Mental Health Beyond the School Gate: Young People's Perspectives of Mental Health Support Online, and in Home, School and Community Contexts

By

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Abstract

Aims: This study sought to develop a greater understanding of what young people identify as essential components of mental health support.

Rationale: Children and young people's mental health has been identified as an area of concern and highlighted by the government as a priority area for improvement. In the United Kingdom (UK), increased importance has been placed on capturing their views. However, research suggests this group is not always asked for their views by decision-makers leading to a discrepancy between what is provided and what children and young people want from support. Incorporating the views and perspectives of children and young people in the design of appropriate support approaches is an important way to give them a voice in issues that affect them, as well as ensuring provision is suitable.

Methods: A two-round Delphi method was used whereby a panel of young people aged 16-25 who had previously experienced a mental health difficulty rated a series of statements. A consensus level of 75% across the panel was set to include/exclude statements in a final framework of recommendations. To gain feedback on the feasibility and utility of the framework, interviews with adult stakeholders were carried out.

Findings: The competencies identified were used to form a framework of recommendations for practice. The importance of relationships, the need for trust and confidentiality, and the need for further mental health awareness and training were key themes identified.

Conclusions: This study provides a helpful insight into what young people value from mental health support. Implications of the research include a need for further awareness raising of children and young people's views regarding mental health and larger scale participatory research to expand upon the findings of the current study.

Keywords: mental health, Delphi study, children and young people, framework

Background

Mental Health is a growing public health issue worldwide (Mental Health Foundation, 2019) with depression and anxiety being recognised as the most prevalent difficulties, affecting almost one in ten people (World Health Organization [WHO], 2016). Within the UK, there are significant concerns about children and young people's mental health and this has become a priority area for governmental focus and educational policy. Research also suggests that there are escalating numbers of children and young people in the UK experiencing significant mental health difficulties. Official statistics published by the National Health Service (NHS) indicate the prevalence of mental health difficulties has increased among children and young people, from 9.7% in 1999 to 11.2% in 2017 (Sadler et al., 2018) with rates of anxiety, depression and bipolar disorder highest among 17 to 19 year olds. Strikingly, within England, nearly half of 17 to 19 year olds with a mental health difficulty have engaged in self-harming behaviour or attempted suicide (Sadler et al., 2018). Furthermore, a report by Frith (2017) found that over a quarter of children and young people referred to specialist mental health services in England and Wales had not received any support due to high thresholds required for eligibility. One of the reasons for this was linked to a lack of capacity within specialist services. Furthermore, austerity and the current socio-political climate have been highlighted by school professionals as causes for the increase of mental health support for children and young people (Hanley, Winter, & Burrell, 2019).
In response to such mounting need, the government has pledged to improve mental health support for children and young people and create a more joined up approach across health and education (Department of Health [DoH] & Department for Education [DfE], 2017). Children and young people spend a large proportion of their time within educational settings and therefore school staff can be viewed as a frontline source of support (Doyle, Treacy, & Sheridan, 2017). Despite efforts to improve mental health support, the identification of

children and young people experiencing mental health difficulties can be problematic and a number of barriers that prevent them seeking support for their mental health have been identified. In a systematic review exploring adolescent mental health help-seeking, Gulliver, Griffiths, and Christensen (2010) reported the following barriers: perceived stigma and embarrassment, difficulties recognising the symptoms of a mental health difficulty and a preference for managing problems independently. Furthermore, Kendal, Keeley, and Callery (2014) highlighted that students can be reluctant to seek support from school staff due to an uncertainty about confidentiality; expressing concerns that their difficulties may be exposed more widely. This suggests that although it may be reasonable to see school staff as a source of support, there is a need for investigating children and young people's mental health support beyond the school context and to consider the wider community and online technologies.

There is also a need to incorporate children and young people's views and perspectives into the design of appropriate support approaches. This is an important way to give children and young people a voice on issues that affect them, as well as ensuring provision is suitable (Plaistow et al., 2014.) Furthermore, this approach complements a growing emphasis on developing support services which are more attuned to the needs of service users. Government policies, such as The Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years (DfE & DoH, 2015), have introduced new ways of working within educational settings which aim to increase pupil voice and enable children and young people to have a say about decisions that affect them. However, children and young people are not always asked for their views by decision-makers in relation to mental health support which has led to a discrepancy between what is provided and promoted and what children and young people actually want (Kidger, Donovan, Biddle, Campbell, & Gunnell, 2009). A recent study has sought to address this discrepancy by involving

professionals, children and their families in the design of community-based child and adolescent mental health services (Howarth et al., 2019). Here, the children and families suggested priorities that were not identified by professionals; demonstrating that consultation with service-users is a crucial step towards ensuring that provision is suitable for the people using it.

In summary, understanding what children and young people value in terms of mental health support can provide valuable insight into whether provision is desirable and appropriate. In order to develop effective mental health support systems for children and young people, it is important that any approach is informed by their genuine needs and wishes. This includes the type of support, who the support is delivered by and where support takes place. Engaging children and young people directly in mental health service redesign is, therefore, an important element of addressing concerns regarding the escalating mental health needs of children and young people. Using a two-round Delphi method with a panel of young people aged 16-25, this paper sets out to represent the views and perspectives of young people who have experienced a mental health difficulty. It is one of the first to ask young people directly what they think mental health support should look like for children and young people in and, beyond the school context. While it is small scale and exploratory, it presents the findings of what might be important for larger groups of children and young people.

