settings. Therefore, for MHSTs to function efficiently, EPs were needed to translate to health colleagues suitable ways of working within complex school contexts, which in turn supported schools to remain engaged in the work of the MHST. For example, EPs were able to guide MHST colleagues to deliver psychological interventions and training that was relevant to the educational context and developmentally appropriate for a range of CYP, including those with Special Educational Needs (SEN) or CYP who had experienced developmental trauma. EPs' blend of practice-based knowledge from working in schools and across LAs, combined with doctoral-level training in psychological theory and frameworks, offers a distinct contribution to MH IPTs, that would otherwise not be achieved.

- Closely related to systems work, EPs' strategic links across the LA helped promote the work of the IPT, which in turn contributed to improved joined up working across professions. Whilst some MHSTs had both EP and clinical strategic leads overseeing the delivery of MHST work, being able to cultivate partnership working across LAs appeared to be a role best suited to EPs, again due to their knowledge of both health and education systems and from their experience working directly within LAs.
- The creative application of psychological theory and knowledge to solve complex problems in practice, was commonly noted as a particular strength and distinct contribution of EPs, often used for the purpose of empowering

colleagues to effectively fulfil their roles within the MHST through the sharing and 'giving away' of psychology. EPs were not only able to apply a range of evidence-based theory and knowledge derived from their doctoral training in child development and education, but in addition, they were able to offer professional supervision that allowed for reflexive practice to occur. Whilst clinical practitioners in the MHST were trained in understanding evidence-based therapeutic interventions, their emphasis was typically on treatment of individually situated MH difficulties. EPs, on the other hand, were able to apply ecological systems perspectives alongside clinical models, broadening the scope for understanding need, ensuring appropriateness of referrals based on knowledge of child development and offering a consultative and collaborative approach to formulation (Fox, 2003). Furthermore, EPs' distinct approach to supervision, one that focused on encouraging reflexive practice versus clinical supervision which concentrated on managerial functions such as case management, offered another distinct activity for EPs to contribute within this context.

- EPs' interactionist view of MH was also felt to be advantageous for an MH IPT, as restrictions from taking a medical model view of MH (and applying only clinically oriented therapeutic interventions) became apparent throughout this study. One participant felt EPs' ability to 'not be wedded exclusively to one approach' was of benefit to work of this nature. As previously noted, an interactionist approach to interpreting MH need is necessary to maintain the quality of the provision being offered via an MHST, and to safeguard CYP from avoidable psychological harm (Glazzard & Stones, 2021; Foulkes et al, 2024). The clinical practitioners in this study were said by EPs to typically

show a preference for individual therapeutic work, but by having EPs on the team, the clinical orientation of the MHSTs shifted towards a more holistic model, allowing EPs to focus on driving forward WSCAs to engender systemic change and support the implementation of developmentally appropriate interventions for CYP.

In summary, the findings relating to RQ 2 demonstrate a number of distinct ways in which EPs are able to support inter-professional work of this nature, ways that would be much harder to achieve in a purely health-led team. Working systemically to bridge health and education systems, along with creatively applying psychology within an ecological systems framework and offering an interactionist lens when formulating CYP's MH need, are clear examples of what EPs perceive their distinct contribution to be when supporting the delivery of school-based MH provision within an IPT.

6.2.3 Research Question 3

How can contradictions identified through the application of second-generation AT enhance the practice of EPs in relation to:

a IPT working

b School-based MH provision?

Through the use of second-generation AT, this study was able to identify a number of contradictions across the MHST activity system. Identifying contradictions is an important step when conducting AT analysis, as it is believed that existing tensions within and between the nodes highlight an opportunity for new learning and change to take place (Engeström, 2000, p.960; Engeström, 1987). RQ 3 focused on

exploring the contradictions that existed for EPs working within MHSTs and how these tension points could be used to enhance EP practice in relation to IPT working and school-based MH provision. Contradictions for each of these areas are discussed in the previous chapter, and a synthesis, with implications, is offered below.

Interprofessional team working

Working in the context of an IPT was perceived by EPs to be layered in social-cultural complexities and whilst the benefits of working in this way appeared to outweigh any presenting challenges, AT analysis highlighted a number of tensions for inter-professional working. Contradictions (see Table 9, p.138) were most often noted in the 'rules' node of the activity system. Competing ideologies, systems and models of service delivery at times made it difficult for EPs to negotiate collaborative partnerships with their MHST colleagues from the health sector.

Most of the tensions that existed within MHSTs in this study resulted from a lack of shared understanding and differing models of professional practice. EPs often perceived themselves as not fully belonging to the MHST, and felt that the clinical orientation, at times, hindered EPs from carrying out the full breadth of their role. This was even more of a challenge in the early stages of EPs joining MHSTs, as there was a lack of clarification regarding how the EP role would be conceptualised. Difficulties cited by EPs that led to ineffective team working included, lack of role clarification, poor communication between health professional and EPs, differing communication styles, poor understanding of the EP role by commissioners and MHST colleagues, differing ways of working, a hierarchical team structure and a lack

of inclusion by health colleagues of EPs in decision-making processes. These identified tensions in inter-professional working offer a platform for expansive learning, whereby contradictions can be utilised to inform the necessary changes to improve joint working practices in the future (Engeström, 2001). As such, the implications of these findings for professional practice, e.g. how IPT working between EPs and health practitioners can be enhanced, will be discussed in section 6.4.

School-based MH provision

Tensions relating to the way in which school-based MH provision was delivered, typically resulted from the clinical orientation of blended health and education MHSTs. Whilst government strategy promotes preventative support and early identification of MH need, through the MSHTs' core functions of joined up working between the NHS and schools, and the implementation of WS/CAs to support good MH and wellbeing (DHSC and DfE, 2017), the clinical orientation of MHSTs in this study appeared to encourage prioritisation of individual therapeutic intervention. The impact of this response on participants was two-fold – firstly, EPs went into MHST work with the belief that they would be able to contribute their distinct psychological perspective to support a holistic understanding of need. However, the clinical model of practice meant that at times, EPs' recommendations (those grounded in evidence-based psychological research) were dismissed by health colleagues. Examples of this included when EPs would suggest psychological approaches to EMHPs, such as Personal Construct Psychology (Kelly, 2003) clinical leads would not allow this. The expectation from some health colleagues that EMHPs should only work within a CBT framework, was perceived to limit the reach of EPs' psychological knowledge

and narrow the scope of the MHSTs work. Secondly, as noted by Glazzard & Stones (2021), by implementing a clinical approach in MHSTs, the government reinforces a medical model understanding of MH need that lacks a strong evidence-base and encourages 'within-child' responses. For participants in this study, this approach not only risked narrowing the input of EPs within the team, which consequently reduced the level of support available to CYP, but also at times, made the role of EPs indistinguishable in this context, which creates possible negative connotations for the inclusion of EPs in future MHST waves.

