An Interpretative Phenomenological Analysis of the school experiences of young people who are Not in Education, Employment or Training in relation to mental health and wellbeing

By

Amalia Emanuela Dîrnu

A thesis submitted to The University of Birmingham For the Degree of Applied Educational and Child Psychology Doctorate

Volume One

School of Education

The University of Birmingham

June 2018

UNIVERSITY OF BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

ABSTRACT

Young people who are not in education, employment or training (NEET) are thought to be at an increased risk of experiencing mental health difficulties (Goldman-Mellor et al., 2016). However, there is limited research literature with a focus on NEETs' lived experiences in relation to health and wellbeing. In this context, this research aimed to gain an understanding of the school/college experiences of young people with a current NEET status in the UK and to consider the findings in the context of the mental health and wellbeing literature. Semi-structured interviews were used to explore the school/college experiences of 4 young people aged 16-17, the data being analysed using Interpretative Phenomenological Analysis. Three main themes were identified: *mental health facets; being held back;* and *relationships and patterns*. Their school experiences had often been characterised by mental health needs, a reciprocal relationship being highlighted between the two elements. Aspects conducive to health also emerged, including the important role positive relationships with teachers had played during the school years; teachers having the potential to provide secondary attachment relationships. Furthermore, this research supports Westerhof and Keyes' (2010) model of mental health, which distinguishes between two dimensions: the absence/presence of mental health and positive wellbeing. Implications for practice are further discussed.

DEDICATION

To my husband, Daniel,

Thank you for lovingly walking with me on this journey.

To my wonderful daughter, Ruxandra Desirée,

Thank you for making my life beautiful.

To my parents, Vasile and Silvia,

Thank you for allowing me to dream and fly.

To my family,

Thank you for all your love, support and the many hours

Ruxandra spent in your company.

To the young people sharing their story,

Thank you.

ACKNOWLEDGEMENTS

I would like to express my gratitude to my university tutor, Nick Bozic, for the insightful comments and encouragement. Thank you for your quiet assurance and guidance whilst completing this study.

I would like to thank the whole tutor team at University of Birmingham. As you welcomed me on this journey I discovered an exciting new world.

My sincere thanks also go to Mrs Sheri Wright, who created a positive and reassuring space where I was able to look to the future with hope. Without your precious support it would not be possible to conduct this research.

I would like to thank the Educational Psychology Team – I continue to be inspired and touched by your kindness.

Finally, my thanks go to my brother and sister-in-law, Ionel and Charley, for opening up a loving home for Ruxandra during my many hours of study.

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION
1.1 Introduction 1
1.2. Educational Psychologists' (EP) role in the national context 2
1.2.1. Mental Health and the legislative and policy context 2
1.2.2. The Educational Psychology Services in the current policy and legislative context 5
1.3. NEET and social exclusion 6
1.4. Policy and Legislation: Post 16 9
1.5. Rationale for research 10
1.6. Definition of terms 13
1.6.1. NEET 13
1.6.2. Mental Health 15
1.7. Methodological orientation 15
1.8. Overview of structure and content 16

CHAPTER TWO: LITERATURE REVIEW
2.1. Chapter Overview 17
2.2. Introduction 17
2.3. School experiences 19
2.4. NEET and mental health research Systematic Review 23
2.4.1. Search Strategy 23
2.4.2. Review of the Included Research 24
2.4.2.1. Study characteristics 24
2.4.2.2. Design characteristics 25
2.4.2.3. Participant characteristics 26
2.4.2.4. Ways of defining NEET 28
2.4.2.5. Mental Health Assessment 28
2.4.3. Overall findings re NEET and MH 30
2.4.4. NEET and specific areas of difficulty 31
2.4.4.1. Common mental health problems: anxiety and depression 31
2.4.4.2. Suicidal behaviour 33
2.4.4.3. Attentional Problems 33
2.4.4.4. Cognitive development 34
2.4.4.5. NEET, substance use and criminal behaviours 34
2.4.5. Differences among NEET young people's mental health 35
2.4.6. Mental health during childhood and adolescence 36
2.4.7. The relationship between mental health and NEET status 37
2.4.8. Literature review main conclusions 37
2.4.9. Issues regarding Mental Health assessment 38
2.5. Complexities surrounding definitions of Mental Health and Wellbeing 38
2.5.1. Section introduction 38
2.5.2. Definitions of mental health 39
2.5.3. Mental Health and wellbeing 43
2.5.3.1. Westerhof and Keyes' (2010) two-continua model of mental health 44

2.6. Salutogenic perspectives on health 47
2.6.1. Adolescent boys' understanding of (mental) health and wellbeing 48
2.6.2. NEET young people's experiences in relation to mental health and wellbeing 50
2.7. Chapter Summary 51

CHAPTER THREE: METHODOLOGY
3.1. Chapter Overview 53
3.2. Part One: Theoretical underpinnings 53
3.2.1. Methodological approach 53
3.2.2. Ontological and epistemological assumptions: interpretivist – critical realist 55
3.2.3. Rationale for using IPA 55
3.2.4. Phenomenology 56
3.2.5. Double Hermeneutics 58
3.2.6. Ideography 59
3.3. Part Two: Research Design 60
3.3.1. Design Frame 60
3.3.2. Data collection method 60
3.3.2.1. Interview schedule 61
3.3.2.2. Pilot Interview 64
3.3.3. Data collection procedure 66
3.3.4. Participants 68
3.3.4.1. Pen portrait – Max 70
3.3.4.2. Pen portrait – Josh 71
3.3.4.3. Pen portrait – Mark 72
3.3.4.4. Pen portrait – Olivia 73
3.3.5. Data analysis 74
3.3.6. Ethics 77
3.3.7. Dissemination 80
3.3.8. IPA Limitations 81
3.3.9. Validity in IPA 83

CHAPTER 4: ANALYSIS AND DISCUSSION
4.1. Introduction 85
4.2. Results 85
4.2.1. The case of Max 87
Theme I: Mental Health facets 87
Theme II: Being held back 90
Theme III: Relationships and patterns 93
4.2.2. The case of Josh 95
Theme I: Mental Health facets 95
Theme II: Being held back 100
Theme III: Relationships and patterns 102
4.2.3. The case of Mark 107
Theme I: Mental Health facets 107
Theme II: Being held back 112
Theme III: Relationships and patterns 114

4.2.4. The case of Olivia 118
Theme I: Mental Health facets 118
Theme II: Being held back 123
Theme III: Relationships and patterns 126
4.3. Discussion 132
4.3.1. Similarities and differences between cases 143
4.4. Research questions 147
4.4.1. Research Question: What were the school experiences of young people who are NEET? 147
4.4.2. Research Question: How did young people's school experience relate to mental health and wellbeing? 149

CHAPTER FIVE: CONCLUSIONS
5.1. Introduction to chapter 152
5.2. Summary of findings and contribution to knowledge 152
5.3. Implications for professional practice 153
5.3.1. Implications for Educational Psychologists 153
5.3.2. Implications for Educational Professionals 155
5.4. Suggestions for future research 157
5.5. Reflexivity 158
5.6. Limitations to research 160
5.6.1. Design 160
5.6.2. Sampling 161
5.6.3. Data collection and analysis 162
5.7. Concluding remarks 164

APPENDICES 165

REFERENCES 196

LIST OF ILLUSTRATIONS

Figure 1	The Transdomain Model of Mental Health	43
Figure 2	Westerhof and Keys' two continua model of mental health	45

LIST OF TABLES

Table 1	Mental health definitions	41
Table 2	Interview schedule development process	62
Table 3	The IPA analytic process	74
Table 4	Potential ethical issues and steps taken to address them	78
Table 5	Results: Themes and Subthemes	86

LIST OF BOXES

Box 1	Significantly high levels of anxiety	87
Box 2	Enjoying learning	88
Box 3	Having a sense of accomplishment	88
Box 4	Experiencing high levels of social wellbeing	89
Box 5	Social wellbeing reduced over time	90
Box 6	Having a sense of accomplishment for taking on responsibilities	90
Box 7	Having personal goals and motivation to succeed	91
Box 8	Experiencing relief for having escaped school	92
Box 9	Wishing for an individualised teaching approach	92
Box 10	Longing to be heard and known	93
Box 11	Positive interactions and feeling safe in the presence of friends	93
Box 12	Feeling close to key teachers	94
Box 13	Balanced view of school despite personal challenges	94
Box 14	Raised mental health needs	95
Box 15	Panic attacks	96
Box 16	Josh’s moments of happiness	96
Box 17	Josh wanting to fit in	97
Box 18	Transport issues and subjective wellbeing	97
Box 19	Achieving academically	98
Box 20	Feeling inefficient	98
Box 21	Distancing from others and negative feelings	99
Box 22	Seeing oneself as an outcast	99
Box 23	Feelings of powerlessness and hopelessness	100
Box 24	Exercising agency and control	101
Box 25	Difficult personal circumstances	101
Box 26	Being bullied	102
Box 27	A desire to fit in	103
Box 28	Wanting to be known	103
Box 29	Positive feelings in the context of positive interactions with adults	103

Box 30	The importance of teachers recognising individual strengths	104
Box 31	Thriving when teachers show appreciation and trust	105
Box 32	Feeling insecure, rejected and emotionally distressed	105
Box 33	Preoccupied by relationships	106
Box 34	Josh's anger	106
Box 35	Unable to engage in school life efficiently	107
Box 36	Persistent low mood	108
Box 37	Mark resists acknowledging positive experiences	108
Box 38	Feelings of happiness and enjoyment	109
Box 39	Underlying low social wellbeing	109
Box 40	Feeling unable to learn	110
Box 41	Failed attempts to realise his academic potential	110
Box 42	Distant peer relationships	111
Box 43	Feeling ignored and wanting to be understood	111
Box 44	Relying on relationships outside his school community	112
Box 45	Struggling to adapt and to cope	112
Box 46	Optimism	113
Box 47	Feeling unable to reject the pressure placed on him	113
Box 48	Mark's desire for freedom	114
Box 49	Personal difficulties: illness	114
Box 50	Mark wanting to be heard and known	115
Box 51	Fitting in and belonging	115
Box 52	Mark's desire for a personal relationship with teachers	116
Box 53	Withdrawing from school life	116
Box 54	A desire for meaningful relationships	117
Box 55	Mark's disappointment and revolt due to teachers' impersonal approach	117
Box 56	Feeling unable to cope	118
Box 57	Olivia's mental health difficulties	119
Box 58	Olivia's unhealthy coping mechanisms	119
Box 59	The value of praise	120
Box 60	Feelings of deep sadness	120

Box 61	Olivia’s struggle to engage in school	121
Box 62	Relationship difficulties	121
Box 63	Sadness and fitting in	122
Box 64	Olivia’s negative school experiences	122
Box 65	Making the most of own circumstances	123
Box 66	A balanced view of the school	123
Box 67	Olivia’s need to feel powerful	124
Box 68	Unable to control own circumstances	125
Box 69	Harmful effects of unhelpful relationships	125
Box 70	The school playing a positive role by changing Olivia’s circumstances	126
Box 71	Olivia’s desire to be known, wanted and trusted	127
Box 72	Olivia feeling highly vulnerable	127
Box 73	Being “somebody”	128
Box 74	Enjoying praise like a child	128
Box 75	Difficult relationships with teachers	129
Box 76	Olivia’s description of an ideal teacher	129
Box 77	Olivia’s traumatic home experiences	130
Box 78	Difficult relationships with female teachers	131
Box 79	Wanting to feel emotionally safety	131
Box 80	The challenge of finding another who can understand and empathise	132

LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactive Disorder
APA	American Psychiatric Association
BERA	British Educational Research Association
BPS	British Psychology Society
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behaviour Therapy
DfES	Department for Education and Skills
DfE	Department for Education
DoH	Department of Health
DSM-4	Diagnostic and Statistical Manual of Mental Disorders–Fourth edition
DSM-5	Diagnostic and Statistical Manual of Mental Disorders–Fifth edition
EHCP	Education, Health and Care Plan
EP(s)	Educational Psychologist(s)
GCSE	General Certificate of Secondary Education
ICD-10	International Classification of Diseases–Tenth edition
IPA	Interpretative Phenomenological Analysis
LAC	Looked After Child
NHE	National Health England
NHS	National Health System
NEET	Not in Education, Employment or Training
NICE	National Institute for Health and Care Excellence
PACE	Playfulness, Acceptance, Curiosity and Empathy

PHE	Public Health England
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SEND COP	Special Educational Needs and Disabilities Code of Practice
TDMMH	Transdomain Model of Mental Health
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1. Introduction

Increasingly, attention is drawn to children's mental health and wellbeing. Research suggests that in the UK, half of those who are later diagnosed with a mental disorder will have experienced a mental health condition before the age of 14, and 75% of problems emerge before the age of 18 (Department of Health (DoH) and Department for Education (DfE), 2017). Estimates suggest that there are 695,000 children in England who have a clinically significant mental health illness (Public Health England (PHE), 2016). Furthermore, an increase in mental health problems among children and young people has been noted both within the school context and at entry into the mental health service. Taggart, Lee and McDonald (2014) found that 88% of Head Teachers of secondary schools believe that among their pupils self-harm is an increasingly concerning issue; 87% indicated depression as a rising issue; and 85% felt that eating disorders are more of a concern. A similar trend is highlighted by a recent report that indicates increased rates of mental health difficulties among children and adolescents. Thorley (2016) brings evidence which shows that in the UK, between 2009/10 and 2014/15, the number of admissions to the Child and Adolescent Mental Health Service (CAMHS) of children up to the age of 17 who had self-harmed had increased by over 50%.

In this context, attention is being given to vulnerable populations with an increased risk of mental health difficulties, including young people who are not in education, employment or training (NEET) (Powell, 2018; DoH and DfE, 2017). The most recent data available indicates that there are currently approximately 783000 people aged 16-24 in the UK who are NEET, representing 11.2% of all people in this age group (Powell, 2018). According to

the latest figures, more males reported a NEET status; this change in the composition of the NEET group is associated with a diminishing number of women who fall into this category, due to looking after the family or home, and a growing number of young men being disabled or long-term sick (Powell, 2018).

1.2. Educational Psychologists' (EP) role in the national context

1.2.1. Mental Health and the legislative and policy context

Concerns about children and young people's mental health is reflected within government policy and legislation. Successive governments have contributed to the provision of services with a view to ensuring that the mental health needs of children and young people were met. By the year 2000, health and local authorities were expected to work together and produce a local Child and Adolescent Mental Health Service (CAMHS) strategy. Following this, the Every Child Matters (2003) agenda drew attention to protecting children and affirmed an expectation that each would fulfil their potential. This explicitly stated that each member of society has the responsibility to secure the outcomes described within it: being healthy, staying safe, enjoying and achieving, making a positive contribution, and economic wellbeing. One year later, Every Child Matters received statutory force through the Children Act (2004) and referred to being healthy as physical and mental health and emotional wellbeing. Subsequently, a number of initiatives were introduced with the aim of promoting good emotional health and wellbeing (DfE, 2017; Department for Children, Schools and Families, 2008; National Institute for Health and Care Excellence (NICE), 2008).

A decade later, an ambitious mental health strategy was revealed by the coalition government: 'no health without mental health' (DoH, 2011). This highlighted the

importance of early intervention and advanced an implementation framework. Among the government policies that followed, the mental health strategy started to take shape and a Children and Young People's Mental Health Taskforce was created with the aim of investigating how services could become more accessible and how to improve the quality of support provided (DoH, 2014). Changes were reflected within the Children and Families Act (2014) and the new Special Educational Needs and Disabilities Code of Practice (SEND COP) (DfE, 2015). For instance, previous terminologies were now being replaced with: 'social, emotional and mental health'. These also noted an explicit and statutory responsibility for schools to identify and support pupils' mental health needs (DfE, 2014; DfE, 2015).

Commitments were made to support children and young people through promoting and meeting their mental health needs (DoH, 2014; DoH and National Health England (NHE), 2015; PHE, 2016). The government pledged £1.25 billion to support plans to improve children and young people's mental health (HM Treasury, 2015) and became committed to implement recommendations made in the Five Years Forward View for Mental Health (The Mental Health Taskforce, 2016). The aim is, according to the current Prime Minister, Theresa May, that mental health will no longer be secondary to physical health. It is hoped that mental health services will focus on early intervention and that support will be available to all, not only for those who are severely affected (PHE, 2016). The Green Paper on Children and Young People's Mental Health (DoH and DfE, 2017) also set out measures to improve mental health support, particularly through schools and colleges.

Over the last decade, government policy also concentrated on early intervention provision and services (Every Child Matters, 2003; DoH, 2011; DoH and Mental Health Service

England, 2015 Future in Mind doc; PHE, 2016; DoH and DfE, 2017). In doing so, schools have become central in promoting children's mental wellbeing (Children Act, 2014; DoH, 2011; PHE and Children and Young People's Mental Health Coalition, 2015; DoH and DfE, 2017). Schools and colleges are expected to play a major role in promoting pupils' mental health and wellbeing, identification of their mental health needs, and in providing appropriate support (DfE, 2017). Other legislative acts reinforce this; e.g. the Social Work Act 2017 makes relationship education statutory in all schools, educating young people to understand, for instance, how relationships may affect their mental health and wellbeing. Schools are thought to contribute to pupils' success by helping them become resilient and mentally healthy (DfE, 2016). The PHE and Children and Young People's Mental Health Coalition (2015) also details key actions which can be taken to embed a whole school approach to promoting emotional health and wellbeing.

Thorley (2016) argues, however, that funding for early intervention services in England has dropped in real terms, and for this reason schools are left with the task of promoting children and young people's mental health and wellbeing. He also points out that the Future in Mind guidance (DoH and National Health Service (NHS) England, 2015) suggests that schools are expected to play a key role within local CAMHS systems and that schools are required to be involved in local transformation decisions. Nevertheless, the extent to which this is applied in practice might be questionable. A recent study found that only a quarter of schools were aware of the local transformation plan in their area and of those aware, only 39% contributed to them (ASCL and National Children's Bureau, 2016).

1.2.2. The Educational Psychology Services in the current policy and legislative context

At a time when concerns about children and young people's mental health and wellbeing are growing, government policies make limited reference to the role EPs play in this area. Among others, Zafeirion (2017) points out that references to the contributions EPs can make are very limited, some documents making no reference to the profession (e.g. DoH, 2014) or acknowledging it once (DoH, 2015). Nevertheless, EPs are placed at the heart of the Special Educational Needs and Disabilities Code of Practice (2015), which explicitly requires LAs to seek EP advice when assessing if a pupil's special educational needs (SEN) needs warrant an Educational, Health and Care Plan. At the same time, the SEND COP (2015) and the Children and Families Act (2014) introduced *mental health* as a category (Social, Emotional and Mental Health (SEMH) and therefore placed responsibility on EPs to develop a detailed understanding of the psychological theories underpinning 'SEMH needs' and competence in applying these to practice. Legislative changes also affected the age range of people EPs are involved with. These refer to SEN support being offered up to the age of 25 (DfE and DoH, 2015). Furthermore, the latest DfE (2018) guidance on mental health and behaviour in schools clearly refers to the role educational psychologists can have, i.e. to identify and support pupils with mental health needs (p.23).

Evidence of EPs supporting children and young people's mental health and wellbeing at multiple levels and with diverse age ranges abound. There is evidence of engagement in a range of activity, including therapeutic interventions, group and systemic work, training and capacity building, work with families and school staff (e.g. Atkinson, Bragg, Squires, Wasilewski and Muscutt, 2012). EPs have developed programmes such as FRIENDS (Barrett, Lowry-Webster and Turner, 2000) and contributed to the development of universal

and targeted interventions delivered to schools, the TaMHS programme (Department for Children, Families and Schools, 2008). They work systemically (e.g. Fernie and Cubeddu, 2016) and engage in action research (e.g. Morgan, 2016). EPs can contribute by building a school's capacity to support pupils in this area (Lee, 2016; Flint, 2017). To these is added the growing body of evidence reflecting therapeutic interventions delivered by EPs (e.g. Atkinson et al., 2012; Snape and Atkinson, 2016; Young and Holdorf, 2003; Swire, 2017; Regan and Howe, 2017; Thomas and Atkinson, 2017).

1.3. NEET and social exclusion

It has been previously asserted that a group vulnerable to experiencing mental health difficulties are young people who are NEET (DoH and DfE, 2017). However, prior to looking in more depth at some of their experiences, it would be helpful to consider the historical and legislative context in which they find themselves.

From a historical perspective, the UK welfare state, instituted immediately after World War Two, saw a commitment by the government to full employment, free universal secondary education and health provision, as well as financial support for families and employment. However, the introduction of neoliberal policies by Margaret Thatcher in the 1980s initiated a reduction of the welfare state. A series of schemes introduced in response to the growing youth unemployment placed an increased responsibility on the individual (Sweenie, 2009). Neoliberal policies also involved a series of changes, such as the privatisation of public services, an increase in market forces, and a diminishing role played by the government (Nelson, 2013). The effect these were thought to have created included: a widening gap between the rich and the poor, high levels of unemployment and a diminished social capital (Stiglitz, 2012).

The New Labour government, which came to power in 1997, showed some concern for social cohesion and inclusion but they continued with the conservative neoliberal ideology (Sweenie, 2009; Thomson, 2011; Hutchinson, Beck and Hooley, 2016). The New Deal for Young People (Department for Education and Employment, 1997) placed responsibility upon the individual, seeing work as the solution, and education as the means into work. A number of strategies were introduced with the aim of raising participation (e.g. the creation of the Connexions service and conditional benefits for NEET young people). However, the Coalition and the majority Conservative governments that followed dismantled the infrastructure created by the previous government, yet the strategies adopted to reduce social exclusion mirrored the former (Hutchinson, Beck and Hooley, 2016). Although a commitment to young people who are NEET was reiterated, e.g. through the September Guarantee (House of Commons, 2010), a significant decline in spending on education for 16-18-year-olds was noted (Belfield and Sibieta, 2017). Rising participation among NEET young people is now encompassed within a broader aim of improving social mobility. However, as Hutchinson, Beck and Hooley (2016) argue, social mobility is often associated with access to education and employment-related skills development, which can place NEET young people at a disadvantage.

To address the social exclusion issue, successive governments took steps to raise young people's participation in education, employment or training. For instance, the Labour government set up the Connexions service or offered conditional benefits for NEET young people. However, the inequalities found within education, employment and training were neglected (Thomson, 2011). Studies highlight a strong correlation between low socioeconomic backgrounds and NEET status (Benjet, Hernández-Montoya, Borges, Méndez, Medina-Mora and Aguilar-Gaxiola, 2012; Bynner and Parsons, 2002, Goldman-

Mellor, Caspi, Arseneault, Ajala, Ambler, Danese, Fisher, Hucker, Odgers, Williams, Wong and Moffitt, 2016) and thus point to structural inequalities. These are also evident within the post-16 destinations of those with low social capital and who become locked into courses with very limited value on the labour market (Thomson, 2011). It is argued that social inequalities are masked by placing emphasis on young people's participation (Serracant, 2013), on individual choices (Furlong, 2009) or on individual factors that raise the risk of disengagement (Thomas, 2011).

Having noted the government policy's limited attention to social inequalities and the diminishing number of jobs available to young people, Sweenie (2009) warns that future increases in automation are likely to exacerbate this issue. Benjet et al. (2012) also draws attention to the impact potential economic downturns can have. They found that in EU countries, the 2008 recession particularly affected the employment rates of those who were younger, or who experienced poorer mental health (Evans-Lacko, Knapp, McCrone, Thornicroft and Mojtabai, 2013). Indeed, the UK data reveals that the proportion of NEET young people in the UK increased from 13.4% in 2008 to 16.9% in September 2011 (Powell, 2018). To this are added young people's own experiences of exclusion. Siraj, Hollingworth, Taggart, Sammons, Melhuish and Sylva's (2014) study reveals that NEET young people face structural barriers, reporting a lack of information and advice regarding post-16 options or difficult labour market conditions. They also note a lack of professional support available to NEET young people dealing with personal, physical and mental health difficulties.

1.4. Policy and Legislation: Post 16

Concerned about the educational and employment post-16 landscape, Morris (2002) envisaged a flexible educational system shaped by the individual needs and aspirations of all young people, and where vocational studies and qualifications are no longer 'undervalued' (p.4). At the time, the UK educational system favoured academic routes to employment and placed at a disadvantage those who preferred vocational routes. The recommendations stated in the Tomlinson Report (2004) that followed were mostly rejected. Significant changes started to occur only later, as a result of the Wolf Report (2011), which reviewed pre-19 vocational education. This highlighted some of the specific problems found, speaking for instance about the issue of *churning* between education and short-term employment, and the issue of vocational qualifications with little or no labour market value available for up to a third of young people.

The recommendations made within the Wolf Report (2011) led to the extension of vocational learning routes, apprenticeships becoming a key pathway to skilled employment. In response to this, a Green Paper was released (DfE, 2011) making known the government's intentions. It covered issues such as the centrality of children's and families' views, removing barriers to access education and preparing for transition post 16. The government also introduced a package of schemes, known as the Youth Contract, which provided alternative routes to employment through, e.g. apprenticeships, traineeships, the Work Programme (the Welfare-to-Work scheme support for the unemployed) (Mirza-Davies, 2015). Also, in 2013, the Education and Skills Act 2008 was also modified, raising the participation age in education, employment or training to 18 (DfE, 2016). Local

Authorities were tasked with encouraging, enabling and assisting all young people aged 13-19 to participate in education, employment or training (DfE, 2016).

Changes also affected young people with special educational needs and disabilities (SEND). The Green Paper (DfE, 2011) signalled the need for extended support for children and young people with SEND up to the age of 25, as well as the role the LA would play (e.g. revealing the Local Offer, involving children and families in reviewing and developing plans). Indeed, two years later, the Children and Families Bill 2013, extended the SEN system of support from birth to 25, giving children and their families greater control and choice in decisions. The Children and Families Act 2014 also introduced new duties to ensure that Preparing for Adulthood outcomes are person-centred and are incorporated within reviews from Year 9 onwards. Reflecting these policy and legislative changes, the new SEND COP (DfE and DoH, 2015) makes a series of statements pertinent to young people post 16, including aspects related to access to specialist support, person-centred reviews and consultations with the young people themselves. The SEND COP specifically notes that post-16 institutions are to have additional funding for SEN, that they are expected to provide high quality support with those resources, and that where needs are significant, top-up funding would be available. Additionally, in accordance with the Education Act 2006, Local Authorities (LAs) have rising participating duties to secure sufficient suitable education and training provision for all young people in their area who are of compulsory age or are aged 19 to 25 and have Education Health and Care Plans (EHCPs) (DfE, 2016).

1.5. Rationale for research

Throughout my personal and professional experience prior to, and during, my Doctoral training in Applied Educational and Child Psychology, I have become increasingly

interested in the topic of social, emotional and mental health. Working as an assistant psychologist and also as a trainee educational psychologist has allowed me to place myself in relationships with children and young people, and as a consequence I have been able to gain some insight into their world and their personal experiences. Many of the children and young people with whom I worked closely experienced mental health difficulties and, in some cases, due to wide-ranging personal and/or environmental factors, periods of inactivity were observed. However, one particular case prompted me to consider an inquiry into the school experiences of young people who are NEET.

John (pseudonym) was a 17-year old who was NEET and who had been previously diagnosed with autism and was experiencing severe anxiety. Due to his anxiety increasing significantly over time, all aspects of his life were affected. John enjoyed good academic potential (e.g. he won a recognised Maths' competition) yet he disengaged from education and became confined to the safety of his family home for over two years. The mental health difficulties he experienced emerged whilst he was attending secondary education; many of his reflections depict school experiences. Whilst engaging in Cognitive Behaviour Therapy (CBT) with him, I considered the importance of wellbeing and good mental health during childhood and adolescence, and how these are experienced within the school setting. Hearing about his lived experience led me to consider the far-reaching impact that poor mental health has on a child's life but also the potential for support as difficulties emerge.

This experience coincided with a growing interest in working preventatively, manifested through various elements of my practice. I have continuously sought ways to work positively and to be proactive in engaging in preventative approaches that would allow pupils to enjoy positive relationships and good mental health. For instance, I have delivered

training to Special Educational Needs and Disabilities (SEND) Coordinators within the local authority I am serving, looking at mental health and wellbeing and how this can be addressed within the school setting, both at an individual and school level. I worked collaboratively with primary schools to promote good mental health for their pupils through participatory action research, which allows children to become partners in identifying ways of enhancing their wellbeing. My research project leads me to take a further step as I aim to explore aspects related to young people's wellbeing during their last educational setting prior to becoming NEET. I seek to remain sensitive to the way in which young people themselves perceive their experiences within the educational context.

My interest in this area comes at a time when a call is made for services and professionals working with young people who are NEET, to support them in bridging the gap between education and employment. SEND COP (DfE and DoH, 2015), Equality Act 2010 and Care Act 2014 are examples of policies and legislation aiming to support this. However, over recent years research started to emerge examining the correlation between young people with NEET status and mental health (e.g. Goldman-Mellor et al., 2016; Egan, Daly and Delaney, 2014; Veldman, Reijneveld, Almansa Ortiz, Verhulst and Bültmann, 2015), concluding that NEET youth are significantly more likely to experience distress. There is also evidence that suggests that early mental health problems have more of a negative impact on later socioeconomic success (e.g. education, earnings), than childhood physical health conditions (Delaney and Smith, 2012). This has led to a national interest in the mental health of children and young people.

Transition to young adulthood also coincides with the age of peak prevalence of psychiatric disorders, with young people on the margins of society being known to be at risk of mental

ill health (Baggio, Iglesias, Deline, Studer, Henchoz, Mohler-Kuo and Gmel, 2015; Benjet et al., 2012; Bynner-Parsons, 2002; Patel, Flisher, Hetrick and McGorry, 2007; Veldman et al., 2015; Waghorn, Chant, Lloyd and Harris, 2011). Nevertheless, prior to a complete manifestation of a mental health problem, young people often present with significant levels of impairment (Hamilton, Naismith, Scott, Purcell and Hickie, 2011; Scott, Hermens, Glozier, Naismith, Guastella and Hickie, 2012) and / or disengage from the community (Maguire, Cockx, Dolado, Felgueroso, Jansen, Styczyńska, Kelly, McGuinness, Eichhorst, Hinte and Rinne, 2013). Additionally, although most teenagers live with their families and attend school, during adolescence they experience many physical, emotional and social changes (Gutierrez-Garcia et al., 2017). Thus, adolescence is a critical period of time, particularly in relation to mental health and wellbeing. With this in mind, it is hoped that by giving them a voice and gaining an insight into the lived experiences of young people who are NEET during their school years, that this can reveal opportunities for change that are relevant and important to them.

1.6. Definition of terms

1.6.1. NEET

In 1999, the Social Exclusion Unit Report used the term NEET to describe those aged between 16 and 25 years of age who were not in education, employment or training. A functional label, the term NEET is associated with the previous ‘status Zer0’, ‘Generation X’, ‘Getting Nowhere’, and ‘Off Register’, used to describe those particularly disengaged from employment and who were thought to lack the means to enter the labour market (Bynner and Parsons, 2002). Yates and Payne (2006) made the observation that young people who are NEET are defined by what they are not. They argue that this group

represents a heterogeneous population and that the reasons for falling into this category do not necessarily reflect negative individual aspects. Young people become NEET for different reasons, including having caring responsibilities; experiencing health problems, including disabilities; or being unemployed and looking for work. There are also differences depending on whether this is a transient status (Sissons and Jones, 2012). I would also argue that over-emphasising one's NEET status risks making the assumption that being successful is measured by educational achievement or the securing of employment. In this way, other developmental criteria through which young people can be thought of as they transition to citizens with full rights and responsibilities, seem to be overlooked, e.g. physical health, psychological and emotional wellbeing, life skills, ethical behaviour, socialisation and involvement in the community. Additionally, as consideration is being given to mental health and wellbeing related aspects, it is important to reflect on the assumption underlying the concept of positive functioning reflected in definitions of mental health such as the one given by the World Health Organisation (WHO) (2014). This was highlighted by Galderisi, Heinz, Kastrup, Beezhold and Sartorius (2015), who pointed out that the WHO definition appears to suggest that a person who reaches a certain age or who presents with disabling conditions which prevent them from being in employment experiences poor mental health. However, contextual factors can prevent one from being in education or employment, whilst also maintaining good health. Having considered these key limitations to the use of the term NEET, I aim to use this for its administrative function, describing the status of some 16-25-year-olds who are not in education, employment or training. Additionally, whilst the term is globally used and findings highlighted by studies across the world are considered, an element of caution is needed due to variations in the definition of NEET (Eurofund, 2012). To illustrate this it is sufficient to consider some the observations made following the

systematic review conducted and detailed later in this project (section 2.4.). For instance, if UK studies (e.g. Golden-Mellor el al., 2016) used the UK Office of National Statistics definition of NEET which considers youth out of education, employment or training for a minimum of 6 months, others had an inclusion criteria of a period of 1 month (e.g. O'Dea, Glozier, Purcell, McGorry, Scott, Feilds, Hermens, Buchanan, Scott, Yung, Killacky, Guastella and Hickie, 2014). Other differences in relation to studies' inclusion/ exclusion criteria relate to age group (Gutiérrez-García, Benjet, Borges, Méndez Ríos and Medina-Mora, 2017, included young people as young as 12) or the inclusion/ exclusion of specific subgroups: who were volunteering (Benjet et al., 2012), who were young parents (Egan, Daly and Delaney, 2015) or were taking a gap year (Golden-Mellor el al., 2016).

1.6.2. Mental Health

I acknowledge that conceptualisations of mental health differ in accordance to the philosophical paradigm adopted by the individual, and that mental health and wellbeing are concepts closely aligned. For this reason, it is important to note that the model favoured is the two continua model of mental health (Westerhof and Keyes, 2010) that distinguishes between two dimensions: the absence/ presence of mental illness and positive mental health (comprising subjective, psychological and social wellbeing).

1.7. Methodological orientation

To date, research with a focus on the wellbeing and mental health of young people who are NEET has adopted primarily quantitative methodologies. Whilst such knowledge provides valuable information about their lives and is helpful in providing an evidence base for services and resources, these fail to take into account the young people's voices as well as the experiences that have shaped their wellbeing. Therefore, the aim of this research is to

gain an understanding of the school/college experiences of young people with a current NEET status in the UK and to consider the findings in the context of mental health and wellbeing literature relevant to this group. This is achieved through application of Interpretative Phenomenological Analysis (IPA) to reveal patterns of meaning contained within descriptions of school experiences. The study implements a retrospective, explorative, multiple case study design. I further suggest that by giving a voice to young people to share their school experiences, opportunities for the development of school practices are revealed. The research questions that will be addressed in this study are:

1. What are the school experiences of young people who are NEET?
2. How do young people's mental health and wellbeing impact on their school experiences?

1.7. Overview of structure and content

Having detailed the context and rationale of research, as well as the methodological approach adopted, the following chapter aims to explore the literature surrounding mental health among NEET young people. It also aims to discuss current definitions and conceptualisations of mental health and wellbeing, and to share some perspectives regarding research from a salutogenic standpoint on mental health. The third chapter is divided into two sections and aims to delineate the theoretical perspective underlying this study and to describe the research process from a methodological perspective. Details regarding data analysis, findings and their discussion are found in chapter four. The final chapter considers aspects related to reflexivity, implications for practice, limitations of the research, and concluding remarks.

CHAPTER TWO: LITERATURE REVIEW

2.1. Chapter Overview

This chapter starts with a brief introduction to the research literature regarding NEET young people, before trying to answer the question of what is already known in relation to their mental health and wellbeing. The evidence covers specific areas of difficulties: anxiety, depression, suicidal behaviour, attentional problems, cognitive development, and substance misuse and criminal behaviours. Attention is also given to findings of studies investigating mental health in relation to childhood and adolescence, and NEET status. Having noted a predominantly quantitative approach to this area, in the second section of the chapter, mental health and wellbeing definitions and conceptualisations are discussed. This has the aim of opening up our understanding of mental health and to move beyond psychiatric diagnoses. Having implicitly offered a critique of the quantitative theoretical approach evident in current research on mental health among young people who are NEET, the third part of this chapter looks forward towards a salutogenic research perspective in the area on wellbeing and mental health.

2.2. Introduction

Building a clear picture of the circumstances in which NEET young people find themselves is, I believe, extremely challenging due to the close association between NEET status and socioeconomic factors. Young people who are NEET are significantly more likely to come from socioeconomically deprived families and neighbourhoods (Benjet et al., 2012; Bynner and Parsons, 2002, Goldman-Mellor et al., 2016). They are more often associated with a lower educational level (Department for Education and Skills, 2005; Dorsett and Luchino, 2014; Public Health England (PHE), 2014) and lower social class (Power, Clarke, Kelleher,

Coughlan, Lynch, Connor, Fitzpatrick, Harley and Cannon, 2015; Gorard and Huat See, 2013; Reay (2011), as well as high-risk housing situations (Benjet et al., 2012; Henderson, Hawke and Chaim, 2017). However, children from low-income families are at highest risk of experiencing mental health difficulties (Mental Health Taskforce, 2016). Low educational achievements are also associated with social exclusion (Bynner and Parsons, 2002), disability and isolation (Mustard, Bielecky, Etches, Wilkins, Tjepkema, Amick, Smith and Aronson, 2013), and an increased level of psychological distress and unhelpful lifestyle behaviours, e.g. substance misuse (Eurofound, 2012a; Wanberg, 2012; Pemberton, 2008; Sagatun, Heyerdahl, Wentzel-Larsen and Lien, 2014) and criminal activity (Fergusson, McLeod and Horwood, 2014).

In addition to the disadvantage emerging from socioeconomic circumstances and the associated increased risk of mental health, NEET young people are faced with further challenges resulting from their status of being unemployed. Unemployment can lead young people to experience increased emotional distress, where they feel lonely, helpless, restless, or they present with anxiety and depression (Eurofound Foundation, 2012). The latter can also be associated with greater restlessness, concentration difficulties, and a lack of preoccupation with the future (Dopheide, 2006). Young people disengaged from education, employment or training are more likely to withdraw from social activities and relationships, perpetuating the presence of depressive experiences (O'Dea et al., 2014) and thus creating a barrier for engagement. More recent research tries to explain this by highlighting the loss of immediate opportunities for self-enhancement and financial dependency (Bynner and Parsons, 2002; McCoy et al., 2014); and difficulties in finding a job or educational placement with no school qualifications (Spielhofer, Benton, Evans, Featherstone, Golden, Nelson and Smith, 2009).

2.3. School experiences

In this context, a question might be raised about the educational experiences of NEET young people. Research consistently highlights poor academic performance, low levels of school attendance (Spilehofer et al., 2009; Pumberton, 2008; Veldman et al., 2015; Rennison, Maguire, Middleton and Ashworth, 2005) and difficult educational experiences (Offer, 2013; Alfieri, Sironi, Marta, Rosina and Marzana, 2015). Furlong's (2006) findings show that young people who never experienced NEET had a more positive educational experience when considering truancy, being suspended or expelled, and academic results. A link between being NEET and disaffection is also highlighted (Pumberton, 2008; Thompson, 2011). However, Thompson (2011) warns against interpreting this as wilful rejection of education and emphasises the association between truancy and structural factors (e.g. deprived communities).

Sadler, Akister and Burch (2015) also reflect on the strong association between poor educational achievement and NEET status and point out that the reasons for the low achievement might be varied. They highlight the negative impact mental health difficulties have on educational performance and refer to research which found a link between attentional problems and poor attainment (Breslau, Miller, Breslau, Bohnert, Lucia and Schweitzer, 2009). Sadler, Akister and Burch (2015) point out that in some cases children are expected to act as carers for family members (Becker, 2007) or to contribute to household tasks (Mukherjee, 2012), which has consequences for their school engagement and their school performance. Gorard & Huat See (2013) and Reay (2011) further suggest that potential contributing factors are family-related factors, e.g. working-class parents being less involved in their children's education.

Having considered conducting a systematic literature review with a focus on the school experiences of NEET young people, an academic literature search was conducted using the terms '*school experience'* and '*NEET*' OR '*not in education employment or training*' into PsychINFO, EBESCO and Web of Science. Despite several attempts to identify work in this area (last entry: 27 May 2018), no articles were identified. However, reading on the wider topic of '*NEET'* led to the identification of three papers focused on NEET young people's experiences which identified school-related themes.

Pumberton (2008) carried out a case-study, seeking to explore drivers of NEET within an area of the UK where the number of young people falling into this group has been above average for a prolonged period of time. This included interviews with 21 NEET youth (10 males, 11 females). His findings revealed that a lack of qualifications had less of a significant effect than expected. Nevertheless, he found that young people experienced some disillusionment with their school experience, motivating their nonparticipation by truancy, exclusion and lack of suitable options. Pumberton (2008) further highlights the lack of support provided by the schools and teachers (e.g. lack of advice). A quotation provided within the research also speaks about the school being preoccupied with targets, and the teachers being primarily preoccupied with the wearing of the school uniform (p.254). The role teachers play is also highlighted in a more recent study conducted by Offer (2013). The data gathered within 6 focus groups involving 45 NEET young people (21 males, 24 females) was analysed by adopting a phenomenological approach with the aim of exploring the experiences of young people who are NEET. The themes drawn from this touched on the importance of teachers' responses, young people sharing that negative emotional experiences, feelings of rejection (by employers, colleges and wider society) and a sense of lost hope, were each associated with prior relationship difficulties with teachers. Young people described the effect of negative

aspects of school life and teacher-pupil relationships on their self-esteem. They added that whilst some rebelled (and were consequently seen as a ‘problem’) (pp. 109), in some cases it led to the acceptance of labels (e.g. ‘small and stupid’) (p.109). Bullying was also reported as a significant school experience, young people sharing that schools did not sufficiently address this problem, although peers were at times helpful by exerting pressure against this. A final school-related aspect discussed by the NEET young people participating in Offer’s (2013) study related to the unsuitability of the curriculum available: there was a lack of accessible breadth on offer and a limited focus on vocational and practical areas. A key issue discussed here was the importance of flexibility, young people expressing a desire for a greater range of course content and timing and support in line with a wider range of learning styles. This is an aspect previously highlighted by Spielhofer et al. (2009) who found that young people who re-engaged needed the provision to be appropriate in terms of content, delivery and timing.