Mental Health

As there is not one universally agreed way to describe mental health, for the purposes of the current study, mental health will be conceptualised as being a continuum affected by interacting factors both within and around the person (Weare, 2000; Prever, 2006; WHO, 2012). The term mental health will be used in line with the WHO definition, recognising that good mental health underpins everything we do: ‘A state of wellbeing 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, p. 1).

Aims of the study

The central aims were to ask young people what they identified as the most essential types of mental health support, where they would like to access mental health support, and the key competencies they value in those delivering that support. It was hoped that the support and competencies that the young people identified would form the basis of a framework which would have implications for practice.

Method

Design and Procedure

A two-phase mixed method design was employed to develop consensus regarding essential components of mental health support as identified by the young people. The first phase utilised a modified two-round Delphi approach. The Delphi is an iterative process that consists of a number of questionnaire rounds to build consensus among a group of individuals known as the 'expert' panel (Powell, 2003). After each round, feedback regarding the overall results is shared with participants, providing them with an opportunity to modify their responses in subsequent rounds. Typically, questionnaires are sent out until consensus is reached.

For the purposes of the current research, panel members were required to have expertise in the area of mental health and be young people aged 16-25 who had experienced a mental health difficulty. Accordingly, the current research took an inclusive approach. It

provided an opportunity for those also without a diagnosis but with self-acknowledged experience of mental health difficulties to share their views on mental health support. The voices of this group have also been identified as missing in the literature (Apland, Lawrence, Mesie, & Yarrow, 2017). An advantage of using the Delphi approach with young people is that it enables participants to share their views anonymously without the social pressures and constraints that might occur in more conventional face-to-face methods, such as focus groups.

Items in the first questionnaire were generated from a review of relevant literature which was then compiled to form the initial set of statements. It was considered that this approach would be more time efficient and would enable participants to start from a 'common base' (Keeney, Hasson, & McKenna, 2011). However, at the start of each section participants also had the opportunity to identify approaches they felt were important to support mental health. Participants were then asked to rate the set of statements using a four-point Likert scale, ranging from 'essential' to 'not essential'. Any new items or missing content as identified by participants were included in the second questionnaire (round 2). Participants were sent an email with a link to complete the questionnaire electronically. They were given a two-week deadline for completing questionnaires. Each stage of the Delphi process is summarised in Figure 1.

The results of the Delphi were developed into a framework of recommendations. The second phase of the research consisted of interviews with adult stakeholders to gain their views of the utility and feasibility of the framework. It should be highlighted that the quantitative data gathered in the Delphi were the central focus of the study; therefore, they have been given priority over the qualitative data in this reporting and analysis.