In addition, evaluation of the impact of MHSTs has largely been based on quantitative outcome measures that have focused on the number of referrals made to the MHST, rather than the impact of wider systemic work. EPs in this study noted that NHS England and the DfE required information to be collated regarding the work of MHSTs, however, this presented a challenge for EPs who were unable to provide quantifiable data to evidence their contributions. Not only were EPs uncertain about how best to measure their systemic impact, but even if this were possible, it was unclear how this could be relayed to clinical commissioning groups in a way that was valued. This raises further questions regarding how impact is measured and what EPs can do to enable their contribution to be recognised both at a local and national level.

6.3 Theoretical Contributions

In summary, AT and its theoretical application bring into focus the key aspects of joint working practices which often go unnoticed or become disregarded by policy makers at a national level, as well as by those practitioners who wish to retain the

status-quo in respect of how important issues, such as CYP's MH, are understood and supported (Daniels, 2013). For authentic transformation of IPTs and Children's Services to occur, new approaches to knowledge acquisition must be welcomed and actively sought out. However, as Daniels (2013) noted, the challenge lies in mediating practices that are commonly regarded as beneficial, yet difficult to implement, such as the successful establishment of MH IPTs comprising EPs and health professionals.

AT in this study has allowed for a broad understanding of the competing tensions, from an individual to national level, impacting EPs' involvement and working practices within an IPT. This highlights AT's usefulness for research focused on understanding complex inter-professional contexts, such as MHSTs, and demonstrates how tensions within these systems can contribute to transformative learning and change in practice. This study also illuminates how AT can be used to shape research in the EP profession, both at a conceptual level when designing research studies, as well as by offering a clear analytical framework, to further support understanding of the EP role, from the perspective of EPs, in evolving contexts shaped by cultural, historical and socio-political influences.

6.4 Implications for Policy and Professional Practice

This research has presented a number of interesting findings with implications for professional practice. Firstly, it has demonstrated the distinct systemic role of EPs when working in an inter-professional context supporting the delivery of school-based MH provision. EPs have exemplified a broad set of skills and approaches that they have been able to apply in the context of MHSTs, including: systems knowledge

to facilitate WS/CA in settings; strategic leadership of MSHTs and partnership working across LAs; psychological knowledge regarding child development, SEMH needs and associated therapeutic interventions; consultative approaches to formulation of need, supported by problem-solving frameworks; training and supervisory skills to upskill MHST colleagues and promote reflexive practice; and bridging both health and education systems to integrate MHSTs into the local offer and strengthen relationships with schools and colleges. However, findings suggest that whilst the EPs in this study all displayed a strong sense of professional identity and recognised themselves as scientist-practitioners who were able to creatively apply psychology to support a holistic understanding of need, at times there were challenges with establishing this identity within an inter-professional context. As previously noted, the organisation of IPTs has the ability to influence cohesive working practices and ultimately, the success of teams. Therefore, learning from this research highlights the need for characteristics of the team (including its structure and language) to be negotiated and defined, prior to the work taking place – a process that appears to be often overlooked. Whilst there is a wealth of research exploring what makes an IPT effective, there appears to be less consideration at a national level as to how an MHST IPT will function cohesively, in practice - and considering the cultural, historical and social complexities IPTs are inevitably steeped in, this presents a key area for further contemplation by government policy makers and local commissioners, who oversee initiatives, such as MHSTs.

Frameworks such as Tuckman's stages of group development (1965) may prove useful for supporting collaborative conversations in the early stages of team

formation. For EPs, being included in an MH IPT at the earliest possible stage would likely reduce tensions regarding team orientation and models of practice, as consideration could be given to co-constructing a shared understanding of how the team will operate, e.g. through establishing a shared language, building mutual trust and a sense of belonging within the team, and by developing joint frameworks for problem-solving that allow for differing professional approaches to be aligned and complementary of one another. Collaborative knowledge building regarding how IPTs involving EPs and other professionals will work together is a key consideration, both at a local and national level to ensure policy outcomes for MH provision and joined up working practices are being achieved. Additionally, awareness of the complexities associated with the phenomenon of professional identity must not be ignored, with further exploration of how this construct may either facilitate or hinder an IPT's functioning being recommended (Richardson, 2023).

This research has also helped to illuminate the range of 'tools' that EPs use to mediate their systemic working activities and how they are able to apply evidence-based psychological approaches and theoretical knowledge of child development and education, to further enhance inter-professional collaboration and MH outcomes for CYP, particularly through whole-setting work. However, the breadth of an EPs role within the context of the MHST was in some respects hindered by the largely clinical orientation of the teams they were commissioned to join, despite EPs actively helping MHSTs to perform the required functions set out in the Green Paper (DHSC and DfE, 2017). This presents implications for LA commissioning groups, regarding how inter-professional teams, such as the MHSTs, are structured. Evidence here

suggests the importance of commissioners recognising the distinct position of EPs, specifically with regard to their ability to bridge health and education systems in contribution to integration of services across the LA, and the breadth of their psychological skillset specifically relating to the SEMH needs of CYP. Recognition would allow for inclusion of EPs in national guidance and policy discission-making regarding CYP's MH, as well as consistent direct involvement in government-driven initiatives, such as MHSTs. This in turn would also support a necessary shift in local and individual perspectives regarding the EP role and contribution in the context of CYP MH. This leads onto an additional implication regarding how MH is conceptualised at a national level. EPs have demonstrated the ability to contribute an interactionist perspective to the work of MHSTs, which supports teams to carry out the preventative function of the MHST work – however, data from this study has suggested that clinically-orientated teams may not necessarily encourage a holistic approach to formulation of need and subsequent intervention. Therefore, findings of this research suggest that national guidance regarding MHSTs should advocate for teams that include EPs as part of the core composition and promote not only blended teams, but blended psychological approaches, to ensure that response to CYP's need is developmentally appropriate and understood on a continuum of MH.