More recently, Siraj et al. (2014) aimed to investigate why some young people within a large longitudinal study become NEET 6 months following the end of compulsory education. They carried out interviews with 20 young people who had reported being NEET and focused on the period of time when young people were taking GCSE exams, experiences whilst being NEET, and future plans. In addition to structural factors (e.g. cost of education post 18, lack of careers advice, difficult market conditions) and personal factors (e.g. physical and mental health, family circumstances), young people also highlighted educational-related factors. They reported low attainment, including not passing GCSEs in core subjects. Young people took responsibility for this, speaking about their own immaturity whilst attending secondary education, having experienced a lack of motivation and not making sufficient effort in their studies. Showing a level of regret, they also commented on not placing enough value on achieving good grades and a lack of understanding about the importance of attainment for

future pathways. Secondly, young people who were NEET described the presence of educational disaffection and disengagement due to negative experiences at school. They spoke about finding school boring, the work hard and a lack of support with this. In some instances, the issues raised related to teaching style, but also the relationships they had with their teachers. For instance, one young person spoke about having a sense that he was not liked [by teachers] which prevented him from asking for help in lessons (p.19).

Reflecting on the young people's experiences and views, as these are shared within the three studies detailed above, the image of the school portrayed by them is often negative. Feelings associated with this are of disillusionment, rejection, and dissatisfaction with being subject to a system that was limiting. The relationship with teachers, a pivotal experience, was often described in a negative light, e.g. superficial (teachers preoccupied with pupils wearing the uniform) or strained (a young person feeling that they were not liked). However, as Thomson (2011) argues, young people's ability to manage school-related issues (e.g. transitions) is likely to depend on their previous experiences; and these are also likely to have been affected by social inequalities.

Furthermore, reflecting on the idea that education is the basis for social mobility, Themelis (2008) points out that this has a limited impact on determining the social class of an individual. He highlighted that education often has the role of reproducing the divide between the advantaged and disadvantaged, thus strengthening inequalities in an already rigid social hierarchy. Indeed, examining the mechanisms generating the association between parental income and cultural capital and children's education and occupation, Swift (2003) concluded that parents create an advantage through the transmission of characteristics valued by the labour market related to culture, personality and aspirations, as well as attributes such as

intellectual curiosity, social skills and a sense of discipline. Consistent with this, Bynner and Parsons (2002) indicate that the social exclusion of NEET young people is due to the difference between those who have or do not have human capital. According to them, such differences are dependent on aspects such as: social support networks, family *know-how* and biological and health factors. Themelis (2008) agrees with this, suggesting that family practices are likely to explain why education is insufficient in ensuring social mobility.

2.4. NEET and mental health research Systematic Review

2.4.1. Search Strategy

A systematic review was conducted aiming to explore current research regarding NEET young people and mental health. Therefore, the terms entered into PsychINFO, EBESCO and Web of Science were: (‘*NEET*’ OR ‘*not in education employment or training*’) AND (‘*mental health*’ OR ‘*wellbeing*’ OR ‘*diagnosis*’). Studies were considered for inclusion if they provided qualitative or quantitative information focusing specifically on the mental health and/or wellbeing of NEET young people. The studies selected for scrutiny also met the following inclusion and exclusion criteria: published in peer-reviewed journals and being conducted in English. In total, four databases were searched: ERIC ProQuest, EBESCO, Web of Science, and PsychINFO (1967 to present). Out of all the studies that have emerged, 14 were selected for close scrutiny. It was hoped that the literature review would reveal some of the key issues related to NEET young people and their wellbeing and mental health. Therefore, the topic remained broad, incorporating findings on childhood distress and NEET status, the mental health trajectory of youth transitioning from education to being NEET, clinical factors characterising NEET youth, mental health prevalence and, specific dimensions of depression course, and functional disability. Additionally, in a final attempt to review

literature, in April 2018, I conducted a search using the terms previously noted. This identified a new research article, particularly pertinent to this study, which seeks to explore how young people who neither work nor study perceive life experiences in relation to health and well-being, by adopting qualitative methodologies (Lögdberg, Nilsson and Kostenius, 2018). Findings of their study are detailed within a later chapter (2.5.2), parallels also being drawn within the Analysis and Discussion chapter, as appropriate.

2.4.2. Review of the Included Research

2.4.2.1. Study characteristics

Written by authors affiliated to universities across the world (Australia, Canada, Ireland, Italy, Mexico, Netherlands, UK, Sweden and Switzerland), the studies included in the review rely on diverse populations, languages and tools that are mostly standardised to the respective populations. In addition to the two studies conducted in the UK (Egan, Daly and Delaney, 2015; Goldman-Mellor et al., 2016), Symonds, Dietrich, Chow and Salmela-Aro's (2016) paper also used large cohort UK data. Apart from one study, all the papers included in the review used a correlational design and covered different facets related to the issue of NEET and mental health. However, a review of the study aims reveals great variation in what constitutes the focus of the research. 10 studies sought to examine the association between the NEET status and mental health (O'Dea et al., 2014, O'Dea, Lee, McGorry, Hickie, Scott, Hermens, Mykeltun, Purcell, Killackey, Pantelis, Amminger and Glozier, 2016; Lee, Hermens, Scott, O'Dea, Glozier, Scott and Hickie, 2017; Egan, Daly and Delaney, 2015; Goldman-Mellor et al., 2016; Nardi, Lucarelli, Talamonti, Arimatea, Fiori and Moltedo-Perfetti, 2015; Baggio et al., 2015; Henderson, Hawke and Chaim, 2017; Power et al., 2015; Benjet et al., 2012). A set of five papers focused on young people's mental health trajectories

from childhood/adolescence to young adulthood (Egan, Daly and Delaney, 2015; Symonds et al., 2016; Veldman et al., 2015) and the correlation between previous NEET status and future MH (Gutiérrez-García et al., 2017; Baggio et al., 2015). In contrast, Lögdberg, Nilsson and Kostenius (2018) explored the experiences in relation to the health and wellbeing of young people who are NEET by adopting qualitative approaches.

Differences were also noted in relation to what was encompassed within the term mental health. More specifically, the studies focused on: depression course (O'Dea et al., 2016); disability and functioning (O'Dea et al., 2014, O'Dea et al., 2016); cognitive factors (Lee et a., 2017); psychological factors and/or clinical factors (O'Dea et al., 2014; Lee et a., 2017); psychiatric disorders (Power et al., 2015; Benjet et al., 2012); psychological wellbeing (Nardi et al., 2015); childhood adolescent psychological distress (Egan, Daly and Delaney, 2015; Symonds et al., 2016; Veldman et al., 2015; Gutiérrez-García et al., 2017); and health and wellbeing (Lögdberg, Nilsson and Kostenius (2018). Additional dimensions considered by a number of studies relate to substance misuse (Goldman-Mellor et al., 2016; Baggio et al., 2015; Henderson, Hawke and Chaim, 2017; Benjet et al., 2012); gender (O'Dea et al., 2014); the economic recession effect (Egan, Daly and Delaney, 2015); attitude towards work (Goldman-Mellor et al., 2016); and the use of support services (Henderson, Hawke and Chaim, 2017).

2.4.2.2. Design characteristics

A correlational, longitudinal research design is adopted across all studies included in the systematic review, with the exception of those conducted by Nardi et al. (2015) and Lögdberg, Nilsson and Kostenius (2018). Consistent with this methodological design, links between the NEET status and different mental health facets are highlighted. Nevertheless, this

approach has the disadvantage of preventing researchers from drawing conclusions about the directionality of these associations (Barker, Pistrang and Elliot, 2016). In relation to the Nardi et al. (2015) study, it was noted that the authors describe the research design as an observational study. However, a close reading of the paper reveals characteristics of an experimental design/survey (e.g. gathering data using a questionnaire, including two groups: NEET and non-NEET). On the other hand, Lögdberg, Nilsson and Kostenius' (2018) study adopts a radically different approach and aims to explore experiences of NEET youth through qualitative methodologies. Mirroring these observations, an examination of the analysis conducted across all studies reveals that the analysis is in line with the methodological design adopted. Nevertheless, one strength of the quantitative research reviewed is that the authors describe rigorous systematic analytical processes, including detailed information about the results obtained.

2.4.2.3. Participant characteristics

Participants were recruited in different ways: at the point of accessing services (O'Dea et al., 2014; O'Dea et al., 2014; Lee et al., 2017; Henderson, Hawke and Chaim, 2017; 14), but most often from large, national representative cohort studies (Egan, Daly and Delaney, 2015; Goldman-Mellor et al., 2016; Symonds et al., 2016; Veldman et al., 2015; Gutiérrez-García et al., 2017). This is also the case for the three studies which includes data sets from other UK longitudinal, population-based research (Egan, Daly and Delaney, 2015; Goldman-Mellor et al., 2016; Symonds et al., 2016). Whilst studies including large cohort samples have the advantage of allowing researchers to make generalisations, it is notable that only three of the papers reviewed used a UK sample. For this reason, it is possible that the conclusions drawn

within some of the studies included might reflect some particular experiences and conditions specific to the respective populations with limited relevance for UK young people.

Across the 14 studies selected for the systematic review, a total of 50011 participants were included. Whilst a closer examination of the papers reveals varying sizes (ranging between 16 and 19217 participants), it is less clear what the exact number of NEET participants was. This appears to be affected by methodological design choices such recruiting NEET and non-NEET participants or collecting data over time about a number of participants already engaged in longitudinal studies. For instance, whilst some papers include well-defined, distinct NEET groups (e.g. O'Dea et al., 2014; Lee et a., 2017; Lögdberg, Nilsson and Kostenius, 2018), others include longitudinal studies gathering data in waves and reporting variation in NEET numbers (e.g. Egan, Daly and Delaney, 2015; Goldman-Mellor et al., 2016; Symonds et al., 2016; Veldman et al., 2015). Furthermore, although conducting research projects which rely predominantly on large sample sizes has the benefit of allowing conclusions drawn to be generalisable (Barker, Pistrang and Elliot, 2016), these large cohort studies give little insight into how the individual participants make sense of their experiences.

A greater consistency is noted in relation to participants' ages. This ranges between 15 and 25 years old (e.g. O'Dea et al., 2014; Lee et al., 2017; Symonds et al., 2016; Power et al., 2015; Lögdberg, Nilsson and Kostenius (2018)). However, four studies are found to include adolescents as young as 11 years old (Veldman et al., 2015) and the reasons for this seem to relate to the study aims (Veldman et al., 2015; Gutiérrez-García et al., 2017) and the specific context of the studies (Henderson, Hawke and Chaim, 2017; Benjet et al., 2012). For example, Veldman et al. (2015) and Gutiérrez-García et al. (2017), sought to examine mental health trajectories and the likely association with later NEET status, and therefore it collected

data about adolescents' mental health prior to reaching the age when they could be considered as NEET.

2.4.2.4. Ways of defining NEET

All studies defined NEET by referring to the description of the term, not in education, employment or training. However, only four studies referred to national or international definitions: the OECD definition (O'Dea et al., 2014; Lögdberg, Nilsson and Kostenius, 2018), Australian Bureau of Statistics (O'Dea et al., 2016) and the UK Office of National Statistics (Goldman-Mellor et al., 2016). The review found that, unlike this research, which considered participants as NEET in the past 6 months, a minimum of 2 studies included participants who had become NEET in the last month (O'Dea et al., 2014; O'Dea et al., 2016). It can therefore be argued that other factors might influence the research findings given that more people are likely to be NEET for a period of one month as opposed to six months. A further issue relates to the research conducted by Gutiérrez-García et al. (2017) which considered the NEET status of adolescents aged between 12 and 17, and thus reflecting findings for an age group different from the rest of the studies and this project. Finally, a number of papers specifically noted that they had taken steps to ensure that young people were not NEET as a result of volunteering (Benjet et al., 2012), being on holiday (Goldman-Mellor et al., 2016) or due to becoming parents (Egan, Daly and Delaney, 2015; Goldman-Mellor et al., 2016).

2.4.2.5. Mental Health Assessment

Whilst reviewing details regarding how mental health was assessed across the papers included in the review, three aspects were considered: the nature of the measures used, whose

perspective was considered, and the specific areas assessed. The systematic review found that all studies apart from three (Lee et al., 2017; Gutiérrez-García et al., 2017; Power et al., 2015) relied on self report measures. These have the benefit of allowing young people to offer their unmediated perspective (Barker, Pistrang and Elliot, 2016), however it is notable that these do not allow for an interpretation of the events or of the issue studied (Dugal, Malkoff-Schwartz, Birmaher, Anderson Matty, Houck, Bailey-Orr Williamson and Frank, 2000). Half of the papers also included within their design clinical interviews (O'Dea et al., 2014; O'Dea et al., 2016; Lee et al., 2017; Goldman-Mellor et al., 2016; Gutiérrez-García et al., 2017; Power et al., 2015). Among these, four of them relied on Diagnostic and Statistical Manual of Mental Disorders–Fourth edition (DSM-4) criteria (Lee et al., 2017; Goldman-Mellor et al., 2016; Gutiérrez-García et al., 2017; Power et al., 2015). Nevertheless, perhaps the challenging aspect affecting the main conclusions drawn as a result of the systematic review process are the mental health areas assessed and which vary from case to case. The specific domains examined varies greatly and it includes: depressive symptoms (O'Dea et al., 2014; O'Dea et al., 2016; Goldman-Mellor et al., 2016; Symonds et al., 2016;); anxiety (O'Dea et al., 2014; Goldman-Mellor et al., 2016; Symonds et al., 2016); the risk of psychosis (O'Dea et al., 2016); psychomotor speed and attentional control (Lee et al., 2017); psychological distress (Egan, Daly and Delaney, 2015); ADHD (Goldman-Mellor et al., 2016); suicidal behaviour (Gutiérrez-García et al., 2017; Benjet et al., 2012); eating-related issues and traumatic experiences (Henderson, Hawke and Chaim, 2017); affective disorders (Power et al., 2015). Setting itself apart, Lögdberg, Nilsson and Kostenius' (2018) study does not focus on a specific dimension of mental health but seeks to understand experiences in relation to health [including mental health] and wellbeing. Consistent with its qualitative design, there is no

claim of generalisability and therefore it cannot be assumed that their findings apply to any or all of the NEET population.

Having considered some details and characteristics of each research study included in the systematic review in relation to the present project, several aspects were highlighted. Most notable is the dominance of quantitative methodologies with large sample sizes, which have the benefit of allowing generalisations. These highlight a correlation between diagnosable mental health problems and the NEET status, including during childhood and adolescence (Power et al., 2015; Goldman-Mellor et al., 2016; Edgan, Daly and Delaney, 2015). Nevertheless, apart from the study conducted by Lögdberg, Nilsson and Kostenius (2018), little is revealed about young people's experiences in relation to mental health and wellbeing within the school context. Nevertheless, having adopted a qualitative methodological approach, Lögdberg, Nilsson and Kostenius (2018) were able to focus on young people at an individual level and found that for them, the school context lacked security, being characterised by conflict, fights, harassment from teachers, and bullying. Their findings highlight the value of looking in depth at young people's experiences in relation to mental health and wellbeing.

2.4.3. Overall findings re NEET and mental health

The literature review suggests that NEET young people experience an increase in psychological distress, most studies concluding that they are more likely to have received psychiatric diagnoses and to be in a progressed stage of mental illness (O'Dea et al., 2014; Symonds et al., 2016; Veldman et al., 2015; Gutiérrez-García et al., 2017; Nardi et al., 2015; Baggio et al., 2015; Henderson, Hawke and Chaim, 2017; Power et al., 2015; Benjet et al., 2012). These conclusions are also supported by UK studies (Goldman-Mellor et al., 2016;

Edgan, Daly and Delaney, 2015). The higher rates of diagnosable mental health problems were not, however, maintained for young people accessing support. Henderson, Hawke and Chaim (2017) indicate that the proportion of NEET youth reporting mental health difficulties and problematic substance misuse concerns compared to non-NEET youth was arguably modest (a third in comparison to less than a quarter of non-NEET).

2.4.4. NEET and specific areas of difficulty

2.4.4.1. Common mental health problems: anxiety and depression

Depression and anxiety are among the most common mental health difficulties during childhood with consequences for suicidal behaviours, poor educational attainment, dropping out of school early and poorer financial prospects (PHE, 2016). Depression typically presents as depressed mood, loss of interest and enjoyment, and low levels of energy. It can affect one's ability to concentrate and focus attention, self-concept, thinking (ideas of guilt and unworthiness, a negative perspective about the future), daily functioning (sleep and appetite) and self-harm and suicide. The severity of the disorder is dependent on the number and intensity of the symptoms as well as the impact this has on the person's functioning (NICE, 2018; DSM-5, 2012; ICD-10, 1992).

Anxiety is defined in the ICD-10 (1992) as a response to well-defined situations or objects (external to the individual) which are not at the time dangerous, and which leads the respective person to avoid or endure with dread the feared situation or object. Anxiety disorders include generalised anxiety disorder, social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder (NICE, 2014).

Among NEET young people, the results of several studies indicate that during adolescence, depression and associated indicators are more likely to occur (O'Dea et al., 2014; Symonds et al., 2016; Power et al., 2015). NEET youth also experience a lower level of positive social and educational functioning when compared to those who work or are engaged in education or training (Symonds et al., 2016, O'Dea et al., 2014). O'Dea et al. (2016) also found that in those cases where depression symptoms decrease, young people's adaptive behaviours improve, yet not sufficiently for the concerns to dissipate. The reasons for this are hard to distinguish as the research lacks clarity regarding rates of improvement due to differences in reporting, e.g. self-rated functioning suggested improvement rates of 50% whilst clinician-rated functioning improved by 15%.

Given the impact depression appears to have on the work/education status of young people, O'Dea et al. (2016) argued for the provision of services with a view to supporting young people to allow an improvement in functioning, whilst also aiming to reduce depression. This suggestion is partially supported by Lee et al.'s (2017) findings, which indicate that higher rates of disengagement and impairment increase symptoms partly associated with depression. They also highlighted a two-way correlation between depressive symptoms and negative academic and vocational outcomes (factors considered to be associated with NEET status); the correlation between depressive symptoms and rates of disengagement was thought to be insignificant. While this appears to contradict previous research (Bowie, Depp, McGrath, Wolyniec, Mausbach, Thornquist, Luke, Patterson, Harvey and Pulver, 2010; Green, Hellemann, Horan, Lee and Wynn, 2012), it is worth noting that the study conducted by Lee et al. (2017) involved participants (NEET and non-NEET) who were accessing support services. For this reason, it can be argued that issues of engagement might have been masked. Nevertheless, this draws attention to the negative outcomes for young people who are NEET

and supports Lee et al.'s (2017) suggestion that young people benefit from remaining in education.

Conclusions drawn regarding the extent to which NEET young people experienced anxiety were particularly mixed. O'Dea et al. (2014), Benjet et al. (2012) and Nardi et al. (2015) did not find an increase among NEET young people compared to non-NEET. However, Symonds et al. (2016) highlighted higher anxiety for NEET young people, Power et al. (2015) suggesting that they were twice as likely to meet the criteria for anxiety disorder(s).

2.4.4.2. Suicidal behaviour

Regardless of gender and social class, Power et al. (2015) found that NEET youth were seven times more likely to have experienced suicidal ideation compared to their peers in work, and it correlated with a threefold increase in suicide attempts over the course of their life. Similar findings were reported by Nardi et al. (2015), Benjet et al. (2012) and Gutiérrez-García et al. (2017). The latter further suggests that increases in incidents of suicide ideation, plans and attempts in early adulthood, are independent of young people's baseline socioeconomic disadvantage and mental health compared to all peer groups.

2.4.4.3. Attentional Problems

A discussion also emerged about the role played by attentional problems, typically associated with a diagnosis of Attention Deficit Hyperactive Disorder (ADHD), in becoming NEET. More generally, difficulties in this area have been associated with lower educational attainments, interpersonal difficulties, illegal activity and poorer employability prospects (PHE, 2016). Pingault, Tremblay, Vitaro, Carbonneau, Genolini, Falissard and Côté (2011) investigated the childhood trajectories of inattention and hyperactivity and their predictive

value on educational attainment in early adulthood. They found that decreasing and increasing trajectories of attention problems in childhood predicted high school dropout. In contrast, Veldman et al.'s (2015) conclude that NEET young people do not differ from others in regard to attentional problems, and points out the apparent contradiction is likely to be due to research methodology, as they assessed trajectories of mental health problems from ages 11 to 19, whereas Pingault et al. (2011) have used trajectories from ages 6 to 12.

2.4.4.4. Cognitive development

Aiming to identify factors associated with the NEET status, Lee et al. (2017) made the assumption that a common underlying vulnerability such as cognitive dysfunction might be a strong predictor of the NEET status. Within their longitudinal research, it has emerged that a young person's cognitive level has a high predictive value (40%) and therefore, the authors argue that cognition plays a key role in academic, training or work engagement, and is critical for functional recovery over time. Although this specific finding is only reported by Lee et al. (2017), in the Australian context, it is consistent with previous research evidence highlighting a strong link between intellectual functions and vocational and academic outcomes (e.g. Deary, Gow, Pattie and Starr, 2012).

2.4.4.5. NEET, substance misuse and criminal behaviours

Furthermore, NEET youth are thought to be at greater risk of substance misuse and criminal behaviour when compared to young people who remain in education (Benjet et al., 2012). O'Dea et al. (2014), Gutiérrez-García et al. (2017) and Baggio et al. (2015) indicate that NEET youth present with increased risk of illicit drug use: cannabis, hazardous cannabis, or other drugs; these are findings echoed by the British study conducted by Goldman-Mellor et

al. (2016). The researchers also evidenced a high level of co-occurring substance misuse and mental health concerns: a total of 29.6% and 36.5% of non-NEET and 45.3% and 51.8% of NEET, females and males, respectively. According to Henderson, Hawke and Chaim (2017), within the NEET population, mental health disorders are largely due to the higher levels of problematic substance misuse.

2.4.5. Differences among NEET young people's mental health

Within the literature on mental health among NEET young people, a number of gender differences have also emerged. Goldman-Mellor et al. (2016) highlighted a significantly higher risk of males presenting with generalised anxiety at the age of 18. Also, Henderson, Hawke and Chaim (2017) indicated higher levels of disturbing memories and paranoia, and noted a significant difference between male NEET youth and non-NEET regarding internalising concerns, a discrepancy that was not present among females. A possible explanation could be that young women are more likely to continue their education. Studies conducted by O'Dea et al. (2014), Henderson, Hawke and Chaim (2017) and Symonds et al. (2016) consistently indicate that females are slightly more likely to remain on an academic route or to engage in vocational training, and thus are less likely to be exposed to some of the factors accentuating difficulties for NEET youth. However, this explanation is likely to be insufficient given that they also found that females appear to be more likely to have experienced mental health difficulties during school years, and a negative change in their mental health during transition from school. Power et al. (2015) also challenges this argument, as their research did not identify any differences based on gender.

2.4.6. Mental Health during childhood and adolescence

In the context of the research surrounding issues related to the mental health of NEET young people, attention is drawn to what has been revealed about difficulties young people might experience during childhood and adolescence, prior to becoming NEET. Edgan, Daly and Delaney (2015) suggested that the presence of psychological distress during childhood leads to the emergence of a range of problems (e.g. social, educational, health) and consequently has a negative impact on later employment, separate from any adult distress. Consistent with this, Power et al, (2015) also found that young people who were classified as NEET in early adulthood were three times more likely to have received a psychiatric diagnosis between the ages of 12 and 15. Supporting these findings, Goldman-Mellor et al. (2016) note that NEET young people experience an increase of over 50% of mental health disorders prior to adolescence. The authors observed that, as children, young people who are NEET had had higher levels of depression; they were more likely to have been diagnosed with ADHD or conduct disorder; and, as adolescents, a greater number engaged in self-harming behaviour.

Veldman et al.'s (2015) study focused on the trajectory of mental health problems experienced by NEET young people. He found that the majority (85-95%) had stable trajectories of mental health problems from the age of 11 and up to the age of 19. The authors further distinguished between the nature of difficulties young people experienced during childhood and adolescence. Based on their findings, it is argued that it is only those who experience durable, high, overall mental health difficulties and externalising problems (e.g. conduct disorder and ADHD) who are more likely to be NEET. However, Veldman et al.'s (2015) conclusions regarding the increased negative effect of externalising problems when compared to internalising problems were challenged by previous research carried out by

McLeod and Fettes (2007), which concluded that youths who experienced high levels of internalising problems during childhood or adolescence were less likely to complete high school.

2.4.7. The relationship between mental health and NEET status

Goldman-Mellor et al. (2016) suggest a co-dependent relationship between mental health and NEET status and argue that, for instance, pessimism and the lack of skills lead to being unemployed, the latter fostering pessimism and fewer opportunities to master new skills. Sharing the same view, Henderson, Howke and Chaim (2017) regard the NEET status as a risk factor leading to poor mental health due to financial burdens and exclusion from social structures. In their view, poor mental health and addictions are risk factors for becoming NEET due to low academic achievements and problems with entering the labour market. These explanations, however, are partially challenged by Baggio et al. (2015) who found that although mental health and substance misuse were predictors of future NEET status, the latter did not, at a later date, 2-3 years later, predict mental health problems or increased misuse of addictive substances. Therefore, this raises the possibility that NEET status might be an outcome of other factors rather than being a risk factor itself.

2.4.8. Literature review main conclusions

The research literature reviewed highlights increased mental health needs among young people who are NEET, clear links being made with depression and depressive symptoms, higher rates of suicide and substance misuse, and criminal behaviour. There is also some evidence to suggest that a higher proportion of youths have previously experienced attentional problems and learning needs. Anxiety is, however, an area where findings were contradictory.

The research further suggests that the prevalence of mental health problems among young people prior to becoming NEET was extremely high (85-95%). Whilst a co-dependent relationship is thought to exist between mental health difficulties and NEET status, it is somewhat unclear whether being NEET is a risk factor or an outcome of other factors, which also lead to mental health problems.

2.4.9. Issues regarding Mental Health assessment

The research highlighted information pertinent to NEET young people and thus it offers a context in which I can consider their lived experiences in relation to mental health and wellbeing. However, I believe that the position these studies takes reflects a particular perspective which is consistent with traditional ideas about mental health and endorsed by classification systems such as the Diagnostic and Statistical Manual of Mental Disorders–Fifth edition (DSM-5) (American Psychiatric Association (APA), 2013) or the International Classification of Diseases–Tenth edition (ICD-10) (WHO, 1992). Consequently, all of the studies discussed relied on probability assessment tools and psychiatric diagnoses. Furthermore, whilst some attempts have been made to explain various aspects of their lives, little is understood about the lived experience of NEET young people in relation to their mental health and wellbeing. The knowledge gained is, in the majority, provided from an impersonal observer perspective – seemingly detached and objective.

2.5. Complexities surrounding definitions of Mental Health and Wellbeing

2.5.1. Section introduction

In this section I provide a number of definitions, descriptors, and models of mental health and wellbeing, highlighting tensions, similarities and differences between their conceptualisations,

and thus, the complexities of defining them. The section ends with a brief comment on the perspective adopted for the purpose of this research study.

2.5.2. Definitions of mental health

The close examination of research into the mental health of NEET youth and other related issues had the benefit of revealing some patterns of difficulty and vulnerability areas as well as shedding some light on the highly complex and dynamic context in which young people find themselves. Nevertheless, this takes a very particular conceptualisation of mental health, namely one advanced by a medical model. This argues for the existence of mental disorders that have a psychosocial dimension but are, fundamentally biological (Pilgrim, Rogers and Pescosolido, 2011). Within this model, the relevance of psychosocial contributions to mental distress is minimised, and consequently mental health problems are reduced to biological dysfunctions (Lilienfeld, 2007). Also, mental health difficulties are conceptualised and classified using the terminology found within the DSM-5 (2013) and the ICD-10 (1992) classification systems.

Jaspers (2012), one of the first to argue for the adoption of phenomenology in the study of mental health, pointed out that whilst considering mental health as a biological issue has a positive impact on allocation of resources, this moves the focus away from the lived experience of people presenting with such needs. He feared that the experience of the person became of secondary interest, thus missing what the experience of a phenomenon ‘was like’. For others, criticisms refer to the lack of evidence that mental difficulties have a biological basis, e.g. decades of research have not revealed any biological causes or markers for any mental disorders (Deacon, 2013). More recently, Rubin (2018) reflects on using the DSM-5 (2013) and the ICD-10 (1992) and highlights some of the benefits of these classification

systems, particularly the usefulness of sharing a common language and its practical use (e.g. method for their record keeping). However, he moves on to list a series of shortcomings, notably: its highly stigmatising role (Corrigan, 2004; Johnstone, 2014) and its unscientific basis (Rubin, 2018; Wilkins & Ebach, 2014). For these reasons, Rubin (2018) proposes an alternative: a *Classification and Statistical Manual of Mental Health Concerns*, which classifies expressed concerns and is based on the principle that individuality outruns any diagnostic system.

In addition to the classification systems used across countries and cultures, Vaillant (2012) found that there are a further six different empirical models of mental health: the presence of multiple human strengths rather than the absence of weaknesses; maturity; dominance of positive emotions; high socio-emotional intelligence; subjective well-being; and resilience. Indeed, Engle (1977) argued against considering human distress as "diseases" (p. 129) and proposed a more empowering and holistic model. He pointed out the importance of taking into account not only the person, but also the social context in which they find themselves, as well as the complementary system devised by the society to deal with the disruptive effects of the difficulty. Murphy (1989) has also stressed the influence of culture on how mental health is understood. On the other hand, others such as MacDonald and O'Hara (1998), moved away from attempting to define mental health altogether, and argued that it is easier and more helpful to identify areas of agreement on factors that promote and demote mental health and to develop strategies and support of these.

Given these tensions, multiple definitions are simultaneously used in practice, research and everyday life, for instance:

Table 1: Mental health definitions

'… a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' WHO, 2014
'How you think and feel about yourself and your life affects how you behave and how well you cope when times are tough. It affects your ability to make the most of the opportunities that come your way and play a full part in your family, workplace, community and among friends. It's also closely linked with your physical health. Whether you call it wellbeing, emotional welfare or mental health, it's key to living a fulfilling life.' Mental Health Foundation, 2008
'Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees to the state of internal equilibrium.' Galderisi et al., 2015
"A mental health concern occurs when a person seeking mental health services expresses to a mental health service provider a concern about any of these topics: behaviour, emotion, mood, addictions, meaning of life, death, dying, managing chronic pain, work, relationships, education, eating, cognition, sleep, and challenging life situations." Rubin, 2018

However, definitions widely used, such as that proposed by WHO (2014), have been criticised for having identified wellbeing and positive functioning as main concepts of mental health (Galderisi et al., 2015). The authors point out that people can have good mental health and yet experience negative feelings such as sadness and anger as part of their daily life, and highlight that, for instance, people would be regarded as healthy if they responded with desperation to losing their jobs. Similarly, Galderisi et al. (2015) highlighted that equating mental health with positive functioning is inadequate since it can, for example, overlook situations where contextual factors can restrict community participation.

Issues surrounding mental health definitions were previously highlighted by Weare (2004) who found that mental health was understood as emotional literacy, emotional intelligence, emotional health and wellbeing, psychological wellbeing and distress, emotional and behavioural difficulties, mental health problems and mental disorders. Reflecting on his

findings, he argued that definitions are dependent on the position adopted by their proponents. This was confirmed by a more recent study conducted by Manwell, Barbic, Roberts, Durisko, Lee, Ware and McKenzie (2015) where 50 participants with expertise in the field of mental health, across 8 countries, were invited to share their understanding of mental health. Findings within this research also suggest that conceptualisations of mental health differ in accordance with the philosophical paradigm adopted by each respondent. They also found that definitions clustered around four different categories: a binary/conflicting relationship between mental illness and mental health (e.g. health as the absence of mental illness); complexity (a complex concept affected by internal and external aspects); dichotomy vs. continuum; and descriptive vs. prescriptive (describing what is not what it should be).

Based on the multiple conceptualisations of mental health, Manwell et al. (2015) propose a new integrated Transdomain Model of Mental Health (Figure 1). This appears to be consistent with Vaillent's (2012) seven, cross-cultural mental health conceptualisations and, aiming to reflect a comprehensive representation of mental health, it incorporates the elements of the WHO (2014) definition whilst also taking into account limitations expressed previously, for instance, by Galderisi et al. (2015). This model is further consistent with a shift away from viewing mental health as the absence of mental illness – a pathogenic perspective preoccupied with categorising and classification and which assumes that mental illness can be defined and cured. It moves towards a view which adopts a holistic approach to mental health and in which individuality becomes central.

Figure 1: The Transdomain Model of Mental Health (based on Manwell et al., 2015).

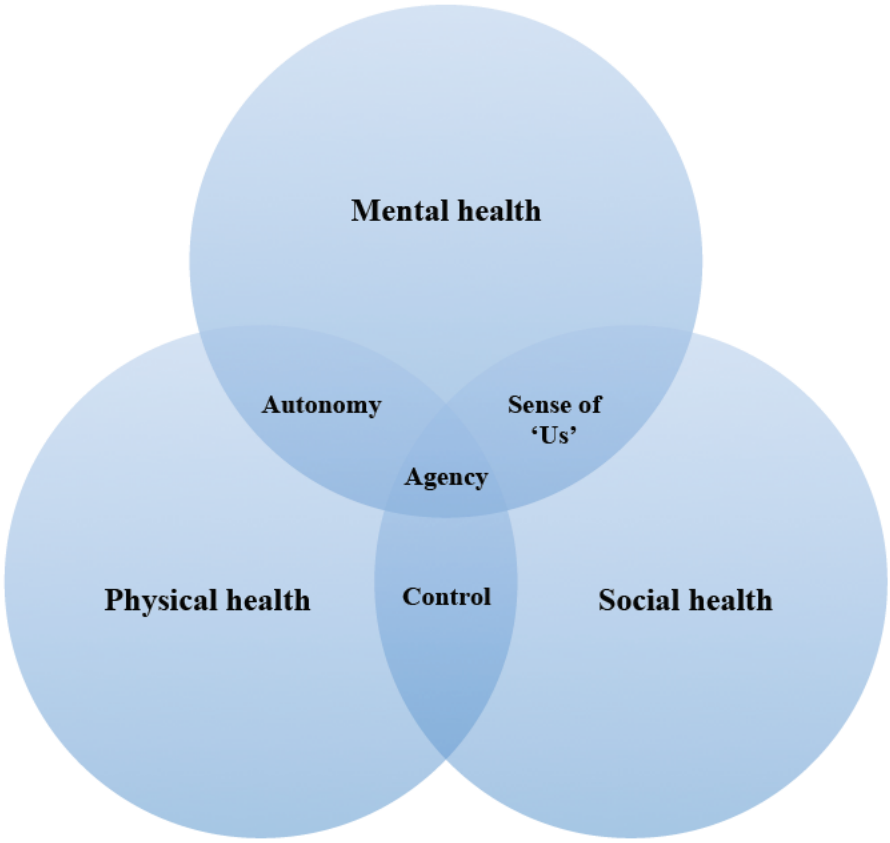


Figure 1 Legend

Mental health: Standard level of cognitive-emotional functioning and adaptation & sense of coherence (Hubert et al, 2011).

Social health: standard level of interpersonal functioning and adaptation & interdependence

Physical health: standard level of biological functioning and adaptation & the maintenance of physiological equilibrium through changing circumstances.

Sense of "us": Capacity for relating to and with others

Autonomy: Capacity of control of one's self

Agency: Ability to choose one's level of social participation

Control: Capacity for navigating social spaces

2.5.3. Mental Health and wellbeing

According to Dodge, Daly, Huyton and Sanders (2012), the nature of wellbeing is highly complex. Whilst the WHO (2014) mental health definition incorporated this as a main component, others suggest that wellbeing is synonymous with mental health (Weare, 2004). In a large European study which included UK participants, Huppert and So (2011) found that

mental health and wellbeing is seen by some on a continuum, as the opposite to disorders such as anxiety and depression. Thus, from this perspective, high wellbeing equates with positive mental health. Evans (2016) looks more closely at some of the current definitions, citing for instance: Huppert and So (2011); Seligman (2011); Mind (2013); NHS (2016) and The Human Givens Institute (2016). She observed that each of the definitions cited incorporated several, or all, of the following elements: feelings/emotions, an interpersonal dimension, personal experience and external factors, and coping. Bradshaw and Richardson (2009) and White (2008) add a material dimension (practical welfare and standards of living) whilst Seligman (2011) emphasises the relevance of relationships and achievement. Therefore, they move beyond hedonistic and eudaimonistic influences which view wellbeing as equating to pleasure or happiness, and the actualisation of human potential, respectively (Ryan and Deci, 2001).

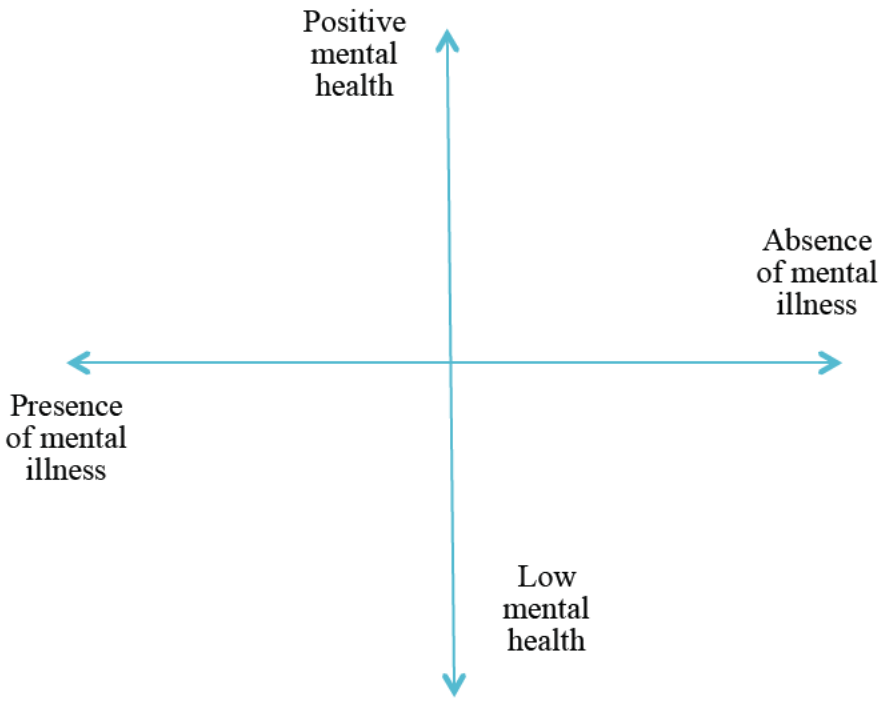
The Transdomain Model of Mental Health (Manwell et al., 2015), previously discussed, has the benefit of integrating multiple systems of thought concerning mental health conceptualisations; however, it does not appear to address the issues surrounding mental health and wellbeing definitions, and fails to consider in what way these might be related. For this reason, the Transdomain Model of Mental Health remains the starting point; but the Two-continua Model of Mental Health described below has been used and considered as a more useful basis for the analysis of this thesis.

2.5.3.1 Westerhof and Keyes' (2010) two-continua model of mental health

Keyes (2005) noted that, in some cases, people seem to present with low wellbeing and no mental illness, or with mental illness yet moderate mental health. These observations pointed towards a new conceptualisation of mental health, defined by Westerhof and Keyes (2010) as

the two-continua model. Moving away from a reductionist, linear position, which views mental health as the absence of mental illness, the authors highlight the importance of studying optimal mental health and suggest that this is better understood as a profile determined by two factors: the absence/presence of mental illness and positive mental health. Within this model, the two dimensions are related yet distinct: whilst the first dimension correlates more closely with a medical model of mental health, the second axis reflects a multi-dimensional concept: languishing – flourishing. Flourishing, Westerhof and Keyes (2010) state, incorporates subjective/hedonic wellbeing (emotional wellbeing defined by a feeling of happiness, satisfaction and interest in life); psychological/ eudaimonic wellbeing (realisation of one's potential, striving and optimal functioning, and psychological wellbeing) and social wellbeing. A graphical representation of their model is presented below (Figure 2):

Figure 2: Westerhof and Keys' two continua model of mental health (based on Westerhof and Keyes, 2010).



In support for the two-continua model of mental health, Westerhof and Keyes (2010) reference studies which found, for instance, that people's responses to episodes of mental illness vary, depending on the degree to which they are flourishing. The authors bring to attention the different trajectories the two dimensions appear to follow across the life span, arguing that these are qualitatively different, and that the predictors for positive mental health/flourishing and mental illness are distinct. Having distinguished between the two related dimensions, subsequent studies investigated various aspects of the two-continua model of mental health (Lamers, Westerhof, Kovacs and Nohlmeijer, 2012; Lamers, Bolier, Westerhof, Snit and Bohlmeijer, 2012; Lamers, Westerhof, Glas and Bohnmeijer, 2015; Weiss, Westerhof and Bohlmeijer, 2016; Vowinckel, Westerhof, Bohlmeijer and Webster, 2017; Trompetter, Lamers, Westerhof, Fledderus and Bohlmeijer, 2017). The evidence found suggests that the relationship between the two dimensions is bidirectional (Lamers, Westerhof, Glas and Bohnmeijer, 2015) and that the recovery from an episode of mental illness is enhanced by higher levels of emotional wellbeing (Lamers et al., 2012). Trompetter et al. (2017) show, however, that increases in positive mental health do not automatically lead to lower anxiety and depression, and that lowered anxiety and depression do not necessarily enhance flourishing levels. Additionally, Schotamus-Dijkstra et al. (2016) found that those who flourish are more resistant to vulnerabilities and life challenges and are often younger, more likely to be female, educated and in paid employment.