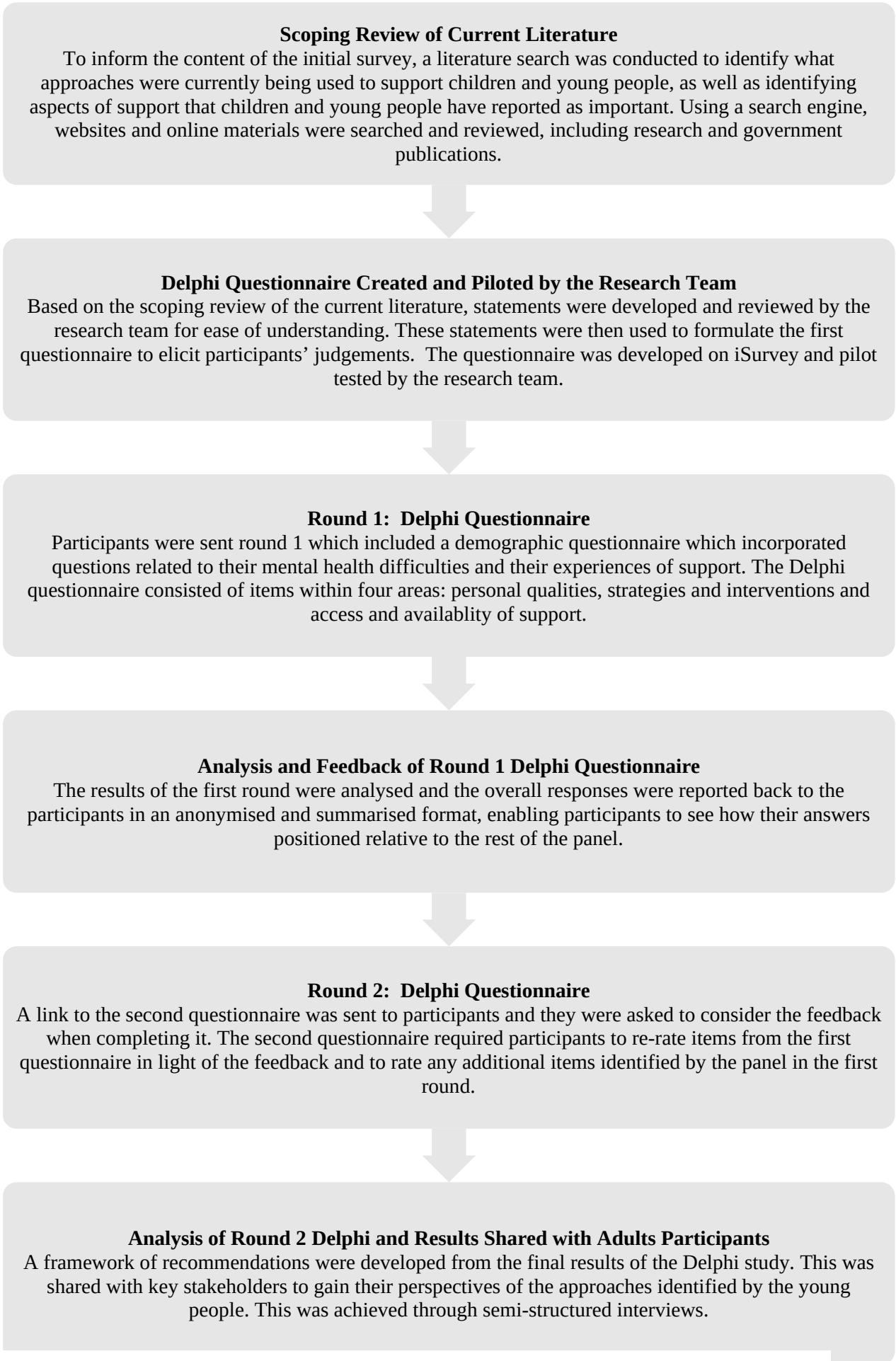

Figure 1. Summary of Delphi Process.

Participant selection

Participants were recruited from one college in Greater London. In total, 23 students completed the first Delphi questionnaire (N=23). There was some attrition across the two rounds of the Delphi, resulting in 18 participants in the final round (see Table 1 for demographic data). To explore the utility and feasibility of the framework, feedback was sought from three adults who were recruited from within the same college setting as the young people. This included a teacher, a personal tutor and a parent who was also a member of staff within the college. Participants were purposively selected due to their experiences of either working with or supporting young people experiencing mental health difficulties.

Table 1

Participants' Demographic Information

Characteristics		**Round 1 Participants (n=23)**	**Round 2 Participants (n=18)**
Gender	Male	7	5
	Female	16	13
Age	16	4	3
	17	8	6
	18	7	6
	19	3	2
	20	1	1

Ethnicity	White		
	Welsh/English/Scottish/Northern Irish/British	5	4
	Any other White background	3	2
	Mixed/Multiple ethnic groups		
	Any other Mixed/Multiple ethnic background	1	1
	Asian/Asian British		
	Indian	2	2
	Pakistani	1	
	Bangladeshi	1	1
	Chinese	1	1
	Any other Asian background	2	2
	Black/African/Caribbean/Black British		
	African	3	1
	Any other Black/African/Caribbean background	1	1
	Other ethnic group		
	Arab	1	1
	Do not state	2	2
Education	A level or equivalent	9	8

	GCSE or equivalent	13	9
	No qualification	1	1
Mental Health difficulty	Anxiety	16	7
	Depression	12	4
	Post-traumatic stress disorder	4	2
	Psychosis	1	
	Eating disorder	1	
	Bipolar disorder	1	1
	Do not state	2	4

Analysis

Delphi study

There is no definitive way of defining consensus. For the purpose of the present study, consensus was set at 75% based on a review of the literature carried out by Green and Birch (2019), finding that the consensus level set often ranged between 70%-80%. Data

frequencies and descriptive statistics were run on the entire data set to identify patterns and whether consensus had been reached on any of the items.

Interviews

As mentioned, the quantitative data gathered in the Delphi were the central focus of the study. The primary focus of the interviews was to explore the utility and feasibility of the framework from the perspective of adults who were working with young people in a post-16 context. The semi-structured interviews were transcribed and analysed using deductive thematic analysis with initial codes based on the framework. Braun and Clarke (2006) describe this as a theoretical 'top down' approach in which the analysis is explicitly driven by the researcher's topic of interest and features of the data.

Results

Overall, across the two rounds there was a lack of consensus across all four areas of essential mental health support when using a 75% consensus criterion. As the aim of the current study was to develop a workable framework of recommendations based on what young people value most, the 'essential' and 'highly desirable' categories of mental health support were collapsed together for a further exploration and review of the findings. This is in line with previous Delphi studies which have also collapsed categories based on the level of importance (Phillips et al., 2014; Sawford, Dhand, Toriblo, & Taylor, 2014). The statements identified through this process included the most valued personal qualities in practitioners supporting children and young people's mental health, the most highly rated strategies and interventions that could be used to support the mental health of children and young people, and the preferred options regarding accessibility and availability of that support. The statements and the consensus levels can be seen in Tables A.1 to A.4 in Appendix 1 and the framework of recommendations can be seen in Figure 2.