A further implication for practice pertains to how the systemic work of EPs is evaluated. Implications here are two-fold – commissioning groups overseeing the government initiatives, such as MHSTs, need to ensure that there is parity between systemic working practices and therapeutic interventions, in terms of the value placed on their contribution to the perceived success of IPTs. Secondly, the EP profession need to be clear on how impact is measured at a systems level and

continue to engage in research activities and further opportunities, such as participating in national advisory panels for example, to communicate a clear message to government and professional others, regarding the contribution of EPs at a systemic level, particularly in the context of supporting SEMH needs.

Finally, the most important implication of this research relates to how the work of EPs, in teams such as an MHST, impacts the CYP these initiatives were designed to serve. EPs' role in facilitating MHST colleagues to effectively navigate education systems, has supported CYP with accessing appropriate MH support at the earliest possible point, within the familiar environment of their school or college setting, ultimately fulfilling the core functions of the MHST. In addition, EPs have engaged in strategic partnership working practices to integrate MHSTs in with existing services across LAs, which benefits the whole school/ college community, with CYP and their families being given access to an improved local offer for MH support and cohesive working practices between education and health services.

As noted by all participants in this research study, EPs' main focus when working in MHSTs was to build capacity in schools, through the development of WSCAs to MH and wellbeing that facilitated long-term, sustainable change at a systems level. The WSCA fosters positive learning environments where the MH and emotional wellbeing of CYP, families and staff are prioritised, and prevention and early identification of MH need take precedence over reactive response to difficulty. Additionally, EPs' holistic approach to MH conceptualisation, along with their ecological perspective for recognising key influences on wellbeing from wider societal systems, ensures that CYP's MH is not viewed through a lens of deficit, but

instead considered together with a range of factors, such as the contextual and relational aspects associated with wellbeing.

6.5 Limitations and Future Research

This study centred the perspectives of EPs who worked directly within an MHST. Whilst AT supported an in-depth exploration of how EPs collectively conducted their working activity, the sample size included only a small number of participants, making the findings harder to generalise to broader contexts. However, the views gained in this study may not reflect all EPs' experiences of working in MHSTs, and the nature of an EP's role in these contexts may vary, it is felt that due to the limited research focused on gaining EPs' perspectives regarding their position working in MH IPTs, important learning can still be garnered from this research. Additionally, in relation to AT and TA, whilst flexible in approach and appropriate to the research design of this study, methodologies such as these rely on interpretation, which allows for possible subjectivity in how the findings are understood. However, it was felt that by utilising TA in conjunction with an AT framework, and mapping how findings were analysed, any potential bias was greatly reduced.

This study indicates avenues for further research in support of a broader understanding of EPs' contributions to the delivery of MH provision via IPTs. Firstly, future research may wish to consider expanding this study by using third generation AT to explore and compare the views of other groups working in or with an MHST (e.g. EMHPs, clinical leads, SMHLs, CYP) alongside a more diverse range of EPs, so that broader comparisons can be made regarding the contributions of EPs, from the perspective of professional others and those impacted by the work of

the MHST. This would allow for greater generalisability of findings, not only to other MHSTs across the country, but also for future inter-professional collaborations between EPs and professionals from the health sector, offering valuable insights about working in this context.

Future research exploring the longer-term impact of EPs' involvement within MHSTs, particularly for outcomes relating to improved MH for CYP, as well as the benefit for the wider community (e.g. families, education settings and the LA), may contribute to informed decision making regarding the inclusion of EPs in these initiatives, at both a policy and commissioning level. It may be useful here to explore current methods of evaluation used by EPs to evidence their work in practice and how these can be more consistently applied to demonstrate impact when working systemically in inter-professional contexts.

Another consideration for future research relates to the development of a greater breadth of research studies in educational psychology framed by AT, as a method for illuminating EP practice. This would allow for the historic and contemporary complexities that have influenced the way in which EPs have been able to demonstrate their distinct contribution to be addressed, specifically in the area of SEMH provision and inter-professional working.

Finally, within this study, tensions relating to the professional identity of EPs in MH inter-professional contexts were noted. Barriers and constraints across multiple levels of the activity system (individual, local and national levels) regarding how EPs' identity was understood, accepted and included in a clinically orientated IPT, were

also evident. Therefore, future research may wish to focus on exploring these issues in more detail and seek solutions which may, in turn, help address factors contributing to a recruitment and retention crisis across the EP profession.

6.6 Concluding Statement

This research study has explored the perceptions of EPs who have been working in IPTs supporting the delivery of school-based MH provision. Through the application of AT as both the conceptual and analytical tool, this study has offered unique insight into the distinct systemic contribution of EPs within this context, as well as the breadth of the EP role and the advantages of including EPs in the core composition of MHSTs. Furthermore, useful learning has been gained regarding the formation of IPTs and the need to prioritise how teams are co-constructed, to enhance cohesion and operational functioning. EPs appear to be an underused resource, particularly for national policymakers developing MH initiatives in education settings. This research highlights the breadth of the EP role, beyond just statutory duties, the adaptability of EPs to work across multiple levels of the ecosystem, their advocacy for an interactionist understanding of SEMH needs and their valuable contribution to inter-professional working practices. During what has been a challenging time for the EP profession, in terms of recruitment and retention, this research recognises the value of EPs and their ability to create meaningful systemic change that has the power to not only improve MH outcomes for CYP, but also to build much needed capacity across schools and colleges in England.

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CHAPTER 8: LIST OF APPENDICIES

Appendix 1 – Application for Ethics Review Form

UNIVERSITY OF BIRMINGHAM

Application for Ethics Review Form

Guidance Notes:

What is the purpose of this form?