Consistent with earlier research (e.g. Keyes, 2006) showing that flourishing in adolescence is associated with desirable outcomes, Lamers, Westerhof, Glas and Bohemeijer (2012) and Fledderus, Bohlmeijer, Smit and Westerhof (2010) argue that, in addition to treating mental illness, it is also important to promote positive mental health, thus moving from a risk-

reduction model to a competence enhancement model. In this context, attention will now be drawn to the positive, salutogenic approach to health.

2.6. Salutogenic perspectives on health

In contrast to the theoretical ideas underpinning the medical model of health, Antonovsky (1996) outlines what he calls 'the salutogenic approach' to health promotion. This is based on the belief that all human distress is integrated and always comprises body and mind. He proposed a continuum model where one's health (both mind and body) fluctuates, moving on a continuum: health – *disease*. From this perspective the aim is not to *cure* but to consider and change appropriate social conditions, which underlie or facilitate health-promoting behaviour. The preventative responses planned are therefore expected to include all aspects relevant for the respective person or group. Twenty years later, Garcia-Moya and Morgan's (2017) critical review examined the benefits associated with salutogenic programmes of health promotion and highlighted its positive character. Antonovsky's (1996) ideas are congruent with the preventative principle driving this research, as well as the two-continua model of mental health, which introduces the concept of flourishing or positive mental health.

Looking more closely at the literature regarding health and wellbeing from a salutogenic perspective, one research paper aiming to explore how adolescent boys, aged 16-17 and in education, understand health, was identified (Randell et al., 2016). The study prompted me to extend the search and to explore the literature regarding the way health and wellbeing are understood by adolescents and young people themselves. Therefore, a systematic search was conducted using the terms: (*mental health* OR *wellbeing*) AND (*adolescent* OR *teenager* OR *young person* OR *young people*) AND (*experience* OR *perception*) AND (definition OR concept OR analysis OR meaning) into PsychINFO, EBESCO and Web of Science. Due to

the high volume of results, each list was refined using the terms (UK OR United Kingdom OR Great Britain OR England). 234 research papers were identified. However, after reading the titles, and in some cases the abstracts, three remained. Each of these studies was read and discounted due to not meeting the following inclusion criteria: adopting a salutogenic approach to health and wellbeing and including adolescent participants. As a result, the following two sections will focus on the work of Randell, Jerdén, Öhman and Flacking (2016) and Lögdberg, Nilsson and Kostenius (2018).

2.6.1. Adolescent boys' understanding of mental health and wellbeing

Randall et al. (2016) argue for the need to focus on conducive factors for health consistent with a salutogenic theoretical perspective. By applying grounded theory, the authors found that adolescent boys view health as a dual concept incorporating the body and the mind, and regard the former as dominant. Within the mental component of health, young people emphasised emotional and relational experiences, which, they believe, incorporate five elements: positive emotions, self-esteem, balance in life, trusting relationships and having a sense of belonging. A more detailed description of Randall et al.'s (2016) findings follows.

The presence of positive emotions expressed through happiness or freedom, and joyful life events, are described as conducive aspects for health. Equally important are the different self-concept elements: self-confidence, self-acceptance and positive self-esteem. The young men felt that in order to experience positive emotional health, a sense of having enough personal resources and self-respect are needed. Importantly, young people indicated that their *subjective* appreciation of their own emotional health was more relevant compared to *objective* assessments made by others. Another aspect thought to be essential to health was having a balanced life with regards to emotions and demands, as well as personal resources

that are needed to cope with challenging life situations. Related to this, young people thought it was important for them to be able to regulate their emotions in order to maintain a sense of balance. For some adolescents a balanced life also equated to life satisfaction, where personal and contextual aspects were positive (healthy eating, exercising, or school going well). An adequate management of stress was also considered as a fundamental aspect of a balanced life. However, achieving this was dependant on one's academic ability, learning strengths and needs, and being able to concentrate.

In terms of health and wellbeing as a relational experience, young people's accounts reflected aspects related to trusting relationships and a sense of belonging. They explained that health requires the presence of emotionally safe relationships with friends and significant family members who can offer support as and when needed. Trust is reflected in the context of secure relationships when young people are able to share their problems and their needs are met. As a result, emotional concerns were shared with selected others: those with whom they had a close and trusting relationship and whom they felt could understand. Secure relationships, conducive to emotional health and wellbeing, also allowed young people to feel seen, acknowledged and therefore, valued. A central place is occupied by teachers who are willing to meet the emotional needs of their pupils, as well as a safe school environment where bullying is prevented from taking place. Finally, relational health and wellbeing is thought to be dependent on having a sense of belonging and enjoying mutual relationships. On occasions where behaviours such as smoking and drinking emerged, young people emphasised their relational character, regarding these as *social tools* for belonging.

2.6.2. NEET young people's experiences in relation to mental health and wellbeing

A recent study offers an insight into the meaning young people who are NEET associate with their experiences in relation to mental health and wellbeing (Lögdberg, Nilsson and Kostenius, 2018). Having adopted a qualitative methodology, the study reveals three main themes and a series of other subordinate themes within young people's accounts. These are: struggling with hardship in the absence of caring connections; feeling good when closely connected to others; and being forced to question what has been taken for granted. A summary of young people's experiences related to mental health and wellbeing as detailed by Lögdberg, Nilsson and Kostenius (2018) are noted in the next paragraph.

The experiences young people described resonate with Randall et al.'s (2016) study, which found that adolescent boys associated mental health with emotional and relational experiences. NEET young people described having to deal with uncertainty about their life circumstances, including complicated relationships with their families. Drugs and violence were seen as a part of their adolescent life, although, in some cases, these were also a coping strategy. The school context lacked security and was characterised by conflict, fights, harassment from teachers, and bullying; this led young people to feel powerless. Situations were described where they reached or longed for support and caring connections yet felt betrayed. When important family members were unable to listen or understand, emotional support was sought from others outside the family. To cope with the sadness and disappointment resulting from their friends' betrayal, young people resorted to becoming tough. Being connected to others, and supported, were regarded as essential in order for young people to feel good about their lives. Thus, positive relationships (with peers, family and others) were a necessary source of wellbeing and the context for positive life changes.

Underlying this, however, was a desire to be listened to and understood, respected and included, as well as being treated as an individual with a unique life story. Past experiences of doing something meaningful and having a purpose and a sense of belonging in their community gave young people a sense of wellbeing. This was further enhanced when their skills were acknowledged.

2.7. Chapter Summary

This chapter begins by outlining the highly complex situation surrounding NEET young people that emerges from socioeconomic disadvantage, low school achievements and the challenges faced when entering the job market. It highlights the school experiences of NEET young people reflected within three studies, covering issues related to their feelings and relationships, as well as structural and personal factors affecting them during their school years. Following a brief comment on the link between education and social mobility, the focus of the literature review moves towards exploring another key element, the research literature regarding the mental health and wellbeing of young people who are NEET. The systematic literature review details specific study characteristics (study details, design, participants, conceptualisations of terms, measures) as well as research findings.

In addition to an increased likelihood of mental health difficulties, some contradictory findings are highlighted. Therefore, it is argued that a different approach (away from the medical model and quantitative research) is needed in order to explore young people's school experiences in relation to mental health and wellbeing. For this reason, the latter section of this study introduced a detailed discussion of the complex definitions and conceptualisations of terms: mental health and wellbeing. It introduced the Westerhof and Keyes (2010) two-continua model of mental health, which constitutes the conceptual framework informing this

research project, and it will form the basis for the analysis (Chapter 4). This second section also discussed the salutogenic perspective on mental health and wellbeing, as highlighted by Antonovsky (1987), and its application to the school experiences of adolescent boys. The chapter ends with the introduction of Lögdberg, Nilsson and Kostenius's (2018) study, which provides an insight into the meaning young people who are NEET associate with their experiences in relation to (mental) health and wellbeing.

CHAPTER 3: METHODOLOGY

3.1. Chapter Overview

The first section of this chapter outlines the philosophical paradigm and the methodological approach taken which constitute the context for this research. Following this, a rationale for using IPA, as well as its link with phenomenology, hermeneutics and ideography, are presented. The second section contains a detailed description of methods, procedure and participants; attention is also given to ethical considerations. The section ends with a description of the process of transcription and analysis and a brief discussion about validity in IPA methodology.

3.2. Part One: Theoretical underpinnings

3.2.1. Methodological approach

Willig (2008) brings to the forefront two methodological approaches in psychology. In an attempt to answer the question 'How can I find out?' these reflect varying ontological and epistemological positions. The positivist approach presupposes a direct correspondence between things and their representation and, consequently, its aim is to produce objective scientific knowledge. From this perspective, knowledge is derived from the use of strict rules and procedures and has the aim of developing universal causal laws (Robson and McCartan, 2016). Critiques of the positivist paradigm led to the emergence of an alternative methodological approach, qualitative – qualitative. According to this, social proprieties are constructed through interactions between people (Robson and McCartan, 2016) and human experience, including perception, is mediated historically, culturally and linguistically

(Willig, 2008). Thus, people's experiences do not reflect a direct representation of the environmental conditions, but a certain reading of it.

Thomas (2013) reflects on the issues surrounding philosophical bases of research, and argues for pragmatism in research where positivist and interpretative approaches coexist. In his view, these can be used as 'frameworks for thinking' 'about the questions that confront us' (p.107). According to him, it is the research question that leads to certain methodological approaches. Similarly, Robson and McCartan (2016) and Fletcher (2017) argue against a complete rejection of quantitative methodologies and suggest that critical realism functions as a general methodological framework and it is not associated with a particular set of methods. Whilst I acknowledge the practicalities of taking a pragmatic approach, I agree with Harper and Thompson (2011) who draw attention to the importance of one's ontological and epistemological stance in considering the most suitable methodology to answer a research question. I am also in agreement with Willig (2008) who comments on the impact of one's commitment to certain epistemological positions, and therefore these are discussed in the following section (3.3.2.)

Like all psychological research, this study reflects on and begins with a desire and an interest in gaining an understanding of aspects of human nature. Unlike quantitative methodologies where the focus is on hypothesis testing and causality, the aim is to gain an understanding of the meaning(s) NEET young people have about their school experiences in relation to mental health and wellbeing. Thus, the assumptions and premises of my aim and research questions do not seek to predict, control, or verify an idea. Interested in the specific meanings given to certain phenomena (school experiences) by a particular group of people (NEET youth), the study involves purposive samples, i.e. selected to serve an investigative purpose (Carter and

Little, 2007). I also feel that by adopting a qualitative approach "less tangible meanings and intricacies" (Finlay, 2011, p. 8) of a person's experiences within a particular context can be explored, and consequently the research questions answered.

3.2.2. Ontological and epistemological assumptions: interpretivist – critical realist

This research is based upon an interpretivist – critical realist epistemology. Robson and McCartan (2016) highlight the array of ontological positions critical realists take, noting that whilst some deny the existence of reality (Alvesson and Sköldberg, 2009), others emphasise the complexity of our process of understanding it. Falling into the latter category, I agree that it is not possible to obtain direct, unmediated access to someone else's personal world. Researchers' own understanding of participants' thoughts is influenced by their own assumptions and interpretations (Smith, Flowers and Larkin, 2009). Additionally, I would also argue for an empiricist epistemology, that is, an attitude that all knowledge claims must be grounded in data (Willig, 2008). This epistemological position, assuming the implication of the researcher in the analysis, lends itself to a qualitative methodological position that is interested in the qualities of phenomena, meaning and processes (Robson and McCartan, 2016).

3.2.3. Rationale for using IPA

Having chosen a qualitative approach in order to gain an understanding of the meaning(s) NEET young people have about their school experiences, during the initial stages of the research, other specific qualitative techniques used to carry out research were considered. Langdrige and Hagger-Johnson (2013) suggest that there are four main qualitative methods: grounded theory, discourse analysis, ethnographic research, and phenomenological research methods. Given my objective of conducting an inquiry into the meanings associated with

school experiences from a specific perspective, I suggest that the decision regarding the method adopted refers to the nature of the questions posed. Grounded theory aims to systematically collect and analyse qualitative data in order to generate theory(ies) (Langdrige and Hagger-Johnson, 2013). However, this goal is not consistent with the exploratory nature of my research, which, although also focused on meaning and interpretation, seeks to gain an in-depth understanding of experiences as opposed to generating theories. Discourse Analysis, a method firmly established in social constructionism, is concerned with analysing communication (Langdrige and Hagger-Johnson, 2013). This aim also differs from the nature of questions I ask that have a focus on meaning. Ethnographic research involves an attempt to understand one's lived experience by entering the social world of the participant and observing them (Robson and McCartan, 2016). However, I am interested in finding out from NEET young people themselves about their school experiences and therefore ethnographic methods were discounted. IPA is a method grounded within phenomenology; a philosophical approach to the study of experience that relies on an interpretative epistemology (Willig, 2008). Being interested in the nature of the subjective experience from the perspective of the participants themselves, I believe IPA creates an opportunity to examine and comprehend their school experiences (Smith, Lower and Larkin, 2009).

3.2.4. Phenomenology

Broome, Harland, Owen and Stringaris (2012) highlight the difficulties encountered when trying to define the term 'phenomenology' given the resistance shown by phenomenologists to give a well-defined answer to the question, 'What is phenomenology?' They are satisfied with stating that it is a method of inquiry that can be applied to different phenomena. Willig (2008), however, describes phenomenology as the study of experience, seeking to find out

what the respective experience or phenomenon is like. Glendinnings (2007) highlights some of its features, including that: it is not preoccupied with advancing theses or defending positions; it aims to elucidate as opposed to explain or analyse; it invites a return to the phenomenon and a departure from theoretical assumptions; and it makes an attempt to show the phenomena/world in a clear and explicit way.

A key figure in phenomenology is Edmund Husserl (1859-1938) who called for a return to the things themselves, as they appear to us, and to bracket (set aside) our preconceived ideas (Willig, 2008). According to this perspective, the world has *intentionality*, i.e. the appearance of phenomena will be dependent on the perspective of the person looking at it, including their wishes, judgements, emotions, aims and purposes (Willig, 2008). It follows that within this study, young people reflect on their school experiences from their individual perspective. Initially, phenomenology was applied in psychological research in the United States at Duquesne University. However, following criticisms that it is possibly too descriptive, and therefore naïve, a more interpretative approach emerged (Langdrige and Hagger-Johnson, 2013). IPA is informed by hermeneutics, and more specifically Husserl's theoretical teachings, which move away from the transcendental aim of making meaning about the world (Smith, Flowers and Larkin, 2009). IPA is not only more interpretative, but it also engages much better with traditional social/health psychology theory and research (Langdrige and Hagger-Johnson, 2013). Therefore, this is consistent with my ontological/ epistemological position as well as with some of the decisions I took as a researcher, e.g. the inclusion in my literature review of data offered by quantitative studies.

3.2.5. Double Hermeneutics

Martin Heidegger (1889-1979) criticised Husserl's phenomenology, which he deemed too theoretical/ intellectual and thus, neglectful of the concrete elements of life, (Broome et al., 2012) and highlighted the interpretative quality of this. Thus, the interpretative phenomenology that has developed is highly influenced by hermeneutics, a study of interpretation that comes from a detailed analysis of a text (Smith, Flowers and Larkin, 2012). Within IPA, the researcher is making sense of what the participant is trying to make sense of, thus revealing a double hermeneutic process. In line with Smith and Osborn (2007), I noted that in order to gain an understanding of participants' school experiences, my own conceptions mediated my interpretation of this. I also observed the highly participatory role I played throughout the research process, thus shaping the meaning young people's accounts could convey. For instance, as the researcher, I guided the interviews, constraining to a certain extent the content of the talk through the interview schedule used. I also made continuous decisions about which topics to follow up, and my communicating style will have shaped the nature of the experiences shared and the meanings conveyed by the young people. Thus, whilst the participants held control over what was shared, the knowledge was produced in partnership.

Robson and McCartan (2016) draw attention to the threat to validity emerging from interpretation but suggest that this can be somewhat minimised by offering a clear description of how the interpretation was reached. Heidegger discusses the issues surrounding interpretation and points out that there are limits to bracketing (Smith, Flowers and Larkin, 2009). I also agree with Heidegger in that I found that although I attempted to *bracket off* assumptions and preconceptions, as a researcher I had views about wellbeing, mental health

and school experiences, which were significant enough to carry out research related to these (Smith, Flowers and Larkin, 2009). Additionally, as Weare (2004) and Manwell et al., (2015) highlighted, I also have a position and beliefs about the nature of mental health and wellbeing. I observed that at the start of the project my approach to the research was heavily influenced by the literature on NEET young people and mental health as revealed by the systematic literature review, and thus reflected a conceptualisation of health and wellbeing more closely aligned with a medical model. Whilst my assumptions have changed, i.e. I have become adept with the two-continua model of mental health, I remain alert to the way in which the assumptions I might make are shaped by a more traditional perspective on this. Furthermore, I acknowledge the importance that the pupils' voice has for me, this having a direct impact on my interpretation of their accounts. Thus, concerned about applying my own conceptions of the psychological and conceptual framework, I was initially more reserved in the interpretations given to them.

3.2.6. Ideography

A further major influence on IPA is its preoccupation with the particular: the detail/depth of the analysis and its attempt to understand a *particular* experience from the perspective of *particular* people, in a *particular* context (Smith, Flowers and Larkin, 2009). IPA's idiographic approach suggests that insights are produced through an intensive and detailed engagement with individual cases (Willig, 2008). In the present research this is reflected in the use of individual interviews and the case-by-case approach of the analysis that allows the unique perspective of each participant to be considered. Nevertheless, a process of analytic induction for moving from single cases to more general cases is also used, as proposed by Smith, Flowers and Larkin (2009).

3.3. Part Two: Research Design

3.3.1. Design Frame

This study uses a retrospective, explorative, multiple case study design, aiming to understand the lived school experiences of young people who are NEET. The cases represent four accounts reflected by four participants, a pen portrait of each young person being detailed within the participants section (subsections 3.3.4.1. – 3.3.4.4.). Given the IPA character which assumes that the phenomena, namely the school experiences, are considered from the perspective of particular people found in a particular context, the details related to the participants include comments about their school context, academic performance (expressed through GSCE success and/or attendance), family socio-economic status, and their presentation during the interview. This is consistent with IPA's ideographic approach, where the focus lies on the particular and each case is considered individually. As such, the aim is to conduct an in-depth analysis through a thorough and systematic approach, in order to gain an understanding about school experiences from the perspective of young people who are NEET. It is hoped that employing a small number of perspectives, shared by the four participants, will allow an examination of convergent and divergent details of these experiences. This study could also be regarded as a case study due to its focus on a small sample and its use of in-depth analysis in order to understand a particular situation (Robson and McCartan, 2012; Thomas, 2009). The focus of the 'case' was NEET young people in one local authority and I attempt to understand their school experiences in relation to mental health and wellbeing.

3.3.2. Data collection method

Having the aim of gaining an in-depth understanding of the lived experiences of NEET young people whilst in education, semi-structured interviews were used. It was felt that in this study,

one-to-one interviews would be ideal as this has the benefit of providing participants with the space to think, speak and be heard (Smith, Flowers and Larkin, 2009). Within IPA these are viewed as 'conversations with a purpose' (Smith, Flowers and Larkin, 2009, p.57) as they allow participants to give a rich, detailed, first person account of their experiences, including stories, thoughts and feelings. Interviews create an opportunity to engage in a dialogue, following participants' narratives (Smith, Flowers and Larkin, 2009), thus having the benefit of giving freedom to participants to choose which aspects of their experience are relevant. The interview schedule was followed broadly, as other follow-up questions and probes were asked depending on the information shared by the participants. For instance, two young people made reference to two different schools and therefore, where appropriate, questions were repeated in relation to each setting.

3.3.2.1. Interview schedule

The interview schedule (Appendix 6) was created through an iterative process by following Smith, Flowers and Larkin's (2009) recommendations, a process of self-reflection, and in consultation with supervisors and the university's Qualitative Forum. The interview was set up to facilitate a discussion about participants' school experiences, the research questions being answered subsequently, via analysis (Smith, Flowers and Larkin, 2009). The sequence followed in creating the interview schedule is summarised in the following table (Table 2):

Table 2: Interview schedule development process

Identifying the broad area of interest: Whilst the aims of the project remained the same, over the course of the project, the research questions changed considerably. For instance, an initial research question, 'How do NEET young people feel and think about their school experiences?' was replaced by 'How does young people's school experience relate to

mental health and wellbeing?' and later to 'How do young people's mental health and wellbeing impact on their school experiences? Consequently, the specific questions considered also suffered modification.

Identifying the range of areas to be covered: Having determined that I was interested in exploring young people's experiences of school in relation to mental health and wellbeing, the areas were informed by information revealed by the literature review. These concerned concepts such as: relationships, control, autonomy, feelings and thoughts. In designing the questions, it was important for these to be open, building opportunities for a wide range of responses. The aim was to reach a balance between giving questions sufficient structure to keep the interview conversation relating to the research questions, but also sufficiently flexible to allow young people to introduce and explore emergent topics.

Placing questions in order: Smith, Flowers and Larkin (2009) note the importance of considering the sequence of questions. With this in mind, as I constructed the interview schedule, I was aware of using words that are associated with negative experiences (e.g. cope, challenge and stressful). Early in the schedule I aimed to establish a neutral tone by asking questions such as, 'Tell me what it was like being a pupil or student', or 'Can you describe a typical day at school/college?' It was also important that the first part of the interview would not pull a certain type of story.

Constructing the questions, follow-up questions, prompts: In constructing the interview schedule, it was hoped that the research interview would maintain its focus on school experiences in relation to mental health and wellbeing. In order to ensure this, I considered Evan's (2016) thematic analysis of current definitions of mental health and observed that each of them incorporated several, or all, of the following elements: feelings/emotions, an interpersonal dimension, personal experience and external factors, and coping. These

concepts were therefore incorporated within the interview schedule, within the interview questions, follow-up questions and prompts (e.g. 'Tell me about your relationships at school'; 'How did you cope with stressful school activities, e.g. exams? Did you use certain strategies? What did you do practically? How did the school respond?' How did these make you feel? What do you remember thinking about this?). This is evident within the interview schedule attached in Appendix 6 and which provides the final virtual map drawn upon during the meetings.

Additionally, in order to provide young people with the opportunity to bring into discussion mental health and wellbeing aspects, the question: 'What does the term wellbeing mean to you?' was introduced. Having deliberately refrained from mentioning this aspect until the second half of the interview, I was able to observe whether and how participants spontaneously made reference to this.

Discussing the list of questions with others: Following the interview schedule conception, this was shared and discussed with the university tutor, placement supervisor and the university's Qualitative Forum. After considering their points and further shaping of the questions, a pilot interview took place, information regarding this being detailed in the next section (3.3.2.2.).

Additionally, subsequent reflections on the interview schedule design revealed the many ways in which my own understanding of the concepts of mental health and wellbeing or their constituent elements impacted on this. For instance, having positive regard for Manwell et al.'s (2015) model that suggests that mental health incorporates a sense of autonomy, control and agency, young people were asked to share about aspects of their school life that they felt they could or could not influence. This realisation helped me consider the participatory role I

have as a researcher and highlighted some of the potential implications for the research and its findings, as noted within the 'Limits to IPA' section (3.3.8.).

3.3.2.2. Pilot Interview

Incorporating a pilot study within the initial stages of the data collection was regarded as an important opportunity to reflect on the questions' quality and my role as an active participant in the interview. The participant taking part in the pilot research made solely positive comments about the interview arrangements and questions, adding no suggestions: "I think they are all fine to me; they are open enough that I felt that, like, I could say anything in a broad range". However, I took some time at the end of the interview to contemplate my approach to the interview and the manner in which I carried these out. Also, prior to conducting the next interviews, the data was transcribed, allowing me to reflect on the interview guide as well as my interviewing strategy/style.

One key observation made during the pilot interview was that as the young person reported high levels of anxiety which had had significant implications for his experience of school, the sequence of the interview questions was affected. Thus, issues related to challenging aspects of school life and stressful events were raised early on during the interview. Having reflected on this, I acknowledged the importance of maintaining a flexible approach to the interview and, as a result, although the essence of the questions remained as recorded in Appendix 6 (Semi-structured interview schedule), these followed the topics introduced by the participants. For instance, when Josh spoke about his perception that from the school's perspective he was regarded as a number or grade, I had the flexibility to ask, 'What did that mean to you, in practice, in your day-to-day life at school?' Flexibility was also important in relation to the sequence of questions. During the pilot interview, I noted that the young person spoke about

his mental health and wellbeing, thus disclosing aspects related to later questions. More specifically, he spoke about the impact having to attend school had on his mental health, an issue that I might have anticipated would come up when discussing the interview question, 'How did you cope with stressful events?' This experience taught me to expect such changes whilst also keeping in mind the focus of the research. I also learnt that it was important to place additional emphasis on sharing with each participant what to expect, and to reassure them that I did not expect them to speak about a certain topic, e.g. their experience of lessons or exams being as equally relevant as their perspectives on relationships or personal issues whilst at school.

Additionally, I recognised that during the pilot interview, I often sought to reassure the participant (and myself) and therefore I was at risk of creating unnecessary interruptions in the rhythm and flow of the interview (Smith, Flowers and Larkin, 2009). Robson and McCartan (2012) highlight the conversational character of interviews and the impact the interviewer can have on the meaning conveyed by participants. With this in mind, during later interviews, I made an active effort to maintain a balance in the number of reassuring comments provided.

Whilst reflecting on the data resulting from the pilot interview I considered its inclusion within the data set. Robson and McCartan (2012) argue that this is appropriate in case studies' designs where no significant issues have emerged. I also favoured this decision as I felt that the information shared by the respective participant provided a unique perspective. Consequently, I decided to include his data within the data set, his case being detailed alongside the other three, under the pseudonym: Max. Unlike his peers, his experiences resonated with John's presentation; the young person who experienced very high anxiety and

who prompted me to consider the impact mental health difficulties can have on pupils' school experiences. For both, John and Max, the information they shared with me suggested that the emotional distress they experienced reflected within-the-person difficulties (this was different from the accounts given by the other participants where emotional distress was typically related to external factors or influences).

3.3.3. Data collection procedure

During the initial phone/email contact with the participants various meeting options were offered. As stated in the invitation letter (Appendix 3), they were told that a meeting room would be made available within a local authority owned building that is available for community use and is conveniently located. Three of the participants chose to meet at this location. However, the fourth participant asked for the interview to take part at their house as they did not have the means to travel to the community centre.

The meeting began with a discussion in which the research project was explained, and consent gained. The relevant information about the research details in their letter was read, as well as the consent form. This had the aim of ensuring valid consent and was inclusive of those who might have literacy difficulties. Participants were reminded of their right to withdraw at any time and that the interview would be audio-recorded for transcription purposes. Participants were then asked if they felt happy to proceed. Following a positive response, they were invited to sign and date a consent form (Appendix 4) and the recorder was switched on. Where participants seemed anxious, the recorded interview started with a general question about their educational journey. Questions related to their school experiences as detailed within the interview protocol (Appendix 6). Although Smith, Flowers and Larkin (2009) recommend the collection of additional data in order to offer context to the interview

material, this was not possible due to the participants' situation, i.e. not being currently in school. However, considerable reflection time has been dedicated to observations made during the interview which revealed something unique in the perspectives participants' brought, e.g. the observation made about the interplay of internal and external factors impacting on participants' wellbeing.

The interviews lasted between 27 minutes and 47 minutes. At the end the participants were reminded that, at their request, a second interview could be arranged at a later date. Participants were also encouraged to ask any questions they might have and to share their views about the interview experience. A debriefing information sheet (Appendix 5) providing a list of relevant organisations offering further support was shared. Finally, participants were asked whether they were interested in being given feedback about the general findings of the research. All participants responded affirmatively.

It is important to add that participants were compensated for taking part in the study. During the initial stages of research, I discounted this option, as I was concerned about the ethical implications of this, as well as the effect this would have on the participant, the interview and the information shared. However, following further consultation with supervisors I made the decision to offer a voucher as a sign of appreciation for the participants' time and effort. Consent was sought from the University of Birmingham Ethics Committee and, as the study unfolded, I continued to reflect on issues associated with compensation in research (Dickert and Grady, 1999; Pandya and Desai, 2013).

3.3.4. Participants

Access to the young people and adults was dependent upon the involvement of services designated to support NEET youths within the local authority and who, therefore, acted as gatekeepers. The sample was purposively selected and in line with IPA methodology (Smith, Flowers and Larkin, 2009). A letter requesting the involvement of one of the most relevant services was sent, accompanied by an information sheet. During a follow-up discussion, the head of service was assured that young people were not going to be asked about the services they currently receive on their behalf. Having agreed to support this project, an agreement was made that invitation letters (Appendix 3) would be posted to all young people on their database who met the inclusion criteria. The researcher provided the letters, which included details about the study and how to contact the researcher, together with stamped envelopes. Letters were sent by a key person from the respective service who had access to personal information about young people within the Local Authority who were thought to be NEET. Prospective participants were reassured about their participation being voluntary, that they maintained the right to withdraw without giving a reason and with no repercussions for themselves. They were also reminded that any support that they received would not be affected by their decision to withdraw. Young people made themselves known by email and text messages.

Having the aim of exploring school experiences from the perspective of young people who are NEET, participants were expected to meet the following minimum inclusion criteria:

- ✦ Being 16 to 24 years old.
- ✦ Not been in education, employment or training for a minimum period of 6 months up to the point of being interviewed. The NEET status will be considered for those reporting that

they are neither studying, nor working in paid employment, nor pursuing a vocational qualification or apprenticeship training.

✦ Having the NEET status was not simply a function of being on summer holiday, or of being a parent.

This operationalisation of NEET status follows that used by the UK Office of National Statistics and the International Labor Organization (Office for National Statistics, 2013).

Recruitment of participants took place between November 2017 and March 2018. Given that new young people were continually added or removed from the list held by the Local Authority service, invitation letters were sent on three separate occasions (no duplicates were sent). A total of 182 young people aged between 16 and 17 were invited to take part.

Within their guidance on conducting IPA research, Smith, Flowers and Larkin (2009) recommend small samples that are relatively homogenous and which can offer a particular perspective on the subject. In this study, recruiting participants through the Local Authority service ensured a degree of homogeneity. The service supporting this study is designed for young people aged between 16 and 17 years who are entitled to receive support in finding an education, employment or training placement (Powell, 2018). Young people are made known to the service by schools and colleges who have concerns about their transition from their institutions. Consequently, they represent a section of the NEET group.

At the start of the recruitment process I aimed to interview seven NEET young people (including the pilot interview) from the Local Authority where I work. This number of participants was deemed to be appropriate for research using IPA (Smith and Osborn, 2003, p. 54) which usually involves between four and ten interviews (Smith, Flowers and Larkin, 2009) for professional doctorates. Six young people offered to take part; however, only four

attended the interview. Information about each of the participants can be seen in the pen portraits below. Pseudonyms were assigned to protect their anonymity.

3.3.4.1. Pen portrait – Max

Max is a white British, 16-year-old young man, who had completed secondary education in 2017, and had a NEET status for six months prior to attending the interview. The secondary school he attended is relatively small compared to the national average and has been rated by Ofsted as 'good'. Max took all of his GCSE exams and expressed a strong wish to be in education, employment or training. However, he stated that his anxiety had prevented him from attending college and his attempts to gain an apprenticeship placement had failed despite multiple applications (he spoke of 35). Max stated that he experienced mental health difficulties and for this reason he received support from counselling and from the Child and Adolescent Mental Health Service (CAMHS) as well as from a youth support worker. Max continues to live at home, being dependant on support from his parents.

During the course of the interview, Max came across as very anxious, this being consistent with his own account, which revealed that he found socialising challenging. Max presented with significant social communication and interaction difficulties and clinical levels of anxiety, this having had a strong negative impact on his school attendance, "a pretty low attendance" (Max, paragraph 16), and with consequences for learning and social engagement. Whilst his answers were occasionally brief, these seemed to reflect his exact thoughts, without him trying to hold back. Max was very clear about his feelings and thoughts about school and he reiterated that:"I just wanna say again that I don't... it wasn't anxiety towards education. Like I am for… learning. It was just maybe the way that I learnt and just that the environment wasn't so great for me […] Ah... I was just... Yeah, I was, yeah... I... just really

didn't... I was really unconfident in interacting with people and lear- I just kind of wanted to, wanted to do my own thing and learn independently, I think" (Max, paragraphs 79 – 81).

3.3.4.2. Pen portrait – Josh

Josh is a 17-year-old young man who has completed secondary education and lives at home with his family. He is white British, and he reported that he comes from a low-income family. Josh completed secondary education at a mainstream school which takes prides in the very high school attendance of its pupils and aims to be a community school. The number of pupils attending the school is below the national average and the school was rated good by Ofsted. Josh successfully passed 10 GCSE exams (4 grades being over C), which allowed him to attend the local Sixth Form College. This is the largest college in the county, offering the widest choice of courses available for school leavers, including other courses such as apprenticeships, degree level, distance learning, free numeracy and literacy courses, vocational diplomas and part-time professional development and hobby courses. However, before the end of the first year of college Josh dropped out. At the time when the interview took place, he had held the NEET status for 8 months.

Josh agreed to meet with me for the research interview in December 2017 but only attended a third appointment made in February 2018. Having reassured him that he did not need to participate, he expressed a keen interest to take part and second and third appointments were made. Communication between he and I took place via the email address provided within the invitation letter widely distributed. Upon meeting with me, Josh told me that I was late, that I had arranged to meet with him an hour earlier. [This was not accurate as the arrangements he referred to concerned the first meeting planned.] Nevertheless, he again expressed a keen interest to take part and, during the interview that followed, Josh seemed to freely express his

views and to answer all the questions. Reflections I made in my research diary reveal that the interactions which took place in the interview led me to think that he wanted to change the power balance (i.e. I was blamed for being late) and for him to be in control. Whilst he was not overtly aggressive, Josh came across as generally angry and seemed to communicate that others were often to blame for his experiences.

3.3.4.3. Pen portrait – Mark

Mark is a 16-year-old young man who lives at home with his parents and who attended a large local secondary mainstream school, rated by Ofsted as good. This has approximately 1220 pupils, its catchment area including young people living in a small market town and the surrounding areas. A number of pupils are also boarding.

Mark is also white British and comes from a middle-class family. Upon completing secondary school he passed one GCSE exam (which involved course work) but took no other exams. Mark shared that his school attendance during the last two years of secondary education dropped at one point to under 75%, adding that the principal reason for this was long-term health problems (related to his immune system). At the time of the interview he stated that he did not wish to pursue a further education course at college but he was hoping to start employment in the local area.

Mark seemed to dislike the open character of the interview questions, giving short answers and sometimes asking for a specific focus (e.g. to speak about relationships with teachers or friends). He was somewhat restless and reticent, his answers being frequently brief, but he responded positively when reassured that I was interested in hearing about his unique experience of school, this leading to more detailed answers. My reflections during the interview were that Mark was avoidant, defending himself by avoiding aspects that could

place his image in a vulnerable position. He seemed to have a closed attitude, and for this reason I felt I needed to ask any follow-up questions very sensitively. My perceptions of the meeting resonated with a therapeutic session, where Mark needed to feel emotionally safe in order for him to reflect on himself within the school setting, as opposed to him describing his impressions of school that were somewhat detached from him. Mark was keen to portray a negative view of school, saying: “I don’t know if I can speak well of it just because... you know what I mean, I didn’t get anything from it, out of that, school wise…” (Josh, paragraph 45).

3.3.4.4. Pen portrait – Olivia

Olivia is a 16-year-old young woman, with a white British heritage, who is currently Looked After. She started secondary education at a relatively small school (smaller than average compared to national statistics) and which had well below average numbers of pupils qualifying for the pupil premium (e.g. Looked After). At the end of Year 9 she was excluded from her local school and joined another, approximately 20-25 minutes away from home. This was a larger than average-sized secondary school and had, at the time, a below-average proportion of students who were known to be eligible for the pupil premium. Both schools attended by Olivia were rated as ‘good’. For the vast majority of her time when she was in education, Olivia lived with her mother with whom she had a difficult relationship. Due to family problems and concerns about her welfare, Olivia was placed in a semi-independent residential placement, and currently lives in a city, approximately 45 minutes away from her family home. Olivia has received on-going support from the CAMHS service. She has taken and passed all of her GCSE exams but she did not have any clear plans for the future. She had had the NEET status for approximately 8 months.

The meeting with Olivia lasted approximately an hour and it took place within a living area of the house. This seemed impersonal and seemed neglected, e.g. cold, and a handle missing on one of the doors. Olivia's attitude seemed cautiously open. She reflected well on herself, sharing both the events and situations taking place at school, as well her thoughts and feelings associated with these. Olivia seemed to 'lay it all out' and, as after I turned the recording off she wanted to know if what she had said was okay, followed by: "It's a long time since I spoke about school. I enjoyed talking about these things."

3.3.5. Data analysis

In this study, I analysed the data using IPA, this process being guided by the model detailed by Smith, Flowers and Larkin (2009) (Table 1). Here, the process is idiographic, each case being analysed individually before making any attempts to generalise beyond the individual. This involves the double hermeneutic process where I attempted to make sense of participants' own efforts to make sense of their school experiences. The analytic process started with a verbatim transcription of each interview (an exert from a transcript can be seen in Appendix 7). This allowed me to familiarise myself with the data and to start the interpretative process. A description of my application of the analytic process is contained within Table 1 and is highlighted through the use of italics.

Table 3: The IPA analytic process

Steps of the analytic process	**Brief description of the analytic process**
Reading and re-reading	With the aim of allowing the researcher to immerse themselves in the data and to make the participant central to their thinking, this step involves a slow, reflective reading of the transcripts.

	I immersed myself in the analysis by reading and re-reading the transcript 3 times before making any systematic attempts at analysing the data. This helped me engage with the participant's experience.
Initial coding	The researcher begins a detailed examination by breaking up the data, looking for patterns of meaning in the text. The aim is to see the world through the participants' eyes and bracket off the researcher's own preoccupation as much as possible. The end result is a collection of detailed notes and comments on the data. *At this stage I explored the data by making notes in the right hand margin, on three separate occasions. Descriptive, linguistic and conceptual comments were made on each occasion, although on the third occasion each participant's contribution was looked at from the three perspectives. Any thoughts, personal comments and interpretations were recorded in my research diary in an attempt to bracket their influence off. (An example of initial comments can be seen in Appendix 7.*
Developing emergent themes	Characterised by a process of looking for emergent themes, at this stage interrelationships, connections and patterns between explanatory notes are mapped. This also marks a move towards a more interpretative process. *Having looked for relationships, connections and patterns, emergent themes were identified. These were recorded in the left hand margin and were represented through words or phrases. After a break of a few days, these emergent themes were revisited and some of them re-worded. An*

active effort was made to maintain a representation of the transcript (emergent themes are exemplified in Appendix 8).

Searching for connections across emergent themes	This stage is defined by a process of charting or mapping the themes as interpreted by the researcher. To assist this process, a number of methods can be used in support of the analytic process: abstraction, contextualisation, numeration and function. The outcome is a graphic representation of the structure of the emergent themes. *All emergent themes were recorded in a hard document, into chronological order. I returned to Smith, Flowers and Larkin's (2009) text and re-familiarised myself with the strategies for the identification of mapping the themes they recommend. On flipchart paper, I mapped out the emergent themes (Appendix 9). Whilst analysing possible connections and links, all emergent themes were organised into a table (Appendix 10), from which a series of themes were identified (Appendix 10). These were further refined into subordinate themes and superordinate themes (Appendix 11).*
Moving to the next case	Each of the subsequent cases is carried through the same steps as the previous ones, resulting in a structure with its own pattern of themes. *Aiming to treat each case on its own merit, a time break was allocated between the consideration of each case. Any thoughts and comments were written in my research journal, thus making a conscious effort to bracket any thoughts and comments in my awareness. The stages recorded above were applied in each case, thus resulting in a series of*

	subordinate themes and superordinate themes.
Looking for patterns across cases	A process of looking for patterns, this has the aim of identifying superordinate themes. These are often presented in the form of a table of themes. *A similar process to that presented in the search for connections across emergent themes was applied to the subordinate and superordinate themes. This led to the re-configuring and re-labelling of superordinate themes for the group. An evidence table was then produced to represent the extracts from the individual analyses to support the group themes. A final thematic table was produced to illustrate the group's superordinate and subordinate theme (see result section of this report).*

3.3.6. Ethics

The University of Birmingham Ethics Committee granted ethical approval for this study. In line with guidelines from the British Psychology Society (BPS) (BPS, 2009, 2018), the British Educational Research Association (BERA) (BERA, 2011) and the University of Birmingham Code of Practice for research, this covered areas such as: informed consent, confidentiality and anonymity, ensuring safety and managing distress, and the right to withdraw.

Table 4: Potential ethical issues and steps taken to address them

Analytic process steps	**Brief description of the analytic process**
Informed consent	All participants received a detailed project description. To ensure that there was no language barrier, at the beginning of each interview, participants were talked through the same information, specifying the project aims, participants' right to withdraw, confidentiality and limits of confidentiality, anonymity, audio recording, right to complain, data storage and informed voluntary consent. The interviews began following full consent.
Confidentiality and anonymity	The interviews were anonymously audio recorded, and the researcher did not use any organisational names throughout. Where individual names were mentioned, these were not included in the transcript. The audio recording and the transcript were labelled by a code known by the researcher only. These codes are stored separately to the data in a password-protected file. All the data was saved and handled using an encrypted USB, an electronic copy of the interviews being kept in a password-protected file on the researcher's university account. Following the thesis completion, the data will be stored for ten years, in accordance with the University of Birmingham research Code of Practice, and the Data Protection Act (1998). The recording was then transcribed, and the data stored in a locked filing cabinet. Transcriptions produced were anonymised, access to these being limited to supervisors and examiners. The recorded interviews will be deleted once the research has been completed. The project report does not include any information that could result in the

identification of any individuals or organisations, including names, descriptions or any unique information. The debriefing session will be provided with information related to collated findings and implications and will therefore not have access to the individual transcriptions produced.