Personal Qualities (Who)	What	How	Where
• Respects confidentiality* 100% • Trustworthy 100% • Able to get to know CYP[1] as a 'whole' person and not just focusing on their needs • Respectful* • Sensitive • Genuine* 100% • Patient • Non-patronising • Active listener • Approachable • Considerate • Easy to talk to • Non-judgemental • Calm* • Understanding* • Reliable* • Able to put CYP at ease • Caring* • Able to recognise CYP's strengths • Friendly • Open-minded • Knowing when to pass the support on to someone with professional experience* • Kind* • Tolerant* • Attentive • Confident*	• Supporting CYP in their understanding that they are not alone* • Access to someone to talk to who is not a friend or family member • Support to manage stress* • Access to 24/7 support* • Individual support to help CYP to develop confidence and self-esteem • Individual support to help CYP to develop coping strategies to be able to manage and improve their mental health • Access to someone who listens to the suggestions of CYP* • Brief check-ups with all CYP to assess their mental health* • Teacher and staff training to support CYP's mental health • Ensuring the CYP's perspective is fully understood • Parent training to support CYP's mental health • Incorporating mental health education into the curriculum • Support from qualified and specialist mental health practitioners (e.g. through individual counselling, CBT[2]) • Support through having an available adult to talk to • Support through having an available friend/peer to talk to	• Self-referral • Drop in services outside of school/college • A doctor's/GP surgery • A family member • A community mental health service • A youth service • A health centre	• At school/college • At home • Somewhere safe* • At a doctor's/GP surgery • At a hospital* • Over the phone

*items that have been added by the young people in the research 100%- there was 100% consensus for this item

[1] children and young people
[2] cognitive behavioural therapy

Figure 2. Framework of Recommendations

Interviews

A small number of interviews were carried out to elicit the views and perspectives of adult participants in relation to the framework of recommendations created as a result of the Delphi study. Two overarching themes were identified from the thematic analysis. The first was the role of the practitioner. All participants reflected on the personal qualities identified by the young people in the Delphi study and highlighted the importance of building trust with their students, taking the time to get to know them, listening to them and being available for them.

> *"If they can't trust you, forget it. That would be really, really important but you know that's for everyone not just children and young people" (personal tutor).*
>
> *"We have built up that trust with our students, I mean the first few weeks of any school term or college term is you getting to know your students and getting up [sic] a relationship with them" (teacher).*

Nevertheless, the participants did reflect that they felt that there were constraints to their role which impacted on them being able to respond to the needs of children and young people. Firstly, participants highlighted the need to safeguard their students, which could impact on their ability to respect confidentiality (a quality identified as one of the most desirable in the Delphi study). It was also felt that time constraints and the demands of teaching could impact on staff ability to show the qualities identified by the young people and be available for them. Participants identified that the overlap of roles within the setting can impact on mental health support for children and young people, with one highlighting the difficulties that can arise when there is overlap between providing pastoral support whilst also having to discipline students.

> *"Would you go to someone who's just punished you to say actually will you support me? No, you're going to go to someone who is entirely different who is on your side…" (personal tutor).*

The second theme was systemic factors, in other words, factors that sit outside of the school context e.g. parents, family, community. Here, participants echoed the young people's views for the need of more mental health awareness and training within educational and community settings, stressing that not enough had been done to incorporate mental health into the curriculum. They expressed that better incorporation would not only support students but also teaching staff in knowing how to respond.

> *"No, not enough anyway, not addressed enough. They need to talk about anxiety and depression in a big way. It's far more important than learning trigonometry in my book anyway" (personal tutor).*

Participants also talked about the stigma attached to mental health and that perhaps this impacted on children and young people seeking help but also families worrying about the impact of seeking professional help.

> *"It was clearly not just a phase so [daughter's name] needed to go and get specialist help but I know my family weren't very receptive to the idea of me basically going along with this because they were thinking it might impact on her in terms of work, relationships, they were scared that she might get sectioned etc., etc." (parent).*

The environment was also seen as important, with participants reflecting on the availability and accessibility of support. They recognised the importance for children and young people to have "24/7" support but felt that this would be difficult to put in place due to the resources available. Referencing the lack of resources and funding within

educational settings was also a theme, which acted as a barrier for putting support in place. All participants highlighted the need to invest in mental health but felt that in the current climate this was not possible.

> *"It's not there, that help isn't there, that funding isn't there, those resources aren't there and obviously I can sit here and say money money money money money until I'm blue in the face; but if the money is not there the money is not there, but we need to find the money from somewhere" (teacher).*

Discussion

This small scale study is one of the first to ask young people directly what they think mental health support should look like for children and young people in, and beyond a school context. While it is small scale and exploratory, it presents the findings of what might be important for larger groups of children and young people. The responses to a 96-item Delphi poll clearly identified 54 items which were deemed essential or highly desirable. These were then used to create a framework (Figure 2) which can act as a starting point to understand and describe what children and young people value. This framework was then discussed with key adults as a first step in gaining further stakeholder consensus as to the feasibility of such a framework. The discussion will focus on the key findings which have emerged from the young people's Delphi responses and how these compare to existing literature.

Trust and confidentiality

When reviewing the personal qualities identified as desirable by the young people in the study, 'respecting confidentiality', being 'trustworthy' and 'genuine' showed the highest level of consensus, with 100% of participants rating these items as 'essential' or 'highly desirable'. This is consistent with previous research which identifies that trust and confidentiality are important for children and young people when seeking mental health

support (Plaistow et al., 2014; Rickwood, Deane, Wilson, & Ciarrochi., 2005). One reason why concern for confidentiality is so high has been linked to a fear of stigma, in which breaching confidentiality may result in others finding out (Gulliver et al., 2010). Further support for this comes from Apland et al. (2017) who reported that violations of confidentiality damage the relationship between the practitioner and young person and impact on the trust they place with services. The high value placed on trust is also in line with research which suggests children and young people show greater help-seeking intentions towards trusted sources (Gulliver et al., 2010).