This form should be completed to seek ethics review for research projects to be undertaken by University of Birmingham staff, PGR students or visiting/emeritus researchers who will be carrying out research which will be attributed to the University.

Who should complete it?

For a staff project – the lead researcher/Principal Investigator on the project.
For a PGR student project – the student's academic supervisor, in discussion with the student.

Students undertaking undergraduate projects and taught postgraduate (PGT) students should refer to their Department/School for advice

When should it be completed?

After you have completed the University's online ethics self-assessment form (SAF), **IF** the SAF indicates that ethics review is required. You should apply in good time to ensure that you receive a favourable ethics opinion prior to the commencement of the project and it is recommended that you allow at least 60 working days for the ethics process to be completed.

How should it be submitted?

An electronic version of the completed form should be submitted to the Research Ethics Officer, at the following email address: aer-ethics@contacts.bham.ac.uk.

What should be included with it?

Copies of any relevant supporting information and participant documentation, research tools (e.g. interview topic guides, questionnaires, etc) and where appropriate a health & safety risk assessment for the project (see section 10 of this form for further information about risk assessments).

What should applicants read before submitting this form?

Before submitting, you should ensure that you have read and understood the following information and guidance and that you have taken it into account when completing your application:

- The information and guidance provided on the University's ethics webpages (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-of-Research.aspx)

- The University's Code of Practice for Research (https://www.birmingham.ac.uk/Documents/university/legal/research.pdf)

- The guidance on Data Protection for researchers provided by the University's Legal Services team at https://intranet.birmingham.ac.uk/legal-services/What-we-do/Data-Protection/resources.aspx.

Section 1: Basic Project Details

Project Title: **ERN_21-0446:** Exploring the role of Educational Psychologists within government-driven, school-based mental health initiatives: An Activity Theory analysis of the barriers and facilitators to Educational Psychologists' involvement.

Is this project a:

University of Birmingham Staff Research project ☐
University of Birmingham Postgraduate Research (PGR) Student project ☒
Other (Please specify below) ☐
Click or tap here to enter text.

Details of the Principal Investigator or Lead Supervisor (for PGR student projects):

Title: Dr
First name: Colette
Last name: Soan

Position held: Academic Tutor
School/Department Disability, Inclusion and Special Needs

Telephone: 0121 414 3472
Email address: C.A.Soan@bham.ac.uk

Details of any Co-Investigators or Co-Supervisors (for PGR student projects):

Title: Mr
First name: Huw
Last name: Williams

Position held: Acting Joint Director AppEdPsychD Course
School/Department Education

Telephone: Click or tap here to enter text.
Email address: Huw Williams (Disability, Inclusion and Special Needs)
<H.Williams@bham.ac.uk>

Details of the student for PGR student projects:

Title: Miss
First name: Zoë
Last name: Morrice

Course of study: Doctorate in Applied Child and Educational Psychology
Email address: ZMM650@student.bham.ac.uk

Project start and end dates:

Estimated start date of project: 31/03/2021
Estimated end date of project: 30/06/2022

Funding:

Sources of funding: N/A

Section 2: Summary of Project

Describe the purpose, background rationale for the proposed project, as well as the hypotheses/research questions to be examined and expected outcomes. This description should be in everyday language that is free from jargon - please explain any technical terms or discipline-specific phrases. Please do not provide extensive academic background material or references.

The purpose of the study is to explore the role of the Educational Psychologist (EP) in government-driven, school-based mental health initiatives, specifically focussing on the barriers and facilitators to EP involvement. A case-study of a current mental health initiative of this kind (the recently established Mental Health Support Teams) will be used as the focus for an in-depth analysis of this research topic. Activity Theory (a psychological approach detailed below) will be utilised as the analytical tool, allowing for the specific examination of the 'rules' and constraints governing the role of the EP in the context of the Mental Health Support Teams (MHSTs).

Over the past two decades, the Government has committed to improving children and young people's (CYP) access to mental health support services, through the implementation of policy and practice which has led to the introduction of a range of mental health initiatives. Focus on early intervention and the prevention of mental health difficulties has led to several mental health initiatives taking place in conjunction with schools across England, e.g. the targeted mental health in schools programme (TaMHS) (Department for Children, Schools and Families, 2008) and the mental health services and schools link pilot (NHS England and the Department for Education, 2015) (see appendix 1 for a glossary of terms), with the aim being to ensure that a 'multi-agency responsibility' is taken between public health and

education services in the pursuit of improved mental health support for CYP (Fallon et al, 2010; Morris and Atkinson, 2018).

In 2017 the Government published 'Transforming Children and Young People's Mental Health: a Green Paper' (Department of Health and Social Care and Department for Education, 2017) which laid out plans for the Department of Health (DoH) and the Department for Education (DfE) to: jointly tackle issues relating to the disparity in access to mental health services between CYP; enhance opportunities for early identification and early intervention of mental health needs through joint working between schools and the NHS; the active promotion of good mental health and well-being at a whole-school level; and the shorter waiting times for CYP requiring access to more specialist mental health services (BRACE & PIRU, 2019). As a result of this plan, Mental Health Support Teams (MHSTs) were established in 2018 to address the issues set out in the green paper and were made up of members from education settings or those professionals who support schools (e.g. educational psychologists) and the NHS. Participating schools/colleges were asked to identify a senior mental health lead who was to be the main point of contact for members within the MHSTs.