Each young person was informed that their personal information would be kept confidential and that their responses would remain anonymous. The limits to confidentiality were also clearly stated, prior to consent forms being signed. Participants were told that safeguarding concerns only would be shared.

Ensuring safety and managing distress

Consideration was given to the possibility that young people may experience anxiety due to data collection involving face-to-face interviews and that these touch upon the topic of school experiences and wellbeing, both of which can be sensitive. For this reason, the interviews took place in an informal, comfortable room in a community building. Aiming to build rapport and to help the young people relax, I opened the meetings with problem free talk. Also, in order to create a safe and non-threatening environment and promote feelings of trust and security, active listening techniques were used. Throughout each meeting with the young people I sought to remain sensitive to the participants' experiences during the interview, with the view of pausing or discontinuing should they become distressed. Support options available to the young people were also provided to all participants (Appendix 5).

Additionally, to minimise any potential risk both to the researcher and the

	young people, the interviews took place during the working day, so that other professionals could be in the vicinity.
Ensuring the right to withdraw	Participants' right to withdraw is explicitly stated in the participant information sheets and consent forms for young people (Appendix 4). The researcher will be explicit about their right to withdraw and different ways that they can do this. All participant information sheets state that participants have two weeks after the project finishes in which to inform the researcher, directly or indirectly, if they do not wish their data to be used. The compensation they received will not be retracted, should any participant choose to withdraw. Additionally, the young people's understanding of their part in the research will be explored before the first interview is conducted. They will also be informed of the right to withdraw and the way in which this can be done.

3.3.7. Dissemination

A summary of the research findings will be shared with the participating young people using an accessible format and the communication means indicated by them. The study is in line with current policies advocating a person-centred approach where the voice of young people is central to future allocation of resources. Therefore, findings will also be shared with the Educational Psychology Service in the hope that it will inform their practice. Equally, the information found could be used in an educational/training setting and by prospective employers in their attempts to raise the interest of NEET youth by reducing barriers to their engagement in education, training or employment. Subsequently, I aim to share the findings more widely through publication.

3.3.8. IPA Limitations

IPA has been chosen for its focus on the person and for allowing the expression of unique perspectives offered by each participant. IPA has advocated the return to in-depth exploration of experience in a clear and explicit way, and it is hoped that it will provide an insight into the school experiences young people who are NEET have had (Glendinnings, 2007; Smith, Flowers and Larkin, 2009). Nevertheless, this methodological approach has been subject to a number of criticisms. Willig (2008) argues that IPA does not sufficiently address the role of language and draws attention to the role language plays, as this precedes and shapes experiences, thus adding meaning to this. Langdridge and Hagger-Johnson (2013) also highlight the issues associated with assuming a direct correspondence between experience and people's accounts, and challenge the idea that information conveyed through language reflects an absolute reality. The authors discuss the functional role of language and point out that language does not only reflect a mirror image of reality but it shapes and constructs a certain reality. Aware of this particular issue, I remained sensitive to the way in which participants used language. In this context, I noted, for instance, that Mark resisted portraying a more positive school image when he said: "I don't know if I can speak well of it just because... you know what I mean, I didn't get anything from it, out of that, school wise..." (Mark, paragraph 45); thus, he was using language to construct a certain version of the school experience, and potentially to persuade me to view him as a victim.

Related to language and personal subjectivity, are the difficulties rising from the impossibility of bracketing all preconceptions in order to truly see the world from someone else's perspective (Langdridge and Hagger-Johnson, 2013). This is an issue recognised early on by the founders of phenomenological philosophy, Heidegger and Merleau-Ponty (Smith, Flowers

and Larkin, 2009). Indeed, as a researcher, I attempted to make sense of what was learnt from young people's accounts, thus giving meaning to the experiences and accounts shared by the participants. In doing so, I made a series of decisions, e.g. about what to write about, what to include, or how to represent this; and consequently, the interpretation given reflects my own imposed meaning on what the participants shared with me.

A further critique regarding IPA highlighted by Langdridge and Hagger-Johnson (2013) refers to it being too descriptive, and therefore, resembling other qualitative methodologies, i.e. grounded theory and thematic analysis. Willig (2008) also suggested that IPA research makes little attempt to explain, an issue Smith, Flowers and Larkin (2009) warn about when they highlight the possibility that researchers, particularly those new to IPA, might be conservative in their interpretations. Reflecting on this critique in the context of my research project, my attention is drawn to the first full analysis of the data, presented more as a thematic map, and which reflected a modest attempt to interpret young people's accounts of their school experiences. Only a second analysis of the data sets allowed for a psychological interpretation of the accounts, where I considered, for instance, Westerhof and Keyes' (2010) two-continua model of mental health in relation to the experiences shared by the young people; or attachment theory.

In response to the issues raised about the limitations of IPA, reflections about my experience of the research process, including affective and cognitive aspects, were noted. Many of the observations made are mentioned in different contexts, as relevant. Additionally, validity in IPA was also considered, a discussion being noted in the following section.

3.3.9. Validity in IPA

With the rise of qualitative approaches in psychology, a concern with the quality of such studies has increased among researchers (Willig, 2008). Yardley (2000, 2008) was recommended by Smith, Flowers and Larkin (2009) for her introduction of four principles for assessing the quality of qualitative research:

- Sensitivity to context
- Commitment and rigour
- Transparency and coherence
- Impact and importance

Whilst carrying out my study, I aimed to observe each of the principles described by Smith, Flowers and Larkin (2009). For instance, I remained sensitive to the context of each participant: during an introductory conversation I expressed my flexibility regarding the interview arrangements by allowing them to express a choice about the meeting venue. I was aware not only of the potential financial constraints they might have (as a result of their NEET status), but also of the anxiety that they could experience when meeting and sharing aspects of their own lives with a new person. As a result, Olivia was able to take part (I travelled to her home), something she appreciated and commented on, at the end of the interview. Commitment and rigour involved a systematic approach to data collection and analysis, as described by Smith, Flowers and Larkin (2009). To ensure the thoroughness of data analysis and reporting of findings, a colleague reviewed my transcripts, the themes extracted and the intermediate steps that led to the list of superordinate and subordinate themes reported. His feedback was that in his view the themes were grounded in the data, and that the process of identifying the main themes was systematic and clear. Transparency and

coherence is ensured, for instance, by including a thorough discussion of the theoretical underpinnings of my study and by adhering to the IPA philosophy and method. Lastly, the impact and importance of the research is evidenced by the study's aim to address a gap in research; namely, to explore the school experiences of young people who are NEET.

CHAPTER 4: ANALYSIS AND DISCUSSION

4.1. Introduction

With the aim of exploring the school experiences of young people who are NEET in relation to mental health and wellbeing, I begin this chapter by presenting the themes and subthemes found. These were identified through an inductive process of data analysis based on Smith, Flowers and Larkin's (2009) IPA stages. The chapter continues by separately presenting the results for each young person in the light of themes identified during the analysis. Following a discussion of the results, a commentary of the similarities and differences between cases is also provided. The chapter concludes with a summary of findings organised in a way which answers the research questions. Excerpts of data are provided throughout in order to illustrate and evidence the findings. The analysis and discussion aim to respond to the main research questions:

1. What were the school experiences of young people who are NEET?
2. How did young people's mental health and wellbeing impact on their school experiences?

4.2. Results

An investigation of themes at the individual level and the cross-case analysis highlight three major themes. The first, *mental health facets*, identifies subthemes within the young people's accounts which bring into focus the two axes of mental health defining the two continua model (Westerhof and Keyes, 2010). It distinguishes between the four dimensions: absence/presence of mental health, subjective, psychological and social wellbeing. These are represented by the subthemes: *permeating mental health difficulties; scattered moments of*

happiness; realising one's potential; and *meaningful relationships*, respectively. The second theme, *being held back*, considers a salutogenic perspective on young people's experiences and seeks to bring into view factors that seem to affect young people's mental health and wellbeing. This is discussed in relation to three subthemes: *personal resilience* (APA, 2016)*; levels of autonomy, agency and control;* and *challenging personal conditions* (Liu, Reed, Girard, 2017; Davydov, Stewart, Ritchie and Chadieu, 2010). Additionally, within the analysis, relationships emerged as a major theme within young people's school experiences. A close examination of their accounts in relation to this revealed a series of patterns which point towards theories of attachment (Bowlby, 1973). In line with this, the third theme, named *relationships and patterns*, is defined by the three subthemes: *vulnerability and emotional needs; teachers as key adults;* and *patterns of interaction* (Table 5).

Table 5: Results: Themes and Subthemes

Mental health facets	Permeating mental health difficulties
	Scattered moments of happiness
	Realising one's potential
	Meaningful relationships
Being held back	Personal resilience
	Autonomy, agency and control
	Challenging personal conditions
Relationships and patterns	Vulnerability and emotional needs
	Teachers as key adults
	Patterns of interaction

Having introduced the themes and subthemes resulting from an interpretative phenomenological analysis of young people's accounts, the results will now be presented in relation to each participant separately.

4.2.1. The case of Max

Theme I: Mental health facets

Permeating mental health difficulties. Much of Max's school experiences were described in relation to intense feelings of anxiety understood as a diagnosable mental health problem reaching a clinical level. Max experienced this through feelings of *dread* and *panic*, triggered by being in the school environment. In his case, the frequency and intensity of his symptoms of anxiety intensified, and during the second part of his time in school it affected him on a daily basis.

Box 1: Significantly high levels of anxiety

> "The night before I've dreaded going... yeah... Just real… just panic and anxiety."
>
> Max, Paragraph 36

> "Normally in the morning I wasn't so comfortable... because, like I said, going to school I had a lot of anxieties... So, yeah... those first two lessons were a bit of a... tricky for me… daily, I think. But it became better once they progressed, I think."
>
> Max, Paragraph 22

Max attributed his anxiety to an internal problem: a negative way of thinking and his social interaction difficulties. As schools involve a high level of interaction, sometimes with unfamiliar people, being in that environment was for Max a continuous and inescapable source of distress, thus maintaining his anxiety. Attempts to manage his emotions were modest and despite the support he received (e.g. counselling, supportive family and friends or

key teacher), Max's anxiety persisted beyond school years, and prevented him from attending college.

Scattered moments of happiness. Despite Max's very high levels of anxiety, opportunities for enjoyment were also noted. Certain aspects of school life were portrayed in a favourable light and were associated with positive emotions and feelings. For instance, he was happy to have achieved his goal of finishing his GCSE exams and he was happy to help one of his teachers. Max also maintained a positive view of school, thus showing moderate subjective wellbeing.

Box 2: Enjoying learning

> ".. school itself... education, great, yeah..."
>
> Max, Paragraph 2

Realising one's potential. Achieving academically, helping others, and being with friends were viewed as desirable experiences for Max, who also seemed to have enjoyed a level of psychological wellbeing. He pursued his goal of completing his GCSE exams, despite having experienced a challenging journey that required a great effort. Additionally, his persistence in looking for an apprenticeship placement gives an indication of a sense of determination, as does his striving to progress into further education and employment. Max contributed to the school community by assisting one of his teachers, this giving him a sense of achievement:

Box 3: Having a sense of accomplishment

> "I ended up running some of her lunchtime revisions sessions. Closer, when it got to the exam season. Yeah, and I really felt, like, a sense of accomplishment for doing that."
>
> Max, Paragraph 44

Max's ability to realise his potential and to enjoy good levels of psychological wellbeing was, it seems, influenced by his mental health, his social wellbeing and the school's response. His mental health difficulties had a negative impact on his autonomy and his optimal functioning. In contrast, having enjoyed a small friendship group, he was able to rely on them and thus access education. The school also played a positive role through the allocation of support, thus acting as a factor conducive to health.

Meaningful relationships. Max struggled with being in new environments and interacting with unfamiliar people, but he was able to rely on key teachers and his small friendship group. The support he received from peers gave him a sense of belonging and acceptance. During the time when Max experienced higher levels of social wellbeing, his subjective and psychological wellbeing were also relatively high; he engaged in school life and enjoyed having a feeling of being emotionally safe. For him, relationships were a source of fun and emotional safety, and acted as facilitators, helping him take part in the community. He relied heavily on his friends to motivate him to attend, particularly as he was able to share with them the emotional distress he experienced due to anxiety:

Box 4: Experiencing high levels of social wellbeing

> "I had told a few close friends [about anxiety] that... I knew would be, understand me and be supportive […] ...kind of felt like a release that I had someone to share it with, to be honest. […] motivating me… to... go in each day I guess..."
>
> Max, Paragraphs 71 – 72

Nevertheless, good social wellbeing was insufficient in helping Max fully manage needs associated with his mental health problem. As symptoms accentuated, his daily functioning was affected and led to reduced school attendance. Consequently, Max became more

physically distant from his friends, resulting in lower levels of social wellbeing. Towards the end of his school period, he was physically and socially isolated.

Box 5: Social wellbeing reduced over time

> "Yeah. I just remember having fun with people, spending, like, quality time with people. Ahm... yeah, just generally being in a... comfortable environment with..."
>
> Max, Paragraph 18
>
> "Oh, yeah! I would say so. I drifted more away from people than I would have liked to have been..."
>
> Max, Paragraph 17

Theme II: Being held back

Personal resilience. Whilst Max seemed to focus on his mental health difficulties and the multiple ways in which this affected his school life, his account also shows that he enjoyed a level of personal resilience. This was evident as he considered the way in which the school hindered or supported his development, something which indicates a balanced view of school. He had a purpose, to complete his GCSE exams and to enter education, employment or training. Max was persistent and, despite high mental health difficulties, he finished secondary education and was seeking an apprenticeship placement. Showing a willingness to become an active part of the school community, he took on responsibilities at school, a strength that was noticed by one of his teachers:

Box 6: Having a sense of accomplishment for taking on responsibilities

> "Yeah, I'd help out with her classes, etc... Yeah. That was, like, one of my main motivations to stick out, I guess." and "Just like, I ended up running some of her lunchtime revisions sessions. Closer, when it got to the exam season. Yeah, and I really felt, like, a sense of accomplishment for doing that."
>
> Max, Paragraphs 42, 44

Aspects of Max's resilience were conducive to positive mental health. Max maintained an attitude of openness towards learning and accepted the help offered to him through specialist services. This is implicit in his willingness and his engagement in therapy where he learnt new coping strategies. He was also ready to apply these later, when he found himself in the challenging school environment. Additionally, having a positive view of school and adults in general, he accepted their support and was able to achieve his goal of completing his GCSE exams. Although his mental health difficulties prevented him from enjoying environmental mastery and reduced his sense of autonomy, he had a clear purpose, to pass his GCSE exams and progress onto a career path.

Box 7: Having personal goals and motivation to succeed

> "I think it was just important to me because I wanted to progress down the... progress up the ladder... I guess. In terms of, school, then further education... then going into employment..."
>
> Max, Paragraph 53

Autonomy, agency and control. Max perceived school as a place where he could not exert influence or create change. Whilst he declared a positive view of school, he also expressed a desire for an educational system where he could exercise a higher level of agency and control, where his voice had an effect. But the need for further autonomy is also highlighted by other elements of Max's account. He talked about his high level of anxiety triggered by being in the school environment, thus suggesting that an inflexible school system contributed to his emotional distress. The negative feelings he experienced led him to feel trapped and to say that he needed to escape.

Box 8: Experiencing relief for having escaped school

> "I'd say, finishing my final exam is the main thing that stands out to me." […] "Finally being done with it, leaving." […] "Ahm… just like… general relief – everything was over."
>
> Max, Paragraphs 6 – 7, 9

Challenging personal conditions. Adding to Max's poor mental health are a series of factors and a lack of resources to overcome his difficulties. He felt that his ability to reach his potential, to grow and to exercise autonomy (aspects related to psychological wellbeing) was being affected by the teaching approach adopted by his teachers.

Box 9: Wishing for an individualised teaching approach

> "It would have been nice at times, especially... like, maybe... people learn in different ways... and it's like… you know, some people are visual learners, and some people are... like just like to... work independently, by themselves. So, it's like, maybe... I wasn't getting the best... I wasn't... what's the word?... I wasn't like, gaining as much information and knowledge as I could?! Maybe by being taught in a certain way, other than, how I would have liked to have been taught."
>
> Max, Paragraph 50

Max enjoyed the support of his family and friends, and the help he received from key teachers. These relationships motivated him to attend college, acting as pulling factors. These were also conducive to health, being instrumental in allowing Max to experience positive mental health, despite his clinical levels of anxiety. However, teachers were also able to have a powerful negative impact, Max recollecting "insensitive" comments about his mental health needs and the impact this had on his attendance. This incident upset Max, thus lowering his subjective wellbeing.

Additionally, the school manifested as a source of support by creating opportunities for psychological support (e.g. CAMHS, counselling services and youth worker). As a result,

Max enjoyed a set of resources which facilitated his optimal functioning and thus led to higher levels of wellbeing.

Theme III: Relationships and patterns

Vulnerability and emotional needs. The presence of emotional needs was being felt as Max expressed a wish for teachers to "care". The image he described is that teachers were generally insufficiently interested in him as a person to take time to understand the reasons behind his school disengagement.

Box 10: Longing to be heard and known

> "Ah... I don't… I think they cared but not in the right way. I think they cared that I was missed out on my education and that I was falling behind. But didn't really care as for the reasons why. That it was a mental health issue. And like, realising and being able to understand how difficult it was for me… just for more of the fact that... they saw that, oh, yeah, I'm missing... yeah, I'm missing out on key information and knowledge but not really as to, as to why. Yeah."
>
> Max, Paragraph 65

Nevertheless, Max enjoyed emotional closeness with a small group of peers, his friends allowing him to feel emotionally safe by creating a fun and relaxed environment.

Box 11: Positive interactions and feeling safe in the presence of friends

> "I just remember having fun with people, spending, like, quality time with people. Ahm… yeah, just generally being in a... comfortable environment with... people in my friendship group, yeah."
>
> Max, Paragraphs 18 – 19

Teachers as key adults. Some teachers occupied a central place in Max's narrative and seemed to offer him emotional security. In the context of a key teacher – pupil relationship, based on trust, he felt comfortable to share his mental health difficulties, something which he

generally regarded as a private issue. Max also felt "close" to a key teacher who created a safe school environment, gave him a purpose and motivated him to attend education.

Box 12: Feeling close to key teachers

> "I'd say there were a few teachers I was close with as well and I've spent a lot of time with my... English teacher..." and "I- I guess we got fairly close, you know. Teacher – student, not... […] Yeah, I'd help out with her classes, etc... Yeah. That was, like, one of my main motivations to stick out, I guess."
>
> Max, Paragraphs 43 – 44

Patterns of interaction. Max's pattern of interaction within relationships can be associated with a secure attachment style (Geddes, 2006; Perry et al., 2010; Golding, Fain, Frost, Mills, Worrall, Roberts, Durrant and Templeton 2016). During his time in education he presented with emotional needs but he trusted teachers who acted as a 'secure base'. Whilst his responses show that not all teachers "cared" (Max, Paragraph 48, 65), he enjoyed a "close" relationship with a key teacher (Max, Paragraph 43 – 44). He believed that they would help, and therefore he was able to interact with them and engage with the provisions made for him at school. Although the mental health problems he experienced affected many areas of his school life (wellbeing, school engagement, relationships and attainments), he maintained a positive view of school, and teachers. Enjoying adequate levels of self-confidence, Max raised issues but described them as personal challenges which would not prevent him from pursuing his plans for entering education, employment or training.

Box 13: Balanced view of school despite personal challenges

> "Yeah, I just wanna say again that I don't... it wasn't anxiety towards education. Like, I'm all for..." and "learning. It was just maybe the way that I learnt and just that the environment wasn't so great for me."
>
> Max, Paragraphs 79 – 80

4.2.2. The case of Josh

Theme I: Mental Health facets

Permeating mental health difficulties. One association made by Josh was between his school experiences and anxiety. Regarded from the perspective of the two continua model of mental health, his anxious feelings did not indicate a level that could be described as a mental illness. Nevertheless, Josh made reference to significant mental health problems that compromised different areas of his life. Intense moments of anxiety were linked to some challenging school experiences (e.g. feeling vulnerable in front of teachers or the exam period) and had led to lower wellbeing (e.g. panic attacks, nightmares). The distress he experienced during his school years led to feelings of anger, anxiety and/or low mood.

Box 14: Raised mental health needs

> "I felt some anxie-, anxious traits. I was never actually, like, I've never been diagnosed with it!" and "So, I'm not like… I don't officially have it! But, I felt like I had it! Because it was, just sometimes difficult to get out of bed." […]
>
> Josh, Paragraphs 85 – 86

Being in the school environment acted as a trigger and/or exposed Josh to negative experiences, which were associated with higher levels of mental ill-health. Although Josh acknowledged the way in which other factors contributed to his distress (e.g. loss of a family member), his anxiety was heightened by relationship breakdown and bullying. The symptoms he described suggest a high level of impairment and having significant difficulties in managing his distress.

Box 15: Panic attacks

> […] "and I've never been diagnosed with anxiety, but I had a panic attack and every time I tried, I wanted to go to that lesson... I-… well... I felt ill!" and "whole body felt it was like it was gonna break down!" and "The only way I can really describe it was... having a small panic attack every time you try and do anything. Cos it was like, the most minute the most minuscule thing out of line and snap!"
>
> Josh, Paragraphs 30 – 32

Scattered moments of happiness. As school experiences were shared, an image emerged of Josh wishing to be happy and to enjoy his time in education. He highlighted some positive experiences, such as the interaction he had with one of his peers during lessons or receiving teachers' praise. However, moments of happiness and satisfaction were limited. He was disappointed with the support he received from his teachers and was careful to note that the young person he worked with most closely was not his friend.

Box 16: Josh's moments of happiness

"ahm... I had... I wouldn't really call him a friend but me… I got sat, me and the person next to me, we were like, cos we were in set three at that time, we were like the smartest in set 3!.." and "So we had a bit of a competition, between each other, like, who could, who can get the most accurate marks... in the fastest amount of time! Like who could be, who can get to the top of the list, in a sense. Right, it was kind of like, it was a fun rivalry!" and "It was, it was kind of, like, nice to know nice to know that there's somebody who could match me in a sense of, like, logical states. Which was quite nice!"

Josh, Paragraphs 64 – 65, 68

Whilst Josh experienced some happy feelings, his comment that he could not claim his peer to be his friend creates an image of a sense of sadness and loneliness. Painful, negative feelings were also revealed by his thoughts and actions. Josh became preoccupied with fitting into the school community, and as a result made efforts to fit in by avoiding looking different. When this failed, he experienced "real pain", this affecting his mood and interest in life.

Box 17: Josh wanting to fit in

> "Well, co-, ahm... cos I'm a lot... I wasn't... well, I wasn't as well off as everyone else, like, you can tell that! And actually, you couldn't because I used to dress over-smart in my uniform... because... I just did! Cos it just seemed necessary. But… obviously, not being as well off as anyone else... I was getting put down for it... it kind of, made me appreciate smaller things. For instance, this jacket I am wearing... is three years old! you wouldn't tell is three years old!"
>
> Josh, Paragraph 73

Josh's negative feelings and his lack of satisfaction were experienced within the school setting. However, other issues related to his personal circumstances also contributed to lower levels of subjective wellbeing. He spoke of financial hardship, grief and loss, and transport issues; the school only added to his feelings of being at a disadvantage, intensifying his negative feelings.

Box 18: Transport issues and subjective wellbeing

> "So I'd always have to ask for a lift. And it felt like a real pain because it was the fact that I, I... It's my fault that I have to ask somebody else to come and pick me up after school?" […]
>
> Josh, Paragraph 57

Realising one's potential. Josh's school experience reflects periods of positive and negative psychological wellbeing. He showed an interest and chose to become involved in extracurricular activities, namely, being an air cadet. Whilst his subjective and social wellbeing seemed relatively low, he persisted in attending this club for two years. Additionally, he completed secondary education, his GCSE results giving him a feeling of satisfaction.

Box 19: Achieving academically

> […] "in the sense of like, in year 10, obviously, you'd… I did GCSE computing… ahm... in year 10 you do a lot of coding! I'm not very good at that! I ended up getting a D in my coursework... but he was like, 'don't worry, you can still make up for it in your exam! you just have to get a C, a little bit of a high C' And I was like... he was like, 'You smashed it! You've got a B!' I was like, well done. He was like, 'Well done!' I was like, 'Yay!' So I ended up, ended up with a C overall, cos I got a low B."
>
> Josh, Paragraph 90

The times when Josh enjoyed higher levels of psychological wellbeing had positive effects for his subjective and social wellbeing. Achieving academically made Josh happy and gave him satisfaction. Also, whilst attending a college course, where he was able to enjoy more autonomy, also led to an increase in subjective wellbeing. Nevertheless, Josh's anxiety and low mood, and his tense relationships with adults, also led to a decrease in functioning, affecting his participation in certain lessons, as well as his attainments.

Box 20: Feeling inefficient

> "Another one, and this one still haunts me to this day… Cos I had a nightmare about it the other day. Ahm... I took GCSE engineering; I have an F in GCSE Engineering because my teacher was the biggest ass hole you could ever imagine, sorry for my language, Ahm... he was relentless in a sense, cos anything you did wrong, one minuscule thing you did wrong he started shouting at you! Not the best idea when you're trying to operate heavy machinery cos one slip, 'oh, you've lost a finger!' yeah!" and "Ahm... but, he... shouted at us... that much! and I've never been diagnosed with anxiety, but I had a panic attack and every time I tried, I wanted to go to that lesson... I-… well... I felt ill!"
>
> Josh, Paragraphs 29 – 31

Meaningful relationships. For Josh, his school years seemed to be associated with low levels of social wellbeing, characterised by a lack of connection and meaningful relationships. This led to difficult relational experiences: loss, bullying, rejection and isolation, and, as result, he

experienced intense negative feelings including disappointment, sadness, anger, lack of enjoyment and interest in life.

Box 21: Distancing from others and negative feelings

> "ahm... ahm, in Yr. 7, I kind of took everything to heart and it was just. You know, everything offended me and I got really upset and all that. And then in Yr. 8 it was just kind of like iron barrier, nothing gets through. The simple response was just, 'go away' or a more vulgar version of that! I assume you can guess!" and "Ahm... kind of... ahm... I... it was harder to empathise with other people's problems… with that iron barrier and only until recently I've managed to, you know, get rid of it. Cos I realise now, I don't need it!!"
>
> Josh, Paragraphs 9 – 11

In response to Josh's feelings that he was not accepted and that his contribution was not valued, he protected himself by keeping some distance from his peers and teachers. Furthermore, reflecting a need to avoid being rejected, isolated and vulnerable, Josh disengaged from college. He felt socially isolated, referring to himself as an "outcast". His reference to having been previously bullied revealed he had felt high levels of emotional distress and a feeling that this experience would be permanent.

Box 22: Seeing oneself as an outcast

> "Ahm... again, I was, I was bullied by most people. So to find a ki-, a niche aspect where like, people you know, they accept you for who you are, is quite hard. Especially at the age of, what?!? 14-15... You think that, you're always gonna be the outcast, for... for... all right (!!) Ahm… in year, in early years I didn't have a friend who was kind like, you know... so, like… fluency between different friendship groups." […]
>
> Josh, Paragraph 41

However, his longing for relationships is revealed by his positive response to a teacher's positive comments and encouragements. This is also made obvious by his enjoyment of the interactions with another young person in the maths lessons.

Theme II: Being held back

Personal resilience. Josh faced what seemed to be challenging school experiences. Although he disengaged from college, his GCSE results suggest that he enjoyed sufficient personal resources to allow him to achieve academically. Josh demonstrated an openness to seek and accept adults' help. However, he became confused about certain school activities and exams, which reflects low functional problem-solving strategies, thus affecting his sense of achievement and his optimal functioning, and therefore reducing his psychological wellbeing. Josh attributed his difficulties to external factors, frequently focusing his attention on the responses given by others. Thus, whilst he had the ability to manage academic demands, he struggled to navigate the relational element of the school structure, leading to mental health needs, low wellbeing and lack of school engagement.

Autonomy, agency and control. The school system, with its detention system, tutorial meetings and high level of supervision, seems to have been experienced by Josh as impersonal, inescapable and threatening. A theme of being powerless and hopeless emerged, suggesting that Josh lacked autonomy, a sense of agency and control.

Box 23: Feelings of powerlessness and hopelessness

> … "Cos, like, obviously there's a, there's a certain bias in power when you're in school. Obviously you're a pupil, you are the bottom, whereas, if you try and talk down to a teacher they'll just turn around and shout at you and then give you a detention."
>
> Josh, Paragraph 49

Observations emphasising Josh's limited autonomy, agency and control are supported by his account of experiences at college. Enjoying a higher degree of freedom and choice, he shares a view that is more positive. He benefited from having teaching arrangements which took into account his specific needs (e.g. transport problems), allowing him to have more control over

his situation and to manage a practical issue. Despite his social wellbeing remaining low, he enjoyed more positive feelings.

Box 24: Exercise agency and control

> "But [NAME] Sixth Form felt different, because the fact that it was a lot less… constructed... it was more of, 'have you finished all your work?' 'yes!', 'You've got 20 minutes to the end of the lesson', 'yes' 'you can still go!' Like, there was no set regulation times. It was like, be here for this lesson at this time. If you finish early, then you can go home."
>
> Josh, Paragraph 21

Challenging personal conditions. In addition to personal and school-based factors preventing Josh from enjoying positive mental health, a number of issues related to his personal circumstances had a negative impact on his mental health and wellbeing. Josh experienced bullying; he lost a key family member and experienced financial hardship. Describing these, he provided exact details about when they happened or how it affected his daily life. His account appears not only to emphasise the importance and relevance of personal issues to school engagement, but it gives a sense that for him these experiences were traumatic.

Box 25: Difficult personal circumstances

> "It was just... ahm… life was a lot more stressful because in Yr. 8 ahm... I lost my grandad and my aunt within the space of a month and my grandad's funeral, if I remember correctly, it was 2nd of July and my birthday is on the 4th..."
>
> Josh, Paragraph 78
>
> "Ahm,... ahm... I'm... probably you can tell, I'm not the wealthiest person and I went to a quite middle-class school and being more working class, you get bullied a lot more..."
>
> Josh, Paragraph 6

Theme III: Relationships and patterns

Vulnerability and emotional needs. School experiences were closely associated by Josh with high emotional needs. Being emotionally and physically unsafe was a key aspect defining his school experience. He described having been bullied and the long-lasting impact this had on him. Before going to school, Josh would predict that during his day he would be isolated, thus reflecting a negative perspective of the future and a hostile world. He looked at a younger version of himself, portraying this as vulnerable. He felt exposed to criticism when making a mistake, which led him, for instance, to feel the need to ask permission to do things even when unnecessary. This reflects having felt a strong discomfort when evaluated by others and it further points to him experiencing a negative view of himself when compared to other people.

Box 26: Being bullied

> "Ahm... In a sense, it was kind of a struggle to go to school cos, you just… like, obviously, you're a bit young... I was a lot younger than now!... and there's... you wake up any you just think, like, 'what's my day gonna consist of?' Doing lessons, standing in the cold, and getting bullied! And that was my day! And I was like, 'Whatever!'"
>
> Josh, Paragraph 71

Reflections often focused on issues around fitting in and belonging. Josh made active efforts to fit in; he tried, for instance, to dress smartly in the hope that he might be included or accepted.

Box 27: A desire to fit in

> "Well, co- ahm… cos I'm a lot... I wasn't... well, I wasn't as well off as everyone else, like, you can tell that! And actually, you couldn't because I used to dress over-smart in my uniform... because... I just did! Cos it just seemed necessary. But... obviously, not being as well off as anyone else... I was getting put down for it... it kind of, made me appreciate smaller things. For instance, this jacket I am wearing... is three years old! You wouldn't tell is three years old! And I've worn it, ahm... pretty much every day!" and "Like, I-, I don't go anywhere out of it! So!... that, ahm... you kind of feel like... you're less relevant, when you get bullying for not being as wealthy!"
>
> Josh, Paragraphs 73 – 75

Whilst individual teachers (whose responses were more nurturing) were valued and acknowledged, there was in Josh's account a sense that he longed to be known, listened to, and understood.

Box 28: Wanting to be known

> … "I don't know the easiest way to explain... you are a number not a name. Like, to them you are a grade and a letter not a person that's why I left Sixth Form."
>
> Josh, Paragraph 4

Nevertheless, when emotional needs were met (through positive interactions, expressing pleasure at seeing Josh succeed, praise and recognition of strengths) it led to academic success. Josh stated:

Box 29: Positive feelings in the context of positive interactions with adults

> "My IT teacher actually, right! was really nice! in the sense of like, […] I'm not very good at that! I ended up getting a D in my coursework... but he was like, 'don't worry, you can still make up for it in your exam! You just have to get a C, a little bit of a high C.' And I was like... he was like, 'You smashed it! You've got a B!' I was like, well done, He was like, 'Well done!' I was like, 'Yay!' So, I ended up, ended up with a C overall, cos I got a low B."
>
> Josh, Paragraph 95

Teachers as key adults. Josh frequently referred to his teachers, highlighting the powerful negative impact they had had on his life. He recollected different situations where he felt targeted by some of them or did not feel supported during the stressful exam period. A teacher's tendency to react by shouting led to increased mental health difficulties (anxiety) and had a traumatic effect. Josh described having nightmares about this more than a year later.

However, Josh also enjoyed and used opportunities to have his needs met. He shared with the school's Head Teacher the negative impact a teacher's shouting had on him. He responded positively to praise and was encouraged by his maths teacher's belief in his ability to achieve academically; this led to higher levels of wellbeing.

Box 30: The importance of teachers recognising individual strengths

> "Ahm... but my science teacher was actually what really pushed me to get... like, do good in science. […] And my maths teacher also did this, like, 'you're really good at this. Why just you don't try?' I was like, 'I don't know!'... So... and that's how I ended up getting Bs in science and a B in maths!... I was actually really happy with that!"
>
> Josh, Paragraph 50

Patterns of interaction. Josh's account reveals a pattern of interaction that might be best interpreted as an ambivalent insecure attachment style. This can be characterised, for example, by being overly focused on the relationship with the teacher and a preoccupation with relationships in general; being alert to the availability of others; a constant need for reassurance; very focused on feelings; highly anxious and oversensitive to signs of rejection (Golding et al., 2016). For Josh, this was evident in his preoccupation with relationships and with having his needs met. Despite many relationship issues, he thrived when others offered him attention and trusted him to succeed.

Box 31: Thriving when teachers show appreciation and trust

> ".. my IT teacher actually, right! was really nice! in the sense of like, in year 10, obviously, you'd… I did GCSE computing... ahm... in year 10 you do a lot of coding! I'm not very good at that! I ended up getting a D in my coursework... but he was like, 'don't worry, you can still make up for it in your exam! You just have to get a C, a little bit of a high C.' And I was like... he was like, 'You smashed it! You've got a B!' I was like, well done, He was like, 'Well done!' I was like, 'Yay!' So I ended up, ended up with a C overall, cos I got a low B."
>
> Josh, Paragraph 90

Josh was highly preoccupied with feeling emotionally safe, his anxiety and feelings of insecurity being evident in his relationships with adults and peers. He did not trust adults to accept or treat him in a positive manner, and he protected himself from being hurt by peers.

Box 32: Feeling insecure, rejected and emotionally distressed

> "Ahm... he [teacher] was relentless in a sense, cos anything you did wrong one minuscule thing you did wrong he started shouting at you! Not the best idea when you're trying to operate heavy machinery cos one slip, 'oh, you've lost a finger!' yeah! and Ahm... but, he... shouted at us... that much! And I've never been diagnosed with anxiety, but I had a panic attack and every time I tried, I wanted to go to that lesson... I-… well... I felt ill! And my whole body felt it was like it was gonna break down! And the only way I can really describe it was... having a small panic attack every time you try and do anything. Cos it was like, the most minute the most minuscule thing out of line and snap!"
>
> Josh, Paragraphs 29 – 32
>
> "ahm... ahm, in Yr. 7, I kind of took everything to heart and it was just. You know, everything offended me and I got really upset and all that. And then in Yr. 8 it was just kind of like iron barrier, nothing gets through. The simple response was just, 'Go away' or a more vulgar version of that! I assume you can guess!.."
>
> Josh, Paragraphs 9 – 11

Wanting to have friends, Josh made efforts to be accepted, to fit in and to belong by dressing in similar ways to his peers. However, he was ineffective in forming and/or sustaining relationships with peers which led to intense feelings of isolation, anxiety and sadness.

Box 33: Being preoccupied by relationships

> "Well, co-, ahm… cos I'm a lot... I wasn't... well, I wasn't as well off as everyone else, like, you can tell that! And actually, you couldn't because I used to dress over-smart in my uniform... because... I just did! Cos it just seemed necessary. But... obviously, not being as well off as anyone else… I was getting put down for it..."
>
> Josh, Paragraph 73

> "Ahm... again, I was, I was bullied by most people. So to find a ki-, a niche aspect where like, people you know, they accept you for who you are, is quite hard."
>
> Josh, Paragraph 41

In response to unmet emotional needs, the lack of safe and accepting relationships, Josh experienced a high level of frustration and anger. Feeling vulnerable, he displayed anger outbursts.

Box 34: Josh's anger

> "I used to get very angry, really quickly. My temper got a lot shorter! And... I'm trying to get better at it now but... sometimes it doesn't always work. When I was a lot, and I was quite stressful and obviously getting bullied a lot, I wouldn't… and bully me, I wouldn't… by nature try and fight somebody but if somebody if I was in that mood then it would just kind of, be like red mist, 'I don't care!'"
>
> Josh, Paragraph 76

Josh struggled to concentrate on tasks, being more preoccupied by the interactions with others. He was inefficient in managing academic tasks, despite having the potential to achieve.

Box 35: Unable to engage in school life efficiently

> […] "You know, when you have to do the whole procedure. […] this is just another mock paper, isn't it? Cos, you just get accustomed... 'it doesn't mean anything!' and then halfway through my ahm... physics, additional physics exam I was like, 'Oh wait, this is my exam!' and […] Ahm.. I got a D! ha! Ah... and I was really annoyed about that! But... but, no! I-, I-, most of my exams, because they give us ridiculous amount of time, and when I was at school... when I was in actual secondary school, I was always told" […]
>
> Josh, Paragraphs 49 – 50
>
> […] "Being unorganised at school I ended up with a lot of after-school detentions... and... my mum doesn't drive... and it's very expensive to get the bus... can't afford that! So I'd always have to ask for a lift. And it felt like a real pain because it was the fact that I, I… It's my fault that I have to ask somebody else to come and pick me up after school?" […]
>
> Josh, Paragraph 57

4.2.3. The case of Mark

Theme I: Mental Health facets

Permeating mental health difficulties. Mental health difficulties, understood as the absence/presence of mental illness, is a theme that can be clearly distinguished within Mark's account. He commented on not having received a formal diagnosis, but in his view, his experiences reflect a high level of mental ill-health. Other aspects of his experiences, reflected during other sections of his account, revealed a highly negative outlook, persistent low mood and long-term disengagement from the school community. The distress Mark experienced during his school years led to negative feelings, particularly a sense of being helpless and an inability to cope.

Box 36: Persistent low mood

> […] "I was never happy in school but… I think I was just... even going there... the thought of going there just made me… sad, in general… but, hm, yeah… It's just never really a happy place." […]
>
> Mark, Paragraph, 40
>
> "I think it changes you completely if like… if you learn one way but you're taught one way! And it's something you don't even work with... it just makes you think that you're the one who's completely deranged, really. I think that's the situation with a lot of people as well who just get sad, depressed in school. I think a lot is based on school as well... which it doesn't/ didn't really help..."
>
> Mark, Paragraph 56

For Mark, the school seems to represent the space where he experienced mental health needs, and thus he resists seeing this in a positive light.

Box 37: Mark resists acknowledging positive experiences

> "I mean, there was a lot of variety. Especially, in my school, you could do a lot. Like wood tech, I can't do that in some schools I know. And that's sort of one of the lessons I enjoyed. You did have a few really good teachers… who really want pupils to just do well. So there was a few good things... I mean. I don't know if I can speak well of it just because... you know what I mean, I didn't get anything from it, out of that, school wise..."
>
> Mark, Paragraph 45

Scattered moments of happiness. Despite Mark's reluctance to convey a positive version of school, small glimpses of positive feelings and moments of satisfaction emerge. For instance, he commented on having enjoyed some lessons (Food Tech) or having enjoyed some emotional connection with a few young people.

Box 38: Feelings of happiness and enjoyment

> "I mean, there was a lot of variety. Especially, in my school, you could do a lot. Like wood tech, I can't do that in some schools I know. And that's sort of one of the lessons I enjoyed. You did have a few really good teachers… who really want pupils to just do well. So, there was a few good things..." […]
>
> Mark, Paragraph 45

Nevertheless, Mark's moments of happiness and satisfaction seem insignificant. He emphasised a pressuring school, a rigid educational system and difficult interactions with others, indicating that this led him to withdraw and thus reducing feelings of satisfaction and life enjoyment. His account exposes a sense of deep sadness.