Two additional factors were discussed - being genuine and feeling supported to not be alone. In the current study, one of the approaches added by the Delphi participants which achieved a high level of consensus was 'supporting the child or young person in their understanding that they are not alone'. Perhaps this suggests to some extent, the benefits associated with normalising the experience of mental health difficulties and supporting children and young people to recognise that they are not isolated individuals. This links with the continuum approach that promotes the idea that mental health lies on a continuum and that everyone's mental health fluctuates at different stages of life (Weare, 2000; Prever, 2006).

Mental Health Awareness and Training

Mental health training achieved a high level of consensus among the Delphi participants. This included 'teacher and staff training to support children and young people's mental health', 'parent training to support children and young people's mental health' and 'incorporating mental health within the curriculum'. Research exploring the views of teaching staff suggests that teachers often feel unable to recognise mental health problems, advocating for the need of specialist training (Rothi, Leavey, & Best, 2008). This was expressed by the adult participants interviewed in this study, who acknowledged the need for further training and the importance of embedding mental health within the curriculum. Such aspirations are also in line with the government's proposals to increase

training in school settings (DoH & DfE, 2017). Nevertheless, it is worth noting that in the current study, the Delphi participants have highlighted the need for training to be extended to the wider community to include parent training. Howarth et al. (2019) propose that children and young people should be able to choose settings in which they receive services, highlighting the need for mental health professionals to be located in non-specialist settings.

Previous research highlights that children and young people are more likely to seek help from trusted sources of support such as friends and family (Rickwood et al., 2005) and that they should be able to choose where to access support (Howarth et al., 2019). Young people in the current study have identified that they would value access to someone to talk to who is not a friend or family member as well as support from friends. This suggests that effective mental health provision for children and young people is likely to involve having different sources of support available when needed, so support offered within the school context will meet everyone's needs. Interestingly, consensus was reached for accessing support through a 'family member' and receiving support at 'home'. This is in line with research which highlights that children and young people want flexibility and accessibility from services, including access to support close to home or within the home (Howarth et al., 2019; Lavis & Hewson, 2011; Plaistow et al., 2014). It suggests the importance of ensuring that parents have both the knowledge and support to perform this role and know how to, when needed to take the first step towards helping their child to access further professional support. Incorporating training within educational, home and community contexts would lead to greater awareness and enable all adults to feel more equipped and confident to talk about and support mental health.

Two items that perhaps surprisingly did not reach the 75% consensus level within the personal qualities section were 'experience' and 'someone who has received training'. This would suggest that these young people valued the qualities of the relationship between them and the adults supporting them, rather than their amount or level of training

and past experience. For instance, being ‘trustworthy’, ‘respectful’ and ‘genuine’ ranked higher in importance than expertise. It has been highlighted that developing relationships between the facilitator and client is key to positive outcomes (Biering, 2010; Shirk, Karver, & Brown, 2011). Research has also found that children and young people set a high value upon practitioners’ communication skills, such as empathy and a non-judgemental approach; and these skills are deemed more important than the practitioner’s therapeutic approach (Hart, Saunders, & Thomas, 2005). Perhaps then, there is value in equipping adults to reflect on their personal and interpersonal approach, as well as being more compassionately attuned to the needs of children and young people and that training in relevant principles and approaches, such as unconditional positive regard and attunement, would be beneficial. Howarth et al. (2019) who used a Delphi approach to identify priorities for delivering community based child and adolescent mental health services, found that participants were in favour of all members of the children’s workforce being in a position to identify children and young people experiencing mental health difficulties, suggesting that schools should identify a mental health lead who can take responsibility for enabling access to services within and outside school.

Relationships

The young people indicated the need for more child-centred approaches within mental health support. For example, consensus was reached for the following statements: ‘recognising children and young people’s strengths’, ‘getting to know the child as a ‘whole’ person’ as well ‘access to someone who listens to the suggestions of children and young people’ and ‘ensures the child or young person’s perspective is fully understood’. This suggests the need for a holistic understanding of children and young people. Again, these beliefs resonate with existing research. Lavis and Hewson (2011), identified that children and young people were more able to build a relationship with a practitioner who spent time getting to know them as a person, rather than focusing solely on their problems

and Apland et al. (2017) highlights that services are seen to be more helpful when children and young people are given a sense of agency in terms of decision making in mental health care. The importance of agency has also been found in research exploring person-centred planning approaches which have highlighted that young people value having choice in decision making (Corrigan, 2014).

The use of technology

For many children and young people, the Internet has become a key part of their daily lives. They have grown up in an era of digital technology with readily available access to computers, mobile devices and the Internet. Within the UK, statistics show that 98% of 16-24 year olds use the Internet and on average spend 34 hours browsing it weekly (Ofcom, 2018). Yet in the current study prioritisation of digital technologies were not seen. There was a lack of consensus in relation to the benefits of technology-based approaches as well as accessing support 'online' and via 'social media'. In this study, technology-based interventions were not valued as highly as face-to-face support. Having an available adult to talk to as well as friends received a higher level of consensus than online approaches. However, this is not to say that technology does not have value as the level of anonymity that online approaches provide may be preferable. What does appear to be an important component of support is the therapeutic relationship between the practitioner and service user. The practitioner qualities such as trust, confidentiality and being genuine were seen as important components of support. This was also echoed in interviews with adult participants who expressed the importance of building trusting relationships with children and young people and being available for them. Grist, Croker, Denne, and Stallard (2018) highlight that increased opportunities for therapeutic interaction online provides scope to build a relationship, a component that has been found important for children and young people (Horgan & Sweeney, 2010). Therefore, it seems that there is a need to consider how therapeutic interactions can be developed further in online interventions to support engagement from children and young people.