Rationale: EP involvement within government-driven mental health initiatives tends to be variable, with there being no clearly defined role for the EP within these initiatives (Fallon et al, 2010). EPs contribution to supporting the social, emotional and mental well-being of children and young people is rarely acknowledged in detail within government guidance – for example, reference to EPs within the SEN Code of Practice (2014) is scant, and EPs are cited only three times in the 'Mental health and behaviour in schools' (2018) guidance - this is in spite of the specialised training EPs receive in understanding child development and research-informed approaches relating to the maintenance of good mental health and well-being. . A reason for this may in part be due to the role of the EP being misunderstood by other professionals (Fallon et al, 2010). EPs have often been associated more with assessment than they have intervention work, with this misconception only being fuelled further by the lack of clarity in the actual role of the EP (Fallon et al, 2010). Another explanation could be the difficulties in establishing multi-agency working practices between children's services across the health and education sectors (Cheminais, 2009). However, there is currently no research exploring the views of EPs regarding this matter, therefore, the research questions of this study will look determine the following:

- *What is the role of EPs within government-driven, school-based mental health initiatives, from the EP perspective?*
- *How has the EP role within government-driven school-based mental health initiatives changed over time?*
- *What do EPs consider to be the barriers and facilitators to EP involvement in government-driven school-based mental health initiatives?*

Analysis: *Activity theory will be used as the framework for data collection and as the analytical tool. Activity theory offers a lens through which human activity can be examined and is often used when considering organisational change and development. By understanding the activity of a system, we can begin to make sense of what is happening. The 'activity triangle' is used to offer a visual representation of the activity within a system (appendix 1). In relation to this research, the 'subject' of the activity triangle will be the perspective of EPs and the 'object' being considered will be the MHSTs, with this allowing for an exploration of a range of factors that be may influencing the activity of the system e.g.*

the 'rules' of the activity system (what supports or constrains the work of EPs within the MHSTs), the 'community' of the activity system (who else is involved in the MHSTs), the 'division of labour' within the activity system (how's the work within the MHSTs shared) and so forth. Data gathered through consideration of these questions will lend itself to a qualitative analysis of findings. The constant comparative method and inductive reasoning will be used to analyse survey data and interview transcripts, breaking down data into 'discrete units' and coding into categories (Glaser and Strauss, 1967; Lincoln and Guba, 1985). The concepts/themes/categories generated will then be further reconceptualized and new constructs established in accordance with the Activity Theory framework (appendix 1).
Expected Outcomes: *By using Activity Theory as the analytical tool, it is expected that the outcomes of the study will offer insight into the specific barriers and facilitators to EP involvement in government-driven, school-based mental health initiatives from the perspective of EPs. This knowledge will look to* amplify the unique contribution of EPs and the value of their work, particularly in relation to supporting the mental health needs of CYP through multi-agency working, offer support to on-going evaluations of the MHSTs, as well as consider the benefits of an eco-systemic understanding of CYP's mental health and well-being.

Section 3: Conduct and location of Project

Conduct of project

Please give a description *of the research methodology that will be used. If more than one methodology or phase will be involved, please separate these out clearly and refer to them consistently throughout the rest of this form.*

This study will employ a qualitative approach to research using Activity Theory as the framework for data collection and as the analytical tool. Data collection will take place across two phases.
Phase 1: Data collection will include a national online survey (the survey will be hosted by Qualtrics, an online survey platform-see appendix 1) that will be administered to all qualified EPs practicing in Educational Psychology Services, situated in England.
Phase 2: A case study design will be employed, and semi-structured interviews (appendix 5) conducted with current members of the MHSTs (n≈8).
Analysis for Phase 1 & 2: The constant comparative method and inductive reasoning will be used to analyse survey data and interview transcripts, breaking down data into 'discrete units' and coding into categories (Glaser and Strauss, 1967; Lincoln and Guba, 1985). The concepts/themes/categories generated will then be further reconceptualized and new constructs established in accordance with the Activity Theory framework.

Geographic location of project

State the geographic locations where the project and all associated fieldwork will be carried out. If the project will involve travel to areas which may be considered unsafe, either in the UK or overseas, please ensure that the risks of this (or any other non-trivial health and safety risks associated with the research) are addressed by a documented health and safety risk assessment, as described in section 10 of this form.

The project and all associated fieldwork will be conducted remotely via MS Teams with qualified educational psychologists practicing in Educational Psychology Services, situated England.

Section 4: Research Participants and Recruitment

Does the project involve human participants?

Note: 'Participation' includes both active participation (such as when participants take part in an interview) and cases where participants take part in the study without their knowledge and consent at the time (for example, in crowd behaviour research).

Yes ☒
No ☐

If you have answered NO please go on to Section 8 of this form. If you have answered YES please complete the rest of this section and then continue on to section 5.

Who will the participants be?

Describe the number of participants and important characteristics (such as age, gender, location, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

	Inclusion criteria	Exclusion criteria	Number of participants
Case study of the MHSTs	• Qualified EP status • EPs currently practicing in Educational Psychology Services, situated England. England • Current or past member of the MHSTs	• Those without qualified EP status (e.g. assistant or trainee educational psychologists) • EPs practicing in Educational Psychology Services outside of England • EPs with no current or past involvement in the MHSTs	• Between 6-10 participants

How will the participants be recruited?

Please state clearly how the participants will be identified, approached and recruited. Include any relationship between the investigator(s) and participant(s) (e.g. instructor-student). Please ensure that you attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

Section 5: Consent

What process will be used to obtain consent?

Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why. If the participants are under the age of 16 it would usually be necessary to obtain parental consent and the process for this should be described in full, including whether parental consent will be opt-in or opt-out.

Phase 1: Prior to involvement in phase 1 of the study, a statement will be presented at the beginning of the online survey that all potential participants will be required to read. Consenting statements will then be presented, with individuals needing to agree to all statements to indicate their consent to participation in phase 1 of the study (appendix 2).
Phase 2: Prior to involvement in phase 2 of the study, all potential participants will receive an information sheet and consent form (appendix 3 & 4) and provided with the opportunity to ask the investigator any questions relating to the research. Fully informed consent will then be gained from all individuals willing to take part in the study, and participants will be assured that their involvement in the study is voluntary.

Please be aware that if the project involves over 16s who lack capacity to consent, separate approval will be required from the Health Research Authority (HRA) in line with the Mental Capacity Act.

Please attach a copy of the Participant Information Sheet (if applicable), the Consent Form (if applicable), the content of any telephone script (if applicable) and any other material that will be used in the consent process.

Note: Guidance from Legal Services on wording relating to the Data Protection Act 2018 can be accessed at https://intranet.birmingham.ac.uk/legal-services/What-we-do/Data-Protection/resources.aspx.

Use of deception?

Will the participants be deceived in any way about the purpose of the study?

Yes ☐
No ☒

If yes, please describe the nature and extent of the deception involved. Include how and when the deception will be revealed, and the nature of any explanation/debrief will be provided to the participants after the study has taken place.

Click or tap here to enter text.