Box 39: Underlying low social wellbeing

> […].. "I was never happy in school but... I think I was just... even going there... the thought of going there just made me... sad, in general... but, hm, yeah... It's just never really a happy place."
>
> Mark, Paragraph 40

Realising one's potential. Unlike all of his peers, Mark's psychological wellbeing was generally low. This was characterised by a lack of purpose and an inability to make decisions and to exercise autonomy. Mark also commented on having passed only one GCSE exam, which highlighted a lack of academic achievement and low functioning.

Mark's account suggests that mental health needs and a loss of maintained friendships pushed him away from engaging in school life. However, the school system is portrayed as the main factor affecting his optimal functioning and environmental mastery. He shared a negative image of the education system as a whole and of the way in which this affected him.

Box 40: Feeling unable to learn

> "It's just... really struggling, basically. The homework as well. I didn't see much point in it... it didn't really help anything... really. I didn't learn anything..."
>
> Mark, Paragraph 9
>
> "...it shouldn't all be the same... for like, one... every single child... We're grown up, it is just not really fair!... It's just like, it's not how I wanted to learn in the same way, at all! And I think there should be different setting for each person... just even each group of people... it should be a bit more catered towards the students instead of just being locked!"
>
> Mark, Paragraph 19

One relevant aspect of psychological wellbeing is realising one's own potential. In relation to this, Mark minimalises the importance of school and academic achievements, suggesting that he has different interests and intentions. Nevertheless, at the same time, he resists portraying a positive view of school on the basis that he has not gained anything from it. Thus, the tension contained within these two accounts highlights an inability to realise his potential and to function at an optimal level.

Box 41: Failed attempts to realise his academic potential

> […] "I don't know if I can speak well of it just because... you know what I mean, I didn't get anything from it, out of that, school wise..."
>
> Mark, Paragraph 45
>
> "It's quite forced [school life]. Like... I didn't really want to do any of it! At all really, come secondary school... it's just... even just waking up early in the morning... I don't even have the same sleeping schedule as a lot of people so that, of course, doesn't really help at all. So..."
>
> Mark, Paragraph 8

Meaningful relationships. Mark reveals a low level of social wellbeing where relationships were lost due to his disengagement in education. He placed himself in opposition to most of his peers at school, emphasising the differences between himself and them. Whilst this appears to suggest that relationships with his peers were less valued, later references to other

friends suggest that he longed for meaningful relationships and yet this was not his experience in the school context. Indeed, when commenting on his limited friendships whilst attending school, Mark emphasised a feeling of not fitting in with others at school and his tendency to distance himself from the peer pressure exerted on him as he disengaged from education.

Box 42: Distant peer relationships

> "Hmm… it is just a bit frustrating... cos just like... they almost make you feel like, you should be in school... it's like, it's your fault if you're not in school. […] In the end I couldn't take it, ended up not going… And, yeah, it's just some people.... As in, they were quite okay with me going, in and out, in and out, they would still talk to me… but, I definitely think I was... didn't have as good a friendship as some people at school. Sort of, it wasn't... "
>
> Mark, Paragraph 25

Mark also experienced a feeling of loss and pain as his relationships lost their meaning. He increasingly felt as though others were unable to understand him, and perhaps ignored him:

Box 43: Feeling ignored and wanting to be understood

> "It's just not many people understand. […] Yes, I mean, if anyone were there and it knew, it would help... the worst thing you can do is just ignore it or just even be worse to them. Which is just what happens to a lot of us."
>
> Mark, Paragraph 41

However, for Mark, relationships with peers outside the school environment had the function of reassuring, affirming and confirming his own views and responses. His statements suggest that he related to young people who shared his largely negative perceptions of school (in and outside of school). These relationships were therefore used to justify his views:

Box 44: Relying on relationships outside his school community

> "I mean, I talk to 10-15 people regularly every single day and none of them like it... And... none of them like it... no one thinks in the same way, no one learns in the same way, exactly. It's... it's just not how it goes down."
>
> Mark, Paragraph 44

Theme II: Being held back

Personal resilience. The theme of resilience manifested negatively in Mark's case. Feeling vulnerable, he tended to cope by avoiding challenging situations, and by distancing himself emotionally from uncomfortable feelings, and from others. He anticipated being unable to meet academic demands and for this reason he disengaged from education. Mark's inability to achieve had a negative impact on his subjective and psychological wellbeing, and indirectly his social wellbeing. Thus, he felt that there was no point in investing in learning or doing homework. This negative view further hindered his optimal functioning and good psychological wellbeing.

Box 45: Struggling to adapt and to cope

> […] "Because if I'm locked on something, I can't just go onto something completely different the next minute; which was what maths was. What maths is. So I just, I couldn't learn maths at all." And "I sort of just get up from… and people around me, just help me with the answers. I didn't do much work sometimes... in certain lessons. I mean... I'm okay talkative wise with people, but otherwise… Yeah, I just tried to get on in lessons with my head down. I didn't really get much done. Cos I'm not really... I find it hard to concentrate at school... Especially with just… I can't sit down in a place, for like... an hour doing the same thing..." and "Yeah, definitely. It's just as if you're locked into a place for… however long. And it's teaching to a pupil who... it's just like..."
>
> Mark, Paragraphs 53 – 55

> "It's just.. really struggling, basically. The homework as well. I didn't see much point in it,.. it didn't really help anything.. really. I didn't learn anything.."
>
> Mark, Paragraph 9

Mark had a predominantly negative view of school due to the role this played in his life. And although he saw no purpose to being in education, he was optimistic about following a vocational route, this raising his subjective and psychological wellbeing.

Box 46: Optimism

> "Ahm, I'm fine at the moment. I am starting work soon just as part time in a shop really. […] So, I don't know… I think... People've got to do their own thing a lot of the time, even if that is leaving school. So, I'm definitely better off now than I would be if I was still in school..."
>
> Mark, Paragraph 62

Autonomy, agency and control. Being at school is described by Josh as "overwhelming", like "clothes and iron" (Mark, Paragraph, 3). Being unable to exercise autonomy, agency and control, he feels powerless and hopeless in a rigid system. Josh described the impact this had on him, particularly on his mental health. For him, the school system was a hindrance to his mental health and led to a low mood.

Box 47: Feeling unable to reject the pressure placed on him

> "Hmm... it is just a bit frustrating... cos just like... they almost make you feel like, you should be in school… it's like, it's your fault if you're not in school. Will these letters come home forcing... like, threatening you to go to court? You just think that you're definitely at fault! Which I really wasn't! In the end I couldn't take it, ended up not going..."
>
> Mark, Paragraph 25

Mark's desire for more freedom and autonomy was highlighted as he expressed his frustration at not having enjoyed a more person-centred approach.

Box 48: Mark's desire for freedom

> "I think if it's a lot more freedom, even if it's just like, certain levels depending on the person... it just... it shouldn't all be the same... for like, one... every single child... We're grown up, it is just not really fair!... […] And I think there should be different setting for each person... just even each group of people... it should be a bit more catered towards the students instead of just being locked!"
>
> Mark, Paragraph 19

Challenging conditions. Unlike his peers, no specific contextual factors were identified to bring strength and to promote Mark's positive health, apart from his physical illness. However, given his disengagement from school, it is notable that no external sources of support or key relationships (e.g. with family members) are noted.

Box 49: Personal difficulties: illness

> "Yeah, I had a lot of trouble with illnesses. Even just like, my body in general sometimes, it was like, I can't just get up and to go school. Which again, they didn't even ask, they didn't even know about, so it doesn't even really matter... it's just annoying. He he..." [Pause]
>
> Mark, Paragraph 14

Theme III: Relationships

Vulnerability and emotional needs. School experiences were closely associated with high emotional needs, Mark making reference to a desire to be known, listened to, and understood. He also experienced feelings of frustration due to not being treated like an adult and worthy to be heard. He suggested that teachers or the school were insufficiently interested in him as a person to take time to understand his illness. Mark was longing for minimum but regular contact with a teacher but, he explained, he had no opportunities to share his personal difficulties with an adult.

Box 50: Mark wanting to be heard and known

> "Ahm... I definitely think I could have made more of an effort but... I just didn't want to, really... just cos if I got too attached to something, it wouldn't even have worked in the long run... cos I wasn't there. I mean, going to school wise, there wasn't much I could have done, like... attendance... There was never really a way I could get that across to anyone really..." And "Both! Completely both [no opportunity and not the right person]. And Yeah. Not at all... Cos, if I said that to them… I don't know... [long pause] hmm..."
>
> Mark, Paragraphs 34 – 36
>
> "I think it's someone to even check up with you if something's like, not going alright at school. If on record even, just a regular check-up really. It could go a long way. In any school in the UK." And, "Oh, I think just all over the place, really. Cos it is just a lot going on, especially when you get to, like, GCSE levels and through proper exams. Especially with all of them being all at once."
>
> Mark, Paragraphs 51 – 52

Mark's reflections often focused on issues around fitting in and belonging. He feared being ignored and whilst attempting to avoid being hurt, withdrew socially; however, he remained preoccupied by the idea of "fitting in" or often feeling different.

Box 51: Fitting in and belonging

> […] "And, yeah, it's just some people.... As in, they were quite okay with me going, in and out, in and out, they would still talk to me... but, I definitely think I was... didn't have as good a friendship as some people at school. Sort of, it wasn't..." And "Ahm... Yeah... I guess. I mean, I… I was just a bit frustrated whenever I was just at home..."
>
> Mark, Paragraphs 25 – 26
>
> "I think a lot of the time, you can just fit in. I guess some people who're newbie come in and fit in straight away. That's just the same thing with someone being great/brave with people, good with people. It makes so much difference! And I just think, like, if kids aren't like socially good with people, it's not going to work well. They're not going to achieve as well. I think it's just difficult for a lot of people in certain situations to feel like they belong... fit there..."
>
> Mark, Paragraph 46

Teachers as key adults. Presenting as physically and emotionally distant, Mark tried to communicate that he did not value his relationships with teachers. However, he recollected and emphasised the impact teachers' responses and actions had had on his mental health and wellbeing. He described being challenged in a way, which he perceived as aggressive, and complained of teachers' lack of trust.

Box 52: Mark's desire for a personal relationship with teachers

> "Definitely less cared for, in some situations. Like... even just like a check-up… Just to see how people are doing... It could get a long way with some people especially with how kids are nowadays. And it's just they… I don't know... I didn't really like education at all, anyway." [long pause]. […]
>
> Mark, Paragraph 33

Patterns of interaction. An insecure avoidant attachment style might be distinguished within Mark's account. This is consistent with observations made during the research interview, where he presented as quieter, more reserved and somewhat reticent. He described having withdrawn from the school community. Concerned that he might be hurt or that he would feel vulnerable, he disengaged from education.

Box 53: Withdrawing from school life

> "Hmm... it is just a bit frustrating... cos just like... they almost make you feel like, you should be in school... it's like, it's your fault if you're not in school. Will these letters come home forcing… like, threatening you to go to court? You just think that you're definitely at fault! Which I really wasn't! In the end I couldn't take it, ended up not going..." […]
>
> Mark, Paragraph 25
>
> "Ahm... I definitely think I could have made more of an effort but... I just didn't want to, really... just cos if I got too attached to something, it wouldn't even have worked in the long run... cos I wasn't there."
>
> Mark, Paragraph 34

Mark emphasised a negative view of the school system, of peers as well as teachers. He resisted the idea that some aspects might have been positive, and did not trust teachers to meet his needs. But although Mark portrayed a negative image of school and distanced himself from this, he seemed to value his peers. He was affected by their reaction when his attendance dropped, and he often identified himself with others to strengthen his position, thus suggesting that their views were important.

Box 54: A desire for meaningful relationships

> "especially people I know, like... I mean, I talk to 10-15 people regularly every single day and none of them like it... And… none of them like it... no one thinks in the same way, no one learns in the same way, exactly. It's... it's just not how it goes down."
>
> Mark, Paragraph 44
>
> "I think a lot of the time, you can just fit in. I guess some people who're newbie come in and fit in straight away. That's just the same thing with someone being great/brave with people, good with people. It makes so much difference! And I just think, like, if kids aren't like socially good with people, it's not going to work well. They're not going to achieve as well. I think it's just difficult for a lot of people in certain situations to feel like they belong... fit there..."
>
> Mark, Paragraph 46

A conflict emerged regarding Mark's expectations from adults. Thus, he wanted and expected to be treated like an adult, yet he was disappointed when teachers did not look after him.

Box 55: Mark's disappointment and revolt due to teachers' impersonal approach

> […] "it shouldn't all be the same... for like, one... every single child... We're grown up, it is just not really fair! It's just like, it's not how I wanted to learn in the same way, at all!"
>
> Mark, Paragraph 19
>
> "I think it's someone to even check up with you if something's like, not going alright at school. If on record even, just a regular check-up really. It could go a long way. […] Cos it is just a lot going on, especially when you get to, like, GCSE levels and through proper exams. Especially with all of them being all at once."
>
> Mark, Paragraphs 51 – 52

4.2.4. The case of Olivia

Theme I: Mental Health facets

Permeating mental health difficulties. Olivia spoke openly about mental health problems and having accessed specialised psychological support at different times during her educational journey. She experienced intense feelings of anxiety, low mood and strong anger outbursts, these affecting all aspects of her school life. She presented with externalising behaviours and lacked the resources to cope.

Box 56: Feeling unable to cope

> "I didn't really cope!" And, "It made me go down on a bad path outside of school. So, when I got to school, if anything I was just taken away from… you know, what was... helping me cope. So... school was, yeah, I mean... Yeah, well outside of school I just suffered really bad... Again... wrong people… hung around wrong people... definitely... and I was hung around older people outside of school. I mean, a lot older than me. No females either. So, when I got to school it was kind of, you know, I kind of hated it, he he. I missed my friends, so... but it was... I didn't cope with it at all, really! I mean, going out when I went home was my coping method, really."
>
> Olivia, Paragraphs 77 – 78

Olivia's mental health problems seem to have roots in her early experiences (i.e. family problems, bullying, separation from her birth family). However, these permeated all areas of her life and affected her subjective, psychological and social wellbeing. The school emerges as the space where the effects of her mental health difficulties manifest themselves. This also appears to represent a maintenance factor, as Olivia feels targeted by her teachers or she lacks the resources to integrate into school life.

Box 57: Olivia's mental health difficulties

> "I think I just... erm... other things!?!... erm... I'd say, well, it was kind of, I always remember going to school upset cos I'd always argue with my mum. But I didn't have a 100% stable home-life at the time. So that really affected school... I'd go in really angry, I'd fig... So, it was kind of like everyday was, kind of, like a battle but on the inside. So, I think, everyday kind of stood out for me."
>
> Olivia, Paragraph 13

Additionally, Olivia revealed that her feelings of anger were associated with sadness and a tendency to distance herself emotionally from her peers due to her perception that she is "different" from most of her peers, thus reducing her subjective and social wellbeing. Having associated herself with young people who had a negative influence on her (e.g. creating opportunities for substance misuse and criminal behaviour), Olivia entered a vicious cycle. She was unable to realise her academic potential and to successfully reach optimal levels of functioning. She was excluded from school and she was treated with suspicion (e.g. her bag would be checked every day). Consequently, Olivia's feelings of anger and her negative coping mechanisms (i.e. changes in personality) were maintained at a level which required support from specialised mental health services.

Box 58: Olivia's unhealthy coping mechanisms

> "Ahm… I think because the way I was, kind of... I was very aggressive" and "...violent... and I kept having serious urges at school..." And, "Because… yeah, even then, cos I just felt like... a nothing! So that's when I just kind of... like, that's when I started switching my personality. And as soon as I did that, CAMHS got involved... and, I just became a different person... and I, just didn't kind of recovered from it since."
>
> Olivia, Paragraphs 46 – 47, 49

Scattered moments of happiness. Olivia enjoyed some moments of happiness, noting in particular times when she received praise from her teachers:

Box 59: The value of praise

> "And even though it sounds childish, like, I loved kind of, having praise. I think that's because… you know, you're not used to it. I weren't used to it at all! So, hearing it, kind of, gave me a bit of a bit of motivation, but… Yeah... that was kind of..."
>
> Olivia, Paragraph 73

However, Olivia's overall subjective wellbeing was low. She seems to have left school with an overwhelming sense of sadness and loneliness.

Box 60: Feelings of deep sadness

> "ahm... ``in general it was really hard..." [being a pupil]
>
> Olivia, Paragraph 1
>
> "Sad, yeah... very sad! No one ever knew! But... I was very sad, you know, deep down... but... I could never show that! But, yeah... angry and sad... that's all I felt. Yeah... And I never knew why..."
>
> Olivia, Paragraph 65

Realising one's potential. Achieving, optimal functioning, having goals and striving to achieve them seem of secondary importance when compared with the need to manage distressing feelings. Olivia achieved her GCSE exams and this seemed to make her happy and to give her satisfaction. Nevertheless, her mental heath difficulties, relationship issues and a lack of interest in life affected her optimal functioning, particularly her engagement in lessons and in school.

Box 61: Olivia's struggle to engage in school

> "And I-... but I did! In the end! When I look back! But at the time, I was really confused... so, yeah..." and "Confused cos I didn't know where I fit in..." and "in school. I was not... (!) I am very clever like, you know, I passed all my GCSEs even if I've been through all of that in school. But, yeah, because... you know, I'd have to go to school, and I'd have a bag search every day... So it would be like, anxious even before going to school. … So, it was kind of like... But I think, I just felt confused because I just, just didn't fit in..."
>
> Olivia, Paragraphs 66 – 68

Meaningful relationships. For Olivia, her school years seem to have been associated with low levels of social wellbeing, characterised by a lack of connection and meaningful relationships. She explained her social difficulties by referring to her relationship with her mother, bullying, the loss of key relationships, hurtful adult responses, negative labelling, and feelings of rejection and isolation. These experiences led to negative feelings (disappointment, sadness, anger, lack of enjoyment and interest in life), revealing low subjective wellbeing. Olivia distanced herself from her peers and teachers who made her feel rejected, isolated, and vulnerable. She felt that others often related to her in a negative way and that this had direct implications for her school experience and her mental health.

Box 62: Relationship difficulties

> "Because once the teachers knew I had been expelled, you know, they used it against me. When I was… You know, if I'd been messing about or, you know, got into trouble at school they would actually mention it... and I would argue against it." And, "Well, when I had an argument with the one teacher, he said to me, he said to me, 'well if you don't like it, you go back, go back where you came from'. And obviously I didn't exactly react very well to that... ha... So, ahm, yeah… ahm..." "And that's when I felt like... that's when he made me really angry and I just... lost, I lost respect for all kinds of teachers, yeah..."
>
> Olivia, Paragraphs 16 – 20

An inability to associate with similar aged peers was also an issue for Olivia. She longed to be accepted but the need for her to maintain her reputation as a powerful person who could not be bullied or controlled was more important. In an attempt to defend a vulnerable sense of self, she responded in a defensive or aggressive manner. She seemed ineffective in regulating her emotions and behaviour and more vulnerable to social circles that had a negative influence on her life, e.g. these relationships facilitated her substance misuse. Olivia felt that she did not fit in and responded to this by distancing herself from others, which also led to negative feelings (e.g. sadness). Thus, low social wellbeing was associated with low subjective wellbeing, low autonomy and a perpetuation of her mental health difficulties.

Box 63: Sadness and fitting in

> "Sad, yeah... very sad! No one ever knew! But... I was very sad, you know, deep down… but... I could never show that! But, yeah... angry and sad... that's all I felt. Yeah... And I never knew why... And I-... but I did! In the end! When I look back! But at the time, I was really confused… so, yeah... and Confused cos I didn't know where I fit in..."
>
> Olivia, Paragraph 65

Olivia's mental health difficulties and issues related to social wellbeing led to school exclusion, affecting her ability to realise her potential, to engage in lessons and to contribute and integrate into the school community.

Box 64: Olivia's negative school experiences

> "But then it was going back to school and it was kind of, a bit of a comedown. It was, kind of, like, I'd have all this kind of buzz from going out and now I've come to school and... that would make me feel so negative."
>
> Olivia, Paragraph 79

Theme II: Being held back

Personal resilience. Subject to difficult school experiences, Olivia used all her resources to adapt and cope. Towards the end of her school years, she recognised some of the ways in which her mental health problems affected her wellbeing and relationships, but also her academic performance. She took advantage of working on a one-to-one basis, this allowing her to successfully complete her exams. Recognising that she could only concentrate without being disturbed by sitting at the back of the room during exams, she voiced her preference to her teachers.

Box 65: Making the most of own circumstances

> "…allowed me to have one-to-one." "They knew that me being in a classroom was a recipe for disaster in the end, because.. I'd just... I would, I would be kicking off every day. And I found that 1:1 so much easier" and "ahm... I asked for it... and they kind of, you know, it was like about once or twice a week I'd have it. But then it became like nearly every day. Just as I was leaving school, few months... yeah, I would have it every day. And it was pretty much all day, everyday, five days straight; which I <u>really</u> enjoyed. I'd look forward to go to school because I knew I had a full day working on my own. And it was kind of any, I'd study what I want to study! but he was based around what..."
>
> Olivia, Paragraphs 84 – 86

Olivia also seemed to have a balanced view of school and recognised that this can be positive, or a good experience, including for her.

Box 66: A balanced view of the school

> "Based on what I've experienced, horrible. But if I went back and did it differently I reckon I could've had a great time! I think it's definitely all about how I was… Cos I've seen, you know, people get through school, and there's some people who really love it. So there's, it's obviously not school that's the problem, in a way."
>
> Olivia, Paragraph 96

However, managing her own feelings and behaviour was significantly more challenging for Olivia. Unable to cope with her emotional distress and her anger, she avoided situations which made her feel vulnerable by distancing herself from negative emotions and certain young people, and by creating an alternative version of her self: *powerful*.

Box 67: Olivia's need to feel powerful

> "Obviously being like, all scared of being bullied again. So... straightaway, like, I was, it was kind of like a fight, like, to be the top dog in school. And in the end, I've felt like I did kind of get it but... it didn't feel good. But I don't know, I just… I kind of wanted to feel power all the time because I felt I've been at the bottom, I found the lowest when I was younger, so... as soon as I was in secondary school it was just like a fight, to kind of, get to be at the top. And, yeah..."
>
> Olivia, Paragraph 3

Autonomy, agency and control. Although Olivia does not portray a restrictive, impersonal school system, feelings of being powerless and helpless can also be distinguished in her account. However, unlike her peers who associated their sense of lacking autonomy, agency and control mainly with school, for Olivia, these were also related to her challenging social conditions, particularly her family problems. Olivia acknowledged that some of her relationships with teachers will have been compromised by her difficult family relationships. She noticed that other young people had enjoyed school and longed for this to have been her own experience.

Box 68: Unable to control circumstances

> "Just to be treated like everyone else. Yeah... to see, yeah... ahm... you know, a new kid always stands out. But I didn't kind of want to be known, you know, the girl who got expelled and... Well, I did in a way! I did kind of want to be known to be expelled because I felt that that was kind of power for me... But on the other hand, it affected me in a way like… the teachers knew I was a bit of a nightmare… So, I think I would have preferred to be just, kind of like, have a complete fresh slate… you know, no one knew nothing about me. But that just wouldn't be the case at all."
>
> Olivia, Paragraph 9

Challenging personal conditions. Having experienced difficult family circumstances, Olivia lacked emotional safety and she experienced poor mental health. Her life at home was a source of distress, this having direct consequences on her school experience. Olivia's attempts to cope with difficult life circumstances led to a series of behaviours and experiences that added to her needs and problems: an urge to become aggressive, involvement in criminal behaviour, substance misuse, and building a powerful *persona* which she felt she could no longer control. Unable to identify herself with most of her peers from school, Olivia made links with young people who had a negative influence in her life, thus perpetuating harmful experiences for her life.

Box 69: Harmful effects of unhelpful relationships

> […] "And then I got into Yr. 8 and I started hanging around with people older than me... and I just got, kind of, got drawn into a completely different, kind of, atmosphere, you know. Ahm... and it made school feel different to me. I've hated school in the end. I can't explain it, it was like, ahm... I couldn't, I just couldn't be bothered; you know. It was very, like, all I, all I focused on was my mates… and I kind of, like, yeah, I got myself into a lot of trouble, you know. I started smoking, I tried dru-, I tried smoking weed... And then they asked me to bring alcohol into school, so I brought in and I got caught with it basically, ha... so… yeah, that's when I got expelled and that. It was a build-up of things. I used to fight a lot when I was in Yr. 8."
>
> Olivia, Paragraph 5

The way in which Olivia's school best supported her was to provide access to specialised support for her mental health difficulties (i.e. CAMHS and counselling services). The school gave her a sense of having greater autonomy, agency and control by agreeing to arrange for her to be taught on a one-to-one basis. As a result, Olivia was able to avoid social situations and to concentrate more on learning, and this led to higher levels of wellbeing. Having struggled socially, this provision was welcomed and experienced as a relief from feeling vulnerable in the presence of others:

Box 70: The school playing a positive role by changing Olivia's circumstances

> "… so, in the end, I just sat in a room my own and I used to do my work six hours straight, five hours, yeah. […] I think cos I know I'm a person who looks for, kind of… I look for trouble... so, of course, I jump on it... so I tried to take myself out of... them situations by putting myself on my own… but I also found that when I was on my own... I didn't have to worry about, you know, what was happening around me... I could kind of, you know, just... do my work and be in my own world of... with it, yeah..."

Olivia, Paragraph 69

Theme III: Relationships and patterns

Vulnerability and emotional needs. Throughout her school years, Olivia felt vulnerable. She wanted to be taken into account and noticed, to have an emotional connection with another person who would share her experiences and who could be in tune with her emotions. However, she also described not having this need met and feeling dissatisfied with the regular but minimum contact made by key teachers. For Olivia, the absence of a key, meaningful relationship with an adult led to complex feelings of anger, anxiety, sadness, confusion and emotional distress.

Box 71: Olivia's desire to be known, wanted and trusted

> […] "I had early study leave, I did. They couldn't wait to get rid of me... I mean, it got to the end of school and I realised, I even noticed, you know, I'll do some bad things at school just as I was, like, leaving school and they didn't care! They just... it was kind of like, 'oh, she's leaving, let her do what she wants'. And in a way, it kind of makes you think, did they actually care in the first place?"
>
> Olivia, Paragraph 94
>
> "Sad, yeah… very sad! No one ever knew! But... I was very sad, you know, deep down... but... I could never show that! But, yeah... angry and sad... that's all I felt. Yeah... And I never knew why..." "And I-... but I did! In the end! When I look back! But at the time, I was really confused... so, yeah..." "Confused cos I didn't know where I fit in..." and "in school. I was not... (!) I am very clever like, you know, I passed all my GCSEs even if I've been through all of that in school. But, yeah, because... you know, I'd have to go to school, and I'd have a bag search every day... So it would be like, anxious even before going to school. ... So it was kind of like... But I think, I just felt confused because I just, just didn't fit in..."
>
> Olivia, Paragraphs 65 – 68

Being emotionally and physically unsafe was another aspect affecting Olivia's school experiences. She spoke of a tense home and school atmosphere due to conflict with her mother, as well as having been bullied as a younger child. To defend her vulnerable self, Olivia built a "powerful persona".

Box 72: Olivia feeling highly vulnerable

> "Yeah, cos I've had a lot of trust issues..." and "Ahm... Because I've, I don't know, I think it's just all the trouble I've had at school..." and "in primary... it kind of, just, you know, you can't trust anyone... And I still say that now..."
>
> Olivia, Paragraphs 33, 35 – 36
>
> "..I was just arguing a lot. But... I think I was crying out for attention, at one stage... ...and nothing would… I weren't getting it... from the right people... So, I did, I went the opposite way and... that was it! I got into a habit and that's why, my whole school, kind of, my whole school years deteriorated. Because it was just a cry for attention..."
>
> Olivia, Paragraphs 55 – 56

Olivia's reflections often focused on issues around fitting in and belonging. She described feeling different from most girls, but also that she wanted to be "somebody".

Box 73:Being "somebody"

> "So, to have that kind of power makes you feel like somebody. And even now, like, it's very important to me. You know... […] And I'm like, because I felt like a nobody and... When you're a somebody, you must feel like power, in some kind of way... And when I did... I felt like... you know… I meant something, like. I don't know, I felt like, okay."
>
> Olivia, Paragraph 12

Teachers as key adults. Valuing teachers' attention, Olivia dedicated time to reflecting on their impact on her life and wellbeing. She highlighted brief moments where she was praised, likening her feelings to those of a child who takes pleasure in knowing they are noticed and liked.

Box 74: Enjoying praise like a child

> "…I think the praise... from teachers... you know, when I did something quite well. And even though it sounds childish, like… I loved kind of, having praise. I think that's because... you know, you're not used to it. I weren't used to it at all! So, hearing it, kind of, gave me a bit of a bit of motivation, but... Yeah... that was kind of..."
>
> Olivia, Paragraph 73

However, Olivia often portrayed teachers' influence on her life negatively. She described situations where she had felt emotionally threatened but also sad to think she was not important to them. The situations depicted by her suggest that an important factor for Olivia was their lack of trust in her. Wanting to fit in and to belong, she wanted a fresh slate, to be treated like everyone else, and for teachers to believe in her. To her disadvantage, she described, "playing into teachers' hands" and acting according to their expectations of her.

Box 75: Difficult relationships with teachers

> "Well, if I've came in here and already have a reputation... So instead of, kind of, just trying to get rid of that, I've build it up. Yeah. And in a way I kind of played into the teachers' hands and I wish… when I-… I wish I could have done differently. But definitely, like, I wish... ahm... if it would've been a fresh slate everything would be completely different. […] Because once the teachers knew I had been expelled, you know, they used it against me. When I was... You know, if I'd been messing about or, you know, got into trouble at school they would actually mention it... and I would argue against it."
>
> Olivia, Paragraphs 17 – 18

Olivia highlighted the portrait of an ideal teacher: flexible, relaxed (calming), predictable, approachable, humorous or involved, this resonating with the attachment literature which speaks of key adults adopting a relational approach characterised by playfulness, acceptance, curiosity and empathy (Hughes, 2010).

Box 76: Olivia's description of an ideal teacher

> […] "But I always-, I always had a really good relationship with down-to-earth teachers, you know. And, They were very chilled... but..." and, "Relaxed, yeah. They weren't, kind of... uptight. You know, they weren't kind of… erratic, if you know what I mean? They were just... very... you know, if you could... they would give off a nice, kind of, you know, they would give off something quite nice about them... they were kind of, like... you know, they'd have a bit of jokes with you... you know... They made the lesson, they made the learning kind of, enjoyable. And, yeah, some teachers I loved going to class to... yeah..."
>
> Olivia, Paragraphs 58 – 62

Patterns of interaction. Olivia presented in a way that suggests that she has a disorganised attachment pattern. This is thought to emerge as a result of parenting experiences where the key adult is frightened of or frightening to the child. In adolescents, it is typically associated with intense feelings of insecurity and a preoccupation with ensuring they are emotionally safe; and with angry, aggressive and controlling patterns of relating. They tend to struggle to regulate their emotions and behaviour, displaying risky or disruptive behaviours. As Golding

et al. (2016) highlight, young people with a disorganised-controlling pattern of relating need support from trusted adults to develop independence. These aspects are present in Olivia's account. She described a conflictual relationship with her mother, this being experienced as traumatic.

Box 77: Olivia's traumatic home experiences

> "I think I just... erm... other things!?! erm… I'd say, well, it was kind of, I always remember going to school upset cos I'd always argue with my mum. But I didn't have a 100% stable home-life at the time. So that really affected school... I'd go in really angry, I'd fig-... So, it was kind of like everyday was, kind of, like a battle but on the inside. So, I think, everyday kind of stood out for me."
>
> Olivia, Paragraph 13
>
> […] "so I kind of, like, went into secondary school, like, with a bit of a chip off my shoulder... I was kind of, like, defensive. Ahm... I know, I always felt different to other kids… like... I just... I don't know... I was very, yeah, defensive. […] But I always felt different to everyone... yeah... it was hard. Ahm... I was really rebellious, as well. Like, really bad. I got expelled when I was in year 9!... yeah, I was 14. Yeah, and I got expelled. And then I went to another school in [NAME]… So, yeah, it was, it was difficult. Yeah…"
>
> Olivia, Paragraph 2

The pattern of interaction between Olivia and her mother led her to develop an internal model of relationships where her view of females in particular was generally negative. Although she seemed to admire some of her peers and she craved teachers' praise, she projected her negative view of her mother onto other females and, as a result, her relationships were severely affected.

Box 78: Difficult relationships with female teachers

> "I think, cos... obviously me and my mum had a bad relationship they seemed... it was kind of seemed similar to that my mum to me. But male teachers, I'd have the best relationship with them. I've got on really well. Yeah, and I enjoyed going to their classes... But it was when I had the female teachers... I mean, I weren't exactly the nicest to them..."
>
> Olivia, Paragraph 22

Olivia became overly-preoccupied with being emotionally safe, leading her to be hyper vigilant. Also, unable to control her circumstances (home placement, relationship with mother, exclusion from school), she developed an aggressive, powerful persona, which allowed her to prevent herself from feeling frightened. Olivia recognised this and explained that her aggressive behaviour was a reaction to having been previously hurt or deeply disappointed:

Box 79: Wanting to feel emotionally safety

> "I'm very kind of aware of myself and my surroundings...
>
> Olivia, Paragraph 93
>
> Yeah, hence that's way I was the way I was. You know... I had to give up this persona of something that I was but I weren't at the same time. Cos I knew that I had a nice… kind of, side but... I had to, kind of, get rid of that. Because when I was, kind of, a nice person... it's never, I've never had anything back. And, if anything, just bad things kept came around, so... I just had to, kind of, switch personality"
>
> Olivia, Paragraph 14

Olivia's behaviour was often violent and frightening and she engaged in risky and disruptive behaviours. Lacking the skills required to build and maintain positive relationships, she identified with young people who had similar difficulties and who acted as a maintenance factor.

Box 80: The challenge of finding another who can understand and empathise

> "Yeah... because I always think to myself, if they don't... if they haven't been through it they can't feel it... do you know what I mean?" and, "So... it was kind of… yeah, it is kind of nice to come across someone who knows what you're going through... you know, you can speak to about and you can trust."
>
> Olivia, Paragraph 31 – 32

4.3. Discussion

Research has suggested that young people who are NEET are much more likely to have received psychiatric diagnoses during childhood and adolescence (Power et al., 2015; Goldman-Mellor et al., 2016), anxiety and depression being the most common among those who drop out of school early (PHE, 2016). Consistent with this, findings grouped within the subtheme *permeating mental health difficulties* of this research found that two young people taking part presented with mental health difficulties that reached clinical levels and that the remaining two also experienced high mental health needs. All the young people presented with anxiety and, although low wellbeing was not highlighted to have reached diagnosable levels, feelings of helplessness and/ or sadness were reflected frequently in their accounts. It is notable that although only one young person was diagnosed with anxiety, three accounts highlight similar experiences, thus revealing low levels of mental health. These results are also significant when considering previous research, which reports some contradictory findings regarding the prevalence of anxiety among NEET youth (O'Dea et al., 2014; Benjet et al., 2012; Nardi et al., 2015; Symonds et al., 2016; Power et al., 2015). This research suggests that anxiety is highly prevalent during school years. However, regarded on a continuum defined by the absence/presence of mental illness, only in some cases and at

different points in young people's history does it affect young people to a degree that is considered to be diagnosable.

Regardless of whether the young people had received a mental health diagnosis, their mental health difficulties had a significant negative impact on their school life. They had found themselves in a cycle where their needs led to a feeling of lacking control and of being unable to successfully engage academically and socially. Equally, relationship difficulties and feeling unable to achieve led some participants to experience low wellbeing. Being caught up in these cycles throughout their school career reflects a position of disadvantage, particularly as the young people were unable to exercise autonomy, agency or control. The perpetuation of these difficulties also points towards the young people having limited personal and/or external resources to deal with mental health needs and also affects their successful engagement in the community. These results are consistent with literature concerned with the link between mental health and NEET status, which indicates that young people who are NEET are significantly more likely to experience mental health difficulties (Goldman-Mellor et al., 2016; Egan, Daly and Delaney, 2014; Veldman et al. 2015).

Reflecting on young people's experiences in relation to the positive mental health dimension, it was found that their school life was often characterised by low subjective wellbeing. Whilst moments of happiness and satisfaction were occasionally present, these appear to represent isolated experiences and to have been associated with favourite lessons (Wood Tech for Mark; Drama for Olivia), positive interactions with peers, and teachers' occasional encouraging comments and praise. Interestingly, the most positive experience is reflected in Max's account, a young person who, despite his anxiety diagnosis, reveals higher levels of psychological wellbeing, social wellbeing and resiliency factors.

The young people described how being able to realise their own potential had a good effect on their mental health and their subjective and social wellbeing. Three young people who had achieved academically felt happy and indicated being satisfied with their results. For Josh, increasing levels of psychological wellbeing led to lower levels of mental health problems and increased social wellbeing. Nevertheless, it was also found that the young people's mental heath difficulties, relationship issues and a lack of interest in life had affected their optimal functioning, particularly their school/lesson engagement. For instance, Max's mental health difficulties prevented him from enjoying environmental mastery and reduced his sense of autonomy. This is consistent with research which suggests that young people who are NEET are more likely to disengage from education (Spilehofer et al., 2009; Pumberton, 2008; Veldman et al., 2015; Rennison et al., 2005) and to have difficult school experiences (Offer, 2013; Alfieri et al., 2015).

Research has shown that young people value relationships with peers (Graham, Powell and Truscoll, 2016) and that the presence of trusting relationships and a feeling of belonging enhances their mental health (Randall et al., 2016). In this study, social wellbeing represents a defining feature of young people's school experiences, relationships with peers and teachers also being discussed. The presence and absence of these relationships, the quality of the interactions, the stability of a group of friends, and the response the participants received from others, correlated positively with their mental health (regarded as the absence or presence of mental illness), feelings of happiness and satisfaction, as well as with their school functioning. Peers were given a central focus, occasional descriptions of positive relational experiences, revealing that they also felt this enhanced their mental health. For instance, although Max's mental health difficulties had an impact on his social experiences, he explicitly reflected on the supportive role his group of friends played by offering reassurance

and by creating an emotionally safe environment. Also, an empathic and accepting response led Josh to feel less vulnerable, and therefore more willing and open to others. Nevertheless, the young people's mental health was hindered by many of their social experiences, preventing them from building and maintaining positive relationships, a fundamental human need (Golding, 2016).

The experiences shared by each of the participants do not follow a chronological order. However, their accounts give some indication of the trajectory their social wellbeing might have followed. As the young people approached the NEET status, each reflected on being socially isolated. The need for affiliation has been discussed by major theories (e.g. Adler, 1927; Freud, 2013; Maslow, 1954; Bowlby, 1973) and, as Williams (2007) argued, when this need is unmet it can lead to negative consequences for young people's mental health and wellbeing. The NEET young people taking part in this research felt socially excluded and, consistent with previous research (Arslan, 2017; Gilman, Carter-Sowell, DeWall, Adams and Carboni, 2013; Osterman, 2000), they felt angry, lonely, anxious or depressed. Lacking supporting peer relationships accentuated their emotional need to belong and to enjoy positive emotional experiences. Unable to cope, the young people distanced themselves further, a response thought to be expected among those who are socially isolated (Baumeister, Brewer, Tice and Twenge, 2007). Furthermore, in the case of Olivia, who was unable to identify with her peers, she entered a social circle which was associated with risk behaviours, particularly substance misuse.

Olivia's experience also draws attention to the research included in the literature review which suggested that there is an association between NEET status and substance misuse, as well as mental health problems (Goldman-Mellor et al., 2016; Benjet et al., 2012; O'Dea et al., 2014; Gutierrez-Garcia et al., 2017; Boggio et al., 2015). In contrast to Henderson, Hawke

and Chaim (2017), who argue that among NEET youth mental health disorders are largely due to higher levels of problematic substance use, Olivia's experience points towards Antonovsky's (1996) view of health, suggesting that mental health difficulties emerge as a result of social conditions (e.g. family problems, conflictual relationship with her mother, or bullying). Her experience also suggests that substance misuse reflects a coping strategy, as it has been highlighted by other research looking into the experiences of NEET youth (Lögdberg, Nilsson and Kostenius, 2018). Additionally, Olivia's closeness to people who maintained and/or facilitated her substance misuse was motivated by her longing to have her emotional needs met, the social exclusion, the negative labelling, bullying and her need to defend a vulnerable sense of self by portraying a powerful persona. Therefore, this suggests that another factor that might be changed in order to promote positive mental health would be to create and promote a highly inclusive environment, where young people's emotional needs are met, where children feel included socially, and barriers to engagement are removed.

Additionally, the experiences described by the young people reveal something about the more general discussion of evaluating mental health difficulties. Max and Olivia discussed having experienced difficulties that were recognised by the school, as well as CAMHS, and, consequently, they were able to eventually receive the support they asked for (being taught on an individual basis). In contrast, the emotional distress experienced by Josh and Mark seems to have gone unnoticed. Issues related to identification of mental health needs are signalled in current guidance given to schools (DfE, 2016). I would also suggest that assessing difficulties from a single perspective (i.e. the absence/presence of mental illness) can lead to situations where only a limited number of areas of need are recognised, and therefore the support offered might be insufficient. Whilst Sanderson, Walker and Jones (2015) suggest that teachers can be prevented from providing pupils with emotional support due to, e.g. the

school system's pressure to focus on academic achievements, it might be helpful to reflect on Manwell et al.'s (2015) finding that conceptualisations of mental health differ in accordance with people's own philosophical stance. On this basis, it can be assumed that teachers are also likely to respond to children's difficulties differently, and to evaluate these depending on their views of mental health. Therefore, in the school context, young people might experience a high level of emotional needs and distress (i.e. low levels of positive mental health); yet, they will be dependent on adults to recognise these as such and to take an active role in supporting them, without limiting themselves to responding to mental illnesses.