Strengths and limitations

To the best of the researchers' knowledge this is one of the first studies to use a consensus building tool to explore young people's views and perspectives on mental health support and to create a framework of recommendations for practice. The originality and practical utility of the research are key strengths, along with the value that was placed on the voices and participation of young people themselves. Nevertheless, there were some important limitations.

Firstly, the sample comprised of participants from one college setting in an urban area in Greater London. Furthermore, all participants were accessing education at the time, thus limiting overall generalisability to wider settings or populations, including those young people who are not accessing education. Moreover, participants' experiences of support within this single setting might have influenced how they rated items in the Delphi questionnaire. In order to further explore the applicability and generalisability of the framework it would be beneficial to gain the views and perceptions of other children and young people.

Another limitation was that just two questionnaire rounds were used. It could be argued that greater consensus levels may have been reached after further rounds, although this could also have resulted in unwanted attrition. The overall lack of consensus found suggests that some of the items in the questionnaire were seen as highly subjective, with young people valuing different approaches and competencies according to their lived experiences. This suggests that decisions about best practice may need to be carefully considered regarding individual and contextual factors and any framework will need to have sufficient flexibility to allow this.

The Delphi questionnaire was developed from a review of the literature and although the scope for this review was broad and inclusive, it was not conducted systematically. Therefore, there is a possibility that some approaches and competencies

were missed. However, it is a strength of the study that participants were given an opportunity to list any additional items that were not already there in the first round.

In terms of the feedback phase, interviews were carried out with only three adult participants who were self-selected, which has clear implications for the generalisability of these findings. Due to time constraints of the current study, the thematic analysis was not verified for consistency among any independent researchers and therefore the themes and quotes selected have the possibility of researcher bias and should be interpreted in this light. It would be therefore important for research to be done with a more heterogeneous sample, in which the limitations as outlined above were addressed.

Despite these limitations, it is proposed that the present study provides an initial and important step forward towards encouraging further research which places children and young people centre-stage in decision-making about this sensitive yet much-needed aspect of their provision.

Implications

The findings from this study contribute to a greater understanding of what young people identify as important elements of mental health support for children and young people. It is important to highlight that the study is limited in terms of its generalisability, mainly due to a small sample size of young people from one college setting in Greater London. It therefore provides only a first step towards potential implications for policy and practice.

The study has highlighted the importance that young people place on person-centred approaches in regard to mental health support, particularly professionals being genuine and trustworthy, having a holistic understanding of them as a person and recognising their strengths. This emphasises the value of a systemic epistemology that considers the child as part of a complex interacting system, moving away from deficit, within-child interventions for mental health and instead enhancing and empowering the

support systems around children and young people. The findings also suggest the importance of person-centred approaches when deciding how best to support children and young people struggling with their mental health. Although the use of person-centred approaches is a statutory requirement as set out in the SEND Code of Practice (DfE & DoH, 2015) the extent to which such approaches are embedded within educational systems and ethos is unclear. Further steps may be needed to reframe understanding and intervention for mental health from a 'within child' model towards a compassionate, flexible, solution-focussed, strengths and relationship-based system of support.

The study acknowledges that school, home, health and community settings are all seen by children and young people as potentially helpful contexts for supporting their mental health. This suggests a multi-modal approach to mental health that recognises that mental health is a wider community issue. What the current study captures is that there might be a reluctance for children and young people to seek support from their parents, particularly if they feel parents do not have the skills to support them, or if parents have little access to information to know where to go for further help (an issue which was highlighted by the adult participants). Therefore, there may be an urgent need to empower parents, equipping them with the skills to better support their children. This could be achieved through offering training and workshops, potentially hosted by schools.

Since children and young people appear to value the personal qualities of the adults supporting them more than their level of expertise relating to mental health, a further and related implication is the need for all adults involved in supporting children and young people's mental health (including professionals, school staff and parents) to have an understanding of and ability to demonstrate the principles of attunement and unconditional positive regard. Empowering key adults with the necessary skills to build positive attuned relationships with pupils could be achieved through consultation, supervision, discussion groups and training. Virmani and Ontai (2010) showed that caregivers in early years

settings participating in a reflective supervision programme were more likely to develop a positively insightful understanding of the children with whom they worked.

The study has highlighted the importance of eliciting children and young people's views, particularly in relation to service provision for mental health. It is hoped that this will highlight the need to generate further research that takes account of children and young people's perspectives as larger scale research is needed to expand upon the findings of the current study. Of particular interest would be to explore the perspectives of children and young people of different ages from a range of educational settings, as well as parental perspectives of children and young people's mental health.

By positioning young people as the experts, this study has enabled further insight into what they value from mental health support. It is also hoped that this study is an innovative starting point, emphasising again the importance of trust, confidentiality and genuineness in those who are offering the support, as well as challenging our assumption that in a digital era, children and young people might naturally gravitate towards mental health apps. In addition, it is hoped that this study has illustrated how it is possible and helpful to listen and acknowledge the views of children and young people and that positive change can be conceived with them rather than for them.