Section 6: Participant compensation, withdrawal and feedback to participants

What, if any, feedback will be provided to participants?

Explain any feedback/ information that will be provided to the participants after participation in the research (e.g. a more complete description of the purpose of the research, or access to the results of the research).

Feedback to participants: Once the analysis of the data has been completed, participants will be sent a summary of the findings from the research.

What arrangements will be in place for participant withdrawal?

Describe how the participants will be informed of their right to withdraw from the project, explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

Phase 1: Participants will be informed of their right to withdraw from the study, without consequence, at any time during the survey (appendix 2). Consenting statements will also be presented at the start of the online survey, with individuals needing to agree to all statements to indicate their consent to participate in phase 1 of the study – if they do not wish to continue with the survey at this stage, there will be an option to decline participation (appendix 2). Survey data will be anonymous and kept confidential using Qualtrics software.

Phase 2: Information on participants' right to withdraw from phase 2 of the study will be made explicitly clear in the information letter provided to participants (appendix 3). Participants will have the right to withdraw from phase 2 of the study at any time before or during phase 2, and up to 3 months afterwards. After this period, participants can still withdraw their data from any future publications which have not yet been published but may not be able to withdraw data from results which have already been submitted as part of the doctoral thesis examination process. If a participant chooses to completely withdraw from the study during the period of data collection, all of their data will be destroyed, unless consent is given to allow the analysis of data that has already been collected from them up until that point in time.

Please confirm the specific date/timescale to be used as the deadline for participant withdrawal and ensure that this is consistently stated across all participant documentation. This is considered preferable to allowing participants to 'withdraw at any time' as presumably there will be a point beyond which it will not be possible to remove their data from the study (e.g. because analysis has started, the findings have been published, etc).

Participants will be able to fully withdraw from the study up to 3 months after the period of data collection.

What arrangements will be in place for participant compensation?

Will participants receive compensation for participation?

Yes ☐
No ☒

If yes, please provide further information about the nature and value of any compensation and clarify whether it will be financial or non-financial.

Click or tap here to enter text.

If participants choose to withdraw, how will you deal with compensation?

Click or tap here to enter text.

Section 7: Confidentiality/anonymity

Will the identity of the participants be known to the researcher?

Will participants be truly anonymous (i.e. their identity will not be known to the researcher)?

Yes ☐
No ☒

In what format will data be stored?

Will participants' data be stored in identifiable format, or will it be anonymised or pseudo-anonymised (i.e. an assigned ID code or number will be used instead of the participant's name and a key will kept allowing the researcher to identify a participant's data)?

Phase 1: All responses to the online survey will be anonymous and data treated as confidential. The survey will be hosted by Qualtrics, an online survey platform which is GDPR compliant and therefore all data collected during the online survey will be stored securely on this platform.
Phase 2*:* Participant data will be confidential but not anonymous. Any identifying participant data (e.g. name, contact details) collected during phase2 of the study, will be stored on the University of Birmingham's BEAR Datashare, which allows for data to be securely stored online. Participant confidentiality will be maintained as the investigator will only be using participant initials or an ID number. The study will adhere to the guidance set out in the Data Protection Act (2018).

Will participants' data be treated as confidential?

Will participants' data be treated as confidential (i.e. they will not be identified in any outputs from the study and their identity will not be disclosed to any third party)?

Yes ☒
No ☐

If you have answered no to the question above, meaning that participants' data will not be treated as confidential (i.e. their data and/or identities may be revealed in the research outputs or otherwise to third parties), please provide further information and justification for this:

Click or tap here to enter text.

Section 8: Storage, access and disposal of data

How and where will the data (both paper and electronic) be stored, what arrangements will be in place to keep it secure and who will have access to it?

Please note that for long-term storage, data should usually be held on a secure University of Birmingham IT system, for example BEAR (see https://intranet.birmingham.ac.uk/it/teams/infrastructure/research/bear/index.aspx).

Any identifying participant data (e.g. name, contact details) will be stored on the University of Birmingham's BEAR Datashare, which allows for data to be securely stored online.

Data retention and disposal

The University usually requires data to be held for a minimum of 10 years to allow for verification. Will you retain your data for at least 10 years?

Yes ☒
No ☐

If data will be held for less than 10 years, please provide further justification:

Click or tap here to enter text.

What arrangements will be in place for the secure disposal of data?

Data will be archived on the BEAR Datashare and arrangements made for data to be deleted from storage on a specified date, ten years after completion of the study.

Section 9: Other approvals required

Are you aware of any other national or local approvals required to carry out this research?

E.g. clearance from the Disclosure and Barring Service (DBS), Local Authority approval for work involving Social Care, local ethics/governance approvals if the work will be carried out overseas, or approval from NOMS or HMPPS for work involving police or prisons? If so, please provide further details:

No recruitment for this study will be done via the NHS, as the focus of the project will be solely on the experiences of Educational Psychologists and not clinical professionals or service users.

For projects involving NHS staff, is approval from the Health Research Authority (HRA) needed in addition to University ethics approval?

If your project will involve NHS staff, please go to the HRA decision tool at http://www.hra-decisiontools.org.uk/research/ to establish whether the NHS would consider your project to be research, thus requiring HRA approval in addition to University ethics approval. Is HRA approval required?

Yes ☐
No ☒

Please include a print out of the HRA decision tool outcome with your application.

Section 10: Risks and benefits/significance

Benefits/significance of the research

Outline the potential significance and/or benefits of the research

- Amplify the unique contribution of EPs and the value of their work, particularly in relation to supporting the mental health needs of CYP in education settings
- Highlight the advantages of an eco-systemic understanding of CYP mental health and well-being
- Opportunity to support real, systemic change at a local level (and possibly wider) for EP involvement in government-driven, mental health initiatives.

Risks of the research

Outline any potential risks (including risks to research staff, research participants, other individuals not involved in the research, the environment and/or society and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap.) ***Please ensure that you include any risks relating to overseas travel and working in overseas locations as part of the study, particularly if the work will involve travel to/working in areas considered unsafe and/or subject to travel warnings from the Foreign and Commonwealth Office (see*** https://www.gov.uk/foreign-travel-advice)***. Please also be aware that the University insurer, UMAL, offers access to RiskMonitor Traveller, a service which provides 24/7/365 security advice for all travellers and you are advised to make use of this service (see*** **https://umal.co.uk/travel/pre-travel-advice/***).***

The outlining of the risks in this section does not circumvent the need to carry out and document a detailed Health and Safety risk assessment where appropriate – see below.