The young people did not appear to draw clear lines between the different elements contained within the concept of mental health, as defined within the two continua model, their accounts reflecting inter-dependent relationships. The emotional distress experienced as anger, anxiety and/or low mood affected the young people for significant periods of time and had consequences for all aspects of their wellbeing: subjective, psychological and social. In addition, feeling unhappy, lacking meaningful relationships or low agency, autonomy and control, maintained the mental health difficulties. Thus, these results support the view expressed by Westerhof and Keyes (2010) that the two mental health dimensions are related, and the results further suggest that the relationship between them is dynamic, frequently being dependent on the young person's *personal circumstances* (e.g. bullying, family circumstances, physical illness).

The results reflect varying degrees of mental health needs and also varying levels of resilience, two related aspects of human life (Burns and Anstey, 2010; Karreman and Vingerhoets, 2012). Evidence further suggests that there is an association between personal resilience and mental health (Hu, Zhang and Wang, 2014). Resilience is often seen as nested "within the individual" (Liu, Reed and Girard, 2017), being defined as the ability to adapt to

stress and adversity (American Psychological Association, 2016). However, others have conceptualised this as the return to homeostasis or normal health functioning (Bonanno, Westphal and Mancini, 2011; Southwick, Bonanno, Masten, Panter-Brick and Yehuda, 2014), an approach which resonates with Antonovsky's (1996) salutogenic approach to health. From this perspective, this research has identified a number of personal resiliency factors that may be conducive to health; specifically, having a purpose and a motivation to succeed and to contribute to the school community, having an understanding of one's own strengths and weaknesses, and being willing to communicate these to key people. Having an internal locus of control also seemed to have a positive effect for two of the young people, allowing them to access the support provided within the school.

Interestingly, biopsychosocial models of resilience are beginning to emerge (Liu, Reed and Girard, 2017; Davydov, Stewart, Ritchie and Chadieu, 2010). These models continue to discuss personal resilience as bouncing back, protective factors, individual traits or positive outcomes (e.g. Fergus and Zimmerman, 2005; Seery and Quinton, 2016). However, it is argued that factors from interpersonal sources (e.g. family, friends, personal experiences), as well as socio-ecological aspects, can foster resilience (Liu, Reed and Girard, 2017). This approach raises questions regarding a recurrent theme, permeating the accounts of each participant, which conveys a lack of autonomy, agency and control, and feelings of powerlessness and hopelessness. The young people described being unable to create change and they described feeling under constant pressure, whilst lacking the resources to manage various issues rising within school. They felt ineffective in meeting school expectations and demands and in managing relationship problems (e.g. conflict with teachers). However, as previous research has highlighted (Manwell et al., 2015; Galderisi et al., 2015; Randall et al., 2016), having the personal resources to cope with challenging life situations is an important

aspect in maintaining positive mental health. On this basis, it can be concluded that conducive aspects for health include having an appropriate level of autonomy, agency and control. Furthermore, by adopting a biopsychosocial model of resilience, a series of factors might be changed in order to facilitate resilience: giving voice to young people's views; allowing them to make decisions and to choose their level of participation in the school community; or creating opportunities for them to be included in the school community.

All participants conveyed an overwhelming sense of being preoccupied with wanting to feel emotionally secure in their circumstances, and this preoccupation interfered with their learning. Unable to enjoy optimal functioning or a sense of achievement, the young people's psychological wellbeing was affected. This issue was also expressed through the participants' desire to be part of an educational system where their individual needs and personal preferences were taken into account. Resonating with this are previous studies which have also investigated the school experiences of NEET youth and which found that young people discussed the importance of flexibility, a greater variety of subjects, timing, and the support necessary to cater for different learning styles (Offer, 2013; Spielhofer et al., 2009). Also consistent with this are Siraj et al.'s (2014) findings, which reveal that NEET youth have also shared a perception that schoolwork was hard and boring, and that the level of support they received was not appropriate.

Nevertheless, the results indicate that young people's mental health and wellbeing was affected considerably by other social conditions. The specific factors highlighted within this research are: the availability of specialised support; having school systems that allow resources to be allocated for those with difficulties in this area; family circumstances; becoming a Looked After Child; social class; loss and bereavement. Thus, some aspects highlighted by previous research associated with the NEET status can be distinguished:

socioeconomically deprived families and neighbourhoods (Benjet et al., 2012; Bynner and Parsons, 2002, Goldman-Mellor et al., 2016); a lower educational level (Department for Education and Skills, 2005; Dorsett and Luchino, 2014; PHE, 2014); and lower social class (Power et al., 2015; Gorard and Huat See, 2013; Reay (2011). These stressful experiences and difficult life circumstances act as a hindrance to a young person's mental health (Mani, Mullainathan, Shafir and Zhao, 2013; Wanberg, 2012; Pemberton, 2008; Sagatun et al., 2014) and later socioeconomic success (Delaney and Smith, 2012).

Additionally, it was interesting to note that references to family members were very limited, and rarely described as representing a supportive aspect of their school life. These observations resonate with findings of a previous study investigating the experiences of NEET young people which highlighted complicated relationships with family members (Lögdberg, Nilsson and Kostenius, 2018). Nevertheless, given that family members are a source of emotional safety in the case of those who are socially excluded (Arslan, 2017), and that the presence of emotionally safe relationships with significant family members can be a conducive factor for health (Randall et al., 2016), it could be concluded that facilitating positive relationships between young people and family members is likely to increase their mental health and wellbeing. Indeed, Martikairen (2012) also argues that parental factors beyond social class and occupation are associated with life satisfaction.

It has been suggested that families affect young people's life trajectory through their level of involvement during their childhood years (Gorard & Huat See, 2013 and Reay, 2011). Others discuss the role families have in relation to young people's educational and socioeconomic success and suggest that these contribute to various outcomes depending on family practices (Bynner and Parsons 2002; Themelis, 2008). However, although having emotional needs met by family members was highlighted by NEET youth to be a conducive factor for health

(Lögdberg, Nilsson and Kostenius, 2018), the studies reviewed and outlined in the literature review do not explore the role played by attachment. Bowlby (Bowlby, 1973) defined attachment theory, which suggests that patterns of attachment are formed during the early years of life. He suggested that when a child's relationship with the main carer is positive and emotionally safe, and the environment is highly nurturing, the child would develop an internal schema according to which a positive view of themselves, others and the world is built. In contrast, children who do not experience consistent, reliable, empathic and attuned attachment relationships, present with high emotional needs (Bombèr, 2012). Given the high level of emotional needs experienced by the young people taking part in this study (e.g. Olivia's need to feel emotionally safe or Josh's need to be accepted and to belong), as well their desire for teachers to meet these needs, the relevance of attachment relationships is emphasised.

In describing their experiences, young people often reflected on their school life and their relationships in the context of emotional needs. Being emotionally safe, having a feeling of belonging and an emotional connection with peers or teachers, is a core dimension when assessing their own wellbeing and the quality of their school experiences. However, for these young people, the presence of high emotional needs and their negative emotional experiences is another common factor pulling together very different past, personal experiences. For them, the school context has become a place of disappointment, vulnerability and poor wellbeing. Thus, the high level of need present in their accounts resonates with previous research which evidences a need to be listened to, to be understood and valued (Lögdberg, Nilsson and Kostenius, 2018), and supports the view that young people who are NEET include highly vulnerable groups (e.g. Goldman-Mellor et al., 2016; Egan, Daly and Delaney, 2014; Veldman et al. 2015).

In line with previous research (Graham, Powell and Truscoll, 2016; Flutter, 2007), these results suggest that teachers were regarded as significant adults who were expected to meet their emotional needs, and whose response had a long-term impact on the NEET youth's experiences (Offer, 2013). This need for dependency within key relationships, where they could rely on adults to provide emotional and physical safety as well as attuned relationships, also become evident. However, the school experiences shared revealed issues relating to trust, to teachers' low expectations, and to labelling, as well as aggressive responses. For instance, a young person related the negative impact a teacher shouting had on his mental health, particularly on his sense of emotional safety. Young people also suggested that teachers were more concerned about results, this being consistent with previous research looking into the school experiences of NEET youth, which also found teachers being preoccupied with targets or with aspects such as the wearing of school uniform (Pumberton, 2008). Indeed, Geddes (2006) also warned that performance and content could distract teachers' attention away from the emotional experience of learning, thus potentially mirroring other attachment relationships. Nevertheless, the participating young people seized on teachers' supportive and calming responses, enjoying situations where they were noticed, encouraged and praised.

Alongside teachers' responses, the young people's accounts reflect different patterns of interaction, these having an impact on their school experiences as well as on their responses to others. In this study, only one young person's account reflected a secure attachment pattern, the remaining three pointing towards insecure attachment styles, and portrayed unhealthy coping strategies associated with insecure attachment styles, including aggression, withdrawal and controlling behaviours. Brisch (2009) has previously discussed the relevance of attachment during adolescence, regarding secure attachments as a protective factor of resilience, enabling optimally managed emotional stress. Bergin and Bergin (2009) also argue

that a child's attachment style is likely to have an impact on their willingness to accept challenges; independence; social competence; ability to regulate emotions; and on attention and concentration levels. Thus, whilst securely attached young people present as confident and trust key others to be supportive, those with insecure attachment patterns can present as, for example, hostile or socially isolated (Geddes, 2006). Given that these difficulties make their presence felt within the school context, as evidenced by the findings of this study, teachers have the potential to act as secondary attachment figures.

Issues regarding young people's attachments are also pertinent in the context of resilience and mental health. A recent study found that the level of subjective wellbeing is significantly lower in the case of those who present with an insecure attachment style and that this differs depending on a person's psychological resilience (Temiz and Comert, 2018). Others point out that attachment is associated with social wellbeing (Guarnieri, Smorti and Tani, 2015) and subjective wellbeing (Ma and Huebner, 2008). Shulman, Kalnitzki and Shahar (2009) further argue that secure attachments, where autonomy, trust and support are present, facilitate young people's successful transition to adulthood.

4.3.1. Similarities and differences between cases

A close examination of the results emerging from this research highlights a series of similarities and differences among the cases. Among those that unite the young people's accounts, three main points become more evident, these mirroring the themes identified. The first relates to their experiences of mental health and wellbeing, each young person describing predominantly high levels of need within this area. This observation relates therefore to previous research that points towards a high correlation between mental health and NEET status (e.g. Lee et al., 2017; Egan, Daly and Delaney, 2015; Goldman-Mellor et al., 2016). Consistent with previous research, the young people described experiences affirming the

presence of anxiety, low mood, and, in some cases, externalising behaviours and attentional deficits. The image constructed by the young people is most frequently negative and is associated with low academic engagement, low wellbeing, relationship difficulties, and, particularly, social isolation.

Secondly, the young people's accounts are united in their emphasis on their inability to maintain a sense of agency and a level of autonomy and control. Their experiences convey not only a vulnerable self, but also limited resources in managing barriers to their wellbeing. As Ungar, Ghazinour and Richter (2013) argue, a person's ability to navigate adverse situations and to benefit from the use of their resources in order to maintain a level of wellbeing will depend on the interaction between them and the multiple systems around them. With this in mind, attention is drawn to the multiple factors and conditions that are or are not conducive to health. At a personal level, it was found that aspects such as locus of control, sources of motivation, and personal goals, as well as affective factors, contribute to positive mental health. To this are added a series of contextual influences, emerging at multiple levels, including family relationships, the school system (the availability and distribution of resources, experiences of bullying), a sense of cohesion with their environment, material and financial resources, or other social conditions. Whilst these factors differ, all the young people share a position of vulnerability, being situated at the heart of an interplay of bio-social-ecological factors.

Nested within the social-ecological system that shapes a child's development, including their ability to maintain a level of wellbeing under stress, are family relationships. This idea has been discussed in previous research and it was suggested that in the case of NEET youth, negative outcomes are influenced by family related factors (Sadler, Akister and Burch, 2015; Gorard and Huat See, 2013; Reay, 2011; Siraj et al., 2014). Additionally, Bynner and Parsons

(2002) highlight a link between human capital and social exclusion of NEET young people and point to the contribution made by their families. In relation to this, Randall et al.'s (2016) study affirms the relational experience of wellbeing and particularly notes that good mental health requires the presence of emotionally safe relationships with friends and significant family members who can offer support as and when needed. However, the participants in this research rarely made reference to their home circumstances, although they shared a desire to be known, understood, and cared for. Therefore, the third area where their accounts converge is that they all experienced a high level of emotional needs together with an expectation that teachers will provide secondary attachment relationships. Echoing Randall et al.'s (2016) findings, a teacher occupies a central place; and young people expect that they will ensure physical and emotional safety and will meet their emotional needs.

However, alongside the points of convergence, numerous differences between the four accounts also emerged. For instance, despite very high levels of mental health difficulties and unlike his peers, Max's account reveals a balanced view of school and his experiences in that context. He seemed to have enjoyed more resiliency factors and a number of supportive relationships (family and friends). His overt reaction to his school life reflected both positive and negative aspects. In contrast, the remaining three participants highlighted low levels of resilience and relayed negative responses to difficult school experiences. Josh often expressed anger and Mark disengaged from the school community. Due to a continuously heightened feeling of vulnerability and without having the resources to manage her mental health problems, Olivia disclosed feeling sad, confused or inadequate. Other differences relate to the young people's circumstances, including the varying availability of specialised support, different family circumstances (e.g. socio-economic characteristics), or stressful life events (e.g. loss and bereavement, bullying experiences). Nevertheless, perhaps the most striking

differences are highlighted by their distinct patterns of interaction. The results also bring to light separate attachment styles, which are defined within the literature as secure, insecure and disorganised attachment patterns (Perry et al., 2009; Geddes, 2006; Golding et al., 2016). Reflecting on this dynamic and complex picture, the uniqueness of each individual young person comes into view and strengthens the argument that the NEET group is a highly homogeneous group (Yates and Payne, 2006; Eurofund, 2012). However, more importantly, these findings highlight the importance of moving beyond investigating mental health problems understood solely as the absence/presence of mental health problems (e.g. diagnoses) through large-scale research. Collecting data regarding the prevalence of mental illness among NEET youth can inform decisions about the creation and allocation of resources. Nevertheless, these findings suggest that a person-centred approach is important, allowing the young person to be understood and cared for.

Apart from the more general points of divergence, present findings draw attention to the model of mental health enunciated by Westerhof and Keyes (2010) itself. To illustrate this, it is probably most useful to reflect on the young people's experiences of anxiety, which seem to reflect varying degrees of frequency, intensity and duration, and a dynamic trajectory of this on the absence/presence of the mental illness dimension. These findings suggest that higher levels of mental health problems (i.e. absence/presence of mental illness) are not necessarily associated with lower positive mental health. Setting himself aside, Max presented with a high level of mental illness, but he enjoyed a level of positive mental health: he maintained an interest and enjoyment in life, and he accepted his problems. Max continued to strive and to make efforts to reach his potential; he maintained an adequate level of functioning (i.e. making efforts to attend school); and enjoyed positive social wellbeing. Therefore, despite his diagnosis of anxiety, he maintained a moderate level of subjective,

psychological and social wellbeing. This mental health pattern has implications for the two-continua model of mental health as it supports an understanding of mental health as a two-dimensional concept. In line with previous research (Lamers et al., 2015; Weiss, Westerhof and Bohlmeijer, 2016; Vowinckel et al., 2017; Trompetter et al., 2017), Max's experience suggests that whilst the two dimensions are inter-related, they are distinct, and one does not fully determine the trajectory of the other.

4.4. Research questions

This study was carried out with the aim of gaining an insight into the school/college experiences of young adults with a current NEET status in the UK and to consider the findings in relation to their mental health and wellbeing. The research questions posed were:

1. What were the school experiences of young people who are NEET?

2. How did young people's mental health and wellbeing impact on their school experiences?

Whilst answers to the research questions are discussed in the previous sections, a summary is offered below.

4.4.1. Research Question: What were the school experiences of young people who are NEET?

This study draws a complex picture of NEET young people's experiences and highlights a series of aspects that promote or undermine mental health and wellbeing in the school context. Whilst each person shared a unique story, school experiences were shaped by their emotional needs and individual circumstances. These findings also resonate with Lögdberg, Nilsson and Kostenius's (2018) study, which found that being connected and supported are essential aspects to health and wellbeing.

In the present study, the young people's experience was fundamentally one of high emotional distress, their vulnerability being most often described as the result of social exclusion and a lack of meaningful relationships with teachers. School was also portrayed as emotionally unsafe, a source of disappointment, sadness, emotional distress and stress, inflexible and impersonal, and, at times, threatening. Being socially isolated was also a thread running through the young people's school life, and leading to distressing feelings (e.g. isolation, sadness or anger).

Given the high level of vulnerability, the young people's feelings associated with school included anger, sadness, confusion, distress, and pain. Their relationships lacked depth and trust and, as result, the young people felt unworthy, disrespected and unimportant. Positive experiences were noted; however, in this case, these were insufficient to change their negative experiences of school or their negative perceptions. The school system represented an inflexible and impersonal structure and therefore it was experienced by the young people as oppressive and caused them to have feelings of powerlessness and hopelessness. Adding to this, a number of other personal problems (e.g. loss of key relationship) increased feelings of hopelessness and led the young people to perceive school as a highly hostile environment.

The young people highlighted poor academic performance, low levels of school attendance and difficult educational experiences. Thus, these findings are consistent with earlier studies investigating school experiences of NEET youth (Spilehofer et al., 2009; Pumberton, 2008; Veldman et al., 2015; Rennison et al., 2005; Offer, 2013; Alfieri et al., 2015). Additionally, resonating with previous research (Offer, 2013; Siraj et al., 2014), the young people reported having been bullied, and also having received negative teacher responses.

In line with previous research highlighting NEET as a heterogeneous population (Yates and Payne, 2006), a close examination of the situations and events experienced by the young

people within the school context were often very different. To illustrate this, attention is drawn once again to the experiences of anxiety the young people described. Whilst all described strong feelings of anxiety, for one young person this was presented as an internal issue, whilst for others it emerged following different traumatising experiences (e.g. teachers shouting, difficult family circumstances). Nevertheless, all the young people's accounts reflect shared negative emotional and relational experiences, and lead to the conclusion that, similar to Sadler, Akister and Burch's (2015) findings, for these young people their school years were associated with mental health difficulties and low wellbeing.

4.5.2. Research Question: How did young people's mental health and wellbeing impact on their school experiences?

In this study, young people who are NEET reflect in their accounts many mental health needs and difficulties and a low level of wellbeing. Seen from Westerhof and Keyes' (2010) perspective, two young people experienced moderate to high levels of mental illness and relatively low positive mental health. However, in each case, these experiences were associated with feelings of sadness, confusion, anger, emotional pain, anxiety, anger and low mood. Their accounts further suggest a high level of vulnerability within relationships and a lack of emotional safety. The young people present limited resources to cope with their own mental health difficulties, an important component of mental health and/or wellbeing (Manwell et al., 2015; Galderisi et al., 2015; Randell et al., 2016; WHO, 2014). They persistently indicate feeling powerless, hopeless and helpless, their preoccupation with their own feelings reducing their ability to successfully manage their school life.

The mental health difficulties reflected within the young people's accounts shaped their school experiences in different ways. It led to a largely negative view of school, including academic work, relationships with peers and adults. Disillusioned, Mark questioned the value

of being in education and the contribution this made to his future. However, his views in relation to this were not shared by each young person. Max and Olivia portrayed a more nuanced picture of school as well as more positive school outcomes (i.e. passing GCSE exams). It was further found that in response to high mental health needs, the young people sought support, and they withdrew or entered conflicts with the school system, peers or authoritative figures. As a result, the participants were ineffective in meeting academic expectations and they disengaged from the school community. Feelings of vulnerability, anxiety, anger or low mood led to the young people disengaging from education, and in Max and Mark's cases, to a loss of supportive relationships. Conversely, higher levels of positive mental health was associated with positive school experiences. Enjoying positive relationships with peers and key teachers, and having goals and being motivated to reach them, allowed Max to persist and complete secondary education. In the light of these findings, it could be argued that negative educational outcomes and experiences previously highlighted by research (Spilehofer et al., 2009; Pumberton, 2008; Veldman et al., 2015; Rennison et al., 2005) might be associated with mental health needs and low wellbeing.

Furthermore, it was found that the young people's school experiences were influenced by their attachment styles. High emotional needs were prevalent during their school life, teachers being expected to meet them, and to act as secondary attachment figures. The importance of positive relationships with teachers has been previously highlighted by research involving NEET youth (Pumberton, 2008; Offer, 2013). Furthermore, Geddes (1999) also identified patterns of response to the teacher and academic tasks, these being linked with attachment. Looking in more detail at the individual school experiences of the young people taking part in this study, it has become apparent that their attachment style could be linked to different school experiences and has implications for social inclusion. More specifically, Max, who

seemed to have a secure attachment pattern, was able to trust teachers to support him and this had consequences for his school engagement, performance, and daily life (i.e. taking responsibility and gaining a sense of achievement). For the remaining three participants, their attachment needs interfered with their ability to complete tasks, their academic self-confidence, and their ability to relate to teachers and peers, thus leading to an overwhelming sense that their school life was often difficult.

CHAPTER 5: CONCLUSIONS

5.1. Introduction to chapter

This chapter begins with a brief summary of the findings of the research, which also highlights its unique contribution to knowledge. Implications for practice are discussed, before introducing personal reflections on the research. I then comment on the limitations to the present study, before ending with concluding remarks.

5.2. Summary of findings and contribution to knowledge

This study aimed to gain an understanding of the school experiences of young adults with a current NEET status in the UK and to reflect on its findings in the context of current mental health and wellbeing literature. Having closely examined patterns and meanings, this research contributes to the knowledge related to this vulnerable group by providing an insight into the particularities and shared experiences of NEET young people in the school context. It was found that whilst their school life was highly complex and individualised, young people shared a high level of emotional distress. Discussing mental health needs and difficulties, they revealed negative emotional experiences, including feelings of sadness, confusion, anger, emotional pain, anxiety, anger and low mood. Their relational experiences were also often negative or distressing, the young people conveying a feeling of isolation and exclusion. School was regarded as a source of distress, physically and emotionally unsafe, and a place where they felt voiceless and powerless. From a salutogenic perspective, a number of demoting factors to wellbeing were identified, such as: personal difficulties (e.g. high anxiety, learning needs and limited resources to cope with challenging aspects of school life), lack of depth in relationships (with peers and teachers) and distressing situations and events (loss,

illness and family problems). However, aspects that are conducive to health also emerged, the most significant being the important role positive relationships with teachers played during school years, teachers having the potential to act as secondary attachment figures. Furthermore, this research supports Westerhof and Keyes' (2010) model of mental health which distinguishes between two dimensions: the absence/presence of mental health and positive wellbeing.

5.3. Implications for professional practice

Gaining an understanding of the school experiences of young people who are NEET, as well as of factors that are conducive or detrimental to health and wellbeing, is a valuable process for educational psychologists and educational professionals who can act as agents of change. Indeed, schools and educational psychologists are ideally positioned to support young people's positive mental health and wellbeing (McKay, 2011) through intervention at an individual, group or systemic level.

5.3.1. Implications for EPs

The findings support the argument that young people's mental health is a relevant and important aspect of their school experience. It was found that mental illness has a negative impact on school engagement and also that positive aspects of mental health expressed through high levels of subjective, psychological and social wellbeing could be associated with increased participation in school life. In relation to this, a number of implications for EP practice are highlighted. EPs are already beginning to work with individual children delivering psychological interventions. In the light of current findings, specific attention might be given to anxiety, low mood and anger management, and to discussing each of these difficulties in terms of a bio-psycho-social model of mental illness.

Whilst EPs can support young people and promote positive mental health, it falls onto schools and teachers to recognise and acknowledge the young people who are experiencing mental difficulties and low levels of mental health and wellbeing. Working closely with schools, EPs can support educational professionals in different ways. For instance, they can provide training, which may include a psycho-education element, sharing the two-continua model of mental health, so that teaching staff are enabled to consider the specific mental health needs of their pupils and the most suitable ways to support them. EPs might also share their knowledge of anxiety, depressive symptoms or anger, personal and contextual factors typically underpinning these mental illnesses, and some of the ways in which they might be able to help. Based on this study, young people benefit from being supported in using strategies such as self-talk, relaxation and mindfulness. Thus, EPs can build capacity by helping teachers to learn how to support children with positive coping strategies such as these.

Adopting a salutogenic approach, EPs can also share with teachers some of the important factors that are conducive to health and which might be in their power to change or influence. Based on this research, the following seem to be relevant: increasing pupils' autonomy, agency and control; promoting inclusive practices; addressing bullying; and building resilience. Through assessment and consultation work, EPs might provide an insight into the needs and difficulties underpinning low levels of positive mental health specific to each young person. A psychological formulation of their problems will also facilitate an understanding of the bio-psycho-social factors underlying their presenting problems, and thus highlighting areas for intervention. Furthermore, EPs might also consider how to aid Special Education Needs and Disabilities Coordinators to identify the young people who need more targeted support, as well as how to best help those who belong to vulnerable groups such as Looked After Children (LAC).

Additionally, this study found that attachment theory is a useful way of making sense of young people's presentations during their school years. Indeed, by encouraging schools and teachers to develop attachment informed practice, it is hoped that young people will be able to have their emotional needs met. In this regard, EPs can contribute by offering training on attachment theory, the importance of attunement and other specific relational approaches, such as PACE (Playfulness, Acceptance, Curiosity, Empathy) (Hughes, 2010). They might also deliver interventions that can be implemented in schools, including nurture groups, dyadic developmental therapy (Furnivall, McKenna, McFarlane and Grant, 2012), or may use a team around the child approach (Bombèr, 2015). EPs can also facilitate and support schools at a whole-school level by carrying out audits and helping them develop attachment informed school policies (Siegel, 2018; Furnivall et al., 2012; Bombèr, 2015). Further to this, EPs can become involved in action research projects; for instance, using Appreciative Inquiry (Cooperrider, Whitney and Stavros, 2008) to support schools develop attachment aware practice.

5.3.2. Implications for Educational Professionals

Young people's experiences often focused on teachers, their expectation being that they would act as a primary support system. Young people would like them to play an active role, thus highlighting a first implication for practice, namely for teachers to consider their role as more than educators; to see themselves as also key adults who can act to enhance their pupils' positive mental health. But in order for them to be empowered in this capacity, they will need to develop an understanding of mental health, the two-continua dimensions of mental health being an ideal way to conceptualise this. For educational professionals, being able to recognise common mental illnesses and the different elements contained within the positive mental health concept will allow them to respond to the individual needs of their pupils, and

to recognise when additional support might be helpful (e.g. counselling, individualised teaching arrangements, involvement from specialist services, such as those dealing with substance misuse). Additionally, given that anxiety appears to be prevalent among those who later experience periods of being NEET, educational professionals could help by recognising the fears and anxieties underpinning a child's behaviour and responding accordingly (e.g. providing a safe, quiet space, allocating additional support during transition at the beginning of the school day, adopting *anti-bullying policies*).

However, the experiences shared by the young people taking part in this research also revealed a number of aspects that seem to be associated with negative long-term outcomes, including unplanned periods of being NEET. Those highlighted in this project include: having limited autonomy, agency and control; personal circumstances (e.g. transport issues, loss and bereavement); bullying and low social inclusion; negative labelling; ineffective coping strategies; and low levels of personal resilience. Therefore, from a salutogenic perspective, educational professionals might facilitate and create an inclusive environment where all pupils feel safe (e.g. by adequately responding to bullying). They might also support YPs by offering praise, by helping them identify personal strengths and aspirational goals. The findings also imply that it is useful for teachers to consider the behaviours young people present within a context (e.g. substance misuse, long periods of non-attendance). Adopting a bio-psycho-social model of resilience, educational professionals can also help young people by giving a voice to their views, allowing them to make decisions, allowing them to choose their level of participation in the school community, and by creating opportunities for them to being included in the school community.

Implications also relate to teachers providing secondary attachment relationships. Whilst schools are expected to act as "a safe and affirming place for children where they can develop

a sense of belonging and feel able to trust and talk openly with adults about their problems" (DfE, 2016, pp.8), it is teachers who are on the frontline, working with children who experience a high level of attachment needs. Thus, they can initiate positive interactions, meeting young people's desire to be known and listened to. By being attuned to their pupils' emotional experiences, teachers can identify and support those who may, for instance, feel emotionally insecure. However, in some cases, the attachment needs presented by some young people are significant, and more training will be needed (Dingwall and Sebba, 2018; Webber, 2017): e.g. on how to recognise underlying emotional difficulties among vulnerable groups such as LAC (Furnivall et al., 2012) or on gaining an deeper insight child development (Bombèr, 2015). Other attachment related aspects conducive to health might be creating a positive learning environment or adopting attachment informed school policies and procedures (Furnivall et al., 2012); the allocation of additional resources (Webber, 2017); and a strong supervision and peer support system (Dingwall and Sebba, 2018).

5.4. Suggestions for future research

Given the heterogeneous nature of the NEET group, further research is needed to investigate the school experiences of others who fall into this group. For instance, a recent briefing paper (Powell, 2018) notes that disabled people are twice as likely to have been NEET compared to those without a disability. Therefore, a study into the experiences of NEET young people who have special educational needs has the potential to point towards school related aspects that are conducive to health and wellbeing and that can be altered to effect change.

Additionally, future research might focus on exploring the views of others who have witnessed the school journeys of young people who have become NEET (e.g. school staff, parents). By using a similar approach, different and possibly valuable perspectives could

emerge. Furthermore, this would also have the potential to increase the validity of these findings, as triangulation of data would be made possible.

5.5. Reflexivity

Regarding researchers as subjective observers and consistent with the IPA methodology, personal reflexivity became an important part of the research process. Willig (2008) makes a distinction between personal and epistemological reflexivity, both having been observed throughout the duration of the research. Reflective entries in a research diary were used to consider my position in relation to the research, helping me expose tension points between my assumptions and expectations during the research process. An excerpt is found in Appendix 12.

I am white, female, and a dual citizen. Having been born and raised in Romania, English is my second language, something which I often found played an important role in the research process. Whilst I have always acknowledged this, I was prompted to focus on this issue in further detail whilst conducting the analysis and engaging in the interpretative process. A young person used a term which I associated with a different meaning due to its similarity to a Romanian word. I also faced similar challenges when thinking of alternative meanings for various words. For instance, when reflecting on the word ‘erratic’, it was useful to explore its meaning in a UK dictionary as this uncovered a whole set of concepts I had not considered. Whilst the latter is an issue that might be pertinent to other researchers, I believe it was particularly important in my case.

I noted that within my reflective diary, several other aspects were prominent, e.g. my previous experience of school, that was mostly positive, or having had different expectations from school whilst growing up. However, one aspect that often surfaced relates to the personal

journey on which I embarked whilst considering questions regarding the ontological and epistemological philosophy of the research. In my experience, these reflections were not only important when making methodological decisions; these considerations accompanied my thought processes, starting with the nature of the topic I wanted to study. For instance, I became conscious of the fact that my interest in this topic emerged in the context of a medical model of mental health and that this led me to primarily focus on this aspect of young people's experience. It was after immersing myself in research philosophy literature that I was able to clarify my thinking, and thus develop as a researcher. As Willig (2008) rightly points out, not only did I shape the research, but the research shaped me.

Nevertheless, another question remains to be addressed: How is this research reflected in my work as a research-practitioner? Of course, it has expanded my understanding of the concept of mental health that allows me to use these new insights whilst carrying out my statutory duties. For instance, I believe I am able to consider more of its facets separately, looking for ways to support young people by enhancing the factors conducive to health. I have also learnt the importance of adopting a person-centred approach in order to support and promote positive mental health (e.g. through psychological interventions). However, conducting the interviews and listening to the experiences shared by each participant led me to feel humbled by the young people's openness and honesty. I carry with me a feeling of privilege and responsibility, as well as a desire to ensure that in my work I remain sensitive and respectful of young people's need to have a voice. I am increasingly aware of the importance and relevance that young people's attachment needs are likely to have, and I aim to provide attuned responses. Furthermore, I am encouraged by Geddes (2006), who points out that sensitivity to a child's signals and communications lies at the heart of supporting them and helping them to develop a positive sense of self, which leads to increased wellbeing.

5.6. Limitations to research

5.6.1. Design

As a retrospective, explorative case study design, this research is subject to several limitations. Common complaints about case studies are that this can lack rigour and that its findings cannot be generalised (Robson and McKartan, 2015). With this in mind, throughout the research process considerable attention was given to methodological issues. This is reflected in the methodology chapter, as well as the commitment to maintain a reflective stance whilst conducting the study.

Regarding the issue of generalisability, I acknowledge that these findings cannot be assumed to reflect the school experiences of all young people who subsequently find themselves with a NEET status. However, as Radley and Chamberlain (2001) argue, case studies have the advantage of making particularities of phenomena known, and thus the knowledge gained has a high practical value. Furthermore, I believe the use of case studies is also consistent with the initial aim of this research, namely, to give a voice to young people who are NEET.

As a retrospective study, young people were invited to comment on their past school experiences. This is a relevant issue as the participants were included on the basis of their status being NEET. However, labelling young people by what they are not carries a negative undertone, which is further emphasised by papers and policies in which this group is described as vulnerable (Powell, 2018). Thus, both the young people and I were at-risk of giving attention to negative aspects of their school experiences. I considered, for instance, whether the interview questions focusing on challenging and stressful situations reflected this issue. For this limitation to be significant, I would have expected the young people's answers to have highlighted negative aspects during the second part of the interviews. Interestingly,

however, all the young people started by focusing on the school experiences which they consistently described as difficult.

5.6.2. Sampling

Out of 184 young people invited to take part in this research, four young people contributed by taking part in the interviews. Whilst from a methodological perspective a sample size of four is adequate, a response to the invitation to take part in the research letter received from one person gave rise to a question about what experiences others might have shared. This particular young person responded to the letter with a series of abusive text messages, which suggested that they did not want professionals to be involved and to cause further upset. Whilst no reply was given, and their contribution was no longer pursued, this prompted me to consider the characteristics of the other young people who did not take part in this study. To make this clear for the reader, I have included in my methods section (3.3.4.) a pen-portrait of each participant.

The use of samples raises the issue of generalisability. Within IPA, the idea of generalising findings to a population is not rejected. However, Smith, Flowers and Larkin (2009) emphasise the importance of remaining cautious about such claims. In agreement with this, I am aware that certain young people who are NEET were not represented. For instance, my study did not include adolescents with special educational needs, or who had disengaged from education due to medical reasons.

Furthermore, Thomas (2013) draws attention to some of the challenges posed at the stage of recruiting research participants. Given the aim of this research project, to explore the school experiences of NEET youth, attention was drawn towards a group of young people who had the NEET status at that time. However, the group approached represented only those who

were officially recorded as NEET, the potential sample being limited by the accuracy of the records held by the Local Authority and a certain age range (16 and 17-year olds). Furthermore, the recruitment process, which relied on gatekeepers, restricted access to participants. Whilst this is an approach often used within IPA research (Smith, Flowers and Larkin, 2009), in this case, it posed a challenge, as the person representing the service facilitating the recruitment process was reluctant to contact young people to send a reminder after a couple of weeks, as stated in the ethical approval record. Therefore, having to rely on gatekeepers prevented the use of strategies proven to be effective in maximising response rate, such as giving advance warning (by letter or postcard) and sending a reminder after one or two weeks have passed (Langdrige and Hagger-Johnson, 2013). For this reason, it could be argued that alternative recruitment means might have increased the number of participants, e.g. approaching the local Job Centre Plus centre or using an opportunity sample that would include the researcher's own contacts. A further participant recruitment approach might be to extract the NEET sample from a longitudinal study which collects information about young people's status, a strategy adopted by Siraj et al. (2014).

5.6.3. Data collection and analysis

During the process of designing the research project, a series of decisions related to data collection were considered. In this research, a decision was made to use in-depth semi-structured interviews, this being considered as one of the most suitable data collection methods within IPA (Smith, Flowers and Larkin, 2009). The advantages of using this collection method have been highlighted by numerous authors (Thomas, 2013; Rose, Spinks and Canhoto, 2015; Willig, 2008; Robson and McCartan, 2016; Langdrige and Hagger-Johnson, 2013; Magnusson and Marecek, 2015). Nevertheless, this particular data collection approach can pose limitations to participants' engagement. It is notable that in this project,

one young person seemed somewhat reticent in his answers (Mark) and another disclosed finding social interactions difficult (Max). Thus, it could be argued that using activities or practical/visual tools might have helped to reduce anxiety by focusing attention on a tool or activity. Indeed, Thomas (2013) encourages researchers in using creative ways of collecting data and describes as an example the use of a pictorial timeline to investigate how special schooling affected the lives of veterans. He highlighted the positive role of noting events on a timeline to arouse people's memories and to clarify temporal aspects. Thomas (2013) also argues for the use of image-based methods, such as sketching and mind mapping, emphasising their role in building rapport and facilitating communication for those with limited communication. Similarly, Rose, Spinks and Canhoto (2015) and Didkowsky, Ungar and Liebenberg (2009) argue for the use of projective techniques such as pictures, cartoons, products, photographs, etc. Examples of visual methods of data collection used in research also include, for instance: timelines (e.g. life grid, life path), Rich Pictures (Checkland, 1981) and Rivers of Life (Cassell and Symon, 2004). Wilson et al. (2007) found that the use of the life grid facilitated the communication of sensitive topics and the exploration of chaotic stories. Thacker's (2017) research illustrates the benefit of using the life path tool to create a relaxed interview atmosphere, to provide structure to the data collection process, and to support recall. Emphasis can also be placed on the advantages of using Rich Pictures, a tool originating in Soft Systems Methodology (Checkland, 1981), and the Rivers of Life data collection tool with roots in Life Histories methods (Cassell and Symon, 2004). Anthea (2012) points out that Rich Pictures can represent vehicles for reflection and that they allow non-linguistic depictions of experiences and events. Percy-Smith (2011) uses the Rivers of Life data collection tool to explore the life experiences of NEET youth and notes that this is an accessible and friendly medium of communication for young people with lower literacy

skills. Furthermore, he points out its value in providing a contextual and holistic reality surrounding young people.

A further source of limitation for this study is related to the interview style. Reflections following the pilot interview helped me to identify aspects related to my interviewing style that could hamper the interview process, most notably my tendency to overuse prompts. Although the young person taking part in the pilot interview provided positive feedback, having reflected on this, during the following interviews I made a conscious effort to allow more time before follow-up questions and verbal and non-verbal prompts were used.

5.7. Concluding remarks

This research and findings regarding the mental health of young people who are NEET highlights many complex mental health challenges faced by young people in the school context. It also emphasises the importance of adopting a person-centred approach in creating change through reducing the effect of demoting factors to mental health and wellbeing, as well as enhancing those that are conducive to health.

Appendix 1

Application for Ethical Review

UNIVERSITY OF BIRMINGHAM
APPLICATION FOR ETHICAL REVIEW

Who should use this form:

This form is to be completed by PIs or supervisors (for PGR student research) who have completed the University of Birmingham's Ethical Review of Research Self Assessment Form (SAF) and have decided that further ethical review and approval is required before the commencement of a given Research Project.

Please be aware that all new research projects undertaken by postgraduate research (PGR) students first registered as from 1st September 2008 will be subject to the University's Ethical Review Process. PGR students first registered before 1st September 2008 should refer to their Department/School/College for further advice.

Researchers in the following categories are to use this form:

1. The project is to be conducted by:
   - staff of the University of Birmingham; or
   - postgraduate research (PGR) students enrolled at the University of Birmingham (to be completed by the student's supervisor);
2. The project is to be conducted at the University of Birmingham by visiting researchers.

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

NOTES:

- 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. Please **do not** submit paper copies.
- If, in any section, you find that you have insufficient space, or you wish to supply additional material not specifically requested by the form, please it in a separate file, clearly marked and attached to the submission email.
- If you have any queries about the form, please address them to the Research Ethics Team.

☒ **Before submitting, please tick this box to confirm that you have consulted 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 (http://www.as.bham.ac.uk/legislation/docs/COP_Research.pdf)**

UNIVERSITY OF BIRMINGHAM APPLICATION FOR ETHICAL REVIEW	*OFFICE USE ONLY:* Application No: Date Received:

1. TITLE OF PROJECT

Understanding the school experiences and the impact these had on the wellbeing of young people identified as Not in Education, Employment or Training (NEET) (Working Title)

2. THIS PROJECT IS:

University of Birmingham Staff Research project ☐
University of Birmingham Postgraduate Research (PGR) Student project ☒
Other ☐ (Please specify):

3. INVESTIGATORS

a) PLEASE GIVE DETAILS OF THE PRINCIPAL INVESTIGATORS OR SUPERVISORS (FOR PGR STUDENT PROJECTS)

Name: Title / first name / family	Nicholas Bozic
Highest qualification & position	Academic and Professional Tutor
School/Department	School of Education/ / Disability, Inclusion and Special Needs Department
Telephone:	[redacted]
Email address:	[redacted]

Name: Title / first name / family	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

b) PLEASE GIVE DETAILS OF ANY CO-INVESTIGATORS OR CO-SUPERVISORS (FOR PGR STUDENT PROJECTS)

Name: Title / first name / family	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

c) In the case of PGR student projects, please give details of the student

Name of	Amalia Emanuela	Student No:	[redacted]
Course of study:	Applied Educational and	Email address:	[redacted]
Principal	Nicholas Bozic		

Name of student:		Student No:	
Course of study:		Email address:	
Principal			

4. ESTIMATED START OF Date: May 2017 **PROJECT**

ESTIMATED END OF Date: July 2018 **PROJECT**

5. FUNDING

List the funding sources (including internal sources) and give the status of each source.

Funding Body	*Approved/ Pending / To be submitted*
None	N/A

If you are requesting a quick turnaround on your application, please explain the reasons below (including funding-related deadlines). You should be aware that whilst effort will be made in cases of genuine urgency, it will not always be possible for the Ethics Committees to meet such requests.