References

Apland, K., Lawrence, H., Mesie, J., & Yarrow, E. (2017). *Children's Voices : a review of evidence on the subjective wellbeing of children with mental health needs in England*. Retrieved from https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Voices-Mental-health-needs-1_0.pdf

Biering, P. (2010). Child and adolescent experience of and satisfaction with psychiatric care: A critical review of the research literature. *Journal of Psychiatric and Mental Health Nursing, 17*(1), 65–72.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Corrigan, E. (2014). Person centred planning 'in action': Exploring the use of person centred planning in supporting young people's transition and re-integration to mainstream education. *British Journal of Special Education*, *41*(3), 268-288.

Department for Education & Department of Health. (2015). *Special educational needs and disability code of practice: 0-25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities*. Retrieved from https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Department of Health & Department for Education. (2017). *Transforming children and young people's mental health provision: A green paper*. Retrieved from https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

Doyle, L., Treacy, M. P., & Sheridan, A. (2017). 'It just doesn't feel right': a mixed methods study of help-seeking in Irish schools. *Advances in School Mental Health Promotion, 10*(2), 113-126.

Frith, E. (2017). *Access and waiting times in children and young people's mental health services*. Retrieved from https://epi.org.uk/publications-and-research/access-waiting-times-children-young-peoples-mental-health-services/

Green, R., & Birch, S. (2019) Ensuring quality in EPs' use of dynamic assessment: a Delphi study. *Educational Psychology in Practice, 35*(1), 82-98.

Grist, R., Croker, A., Denne, M., & Stallard, P. (2018). Technology Delivered Interventions for Depression and Anxiety in Children and Adolescents: A Systematic Review and Meta-analysis. *Clinical Child and Family Psychology Review, 22*(2), 147–171.

Gulliver, A., Griffiths, K.M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry, 10.* doi.10.1186/1471-244X-10-113

Hanley, T., Winter, L.A., & Burrell, K. (2019). Supporting emotional well-being in schools in the context of austerity: An ecologically informed humanistic perspective. *British Journal of Educational Psychology, 90*(1), 1-18.

Hart, A., Saunders, A., & Thomas, H. (2005). Attuned practice: a service user study of specialist child and adolescent mental health. *Epidemiologia e Psichiatria Sociale, 14*(1), 22–31.

Horgan, A., & Sweeney, J. (2010). Young students' use of the Internet for mental health information and support. *Journal of Psychiatry and Mental Health Nursing, 17(*2), 117-123.

Howarth, E.,Vainre, M., Humphrey, A., Lombardo, C., Nadhirah Hanafiah, A., Anderson, J.K., & Jones, P (2019). Delphi study to identify key features of community-based child and adolescent mental health services in the East of England. *BMJ Open, 9.* doi:10.1136/ bmjopen-2018-022936

Keeney, S., Hasson, F., & Mckenna, H., (2011). *The Delphi Technique in Nursing and Health Research*. Chichester: Wiley-Blackwell.

Kendal, S., Keeley, P., & Callery, P. (2014). Student help seeking from pastoral care in UK high schools; A qualitative study. *Child and Adolescent Mental Health, 19*(3), 178–184.

Kidger, J., Donovan, J. L., Biddle, L., Campbell, R., & Gunnell, D. (2009). Supporting adolescent emotional health in schools: A mixed methods study of student and staff views in England. *BMC Public Health, 9*. doi:10.1186/1471-2458-9-403

Lavis, P., & Hewson, L. (2011). *How many times do we have to tell you? A briefing from the*

National Advisory Council about what young people think about mental health and mental health services. London: National Advisory Council.

Mental Health Foundation (2019). *Mental health statistics: UK and worldwide*. Retrieved from https://www.mentalhealth.org.uk/statistics/mental-health-statistics-uk-and-worldwide

Ofcom (2018). *Adults' media use and attitudes report 2018*. Retrieved from https://www.ofcom.org.uk/__data/assets/pdf_file/0011/113222/Adults-Media-Use-and-Attitudes-Report-2018.pdf

Phillips, A.C., Lewis, L.K., McEvoy, M.P., Galipeau, J., Glasziou, P., Hammick, M.,...Williams, M.T. (2014). A Delphi survey to determine how educational interventions for evidence-based practice should be reported: Stage 2 of the development of a reporting guideline. *BMC Medical Education, 14*. doi.10.1186/1472-6920-14-159

Plaistow, J., Masson, K., Koch, D., Wilson, J., Stark, R.M., Jones, P.B. & Lennox, B.R. (2014). Young people's views of UK mental health services. *Early Intervention in Psychiatry, 8*(1), 12-23.

Powell, C. (2003). The Delphi technique: myths and realities. *Journal of Advanced Nursing, 41*(4), 376-382.

Prever, M. (2006). *Mental health in schools*: A guide to pastoral and curriculum provision. London: Paul Chapman.

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health, 4*(3), 218-251.

Rothi, D.M., Leavey, G. & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education, 24*(5), 1217–1231.

Sadler, K., Vizard, T., Ford, T., Goodman, A., Goodman, R. and McManus, S. (2018). Mental health of children and young people in England, 2017*: Trends and characteristics.* Leeds, UK: NHS Digital.