There are no risks relating to this research that will negatively impact either the investigator or the research participants.

University Health & Safety (H&S) risk assessment

For projects of more than minimal H&S risk it is essential that a H&S risk assessment is carried out and signed off in accordance with the process in place within your School/College and you must provide a copy of this with your application. The risk may be non-trivial because of travel to, or working in, a potentially unsafe location, or because of the nature of research that will carried out there. It could also involve (irrespective of location) H&S risks to research participants, or other individuals not involved directly in the research. Further information about the risk assessment process for research can be found at https://intranet.birmingham.ac.uk/hr/wellbeing/worksafe/policy/Research-Risk-Assessment-and-Mitigation-Plans-RAMPs.aspx.

Please note that travel to (or through) 'FCO Red zones' requires approval by the University's Research Travel Approval Panel, and will only be approved in exceptional circumstances where sufficient mitigation of risk can be demonstrated.
Section 11: Any other issues

Does the research raise any ethical issues not dealt with elsewhere in this form?

If yes, please provide further information:

No other ethical issues are raised by this research

Do you wish to provide any other information about this research not already provided, or to seek the opinion of the Ethics Committee on any particular issue?

If yes, please provide further information:

N/A

Section 12: Peer review

Has your project received scientific peer review?

Yes ☐
No ☒

If yes, please provide further details about the source of the review (e.g. independent peer review as part of the funding process or peer review from supervisors for PGR student projects):

Click or tap here to enter text.
Section 13: Nominate an expert reviewer

For certain types of project, including those of an interventional nature or those involving significant risks, it may be helpful (and you may be asked) to nominate an expert reviewer for your project. If you anticipate that this may apply to your work and you would like to nominate an expert reviewer at this stage, please provide details below.

Title: Click or tap here to enter text.
First name: Click or tap here to enter text.
Last name: Click or tap here to enter text.
Email address: Click or tap here to enter text.
Phone number: Click or tap here to enter text.

Brief explanation of reasons for nominating and/or nominee's suitability:

N/A
Section 14: Document checklist

Please check that the following documents, where applicable, are attached to your application:

Recruitment advertisement ☐
Participant information sheet ☒
Consent form ☒
Questionnaire ☒
Interview/focus group topic guide ☒

Please proof-read study documentation and ensure that it is appropriate for the intended audience before submission.

Section 15: Applicant declaration

Please read the statements below and tick the boxes to indicate your agreement:

I submit this application on the basis that the information it contains is confidential and will be used by the University of Birmingham for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent. ☒

The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it. ☒

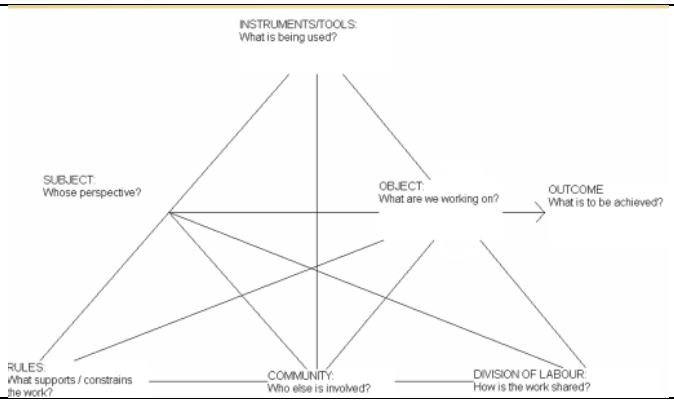
I undertake to abide by University Code of Practice for Research (https://www.birmingham.ac.uk/Documents/university/legal/research.pdf) alongside any other relevant professional bodies' codes of conduct and/or ethical guidelines. ☒

I will report any changes affecting the ethical aspects of the project to the University of Birmingham Research Ethics Officer. ☒

I will report any adverse or unforeseen events which occur to the relevant Ethics Committee via the University of Birmingham Research Ethics Officer. ☒

Please now save your completed form and email a copy to the Research Ethics Officer, at aer-ethics@contacts.bham.ac.uk. As noted above, please do not submit a paper copy.

Glossary of terms	
Activity Theory	A psychological approach rooted in social constructivist principles, used to understand human activity. Activity theory provides a framework both for data collection and data analysis.

Activity theory as an analytical tool (Leadbetter et al, 2007): The Activity Triangle	
Mental Health Services and Schools Link Pilots (2015)	This pilot (also referred to as the Link Programme) was launched in 2015 by NHS England and the Department for Education in response to the government report produced by the 'Future in Mind' taskforce in a bid to improve access to mental health support for children and young people.
Mental Health Support Teams (MHSTs)	MHSTs were introduced in 2018 in response to the government guidance set out in the green paper, 'Transforming Children and Young People's Mental Health Provision' (2017). MHSTs are comprised of professionals from both the health and education sectors, and have 3 core functions: delivering low-level psychological interventions; support school mental health leads to develop their whole school/college approach; offer advice to schools/colleges and liaise with other external services to improve CYP's access to mental health support and their engagement with education (BPS, 2019).
Targeted Mental Health in Schools programme (TaMHS)	The TaMHS project was a government initiative funded by the Department for Children, Schools and Families (now the Department for Education) to improve delivery of mental health support for children aged 5-13.
Qualtrics	An online survey platform recognised by the University of Birmingham as being appropriate for academic research.

Appendix 2 –Participant Information sheet

UNIVERSITY OF BIRMINGHAM

PROJECT TITLE

AN EXPLORATION OF THE ROLE OF EDUCATIONAL PSYCHOLOGISTS WORKING WITHIN MULTIDISCIPLINARY TEAMS IMPLEMENTING GOVERNMENT-DRIVEN MENTAL HEALTH INITIATIVES: AN ACTIVITY THEORY ANALYSIS.