6. 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.

Purpose and background rationale

The primary aim of the proposed research project is to conduct retrospective exploratory research into young people's school experiences and the associated wellbeing during the respective period of time. It is hoped that the research will increase the understanding of how the past experiences of NEET youth can be conceptualised. And that this knowledge could inform our understanding of how education systems could adapt to the needs of young people at risk of becoming NEET.

Young people identified as NEET are regarded as a vulnerable group and receive attention from the UK Government and are subject to policies and legislation aiming to ensure their inclusion in the labour market (DfE and DoH, 2014; Equality Act 2010; Mental Health and Social Care Act 2014; and DfE, 2010). Previous research focuses heavily on identifying risk factors. Current research also examined the correlation between young adults with NEET status and wellbeing and mental health, concluding that NEET youth are significantly more likely to experience distress during their teens. More specifically, NEET youth met the criteria for common psychiatric disorders, substance disorders and smoking. They tended to have experienced more mental health problems in life, prior to confronting the transition into employment, including: depression, ADHD, conduct disorder, substance abuse and self-harm (Goldman-Mellor et al., 2016). The level of distress experienced further correlated with the number of months of being NEET (Egan, Daly and Delaney, 2014). However, the research exposing the high incidence of mental heath issues tends to rely heavily on quantitative methodologies. As a result, the studies are limited with regard to the extent to which it enables an in-depth exploration of the meanings and experiences as understood by young people themselves.

Studies relying on quantitative methodologies, fail to take into account the voices and the complexity of the experiences of young people who are NEET. Such research further fails to recognise the complexity of the bio-psycho-social wellbeing phenomena as experienced by young people during their school years. Such an understanding can bring a valuable contribution in informing the practice of health care professionals, including Educational Psychologists, working with young people within the school years. Thus, the aim of this project is to gain an in-depth understanding of the school/ college experiences of young adults with a current NEET status in the UK and how these relate to their wellbeing.

Research Questions

Aiming to explore the lived school/ college experiences of young adults currently NEET, the main research questions are:

- What were some of the key school/ college experiences of young adults who are currently NEET?
- What impact did those experiences have on their social and emotional wellbeing?
- What psychological processes and coping strategies did they use with any difficult experience young people may refer to?
- Do young people attribute or relate their current NEET status to the school experiences discussed?

Expected Outcomes

It is hoped that young people's accounts will provide a deeper understanding of the school/ college experiences and the implications these have had on their social and emotional wellbeing. This knowledge may further inform the practice of Educational Psychologists working alongside their families and other professionals in order to prepare them for adulthood, and could support schools and colleges in considering how they can adapt to the needs of young people at risk of disengaging from education, training or employment. Additionally, the information found could be used by prospective educational/ training setting and employers to reduce the barriers to NEET youth's engagement in education, training or employment.

7. CONDUCT OF PROJECT

Please give a description of the research methodology that will be used

The research project is approached from the perspective of critical realism. Given the exploratory nature of the research and its focus on the lived experience of NEET youth, a qualitative methodology will be employed, more specifically Interpretative Phenomenological Analysis. This provides the opportunity to develop an idiographic understanding of participants, past experiences and their perceived wellbeing (Smith, Flowers and Larkin, 2009).

A purposive sample of 6-8 participants will be recruited. Services designated to support NEET youth within the researcher's placement Local Authority will be approached for support in accessing participants. The researcher will seek to meet with service managers to discuss the project, information sheets being also provided (Appendix 2). The managers will be asked to send NEET youth an invitation to participate in a research study on behalf of the researcher. Whilst the consent will be signed at the first meeting a copy of the consent form will also be sent for their information. A stamped addressed envelope will also be provided.

Methods of data collection will rely on semi-structured interviews, facilitated by a 'prompt sheet', and with a few main themes for discussion with the participants. It is hoped that this will allow participants to expand on certain aspects, as they feel appropriate. Given the focus on participants' lived experience, individual interviews will be used. The sample is likely to be small in order to capture the richness of individual experience. The interview will last up to 90 minutes.

The meeting will begin with a discussion where the research project will be explained and consent gained (invitation to participate in a research study and consent form will be read to the pupil to prevent literacy levels impacting upon access). It is hoped that rapport will also be built to enable the young person to become comfortable with the researcher and to ask any questions currently held, to allay any fears and anxieties. Should this be the case, the interview will start by focusing on participants' educational journey. At this point, the voice recorder will be switched on and the recording will begin. They will be asked questions related to their school experiences and the associated wellbeing, as detailed within the interview protocol (Appendix 6). Should there be any difficulties in rapport building, they will be offered to complete this session over two *meetings*. Similarly, should the young person appear to need more time to share their experiences no more than one additional session will be offered. The compensation, one voucher at a preferred shop, will be handed over to them. The interview protocol will be tested as part of a pilot study. One young person will be selected to take part in the research interview process.

8. DOES THE PROJECT INVOLVE PARTICIPATION OF PEOPLE OTHER THAN THE RESEARCHERS AND SUPERVISORS?

Yes ☒ No ☐

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).

If you have answered NO please go to Section 18. If you have answered YES to this question please complete all the following sections.

9. PARTICIPANTS AS THE SUBJECTS OF THE RESEARCH

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.

The participants will be young people and adults with ages between 16 years and 24 years located in one area of the Midlands. It is envisioned that the pilot will include up to 2 participants, and the full project will include 7 to 10 participants.

The main inclusion criterion is that participants will have not been in education, employment or training for a minimum period of 6 months up to the point of being interviewed. The NEET status will be considered for those reporting that they are neither studying, nor working in paid employment, nor pursuing a vocational qualification or apprenticeship training. Further questions will be asked to ensure that NEET status was not simply a function of being on summer holiday, or of being a parent. This operationalization of NEET status follows that used by the UK Office of National Statistics and the International Labor Organization (Office for National Statistics, 2013).

10. RECRUITMENT

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).

Note: Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

Access to the young people and adults will depend upon the involvement of services designated to support NEET youths within the Local Authority and who will act as gatekeepers. These include the Special Educational Needs and Disabilities Team and other youth services. A letter requesting their involvement will be sent, accompanied by an information sheet. Heads of services will be assured of the anonymity of all pupils. Clarification will be given that the young person is to be asked about their school experience and their wellbeing during the respective period and will not be asked about the services they currently receive on behalf of the respective services. Where the services agree to be involved, the respective managers will be asked to send the highlighted young person an invitation to participate in a research study and a copy of the consent form, with a stamped addressed envelope, on behalf of the researcher.
The access form, invitation to participate in a research study and consent forms can be found in Appendix 2, 3 and 4 respectively.

11. CONSENT

a) 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 minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent.

Full informed consent will be obtained in line with guidelines from the British Psychology Society (BPS, 2010), the British Educational Research Association (BERA, 2011) and the University of Birmingham code of practice for research.

Participants in the pilot and the full project will be given an invitation to participate in a research study about the project alongside a copy of the consent form (Appendix 4). Since the information provided in the letter relies heavily on written text, at individually arranged interview sessions, participants will be talked through the same information. The information sheet will contain details on the project, participants right to withdraw, confidentiality and limits of confidentiality, anonymity, audio recording, right to complain, data storage and informed voluntary consent. Participants will be asked if they understand the project and if they have any questions. Once all questioned have been answered and participants report that they understand they will be given the consent form. The consent form will ask participants to respond yes or no to whether they understand the project information and whether they give consent. If they tick yes, they will be asked to sign and date the consent form.

Note: 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.

b) 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 who will administer this feedback.

N/A

12. PARTICIPANT FEEDBACK

Explain what feedback/ information will be provided to the participants after participation in the research. (For example, a more complete description of the purpose of the research, or access to the results of the research).

All participants (both the pilot and the full project) will be offered a key outcome summary sheet containing the annonymised results of the research. They will have the opportunity to receive the information in writing or to meet and discuss this face to face in a brief meeting. Should this be the case, the arrangements for the meeting will follow the same protocol as that noted for the interview process, observing all ethical aspects detailed within the present form.

13. PARTICIPANT WITHDRAWAL

a) Describe how the participants will be informed of their right to withdraw from the project.

Participants' right to withdraw will be explicitly stated in the participant information sheets and consent forms for young people (Appendix 4). The researcher will be explicit about their right to withdraw and different ways that they can do this. All participant information sheets state that participants have two weeks after the project finishes in which to inform the researcher, directly or indirectly, if they do not wish their data to be used. The compensation they receive will not be retracted, should any participants choose to withdraw.

Additionally, the young people's understanding of their part in the research will be explored before the first interview is conducted. They will also be informed of the right to withdraw and the way in which this can be done.

b) 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.

There will be no consequences for the participant if they chose to withdraw from the study.

If a young person decided to withdraw from the research project during the data collection phase or within two weeks following the last interview, they would be replaced with another participant. The same ethical procedures would be followed with the new young person e.g. provision of participant information sheets and gaining informed consent.

Data for each child will be assigned a reference code to ensure that data are confidential. If data need to be withdrawn, they will be identified by reference to a code, and the electronic records of these data will be deleted from the researcher's files.

14. COMPENSATION

Will participants receive compensation for participation?

i) Financial **Yes** ☒ **No** ☐

ii) Non-financial **Yes** ☐ **No** ☒

If **Yes** to **either** i) or ii) above, please provide details.

Given that I anticipate an increased probability for difficulties during the recruitment stage, I will offer a voucher with the value of £15 to each of the participants in the research. They will be able to choose one voucher from SportsDirect, TkMaxx, or Waterstones. This will be given to them at the end of the interview meeting.

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

Should the participants choose to withdraw, during the interview or after the meeting, the voucher will not be retracted from them.

15. CONFIDENTIALITY

a) Will all participants be anonymous? **Yes** ☐ **No** ☒

b) Will all data be treated as confidential? **Yes** ☒ **No** ☐

Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant.

Describe the procedures to be used to ensure anonymity of participants and/or confidentiality of data both during the conduct of the research and in the release of its findings.

The interviews (pilot and full project) will be anonymously audio-recorded, as the researcher will not use any organisational names during the interview. Where any individual names are mentioned, they will not be included in the transcript. The audio recording and the transcript will be labelled by a code that only the researcher will know. These codes will be stored separately to the data within a password-protected file.

The project report will not include any information that could result in the identification of any individuals or organisation, including names, descriptions or any unique information, for example information collected regarding the demographics of the participants. Some information about the young people will be included such as age, sex, socio-economic status, reason for being NEET, and some information about their latest educational placement (e.g. highest education level completed).

The limits to confidentiality concern where there may be risk to the participant or other individuals not involved in the research. As stated in the attached participant information form (Appendix 3), participants will be made aware of this before giving their consent; see section 19 for information on procedure if this were to occur.

If participant anonymity or confidentiality is not appropriate to this research project, explain, providing details of how all participants will be advised of the fact that data will not be anonymous or confidential.

16. STORAGE, ACCESS AND DISPOSAL OF DATA

Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.

Data collected from the interviews with the young people will be recorded using a Dictaphone. Immediately after data collection the recordings will be transferred to an encrypted USB and deleted from the Dictaphone. All data will be transferred from the encrypted USB to a password-protected file on the researcher's University account.

The recording will then be transcribed, and the data will be stored in a locked filing cabinet. Transcriptions produced will be annonymised and the tape recording destroyed once the research has been completed. The debrief session will be provided with information related to collated findings and implications and will therefore not have access to the individual transcriptions produced.

The data will be stored for ten years, in accordance with the University of Birmingham research code of practice.

17. OTHER APPROVALS REQUIRED? e.g. Criminal Records Bureau (CRB) checks or NHS R&D approvals.

☐ YES ☒ NO ☐ NOT APPLICABLE

If yes, please specify.

As a trainee educational psychologist, on a fieldwork placement at a Local Authority working with children, the researcher already has an enhanced Disclosure and Barring Services (DBS) check.

18. SIGNIFICANCE/BENEFITS

Outline the potential significance and/or benefits of the research

The research project I propose is in line with current policies, such as the SEND Code of Practice (2014), advocating for a person centred approach where young people's voice is central to future allocation of resources. Gaining an understanding about their lived experiences may inform the practice of Educational Psychologists and could support schools and colleges consider how they can adapt to the needs of young people at risk of becoming NEET. Equally, the information found could be used by prospective educational/ training setting and employers in their attempts to raise the interest of NEET youth by reducing barriers to their engagement in education, training or employment.

Findings will be shared with the Educational Psychology Service within the Local Authority. It is hoped that findings of the present research will inform future intervention programmes focussed on social and emotional wellbeing in schools with the aim of preparing young people for adulthood. Additionally, the information found will also be shared with relevant Local Authority services in the hope that it will inform their practice.

19. RISKS

a) Outline any potential risks to **INDIVIDUALS**, including research staff, research participants, other individuals not involved in the research and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap

Participants could feel a degree of anxiety due to data collection involving face-to-face interviews. The interviews will touch upon the topic of school experiences and wellbeing, both of which may be sensitive. The in depth interviews used within the Interpretative Phenomenological Approach, which will be employed, promote sensitive open questioning. Participants are invited to share as much information as they wish to without feeling pressured. If the participant became distressed during the interview the option to stop would be discussed. Support options available to the young will be provided to all participants (Appendix 5: debrief document). Additionally, it is hoped that the initial meeting where the research project is explained and consent is gained, will allow the young person to become comfortable with the researcher and to ask any questions currently held, to allay any fears and anxieties.

If the young person were to disclose information which may indicate a child protection concern the information would be passed to the designated person after discussing the need to do so with the young person. This will be done in accordance with the Safeguarding Policy within the [NAME] Local Authority.

The young person will be asked to recount memories of school experiences. The interviews are to be conducted 1:1 to allow personal information to remain confidential (unless an indication of potential harm is disclosed). In line with the Interpretative Phenomenological Approach the participant will be invited to share life events relating to their school/ college life and can elaborate as little or as much as they feel comfortable with. The young person would be able to withdraw from the research at any time. An opportunity for debriefing would also be available. Immediate support networks would also be highlighted if necessary. The researcher will strive to create a safe and non-threatening environment and promote feelings of trust and security through the use of active listening techniques.

Risk to researcher:
Each interview is to be conducted 1:1 in an informal, comfortable environment within the Local Authority's building which is available to use by the Educational Psychology Service, or at home if the young person cannot access the respective facility. To minimise any potential risk the individual interviews will take place during the working day, meaning many other professionals will be in the vicinity of the interviews. Although this is unlikely, should the researcher be conducting a home-visit, if there are any queries about the safety of the home, for the researcher, the interviews will be conducted at the neutral venue or not at all. In addition, the researcher will provide an address and expected length of visit to colleagues in the Educational Psychology Service where the researcher is on placement. When the researcher has completed the home visit she will telephone a colleague to inform them of this. If the research did not ring their colleague within the timeframe agreed previously, the respective colleague will ring the researcher twice. Should the researcher not answer their phone, emergency services will be involved. Also, should the researcher answer, a code will be used to indicate that they are in danger (e.g. researcher asking for a registration form for the participant). In this case, emergency services will be alerted also. One or two interviews will be completed, each lasting up to 90 minutes and will be audio recorded. The interviews are to be completed by the researcher who has DBS clearance.

b) Outline any potential risks to **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.

There are no anticipated risks to society arising from this project.

20. ARE THERE ANY OTHER ETHICAL ISSUES RAISED BY THE RESEARCH?

Yes ☒ **No** ☐

If yes, please specify

The researcher may become aware of inappropriate or unprofessional practice, which although does not raise safeguarding or other legality concerns is nevertheless of moral or ethical concern. If this occurs, the researcher will seek advice through research supervision

21. EXPERT REVIEWER/OPINION

You may be asked to nominate an expert reviewer for certain types of project, including those of an interventional nature or those involving significant risks. 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.

Name
Contact details (including email address)
Brief explanation of reasons for nominating and/or nominee's suitability

22. CHECKLIST

Please mark if the study involves any of the following:

- ☐ Vulnerable groups, such as children and young people aged under 18 years, those with learning disability, or cognitive impairments ☒
- ☐ Research that induces or results in or causes anxiety, stress, pain or physical discomfort, or poses a risk of harm to participants (which is more than is expected from everyday life) ☒
- ☐ Risk to the personal safety of the researcher ☒
- ☐ Deception or research that is conducted without full and informed consent of the participants at time study is carried out ☐
- ☐ Administration of a chemical agent or vaccines or other substances (including vitamins or food substances) to human participants. ☐
- ☐ Production and/or use of genetically modified plants or microbes ☐
- ☐ Results that may have an adverse impact on the environment or food safety ☐
- ☐ Results that may be used to develop chemical or biological weapons ☐

Please check that the following documents are attached to your application.

	ATTACHED	NOT APPLICABLE
Recruitment advertisement	☒	☐
Participant information sheet	☒	☐
Consent form	☒	☐
Questionnaire	☐	☒
Interview Schedule	☒	☐

23. DECLARATION BY APPLICANTS

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.

I declare that:

- 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 (http://www.as.bham.ac.uk/legislation/docs/COP_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.

Name of principal investigator/project supervisor:	
Date:	

Please now save your completed form, print a copy for your records, and then 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.

Appendix 2

Access letter: to be sent to managers of services supporting young people who are Not in Education, Employment or Training

Dear XXXXXXX

My name is Amalia E Dirnu and I am studying for the Doctorate in Applied Educational Psychology at the University of Birmingham. I am currently on placement with [NAME] Educational Psychology Service. As part of my training I am conducting a research project focussed on young people who are currently not in Education, Employment of Training (NEET). The aim of the project is to gain an in-depth insight into their school experiences and how this related to their wellbeing at the time. Birmingham University Ethics Committee has approved the research.

Consent to participate in a research study

The purpose of this letter is to request your support in recruiting participants in this study and to provide you with additional information about the purpose and nature of the research.

Project description

The primary aim of the research is to gain an in-depth understanding of the school/ college experiences of young adults with a current NEET status in the UK and how these lived experiences relate to their wellbeing. It is hoped that the research will increase the understanding of how the past experiences of NEET youth can be conceptualised and that this knowledge could inform understanding of how education systems could adapt to the needs of young people at risk of becoming NEET.

Before starting the interview, young people showing an interest in the research project will be given the opportunity to discuss details about the project and to confirm their consent. This will be followed by the research interview and which is likely to be up to 90 minutes long. Upon request, a second interview can be arranged. During the meeting, the participants will be invited to share some of their school experiences and how this impacted on their wellbeing. Should the participants want to withdraw, they have the option of leaving the interview at any time.

Why is the research being conducted?

It is important that the education system listens to the voices of students, including the marginalised and the vulnerable. This study aims to increase our understanding of the school/college experiences of young people who are NEET, and the implications they perceive these have had on their wellbeing. It is hoped that this knowledge will inform the practice of Educational Psychologists working alongside their families and other professionals in order to

prepare them for adulthood, and that it will be helpful for schools and colleges in considering how they can adapt to the needs of young people at risk of disengaging from education, training or employment. Additionally, the information found may be used by prospective educational/ training setting and employers to reduce the barriers to NEET youth's engagement in education, training or employment.

Confidentiality and data protection

Participant names will be annonymised and all identifiable factors within the recordings will be excluded from the transcription. Young people will be assigned a pseudonym. All recordings will be stored in a lockable filling cabinet and transcriptions files will be password protected. The data will be stored for ten years, in accordance with the University of Birmingham research code of practice.

The only exception to the confidentiality rule would be if during the interview a participant indicated potential danger to themselves or another person.

Identification of participants and consent procedures

A list of criteria will be provided to support you in the identification of suitable pupils. An information letter and consent form, together with a stamped addressed envelope, will be provided for you to post to the young people selected. The young people will be asked to meet with the researcher where they will be provided with information as to the purpose of the research and their potential role before being asked to provide voluntary consent if they would like to take part. It must be made clear that the participants are invited to share as much information as desired without feeling pressured. If a young person did appear anxious during an interview the option to stop would be discussed. The participants will have the right to withdraw at any time without giving a reason, and this includes withdrawing their data.

Disclaimer

You are not obliged to support the study and are free to withdraw at any time without disadvantage to yourself and without obligation to provide a reason.

I will follow up this letter with a phone call within the next week to discuss the possibility of your involvement. In the meanwhile if you have any questions please do not hesitate to contact me directly via [redacted] or the research supervisor [redacted]

I look forward to discussing the research with you further.

Yours Sincerely
Amalia E Dirnu
Trainee Educational Psychologist
University of Birmingham

Appendix 3

Invitation to participate in a research study

Hi! My name is Amalia E Dirnu and I am training to become an Educational Psychologist. Educational Psychologists work with schools and families to make learning a positive experience for young people. I am working in [TOWN NAME] and I am also a student at the University of Birmingham.

As part of my training I am doing a project with young people and adults who are currently not in education, employment or training.

I would like to invite you to take part. Before you decide it is important for you to understand why the project is being carried out and what it would involve.

Purpose of the research

The project is about young people and adults who are currently not studying or engaged in paid work. I am particularly interested in finding out about:

- **What your experiences of school were like;**
- **What impact did these experiences have on you?**

Why have you been chosen?

You have been chosen to take part as it is thought that you are not currently in education, employment or training, and it was felt that you might be willing to talk about your experience. Several other young people will also be asked.

Do I have to take part?

No. It is up to you whether or not to take part. You can change your mind at any time, and stop. You do not have to give a reason.

Will my time be appreciated?

As an appreciation of the time that you would be dedicating to my research, at the end of our meeting you will receive a £15 voucher. You will be able to choose one from SportsDirect, TkMaxx or Waterstones. If later you decide to withdraw from the study, you will not have to return the voucher.

What will happen during the research?

If you agree to take part, a time and a date will be agreed for our meeting. The meetings are to take place within a private, comfortable room at the [NAME, TOWN NAME], owned by the [NAME] Local Authority, unless an alternative place is requested. Up to two meetings will take place all together. During the initial part of the meeting you will be provided with

details of the study, how this will be conducted. At the end I will ask you to sign a consent form. We will then begin the second part of the interview where I will ask you to talk about your experiences in school. I will also ask about the impact these experiences have had on your happiness and wellbeing. There are no right or wrong answers; I am interested in what you would like to share. You would only be expected to talk about things you felt comfortable with talking about. If at any point you wanted to stop, you can do so without having to explain why. The interview is likely to last approximately 90 minutes. If, by the end of the interview, you feel that there is more that you would like to share, and you ask me for to meet again, we can meet one more time for a shorter interview.

I plan to audio record the conversations using a digital recorder. This is so I can remember what you have told me. No one other than the research team will listen to this. It will be stored securely. If you change your mind about taking part, you can let me know before the meeting, during or up to two weeks after the interview meeting. You can do this by contacting me on the details below.

Confidentiality

All the information collected will be kept confidential. You will be given a false name so your real name will not be used in any reports or publications. I will keep the data recordings and transcripts locked in a cabinet and in line with university policy it will be kept for 10 years after which, all data will be destroyed. Only information using your false name will be shared with others.

The only time I would have to speak to someone else would be if you tell me something that means you or somebody else is in danger.

The research findings will be published in my thesis, a research report. The findings may be used anonymously in publications and conference proceedings. I will also share what I have found with you in a summary report.

Will the information I provide affect my use of services provided by the Local Authority?

No. The information will NOT be shared with the services that you use and your participation will not affect the use of such services.

What next

If you would like to take part then please fill in the attached consent form. Please do not hesitate to contact me or my supervisor with any additional questions you may have.

If you have any complaints about the study, please contact: Mr Nick Bozic (Research Supervisor) at [redacted] Alternatively, please contact: Mrs. Sheri Wright

(Senior Educational Psychologist and Placement Supervisor within the Local Authority) at [redacted]

My contact details:

Amalia E Dirnu

Phone Number:

Email: [redacted]

My supervisor's details:

Nicholas Bozic

Phone Number: [redacted]

Email: [redacted]

Appendix 4

Consent Form

I would like to take part in the research project	Yes	No
I understand that I do not have to take part in the research project	Yes	No
I agree to the interview being audio recorded	Yes	No
I understand that only Amalia will listen to the recording	Yes	No
I understand that what I say will be kept confidential unless I say something that suggests that I, or someone else is at risk of harm	Yes	No
I understand that I can leave the interview at any point if I would like to	Yes	No
I understand that I can withdraw my information for up to two weeks after the interview, and if I do this my information will be removed from the study	Yes	No
I know who to speak to if I decide that I want to withdraw my information	Yes	No
I understand that the findings may be used anonymously in publications and conference proceedings.	Yes	No
If I have any questions, I know who I can ask	Yes	No

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature: _____

Name: _____

Date: _____

Appendix 5

Debrief document

Thank you for helping me with my project.

Talking about your past experiences and thoughts about the future may have raised things you would like to talk to someone about. If you have been affected by anything we discussed you can talk to me on [PHONE NUMBER]. Alternatively, a list of support options have been provided below:

SupportLine Telephone Helpline
01708 765200 – www.supportline.org.uk
Provides emotional support and information relating to other sources of support throughout the UK.

Childline
0800 1111 – www.childline.org.uk
Emotional support for children and young people on issues relating to child abuse, bullying etc.

Get Connected
0808 808 4994 – www.getconnected.org.uk
Free telephone and email helpline that can connect a child or young person to any UK helpline where appropriate.

Samaritans
116 123 – www.samaritans.org
24hr service offering emotional support.

Shropshire Youth
01743 258 850 – www.shropshireyouth.info
Free information and advice on a wide range of issues, including jobs, learning and relationships.

www.thesite.org
Advice, information and support for young people

Appendix 6

Interview protocol

(Page 1)

**Please note: the delivery of the questions below are likely to fluctuate dependent upon the answers supplied by the young people. This is a method deemed necessary to facilitate the elicitation of an in-depth description of the experiences of young people.*

Before starting the interview (not recorded**):**

- Re-visit consent letter and check understanding at the outset. Ask young person to explain what they believe they are going to be asked to do and how they believe their information is to be used
- Remind of right to stop and/or withdraw at any time
- Remind that they do not have to answer and questions they so not want to.

Interview commences (recorded)**:**

Please see the following page

Interview concludes (not recorded)**:**

- Thank the participant for taking part.
- Provide them with the compensation for their time.
- Remind participant about details in the information sheet regarding their right to withdraw, and the publication of a public brief regarding the research which if they want to can be sent to them.
- Ask if they have any other questions.

Semi-structured interview schedule

(Page 2)

The following table details the final interview schedule used. The order and further questions was also guided by the participant's responses.

Example Questions	Follow up questions	Prompts
Tell me what was it like being a pupil or student.	Why? What happened? What impact did these have on you? Relationships? Hobbies? Mood? Life in general? How did these make you feel? What do you remember thinking about this? In what way? How do/ did you know? Can you tell me more about that?	In what way? Tell me more. How? Why? What do you mean by…? …family, friends, teachers, other school staff, others? Go on.
Can you tell me about times at school that stand out for you? What effect do you think these had on you?		
Can you describe a typical day at school/ college?		
Tell me about your relationships at school.		
Can you tell me about some of the things you felt you could change or influence at school? What about the things you could not?		
What does the term wellbeing mean to you?		
Tell me about what made you happy in school.		
Were there things that you found challenging at school? [If yes: What did you find helpful?]		
How did you cope with stressful school activities e.g. exams? Did you use certain strategies? What did you do practically? How did the school respond?		
To what extent do these experience relate to your current situation? If 'yes': tell me more about how these do relate.		

Appendix 7

A section of analysed transcript with notes and emergent themes (Josh)

P2: M--, like, most of them, like.. more physical, ahm.. aspects.. yes! there was a lot of shouting. Cos, like,... obviously, theu're physically based, and I'm not a very physical person. I don't know why I chose to do engineering then! Smart one there! Ahm.. but my science teacher was actually what really pushed me to get.. like, do good in science. Because, at the start of the year 9, I was getting like, D's.. and stuff like that.. and my science teacher was like, you're really good at science, you know that, right?! And my Maths teacher also did this, like, 'you're really good at this. Why just you don't try?' I was like, 'I don't know!'.. So.. and that's how I ended up getting Bs in science and a B in maths!.. I was actually really happy with that! The Maths, well, I know I could have done better cos I was getting As in mock papers.. And it was like, 4 mock papers in a row I got A. So, yeah..

Amalia: So, why did, what do you think prevented you from getting an A eventually?

P2: We did.., we did 5 mock exam.. like, tests! You know, when you have to do the whole procedure. We did that about fou-, four or five times. So when you get to like, however many we did, however many it was the actual exam, you kind of just think, this is just another mock paper, isn't it? Cos, you just get accustomed.. 'it doesn't mean anything!' and then halfway through my ahm.. physics, additional physics exam I was like, 'oh wait, this is my exam!'

Amalia: Oh..

P2: So, I went back, because most of my papers, I spend 80% of the time on it! Cos, during the English paper was out.., My English was the only one that I finished, just.

Appendix 8

List of emergent themes – Josh

P2 Themes	Emergent themes
Being subject to teachers	Teachers experienced as powerful: able to have a positive (opportunities for change and success) or negative impact (distress, insecurity)
Teachers as sources of motivation or oppression	Teachers as source of motivation (hope?) or oppression (criticisms, inflexibility, unreasonable expectations, no trust in him, aggressive – shouting, source of MH – nightmares and panic)
Teachers being central to their world of relationships	Teachers' responses more important than that of peers
Powerless in front of school system	Inability (powerless?) in front of the immovable/ inflexibility of school system
Immovable school system – unable to escape	System being: rigid, inflexible, restrictive, punitive (+ reprimands), imposed, rules, pre-determined
School as oppressive	School as source of pain, emotional distress, regret (?) School: uncomfortable atmosphere
School as external and impersonal	System as external framework Impersonal system
A need to escape school	Escaping from the system School end: escape, relief Waiting for the end
Quiet revolt fuelled by anger and a sense of injustice	Unfair – anger – defiance – non-conformity
Strong sense of being stuck/ trapped/ cornered	Being stuck/ trapped/ blocked/ cornered
An uneven fight	Lost fight due to uneven forces: - no opportunities and personal resources VS own

Imbalance of MH and emotional needs VS personal resources, relationships and school system	needs/ teachers' expectations and aspirations - 'them and I': vulnerable/ ineffective self VS peers' bullying/ oppression/ marginalisation/ domination - personal voice/ power VS system - academic failure VS emotional/MH needs
Powerless in front of external, contextual problems (loss, SES)	External *problems*: loss of grandfather – grieving, SES status (financial limitations/ pressures, circumstances – bas situation) Extra-curricular activities having the power to confirm or disconfirm his view of others
Self as ineffective to change	Self as ineffective to: change (self, others, teachers, system), reach potential, believe in positive Identifying himself as outcast – loneliness
Extreme vulnerability	Self as vulnerable: ineffective, at fault (checked, evaluated, scrutinised) Sense of extreme vulnerability (unable to create change/ fulfil potential/ self help)
Feeling like an outcast	Self as inadequate, unworthy, insecure
Being invisible	Being invisible – pushed to the margin – isolation
Sense of emptiness	Sense of emptiness: no purpose, goals, motivation (general, easily motivated to learn), aim
Nothing to loose	Nothing to loose
Longing to be known	Deep longing: to be known (seen, heard – not a number)/ valued/ believe in him/ understood (Primarily by teachers?)
Longing to be belong and fit in	Longing to belong and fit in
Longing for emotional connection	Longing for: acceptance, relational/ emotional connection/ positive interactions/ fun
Active efforts to save the 'self'	Efforts to save self: external locus of control, external attribution, blame, creating an appearance (incl. self presented as strong), minimisation, compensating, justification, taking distance (emotional and physical), protecting himself (not making himself known – *girlfriend*)
Escape that he no	Being discovered by girlfriend

longer needs to protect his vulnerable self	
Smallest act of connection interrupts his revolt and increases his engagement (incl learning)	Driving forces: revolt (has a voice and opinions), emotional needs, sense of vulnerability, anger, teachers responses (pos – belief in him, praise, encouragement, recognising strengths), fun with peer, positive interactions
Experience punctuated by MH difficulties (but not within the person)	Experience punctuated by MH difficulties (anxiety, anticipatory anxiety, panic attack, withdrawal, emotional distress, stress, low mood)
Very high emotional distress	Strong/ deep sense and experience of emotional pain/ suffering/ distress
External experiences experienced as traumatic	Traumatic (sleep, nightmares, anxious) Feeling immobilised
Holding onto sources of hope	Sources of hope: being accepted/ teachers' response (praise, recognition of strengths), opportunities to succeed, academic potential, accepting peer/-learning challenge
Thriving in positive social interactions	
Limited personal resources to escape from the pain (in and out problems)	Limited personal resources: self control, regulatory skills, organisational skills, (problem) solving skills, managing criticism diff, unskilled, achievements, poor social relating (no opportunities to socialise – *not able to create them*)

Appendix 9

Emergent themes connection map – Mark

Appendix 10

Themes for Josh

Final Themes	Themes List
The power of teachers	Being subject to teachers Teachers as sources of motivation or pain/oppression Teachers being central to their world of relationships
Powerless whilst facing an immovable and impersonal school system	Powerless in front of school system Immovable school system – unable to escape School as oppressive School as external and impersonal A need to escape school
Stuck and trapped in an uneven fight	Strong sense of being stuck/ trapped/ cornered An uneven fight Imbalance of MH and emotional needs VS personal resources, relationships and school system
Hostile external world	Powerless in front of school system Powerless in front of external, contextual problems (loss, SES) Bing subject to teachers
The fighting self	Quiet revolt fuelled by anger and a sense of injustice
The hoping self	Active efforts to save the 'self' Holding onto sources of hope Thriving in positive social interactions Smallest act of connection interrupts his revolt and increases his engagement (incl. learning)
Dependant on connection with key people to escape	Self as ineffective to change Limited personal resources to escape from the pain (in and out problems) Finishing school – an escape Escape (being known/ valued: he no longer needs to protect his vulnerable self) *Needs external supports to escape (teachers' praise and girlfriend validation)*[1]
Empty and vulnerable	Extreme vulnerability Sense of emptiness Nothing to loose
Longing to be known/ belong/ connect	Longing to be known (incl. school as impersonal; outcast) Longing to be belong and fit in Longing for emotional connection Feeling like an outcast Being invisible
Experience punctuated by MH difficulties	Experience punctuated by MH difficulties (but not within the person) Very high emotional distress External experiences experienced as traumatic

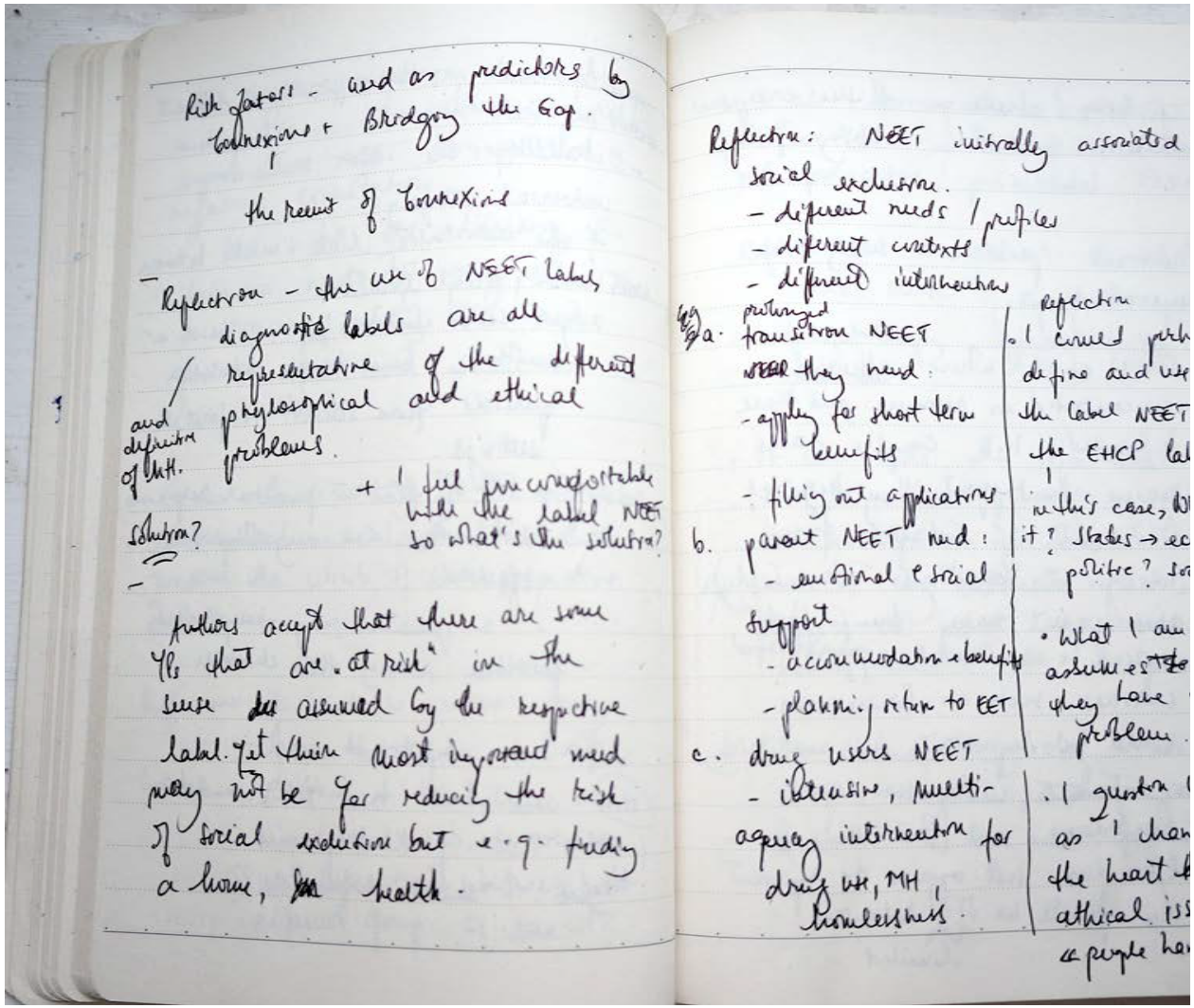
Appendix 11

Superordinate and subordinate themes

Themes	Subthemes
Mental health facets	Permeating mental health difficulties
	Scattered moments of happiness
	Realising one's potential
	Meaningful relationships
Being held back	Personal resilience
	Autonomy, agency and control
	Challenging personal conditions
Relationships and patterns	Vulnerability and emotional needs
	Teachers as key adults
	Patterns of interaction

Appendix 12

Diary entry



Risk factors - used as predictors by Connexions + Bridging the Gap.

the remit of Connexions

- Reflection - the use of NEET label, diagnostic labels are all representative of the different phylosophical and ethical problems.

and definition of MH.

+ I feel uncomfortable with the label NEET so what's the solution?

Solution?

-

Authors accept that there are some YPs that are "at risk" in the sense ~~as~~ assumed by the respective label. Yet their most important need may not be for reducing the risk of social exclusion but e.g. finding a home, ~~[illegible]~~ health.

Reflection: NEET initially associated social exclusion.
- different needs / profiles
- different contexts
- different interventions

a. prolonged transition NEET ~~NEET~~ they need:
- apply for short term benefits
- filling out applications

b. parent NEET need:
- emotional & social support
- accommodation & benefits
- planning return to EET

c. drug users NEET
- intensive, multi-agency intervention for drug use, MH, homelessness.

Reflection
- I could perh define and use the label NEET the EHCP lab
in this case, W it? States → ec politic? so
- What I am assumes to they have problem.
- I question as I chan the heart ethical iss people ha

REFERENCES

Adler, A. (1928). *Understanding Human Nature*. London: George Allen and Unwin Ltd.

Alfieri, S., Sironi, E., Marta, E., Rosina, A. and Marzana, D. (2015). Young Italian NEETs (Not in Employment, Education, or Training) and the Influence of Their Family Background. *Europe's Journal of Psychology*, 11(2), pp.311-322.

Alvesson, M. and Sköldberg, K. (2009). *Reflexive methodology*. Los Angeles: SAGE.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Misorders (DSM-5)*. Washington, D.C: American Psychiatric Association.

American Psychological Association (2016). *The road to resilience*. Available at: http://www.apa.org/helpcenter/road-resilience.aspx (Accessed 30 January 2018).

Amey, S. (2010). Supporting adolescent refugees – developing a secure base. In: A. Perry, ed., *Teenagers and Attachment*, 1st ed. London: Worth Publishing Ltd.

Anthea, W. (2012). *Supporting Student Nurses By The Educational Use of Self: A Hermeneutic Phenomenological Exploration of the Mentor Experience*. PhD. The Open University.

Anderson, D. and Graham, A. (2016). Improving student wellbeing: having a say at school. *School Effectiveness and School Improvement*, 27(3), pp.348-366.

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International*, 11(1), pp.11-18.

Arslan, G. (2017). Social Exclusion, Social Support and Psychological Wellbeing at School: A Study of Mediation and Moderation Effect. *Child Indicators Research*, 11(3), pp.897-918.

ASCL and National Children's Bureau (2016). *Keeping young people in mind – findings from a survey of schools across England*. ASCL and National Children's Bureau. Available at ascl_and_ncb_findings_from_survey_briefing_final_footnotes.pdf (Accessed: 5 Feb. 2019).

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

Atkinson, C., Dunsmuir, S., Lang, J. and Wright, S. (2015). Developing a competency framework for the initial training of educational psychologists working with young people aged 16–25. *Educational Psychology in Practice*, 31(2), pp.159-173.

Baggio, S., Iglesias, K., Deline, S., Studer, J., Henchoz, Y., Mohler-Kuo, M. and Gmel, G. (2015). Not in Education, Employment, or Training Status Among Young Swiss Men. Longitudinal Associations With Mental Health and Substance Use. *Journal of Adolescent Health*, 56(2), pp.238-243.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.

Barker, C., Pistrang, N. and Elliot, R. (2016). *Research methods in clinical psychology*. Chichester: Wiley.