Sawford, K., Dhand,N.K., Toribio, J.A.L., & Taylor, M.R. (2014). The use of a modified Delphi approach to engage stakeholders in zoonotic disease research priority setting. *BMC Public Health, 14*. doi.10.1186/1471-2458-14-182

Shirk, S. R., Karver, M. S., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy, 48*(1), 17–24.

Virmani, E. A., & Ontai, L. L. (2010). Supervision and training in child care: Does reflective supervision foster caregiver insightfulness? *Infant Mental Health Journal, 31*(1), 16-32.

Weare, K. (2000). *Promoting Mental, Emotional and Social Health: A Whole School Approach*. London, England: Routledge.

World Health Organization. (2012). *Risks to mental health: an overview of vulnerabilities and risk factors.* Retrieved from http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

World Health Organization (2014). *Mental health: a state of wellbeing*. Retrieved from http://origin.who.int/features/factfiles/mental_health/en/

World Health Organization. (2016). World Health Statistics 2016: Monitoring Health for the SDGs, Sustainable Development Goals. Geneva: Author.

Appendix 1

Table A.1

Personal qualities identified by Delphi participants

	M	**SD**	**%**	**Range**	**Min**	**Max**
Respects confidentiality*	3.83	0.38	100%	3	1	4
Trustworthy	3.76	0.44	100%	3	1	4
Able to get to know CYP as a whole person	3.61	0.61	95%	3	1	4

Respectful*	3.61	0.61	95%	3	1	4
Sensitive	3.59	0.62	94%	2	2	4
Genuine*	3.56	0.51	100%	1	3	4
Patient	3.56	0.71	89%	2	2	4
Non-patronising	3.5	0.79	94%	3	1	4
Active listener	3.5	0.71	89%	2	2	4
Approachable	3.5	0.86	89%	2	2	4
Considerate	3.5	0.71	89%	2	2	4
Easy to talk to	3.5	0.86	89%	2	2	4
Non-judgemental	3.5	0.86	89%	2	2	4
Calm*	3.44	0.71	89%	1	3	4
Understanding*	3.44	0.71	89%	3	1	4
Reliable*	3.39	0.78	94%	1	3	4
Able to put CYP at ease	3.39	0.78	83%	3	1	4
Caring*	3.33	0.69	89%	2	2	4
Able to recognise the child and young person's strengths	3.33	0.91	83%	3	1	4
Friendly	3.28	0.90	83%	3	1	4
Open-minded	3.24	0.66	88%	3	1	4
Knowing when to pass the support on to someone with professional experience*	3.22	0.81	89%	3	1	4

Kind*	3.22	0.73	83%	2	2	4
Tolerant*	3.22	0.81	78%	3	1	4
Attentive	3.17	0.79	78%	3	1	4
Confident*	3.00	0.97	78%	2	2	4
***items that participants identified as important in supporting mental health**						

Table A.2

Strategies and interventions identified by Delphi participants

	M	**SD**	**%**	**Range**	**Min**	**Max**
Supporting the child or young person in their understanding that they are not alone*	3.50	0.71	89%	2	2	4
Access to someone to talk to who is not a friend or family member	3.44	0.71	89%	2	2	4
Support to manage stress*	3.44	0.86	89%	3	1	4
Access to 24/7 support*	3.44	0.78	83%	2	2	4
Individual support to help CYP to develop confidence and self-esteem	3.33	0.77	83%	2	2	4
Individual support to help CYP to develop coping strategies to be able to manage and improve their mental health	3.29	0.77	82%	2	2	4
Access to someone who listens to the suggestions of CYP*	3.28	0.75	83%	2	2	4
Brief check-ups with all CYP to assess their mental health*	3.28	0.96	78%	3	1	4

Teacher and staff training to support CYP mental health	3.22	0.88	83%	3	1	4
Ensuring the CYP perspective is fully understood	3.22	0.88	83%	3	1	4
Parent training to support CYP's mental health	3.22	0.94	78%	3	1	4
Incorporating mental health education into the curriculum	3.22	1.06	78%	3	1	4
Support from qualified and specialist mental health practitioners (e.g. through individual counselling, cognitive behaviour therapy)	3.22	0.81	78%	2	2	4
Support through having an available adult to talk to	3.12	1.05	77%	3	1	4
Support through having an available friend/peer to talk to	3.00	0.97	78%	3	1	4
***items that participants identified as important in supporting mental health**						

Table A.3

How support is accessed identified by Delphi participants

	M	SD	%	Range	Min	Max
Self-referral	3.39	0.92	83%	3	1	4
Drop in services outside of school/college	3.22	0.88	83%	3	1	4

A doctor's/GP surgery	3.17	0.92	78%	3	1	4
A family member	3.11	0.96	83%	3	1	4
A community mental health service	3.11	1.02	78%	3	1	4
A youth service	3.06	1.00	78%	3	1	4
A health centre	3.00	1.09	78%	3	1	4

Table A.4

Where support is available identified by Delphi participants

	M	**SD**	**%**	**Range**	**Min**	**Max**
At school/college	3.28	0.96	78%	3	1	4
At home	3.22	0.88	83%	3	1	4
Somewhere safe*	3.22	0.73	83%	2	2	4
At a doctor's/GP surgery	3.22	1.06	78%	3	1	4
At a hospital*	3.17	1.04	78%	3	1	4
Over the phone	3.06	1.11	78%	3	1	4
***items that participants identified as important in supporting mental health**						