INVITATION

You are being asked to take part in a research study exploring the role of the Educational Psychologist (EP) in government-led mental health initiatives, which take place in school and college settings. The aim of this research is to establish the factors that facilitate and hinder EP involvement in these types of mental health initiatives, with specific focus being placed on the recently established Mental Health Support Teams (MHSTs). My name is Zoë Morrice and I will be conducting this study as part of my doctoral research for the Applied Child and Educational Psychology doctorate at the University of Birmingham. The research is being supervised by Dr Colette Soan (Academic Tutor at the University of Birmingham) and has been approved by the University's Research Ethics Committee.

WHAT WILL HAPPEN

In this study you will be asked to take part in one semi-structured interview (appendix 5) that will be conducted remotely via Microsoft Teams. During the interview you will be asked questions relating to your perception of the role of the EP within the MHSTs and to share what you feel have been the barriers and facilitators to successful EP involvement within your specific MHST. The interview will be screen recorded on Microsoft Teams and the video and audio recording securely stored on a password protected computer and the University of Birmingham's BEAR DataShare service. Data will then be transcribed and analysed according to an Activity Theory framework.

TIME COMMITMENT

The study interview will take approximately one hour and will take place remotely on a mutually convenient date between the months of July and September 2021.

PARTICIPANTS' RIGHTS

Participation in the research study will be on a voluntary basis and you will have the right to withdraw from the study without explanation. You will be able to have your data withdrawn from the study at any time before or during the study, and up to 3 months after data collection. After this period, you will still be able to withdraw your data from any future publications which have not yet been published but may not be able to withdraw data from results which have already been submitted as part of the doctoral thesis examination process.

If you choose to completely withdraw from the study during the period of data collection all of your data will be destroyed, unless consent is given for your data to still be analysed as part of the research study. There will be no adverse consequences if you choose to longer participate in the study.

You will have the right to refuse to answer any question during the course of the interview without explanation.

BENFITS AND RISKS

There are no known risks or benefits to your participation in this study.

COST, REIMBURSEMENT AND COMPENSATION

Your participation in this study will be on a voluntary basis.

CONFIDENTIALITY

Your confidentiality will be taken very seriously. Information that could be used to personally identify you (such as your name and contact details) will be stored on password protected computer and the University of Birmingham's BEAR DataShare service. Information which could identify you will be kept separately from other study information collected during the semi-structured interview process.

HOW DO I TAKE PART?

If you are interested in taking part in the research then please complete the consent form below and return it to me via the following email address: ZMM650@student.bham.ac.uk

I HAVE MORE QUESTIONS...

If you have any further questions about this research please contact Zoë Morrice at ZMM650@student.bham.ac.uk or Dr Colette Soan at C.A.Soan@bham.ac.uk, prior to the study commencing.

Appendix 3 – Participant Consent Form

UNIVERSITY OF BIRMINGHAM

Exploring the role of the Educational Psychologist within the Mental Health Support Teams: Consent Form

I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. ☐

I understand that my participation in this study is voluntary. ☐

I understand that information collected for the research will be kept confidential.
I understand that I can leave the study at any time. ☐

I give permission for the researcher to use my data for future research projects, and to share the data with co-investigators as long as no information is used which could identify me. ☐

Please sign below if you are happy to take part in the study:

Name (please print): _____ ☐

Signature: _____

Date: _____

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Appendix 4 – Extract from the transcript of Participant 2

P2: So what facilitates my role in the current MHST from the local authority?
ZM: Yeah, or yeah, it could be….if you feel like it's more…your role's facilitated more at an individual level, that's fine, but if you've got things at those different levels, that would be really interesting to hear
P2: Well I do, my manager meets with me regularly, something I requested, but I suppose, it's kind of facilitative in a kind of colleague level, where she's, she's facilitating my kind of confidence in the role and any ideas I might have, I can talk it through with her and see whether actually 'is that a bad idea?' or 'is that a, is that going to work?' I think for my manager as well, she's, she's suffered with the same kind of issues as me, of clarity, getting her head round things, challenges and barriers that she's faced in terms of getting the level of support consistent across waves, erm, battling with different commissioners, it kind of muddies and confuses the issue and what our roles need to be, so whenever there's a facilitating factor, there's always a mitigating barrier there, always…I suppose the fact that she gives me time, time allocation for it…
ZM: You mentioned earlier about trying to arrange the meetings across the Midshire region for other EPs, is that something…did you day that hasn't happened yet…right…
P2: No, no…I mean that would probably have facilitated from a peer level, yeah, just to know 'how are you doing things' but I have kind of got that anyway, there's, there's one of my, erm, she was a trainee on my cohort, she's also involved in the MHSTs so I kind of speak to her anyway and get a , 'are you doing this?' 'ahh okay so I'm alright doing that' and she's kind of steered me in the right direction as well, because I was kind of like coming in almost last minute and picking his up, so she, she's given me some moral support and some kind of guidance on what she does…erm but facilitating it…I mean, health do actually, facilitate to a large extent and I can ask, ask them about certain ideas that I've got and I can ask them for informal meetings with the team manager who is health…
ZM: Yes yeah
P2: …you know, and she'll provide a bit of, kind of like, err critical friend type approach, which helps me to erm adjust what I'm doing I suppose with staff well-being or whole school approaches…the away day stuff facilitates ,because it really helps to solidify the relationships, without that I would probably still be a bit guarded in, and they may still be a bit guarded in…mind you, breaking the guarded stuff was kind of breaking down towards the end of last year, but I thought that was a really goo way of helping us to, to become one team…
ZM: Yeah, yeah
P2: Erm, there's probably loads of things, the relationships really facilitate it the most, having a good relationship with the EMHPs and having a kind of honest , open relationship with them, like that's, you know, if you've got, you know a worry about something or you want to ask them something directly, just, you know, speaking to them on videocall, erm, being frank and honest with them about, 'well I'm concerned about that, are you concerned about that' or just yeah, having those r…if I hadn't got those relationships this whole thing wouldn't work
ZM: So yeah, just wouldn't work…so yeah, would you say that's been the main facilitator for you, being able to do what you….
P2: "Yeah the relationships,"

Appendix 5 –Thematic Analysis and Activity Theory Analysis Notes