Barrett, P., Lowry-Webster, H. and Turner, C. (2000). *FRIENDS program for children: Group leaders manual*. Brisbane: Australian Academic Press.

Baumeister, R., Brewer, L., Tice, D. and Twenge, J. (2007). Thwarting the Need to Belong: Understanding the Interpersonal and Inner Effects of Social Exclusion. *Social and Personality Psychology Compass*, 1(1), pp.506-520.

Becker, S. (2007). Global Perspectives on Children's Unpaid Caregiving in the Family. *Global Social Policy: An Interdisciplinary Journal of Public Policy and Social Development*, 7(1), pp.23-50.

Belfield, C. and Sibieta, L. (2017). *Comparison of parties' plans for education spending on 16-18 year-olds in England*. [online] The IFS. Available at: https://www.ifs.org.uk/publications/9281 (Accessed 31 October 2017).

Benjet, C., Hernández-Montoya, D., Borges, G., Méndez, E., Medina-Mora, M. and Aguilar-Gaxiola, S. (2012). Youth who neither study nor work: mental health, education and employment. *Salud Pública de México*, 54(4), pp.410-417.

Bergin, C. and Bergin, D. (2009). Attachment in the Classroom. *Educational Psychology Review*, 21(2), pp.141-170.

Bonanno, G. A., Westphal, M. and Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual Review of Clinical Psychology*, 7, pp.511–535.

Breslau, J., Miller, E., Breslau, N., Bohnert, K., Lucia, V. and Schweitzer, J. (2009). The Impact of Early Behavior Disturbances on Academic Achievement in High School. *Paediatrics*, 123(6), pp.1472-1476.

Brisch, K. H. (2010). Attachment and adolescence – the influence of attachment patterns on teenage behaviour. In: A. Perry, ed., *Teenagers and Attachment*, 1st ed. London: Worth Publishing Ltd.

Bradshaw, J. and Richardson, D. (2009). An Index of Child Well-Being in Europe. *Child Indicators Research*, 2(3), pp.319-351.

British Educational Research Association, (2011). *Ethical guidelines for educational research*. London: British Educational Research Association.

British Psychology Society Code of Ethics and Conduct (2018). *Code of Ethics and Conduct*. Leicester: The British Psychological Society.

Broome, M., Harland, R., Owen, G. and Stringaris, A. (2012). *The Maudsley Reader in Phenomeneological Psychiatry*. Cambridge: Cambridge University Press.

Bombèr, L. (2015). *Attachment Aware Schools Series: The key adult in school*. Duffield, U.K.: Worth Pub.

de Boo, G. and Wicherts, J. (2007). Assessing Cognitive and Behavioral Coping Strategies in Children. *Cognitive Therapy and Research*, 33(1), pp.1-20.

Bowie, C., Depp, C., McGrath, J., Wolyniec, P., Mausbach, B., Thornquist, M., Luke, J., Patterson, T., Harvey, P. and Pulver, A. (2010). Prediction of Real-World Functional Disability in Chronic Mental Disorders: A Comparison of Schizophrenia and Bipolar Disorder. *American Journal of Psychiatry*, 167(9), pp.1116-1124.

Bowlby, J. (1973). *Attachment and loss Vol.2: Separation*. New York: Basic Books.

Burns, R. A. and Anstey, K. J. (2010). The Connor–Davidson resilience scale (CD-RISC): Testing the invariance of a uni-dimensional resilience measure that is independent of positive and negative affect. *Personality and Individual Differences*, 48, pp.527–531.

Bynner, J. and Parsons, S. (2002). Social Exclusion and the Transition from School to Work: The Case of Young People Not in Education, Employment, or Training (NEET). *Journal of Vocational Behavior*, 60(2), pp.289-309.

Campbell Williams, M. and Dobson, P. (1995). Using metaphors and rich pictures in university education. In: Summers, L., ed. 4th Annual Teaching Learning Forum: A Focus on Learning, February 1995 Perth: Edith Cowan University. Educational Development Unit, Edith Cowan University 36-41.

Care Quality Commission (2018). *Are we listening? Review of Children and Young People's Mental Health Services*. Newcastle upon Tyne: Care Quality Commission.

Carter, S. and Little, M. (2007). Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research. *Qualitative Health Research*, 17(10), pp.1316-1328.

Cassell, C. and Symon, G. (2004). *Essential guide to qualitative methods in organizational research*. London: SAGE Publications.

Cefai, C. and Cooper, P. (2010). Students without voices: the unheard accounts of secondary school students with social, emotional and behaviour difficulties. *European Journal of Special Needs Education*, 25(2), pp.183-198.

Checkland, P. (1981). *Systems thinking, systems practice*. John Wiley & Sons.

Children's Act 2004. Available at: https://www.legislation.gov.uk/ukpga/2004/31/contents/enacted (Accessed 28 August 2018).

Children and Families Act 2014. Available at: https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted (Accessed: 28. August 2018).

Children and Social Work Act 2017. Available at: http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted (Accessed 30 September 2018).

Cooperrider, D., Whitney, D. and Stavros, J. (2008). *Appreciative inquiry handbook*. 2nd ed. Brunswick: Crown Custom Publishing.

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), pp.614-625.

Data Protection Act 1998. Available at: https://www.legislation.gov.uk/ukpga/1998/29/contents (Accessed: 5 February 2018).

Davydov, D., Stewart, R., Ritchie, K. and Chadieu, I. (2010). Resilience and Mental Health. *Clinical Psychology Review*, (30), pp.479-495.

Deacon, B. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clinical Psychology Review*, 33(7), pp.846-861.

Deary, I., Gow, A., Pattie, A. and Starr, J. (2011). Cohort Profile: The Lothian Birth Cohorts of 1921 and 1936. *International Journal of Epidemiology*, 41(6), pp.1576-1584.

Delaney, L. and Smith, J. (2012). Childhood Health: Trends and Consequences over the Life Course. *The Future of Children*, 22(1), pp.43-63.

Department for Children, Schools and Families (2008). *Targeted Mental Health in Schools Project*. Nottingham: DCSF Publications.

Department for Children, School and Families (2010). *September Guarantee 2010*.

Department for Education (2011). *Support and aspiration: A new approach to special educational needs and disability*. Runcorn.

Department for Education (2014). *The National Curriculum in England: Key Stages 3 and 4 framework document.* Available at: https://www.gov.uk/government/publications/national-curriculum-in-england-secondary-curriculum (Accessed: 6 December 2018).

Department for Education (2015). *Promoting children and young people's emotional health and wellbeing*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf. [Accessed: 03 April 2018].

Department for Education (2016). *Mental Health and Behaviour in school*. p.8. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf (Accessed: 3 April 2018).

Department for Education (2017). *Supporting Mental Health in Schools and Colleges*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634725/Supporting_Mental-Health_synthesis_report.pdf (Accessed 7 December 2018).

Department for Education (2018). *Mental health and behaviour in schools*. London. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf (Accessed 7 December 2018).

Department for Education and Department of Health (2015). *Special Educational Needs and Disabilities Code of Practice: 0 to 25 years.* Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf (Accessed 7 February 2018).

Department for Education and Employment (1997). *Design of the New Deal for 18-24 year olds*.

Department for Education and Skills (2001). *Special Educational Needs: Code of practice*. London: Department for Education and Skills. Available at: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DfES%200581%202001 (Accessed 2 November 2018).

Department for Education and Skills (2003). *Every child matters*. London: The Stationery Office.

Department for Education and Skills (2005). *Young people not in education, employment or training: evidence from the Education Maintenance Allowance Pilots Database*. Loughborough. Available at http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.532.7645&rep=rep1&type=pdf (Accessed 2 November 2017).

Department of Health (2014). *Closing the Gap: Priorities for essential change in mental health*. London. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf (Accessed: 3 November 2017).

Department of Health and NHS England (2015). *Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing*. London: Department of Health.

Department of Health and Department for Education (2017). *Transforming Children and Young People's Mental Health Provision: A Green Paper*. Government. London: Department of Health and Department for Education.

Department of Health and NHS England (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (Accessed 3 April 2017).

Dickert, N. and Grady, C. (1999). What's the Price of a Research Subject? Approaches to Payment for Research Participation. *New England Journal of Medicine*, 341(3), pp.198-203.

Didkowsky, N., Ungar, M. and Liebenberg, L. (2010). Using Visual Methods to Capture Embedded Processes of Resilience for Youth across Cultures and Contexts. *J Can Acad Child Adolesc Psychiatry*, 19(1), pp.12-18.

Dingwall, N. and Sebba, J. (2018). Evaluation of The Attachment Aware Schools Programme Final Report. Oxford: The Rees Centre.

Dodge, R., Daly, A., Huyton, J. and Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), pp.222-235.

Dopheide, J. (2006). Recognizing and treating depression in children and adolescents. *American Journal of Health-System Pharmacy*, 63(3), pp.233-243.

Dorsett, R. and Lucchino, P. (2014). Explaining patterns in the school-to-work transition: An analysis using optimal matching. *Advances in Life Course Research*, 22, pp.1-14.

Dugal, S., Malkoff-Schwartz, S., BiraherI, B., Anderson, B., Matty, M., Houck, P., Bailey-Orr, M., Williamson, D. and Frank, E. (2000). Assessment of Life Stress in Adolescents: Self-Report Versus Interview Methods. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(4), pp.445-452.

Education Act 2006. Available at: https://www.legislation.gov.uk/ukpga/2006/40/contents/enacted (Accessed: 30 September 2018).

Education and Skills Act 2008. Available at: https://www.legislation.gov.uk/ukpga/2008/25/contents/enacted (Accessed 30 September 2018).

Egan, M., Daly, M. and Delaney, L. (2015). Childhood psychological distress and youth unemployment: Evidence from two British cohort studies. *Social Science & Medicine*, 124, pp.11-17.

Equality Act 2010. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents. (Accessed: 3 April 2018).

Engel, G. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, 196(4286), pp.129-136.

Eurofound (2012a). *NEETs Young people not in employment, education or training: Characteristics, costs and policy responses in Europe*. Luxembourg: Publications Office of the European Union. Available at https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1254en.pdf (Accessed 2 Nov. 2017).

Eurofound. 2012b. Recent Policy Developments Related to Those Not in Employment, Education and Training (NEETs). Dublin: Eurofound - European Foundation for the Improvement of Living and Working Conditions. Available at https://www.eurofound.europa.eu/observatories/emcc/comparative-information/recent-policy-developments-related-to-those-not-in-employment-education-and-training-neets (Accessed: 2 Nov. 2017).

Evans, K. (2016). *Primary school teachers' experiences of well-being. How can well-being be supported by schools and educational psychologists?*. PhD. University of Birmingham.

Evans-Lacko, S., Knapp, M., McCrone, P., Thornicroft, G. and Mojtabai, R. (2013). The Mental Health Consequences of the Recession: Economic Hardship and Employment of People with Mental Health Problems in 27 European Countries. *PLoS ONE*, 8(7), p.e69792.

Fergus, S. and Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26, pp.399–419.

Fergusson, D., McLeod, G. and Horwood, L. (2014). Unemployment and psychosocial outcomes to age 30: A fixed-effects regression analysis. *Australian & New Zealand Journal of Psychiatry*, 48(8), pp.735-742.

Fernie, L. and Cubeddu, D. (2016). WOWW: a solution orientated approach to enhance classroom relationships and behaviour within a Primary three class. *Educational Psychology in Practice*, 32(2), pp.197-208.

Fledderus, M., Bohlmeijer, E., Smit, F. and Westerhof, G. (2010). Mental Health Promotion as a New Goal in Public Mental Health Care: A Randomized Controlled Trial of an Intervention Enhancing Psychological Flexibility. *American Journal of Public Health*, 100(12), pp.2372-2372.

Fletcher, A. (2016). Applying critical realism in qualitative research: methodology meets method. *International Journal of Social Research Methodology*, 20(2), pp.181-194.

Flutter, J. (2007). Teacher development and pupil voice. *Curriculum Journal*, 18(3), pp.343-354.

Flint, L. (2017). *Exploring the lived experiences of pastoral staff identifying and supporting pupil mental health needs in mainstream secondary schools*. PhD. Tavistock and Portman NHS Foundation Trust and University of Essex.

Finlay, L. (2011). *Phenomenology for therapists*. Hoboken, N.J: John Wiley and Sons.

Freud, S. (2013). *Inhibitions, symptoms and anxiety*. Read Books Ltd.

Furlong, A. (2009). Revisiting transitional metaphors: reproducing social inequalities under the conditions of late modernity. *Journal of Education and Work*, 22(5), pp.343-353.

Furnivall, J., McKenna, M., McFarlane, S. and Grant, E. (2012). *Attachment Matters for All - An Attachment Mapping Exercise for Children's Services in Scotland.* Scotland: CELSIS and SAIA.

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J. and Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2), pp.231-233.

García-Moya, I. and Morgan, A. (2017). The utility of salutogenesis for guiding health promotion: the case for young people's well-being. *Health Promotion International*, 32, pp.723-733.

Geddes, H. (2005). Attachment and learning. *Emotional and Behavioural Difficulties*, 10(2), pp.79-93.

Geddes, H. (2006). *Attachment in the classroom*. London: Worth Publishing Ltd.

Gilman, R., Carter-Sowell, A., DeWall, C., Adams, R. and Carboni, I. (2013). Validation of the Ostracism Experience Scale for Adolescents. *Psychological Assessment*, 25(2), pp.319-330.

Glendinnings, S. (2007). *In the Name of Phenomenology*. Oxford: Routledge.

Gorard, S. and Huat See, B. (2013). *Overcoming Disadvantage in Education*. London, England: Routledge.

Graham, A., Powell, M. and Truscott, J. (2016). Facilitating student well-being: relationships do matter. *Educational Research*, 58(4), pp.366-383.

Green, M., Hellemann, G., Horan, W., Lee, J. and Wynn, J. (2012). From Perception to Functional Outcome in Schizophrenia. *Archives of General Psychiatry*, 69(12), p.1216.

Greig, A., MacKay, T., Roffey, S. and Williams, A. (2016). Guest Editorial: The Changing Context for Mental Health and Wellbeing in Schools. *Educational and Child Psychology*, 33(2), pp.6-11.

Golding, K., Fain, J., Frost, A., Mills, C., Worrall, H., Roberts, N., Durrant, E. and Templeton, S. (2013). *Observing children with attachment difficulties in school*. London: Jessica Kingsley.

Goldman-Mellor, S., Caspi, A., Arseneault, L., Ajala, N., Ambler, A., Danese, A., Fisher, H., Hucker, A., Odgers, C., Williams, T., Wong, C. and Moffitt, T. (2016). Committed to work but vulnerable: self-perceptions and mental health in NEET 18-year olds from a

contemporary British cohort. *Journal of Child Psychology and Psychiatry*, 57(2), pp.196-203.

Guarnieri, S., Smorti, M. and Tani, F. (2015). Attachment Relationships and Life Satisfaction During Emerging Adulthood. *Social Indicators Research*, 121(3), pp.833-847.

Gutiérrez-García, R., Benjet, C., Borges, G., Méndez Ríos, E. and Medina-Mora, M. (2017). NEET adolescents grown up: eight-year longitudinal follow-up of education, employment and mental health from adolescence to early adulthood in Mexico City. *European Child & Adolescent Psychiatry*.

Hamilton, B., Naismith, S., Scott, E., Purcell, S. and Hickie, I. (2011). Disability is already pronounced in young people with early stages of affective disorders: Data from an early intervention service. *Journal of Affective Disorders*, 131(1-3), pp.84-91.

Harper, D. and Thompson, A. ed., (2011). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners.*. Chichester: Wiley-Blackwell.

Henderson, J., Hawke, L. and Chaim, G. (2017). Not in employment, education or training: Mental health, substance use, and disengagement in a multi-sectoral sample of service-seeking Canadian youth. *Children and Youth Services Review*, 75, pp.138-145.

HM Government (2011). *No health without mental health*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf (Accessed 10 September 2018).

HM Treasury (2015). *Budget 2015: some of the things we've announced*. Available at: https://www.gov.uk/government/news/budget-2015-some-of-the-things-weve-announced (Accessed 10 September 2018).

House of Commons Work and Pensions Committee (2012). *Youth Unemployment and the Youth Contract*. London: The Stationery Office Limited.

Hu, T., Zhang, D. and Wang, J. (2015). A meta-analysis of the trait resilience and mental health. *Personality and Individual Differences*, 76, pp.18-27.

Hughes, D. (2010). Principles of attachment and intersubjectivity - still relevant in relating with adolescents. In: A. Perry, ed., *Teenagers and Attachment*, 1st ed. London: Worth Publishing Ltd.

Huppert, F. and So, T. (2012). Erratum to: Flourishing Across Europe: Application of a New Conceptual Framework for Defining Well-Being. *Social Indicators Research*, 110(3), pp.1245-1246.

Hutchinson, J., Beck, V. and Hooley, T. (2016). The Evolution of NEET Policy and Practice in England by the Coalition Government. *Journal of Education and Work*, 29(6), pp.707-727.

Jaspers, K. (2012). Jaspers' approach1: Static understanding - 'phenomenology'. In: M. Broome, R. Harland, G. Owen and A. Stringaris, ed., *The Maudsley Reader in Phenomenological Psychiatry*, 1st ed. Cambridge: Cambridge University Press, pp.91-100.

Johnstone, L. (2014). *A straight talking introduction to psychiatric diagnosis*. Monmouth: PCCS Books.

Karreman, A. and Vingerhoets, A. (2012). Attachment and well-being: The mediating role of emotion regulation and resilience. *Personality and Individual Differences*, 53, pp.821–826.

Keyes, C. (2005). Mental Illness and/or Mental Health? Investigating Axioms of the Complete State Model of Health. *Journal of Consulting and Clinical Psychology*, 73(3), pp.539-548.

Lamers, S., Bolier, L., Westerhof, G., Smit, F. and Bohlmeijer, E. (2012). The impact of emotional well-being on long-term recovery and survival in physical illness: a meta-analysis. *Journal of Behavioral Medicine*, 35(5), pp.538-547.

Lamers, S., Westerhof, G., Glas, C. and Bohlmeijer, E. (2015). The bidirectional relation between positive mental health and psychopathology in a longitudinal representative panel study. *The Journal of Positive Psychology*, 10(6), pp.553-560.

Lamers, S., Westerhof, G., Kovács, V. and Bohlmeijer, E. (2012). Differential relationships in the association of the Big Five personality traits with positive mental health and psychopathology. *Journal of Research in Personality*, 46(5), pp.517-524.

Langdrige, D. and Hagger-Johnson, G. (2013). *Introduction to Research Methods and Data Analysis in Psychology*. 3rd ed. Harlow: Pearson.

Lee, F. (2016). Self-harm training in secondary schools: An educational psychology intervention using interpretative phenomenological analysis. *Educational & Child Psychology*, 33(2), pp.105-116.

Lee, R., Hermens, D., Scott, J., O'Dea, B., Glozier, N., Scott, E. and Hickie, I. (2017). A transdiagnostic study of education, employment, and training outcomes in young people with mental illness. *Psychological Medicine*, pp.1-10.

Leja, A. and Wesselmann, E. (2013). Invisible youth: Understanding ostracism in our schools. *Communique*, 42(4).

Lilienfeld, S. (2007). Cognitive Neuroscience and Depression: Legitimate Versus Illegitimate Reductionism and Five Challenges. *Cognitive Therapy and Research*, 31(2), pp.263-272.

Liu, J., Reed, M. and Girard, T. (2017). Advancing resilience: An integrative, multi-system model of resilience. *Personality and Individual Differences*, 111, pp.111-118.

Lögdberg, U., Nilsson, B. and Kostenius, C. (2018). “Thinking about the future, what’s gonna happen?”—How young people in Sweden who neither work nor study perceive life

experiences in relation to health and well-being. *International Journal of Qualitative Studies on Health and Well-being*, 13(1), p.1422662.

Ma, C. and Huebner, E. (2008). Attachment relationships and adolescents' life satisfaction: Some relationships matter more to girls than boys. *Psychology in the Schools*, 45(2), pp.177-190.

MacDonald, G. and O'Hara, K. (1998). *Ten elements of mental health, its promotion and demotion*. Glasgow: Society of Health Education and Health Promotion Specialists.

MacDonald, R. (1997). Dangerous youth and the dangerous class. In: R. MacDonald, ed., *Youth, The 'Underclass' and Social Exclusion*, 1st ed. London: Routledge, pp.1-25.

MacKay, T. (2011). The place of health interventions in educational psychology. *Educational and Child Psychology*, 28(4).

Maddox, B. and White, S. (2015). Comorbid Social Anxiety Disorder in Adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 45(12), pp.3949-3960.

Magnusson, E. and Marecek, J. (2015). *Doing interview-based qualitative research*. Cambridge: Cambridge University Press.

Maguire, S., Cockx, B., Dolado, J., Felgueroso, F., Jansen, M., Styczyńska, I., Kelly, E., McGuinness, S., Eichhorst, W., Hinte, H. and Rinne, U. (2013). Youth unemployment. *Intereconomics*, 48(4), pp.196-235.

Mani, A., Mullainathan, S., Shafir, E. and Zhao, J. (2013). Poverty Impedes Cognitive Function. *Science*, 341(6149), pp.976-980.

Manwell, L., Barbic, S., Roberts, K., Durisko, Z., Lee, C., Ware, E. and McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ Open*, 5(6), pp.e007079-e007079.

Martikainen, L. (2012). The family environment in adolescence as a predictor of life satisfaction in adulthood. In: M. Vassar, ed., *Psychology of Life Satisfaction*. New York: Nova Science Publishers.

Maslow, A. (1997). *Motivation and Personality*. 3rd ed. New York ; Harlow: Longman, 1987.

McAllister, F. (2005). Wellbeing Concepts and Challenges. *Sustainable Development Research Network*. [online] Available at http://www.sd-research.org.uk/sites/default/files/publications/Wellbeing%20Concepts%20and%20Challenges_0.pdf (Accessed 1 November 2017).

McLeod, J. and Fettes, D. (2007). Trajectories of Failure: The Educational Careers of Children with Mental Health Problems. *American Journal of Sociology*, 113(3), pp.653-701.

Mental Health Foundation (2014). *What works for you?*. p.4. Available at https://www.mentalhealth.org.uk/sites/default/files/what-works-for-you-new.pdf (Accessed 4 November 2017).

Mind (2013). *How to improve and maintain your mental wellbeing*. Available at https://www.mind.org.uk/information-support/tips-for-everyday-living/wellbeing/#.Ww082C-ZNn4 (Accessed: 5 March 2018).

Mirza-Davies, J. (2015). *NEET: Young People Not in Education, Employment or Training*. House of Commons Library.

Morgan, G. (2016). Organisational change: a solution-focused approach. *Educational Psychology in Practice*, 32(2), pp.133–144.

Morris, E. (2002). *14 –19 : extending opportunities, raising standards*. HMSO Education and Skills.

Murphy, H. (1978). The meaning of symptom-check-list scores in mental health surveys: A testing of multiple hypotheses. *Social Science & Medicine. Medical Psychology and Medical Sociology*, 12(2), pp.67-75.

Mustard, C., Bielecky, A., Etches, J., Wilkins, R., Tjepkema, M., Amick, B., Smith, P. and Aronson, K. (2013). Mortality following unemployment in Canada, 1991–2001. *BMC Public Health*, 13(1).

Nardi, B., Lucarelli, C., Talamonti, M., Arimatea, E., Fiori, V. and Moltedo-Perfetti, A. (2015). NEETs versus EETs: an observational study in Italy on the framework of the HEALTH25 European project. *Research in Post-Compulsory Education*, 20(4), pp.377-399.

National Health Service (2016). 5 steps to mental wellbeing. Available at https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/ (Accessed: 5 March 2018).

National Institute for Health and Care Excellence. (2008). *Social and emotional wellbeing in primary education*. National Institute for Health and Care Excellence. Available at: https://www.nice.org.uk/guidance/ph12 (Accessed: 9 September 2018).

National Institute for Health and Care Excellence. (2014). *Anxiety disorders*. National Institute for Health and Care Excellence. Available at: https://www.nice.org.uk/guidance/qs53/chapter/Quality-statement-1-Assessment-of-suspected-anxiety-disorders (Accessed: 9 September 2018).

National Institute for Health and Care Excellence. (2017). *Depression in children and young people: identification and management*. National Institute for Health and Care Excellence. Available at: https://www.nice.org.uk/guidance/cg28/ifp/chapter/What-is-depression (Accessed: 9 September 2018).

Neary, P., Gilmore, L. and Ashburner, J. (2015). Post-school needs of young people with high-functioning Autism Spectrum Disorder. *Research in Autism Spectrum Disorders*, 18, pp.1-11.

Nelson, G. (2013). Community Psychology and Transformative Policy Change in the Neo-liberal Era. *American Journal of Community Psychology*, 52(3-4), pp.211-223.

O'Dea, B., Glozier, N., Purcell, R., McGorry, P., Scott, J., Feilds, K., Hermens, D., Buchanan, J., Scott, E., Yung, A., Killacky, E., Guastella, A. and Hickie, I. (2014). A cross-sectional exploration of the clinical characteristics of disengaged (NEET) young people in primary mental healthcare. *BMJ Open*, 4(12), p.e006378.

O'Dea, B., Lee, R., McGorry, P., Hickie, I., Scott, J., Hermens, D., Mykeltun, A., Purcell, R., Killackey, E., Pantelis, C., Amminger, G. and Glozier, N. (2016). A prospective cohort study of depression course, functional disability, and NEET status in help-seeking young adults. *Social Psychiatry and Psychiatric Epidemiology*, 51(10), pp.1395-1404.

Offer, F. (2013). *Full participation in education and training to age 18 in England: Perspectives from policy and life- worlds of young people*. PhD. Brunel University.

Office for National Statistics (2017). *UK Estimate of Young People Not in Education, Employment or Training*. London, UK. Available at http://www.ons.gov.uk/ons/guide-method/method-quality/specific/labour-market/articles-and- reports/young-people-who-are-neet.pdf (Accessed: 19 March 2017).

Osterman, K. (2000). Students' Need for Belonging in the School Community. *Review of Educational Research*, 70(3), p.323.

Pandya, M. and Desai, C. (2013). Compensation in clinical research: The debate continues. *Perspectives in Clinical Research*, 4(1), p.70.

Paul, K. and Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74(3), pp.264-282.

Paul, K., Vastamäki, J., & Moser, K. (2014). Frustration of life goals mediates the negative effect of unemployment on subjective well-being. *Journal of Happiness Studies*, Advance online publication. http://dx.doi .org/10.1007/s10902-014-9603-7

Patel, V., Flisher, A., Hetrick, S. and McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), pp.1302-1313.

Pemberton, S. (2008). Tackling the NEET Generation and the Ability of Policy to Generate a 'NEET' Solution—Evidence from the UK. *Environment and Planning C: Government and Policy*, 26(1), pp.243-259.

Percy-Smith, B. (2011). *Understanding and supporting young people who are NEET: Implications for service development*. Bristol: Connexions Service Northamptonshire and University of the West of England.

Perry, A. ed., (2010). *Teenagers and Attachment*. 1st ed. London: Worth Publishing Ltd.

Pilgrim, D., Rogers, A. and Pescosolido, B. (2011). *The SAGE handbook of mental health and illness*. London: SAGE Publications, pp.67-79.

Pingault, J., Tremblay, R., Vitaro, F., Carbonneau, R., Genolini, C., Falissard, B. and Côté, S. (2011). Childhood Trajectories of Inattention and Hyperactivity and Prediction of Educational Attainment in Early Adulthood: A 16-Year Longitudinal Population-Based Study. *American Journal of Psychiatry*, 168(11), pp.1164-1170.

Powell, A. (2018). *NEET: Young People Not in Education, Employment or Training*. London: House of Commons Library.

Powell, M. and Graham, A. (2016). Wellbeing in schools: Examining the policy–practice nexus. *The Australian Educational Researcher*, 44(2), pp.213-231.

Power, E., Clarke, M., Kelleher, I., Coughlan, H., Lynch, F., Connor, D., Fitzpatrick, C., Harley, M. and Cannon, M. (2015). The association between economic inactivity and mental health among young people: a longitudinal study of young adults who are not in employment, education or training. *Irish Journal of Psychological Medicine*, 32(01), pp.155-160.

Public Health England (2014). *Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET)*. London: PHE publications.

Public Health England (2015). *Promoting children and young people's emotional health and wellbeing*. London: Public Health England. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf (Accessed: 3 April 18).

Public Health England (2016). *The mental health of children and young people in England*. London: Public Health England. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf (Accessed: 3 April 18).

Public Health England and Children and Young People's Mental Health Coalition (2015). *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*. London.

Radley, A. and Chamberlain, K. (2001). Health psychology and the study of the case: from method to analytic concern. *Social Science & Medicine*, 53(3), pp.321-332.

Rae, T. and Such, A. (2017). *Emotion Coaching: A resource bank for parents, carers and professionals*. 1st ed. The Nurture Group Network.

Randell, E., Jerdén, L., Öhman, A. and Flacking, R. (2016). What is Health and What is Important for its Achievement? A Qualitative Study on Adolescent Boys' Perceptions and Experiences of Health. *The Open Nursing Journal*, 10(1), pp.26-35.

Reay, D. (2011). Schooling for democracy: A common school and a common university?. *Democracy and Education*, 19. Available at http://democracyeducationjournal.org/cgi/viewcontent.cgi?article=1005&context=home (Accessed: 2 November 2017).

Regan, H. and Howe, J. (2016). Video self-modelling: an intervention for children with behavioural difficulties. *Educational Psychology in Practice*, 33(1), pp.93-102.

Rennison, J., Maguire, S., Middleton, S. and Ashworth, K. (2005). *Young People not in Education, Employment or Training: Evidence from the Education Maintenance Allowance Pilots Database*. Centre for Research in Social Policy.

Robson, C. and McCartan, K. (2016). *Real world research*. 4th ed. London: Wiley.

Roffey, S. (2016). Building a case for whole-child, whole-school wellbeing in challenging contexts. *Educational and Child Psychology*, 33(2), pp.30-42.

Rose, S., Spinks, N. and Canhoto, A. (2015). *Management research: applying the principles*. Oxford: Routledge.

Rubin, J. (2018). The Classification and Statistical Manual of Mental Health Concerns: A Proposed Practical Scientific Alternative to the DSM and ICD. *Journal of Humanistic Psychology*, 58(1), pp.93-114.

Ryan, R. and Deci, E. (2001). On Happiness and Human Potentials: A Review of Research on Hedonic and Eudaimonic Well-Being. *Annual Review of Psychology*, 52(1), pp.141-166.

Sadler, K., Akister, J. and Burch, S. (2014). Who are the young people who are not in education, employment or training? An application of the risk factors to a rural area in the UK. *International Social Work*, 58(4), pp.508-520.

Sanderson, W., Walker, D. and Jones, C. (2015). developing the Whole Child in an Age of Academic Measurement: Can this be done according to U.K. Teachers?. *Teaching and Teacher Education*, 47, pp.195-203.

Sagatun, Å., Heyerdahl, S., Wentzel-Larsen, T. and Lien, L. (2014). Mental health problems in the 10thgrade and non-completion of upper secondary school: the mediating role of grades in a population-based longitudinal study. *BMC Public Health*, 14(1).

Shah, P. and Mountain, D. (2007). The medical model is dead – long live the medical model. *British Journal of Psychiatry*, 191(05), pp.375-377.

Schotanus-Dijkstra, M., ten Klooster, P., Drossaert, C., Pieterse, M., Bolier, L., Walburg, J. and Bohlmeijer, E. (2016). Validation of the Flourishing Scale in a sample of people with suboptimal levels of mental well-being. *BMC Psychology*, 4(1).

Scott, E., Hermens, D., Glozier, N., Naismith, S., Guastella, A. and Hickie, I. (2012). Targeted primary care-based mental health services for young Australians. *The Medical Journal of Australia*, 196(2), pp.136-140.

Seery, M. and Quinton, W. (2016). Understanding resilience: From negative life events to everyday stressors. (54), pp.181-245.

Serracant, P. (2013). A Brute Indicator for a NEET Case: Genesis and Evolution of a Problematic Concept and Results from an Alternative Indicator. *Social Indicators Research*, 117(2), pp.401-419.

Shulman, S., Kalnitzki, E. and Shahar, G. (2009). Meeting Developmental Challenges During Emerging Adulthood. *Journal of Adolescent Research*, 24(2), pp.242-267.

Siegel, D. (2018). *Developing an Attachment Aware Behaviour Regulation Policy: Guidance for Brighton & Hove Schools*. Brighton: Brighton & Hove Inclusion Support Service.

Siraj, I., Hollingworth, K., Taggart, B., Sammons, P., Melhuish, E. and Sylva, K. (2014). *Report on students who are not in Education, Employment or Training (NEET)*. London: Institute of Education and Department for Education.

Sissons, P. and Jones, K. (2012). *Lost in transition? The changing labour market and young people not in employment, education or training*. The Work Foundation.

Smith, J. and Osborn, M. (2007). Interpretative Phenomenological Analysis. In: J. Smith, ed., *Qualitative Psychology: A practical guide to research methods*, 2nd ed. London: SAGE Publications, pp.53-80.

Smith, J., Flowers, P. and Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: SAGE Publications ltd.

Snape, L. and Atkinson, C. (2016). The evidence for student-focused motivational interviewing in educational settings: a review of the literature. *Advances in School Mental Health Promotion*, 9(2), pp.119–139.

Social Care Act 2014.

Southwick, S., Bonanno, G., Masten, A., Panter-Brick, C. and Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(1), p.25338.

Spielhofer, T., Benton, T., Evans, K., Featherstone, G., Golden, S., Nelson, J., & Smith, P. (2009). *Increasing participation: Understanding young people who do not participate in education or training at 16 and 17*. National Foundation for Educational Research. Downloaded from https://www.nfer.ac.uk/increasing-participation-understanding-young-people-who-do-not-participate-in-education-or-training-at-16-or-17/ (Accessed: 7 November 2017).

Stiglitz, J. (2012). *The price of inequality: How today's divided society endangers our future*. London: Norton.

Sweenie, S. (2013). *"'NEETS': perceptions and aspirations of young people Not in Education, Employment or Training"*. PhD. University of Glasgow.

Swire, J. (2016). *The Exploration of Children and Young People's Experiences of a School Based Mindfulness Intervention: An Interpretative Phenomenological Analysis.* PhD. Cardiff University.

Symonds, J., Dietrich, J., Chow, A. and Salmela-Aro, K. (2016). Mental health improves after transition from comprehensive school to vocational education or employment in England: A national cohort study. *Developmental Psychology*, 52(4), pp.652-665.

Taggart, H., Lee, S. and McDonald, L. (2014). *Perceptions of wellbeing and mental health in English secondary schools: a cross sectional study*. A Centreforum Commission.

Temiz, Z. and Comert, I. (2018). The relationship between life satisfaction, attachment styles, and psychological resilience in university students. *Dusunen Adam: The Journal of Psychiatry and Neurological Sciences*, 31(3), pp.274-283.

Thacker, A. (2017). *The stories told by permanently excluded female adolescents attending pupil referral units in relation to their past and future selves.*. PhD. University of Nottingham.

The Mental Health Taskforce (2016). *The Five Year Forward View For Mental Health*.

Thomas, G. (2013). *How to do your research project*. 2nd ed. London: SAGE Publications LTD. pp.107.

Thomas, G. and Atkinson, C. (2017). Perspectives on a whole class mindfulness programme. *Educational Psychology in Practice*, 6(1), pp.1–18.

Thompson, R. (2011). Individualisation and social exclusion: the case of young people not in education, employment or training. *Oxford Review of Education*, 37(6), pp.785-802.

Thorley, C. (2019). *Education, Education, Mental Health*. London: Institute for Public Policy Research.

Timpson, E. (2013). *Children and Families Bill 2013:Contextual Information and Responses to Pre-Legislative Scrutiny*. London: The Stationery Office Limited.

Tomlinson, M. (2004). *14-19 Curriculum and Qualifications Reform Final Report of the Working Group on 14-19 Reform*. Nottinghamshire: DfES Publications.

Trompetter, H., Lamers, S., Westerhof, G., Fledderus, M. and Bohlmeijer, E. (2017). Both positive mental health and psychopathology should be monitored in psychotherapy: Confirmation for the dual-factor model in acceptance and commitment therapy. *Behaviour Research and Therapy*, 91, pp.58-63.

Tyrrell, I. and Griffin, J. (2018). *What are the Human Givens?*. The Human Givens Institute. Available at https://www.hgi.org.uk/human-givens/introduction/what-are-human-givens (Accessed: 5 March 2018).

Ungar, M., Ghazinour, M. and Richter, J. (2013). Annual Research Review: What is resilience within the social ecology of human development?. *Journal of Child Psychology and Psychiatry*, 54(4), pp.348-366.

Vaillant, G. (2012). Positive mental health: is there a cross-cultural definition?. *World Psychiatry*, 11(2), pp.93-99.

Veldman, K., Bültmann, U., Stewart, R., Ormel, J., Verhulst, F. and Reijneveld, S. (2014). Mental Health Problems and Educational Attainment in Adolescence: 9-Year Follow-Up of the TRAILS Study. *PLoS ONE*, 9(7), p.e101751.

Veldman, K., Reijneveld, S., Almansa Ortiz, J., Verhulst, F. and Bültmann, U. (2015). Mental health trajectories from childhood to young adulthood affect the educational and employment status of young adults: results from the TRAILS study. *Journal of Epidemiology and Community Health*, 69(6), pp.588-593.

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

Waghorn, G. and Chant, D. (2005). Labour force activity by people with depression and anxiety disorders: a population-level second-order analysis. *Acta Psychiatrica Scandinavica*, 112(6), pp.415-424.

Waghorn, G., Chant, D., Lloyd, C. and Harris, M. (2011). Earning and learning among Australian community residents with psychiatric disorders. *Psychiatry Research*, 186(1), pp.109-116.

Wanberg, C. (2012). The Individual Experience of Unemployment. *Annual Review of Psychology*, 63(1), pp.369-396.

Weare, K. (2004). *Developing the emotionally literate school*. 1st ed. London: SAGE Publications Ltd, pp.1-16.

Webber, L. (2017). A school's journey in creating a relational environment which supports attachment and emotional security. *Emotional and Behavioural Difficulties*, 22(4), pp.317-331.

Weiss, L., Westerhof, G. and Bohlmeijer, E. (2016). Can We Increase Psychological Well-Being? The Effects of Interventions on Psychological Well-Being: A Meta-Analysis of Randomized Controlled Trials. *PLOS ONE*, 11(6), p.e0158092.

Westerhof, G. and Keyes, C. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. *Journal of Adult Development*, 17(2), pp.110-119.

White, S. C. (2008). "But what is wellbeing? A framework for analysis in social and development policy and practice". Paper for Regeneration and Wellbeing: Research into Practice. Available at

http://www.welldev.org.uk/research/workingpaperpdf/wed43.pdf (Accessed: 13 October 2017).

Wilkins, J. and Ebach, M. (2014). *The nature of classification: Relationships and kinds in the natural sciences*. Basingstoke: Palgrave Macmillan.

Williams, H. (2015). *Using a sociocultural framework to explore the experiences of visually impaired young people who leave school; their transition experiences, feelings of independence and sense of identity during the transition process: an Interpretative Phenomenological Analysis*. PhD. University of Birmingham.

Williams, K. (2007). Ostracism. *Annual Review of Psychology*, 58(1), pp.425-452.

Williams, K. (2007). Ostracism: The Kiss of Social Death. *Social and Personality Psychology Compass*, 1(1), pp.236-247.

Williamson, H. (1997). Status ZerO youth and the 'underclass'. In: R. MacDonald, ed., *Youth, the 'Underclass' and Social Exclusion*, 1st ed. London and New York: Routledge, pp.70-82.

Willig, C. (2008). *Introducing Qualitative Research In Psychology*. Milton Keynes: Open University Press.

Winding, T., Nohr, E., Labriola, M., Biering, K. and Andersen, J. (2012). Personal predictors of educational attainment after compulsory school: Influence of measures of vulnerability, health, and school performance. *Scandinavian Journal of Public Health*, 41(1), pp.92-101.

Wolf, A. (2011). *Review of Vocational Education – The Wolf Report*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180504/ (Accessed 6 September 2018).

World Health Organization (2011). *Global Status Report on Non-communicable Diseases 2010*. WHO: Geneva. Available at: http://www.who.int/nmh/publications/ncd_report2010/en/ (Accessed: 31 October17).

World Health Organisation (WHO) (2014). *Mental health: a state of well-being*. Available at http://www.who.int/features/factfiles/mental_health/en/ (Accessed 4 Nov. 2017).

World Health Organization, (1992). International Classification of Diseases. 10th ed. Geneva: World Health Organization.

Vowinckel, J., Westerhof, G., Bohlmeijer, E. and Webster, J. (2017). Flourishing in the now: Initial validation of a present-eudaimonic time perspective scale. *Time & Society*, 26(2), pp.203-226.

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

Yardley, L. (2018). Demonstrating validity in qualitative psychology. In: J. Smith, ed., *Qualitative Psychology: A practical guide to methods*, 2nd ed. London: SAGE.

Yates, S. and Payne, M. (2006). Not so NEET? A Critique of the Use of 'NEET' in Setting Targets for Interventions with Young People. *Journal of Youth Studies*, 9(3), pp.329-344.

Yelin, E. and Katz, P. (1994). Labor force trends of persons with and without disabilities. *Monthly Labor Review*, 117(36–42).

Young, S. and Holdorf, G. (2003). Using solution focused brief therapy in individual referrals for bullying. *Educational Psychology in Practice*, 19(4), pp.271-282.

Zafeiriou, M. (2017). *A grounded theory study of educational psychologists' mental health casework in schools*. PhD. University of Nottingham.