The Privatisation of Pain:

A Comparative Study of Frameworks for Improved Mental Wellbeing in Schools Impacted by Austerity

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Abstract

This thesis studies the realities of mental health education and provision in the English education system. Mental health is a conversation that is significant in terms of educating, and is seen to play an important role in student´s development and educational experience. The concept of resilience has become more prominent within the wellness literature, and can be used to mitigate against negative experience and life situations. This study examines how resilience is being used as a tool in a school based program named MindSpace to improve mental health.

Through narrative interviews and policy document analysis, this study gathered perspectives of service users and educational workers, to reveal perspectives on how mental health provision can be improved. Using a blended theoretical framework of Ecological Resilience and the Empowerment Education model, this study used a critical realist paradigm to analyse and the interplay and compare strategies between educational processes and wider contextual influences.

The findings suggest that while schools are policy documents appear to be invested in improving mental wellbeing services, the lived realities of those in the system-the students, teachers, families and health education workers-are not seeing this improvement. Misdirection and lack of funds, as well as barriers caused by austerity measures and the neoliberal agenda, have resulted in a gap between policy and practice as well as a gap in service provision for adolescents. MindSpace has been found to a protective factor in mitigating against these elements, through using a holistic, individualised approach to empower service users and strengthen their resilience through ecological means.

The structure used by MindSpace could be used to influence policy decisions in future, and move towards more holistic methods of education.

Keywords: Adolescence, Ecological Resilience, Empowerment, England, Resilience, Mainstream, Mental Health, Mental Wellbeing, MindSpace.

Acknowledgments

Growing up in a household where my caregiver was an educator opened me up to educational environments early in life. As a child used to go and help my Mum at the primary school where she worked, and noticed from a young age that her classroom was always the one that stood out; the displays were always brightest, the lessons always the most dynamic, and there was not a worksheet in sight. The environment felt creative and safe. I spent a lot of time in this classroom as I was growing, and began to realise that there was another element that set my Mum´s teaching methods apart from her colleagues. Her strong emphasis on nurture and care for the mental wellbeing of her students, and her own children, is something I have carried with me in to my adult years. Mental health has always been something I have been passionate about as a result of this, and I am extremely humbled that I was able to dedicate 101 pages to something I feel so strongly about.

There are a few people who sit behind the creation of this paper. Thank you firstly to my supervisor Tove, who put up with my less than orthodox working methods, and was there whenever I needed her. Thank you also to Camillia at UiO, who is honestly a superwoman.

Thank you to my friends and my siblings, both in Oslo and out, who have supported me through this process. To my flatmates past and present who have fed and watered me, others that have let me cry on their floor, have messaged me with support, and those that have talked me through my writers block. You know who you are and I owe you all several pints.

However most of all, I have to thank MindSpace, Michelle, and everyone that participated in this study. I embarked on this thesis hoping to showcase the amazing work that is happening to improve the worlds of young people. You were incredibly open and inspiring, and I am honoured that you shared your stories with me. I wish you all success in the future and know you will continue to transform lives.

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Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAMHs	Children Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
FIMB	Future in Mind Barnsley
GCSE	General Certificate of Secondary Education
KS	Key Stage
MAT	Multi-Academy Trust
NHS	National Health Service
NSD	Norwegian Centre for Research Data
PSHE	Personal Social Health and Economic education
PRU	Pupil Referral Unit
RQ	Research Question
UK	United Kingdom
WHO	World Health Organisation

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1 Introduction

There are many ways in which to educate. School is a place where children spend a great deal of time, but in simple terms it is no more than a building. In England, students spend approximately a third of their day, 5 days a week, within school walls (Kiswardy, 2010). However attendance in school does not guarantee that education is happening effectively. The word education itself stems from the from the latin educare, which means to "to train or mould". (Bass, 1997, p.130), but Looking beyond simply the academic agenda of education, this paper asks the question, is the *purpose* of education? What is it´s function? If education is to continue to be valuable and valid, it needs to address aspects beyond grades and testing. Using a paradigm of mental health, this study asserts that education should be a holistic, fluid, and compassionate process, one that puts the student at the centre and allows for them to develop the tools necessary to thrive. It is the aim of this study to examine the place mental health provision has within the English education system, and how this can be nurtured. After all, "Everyone has a mental health". (Tomsett, 2017, p.17)

Mental wellbeing is a discussion that deserves a central space in education. Schools are collective spaces, and should be at the forefront of this fight for improved mental health, however, often the debate is separated entirely from educating. As illustrated in his book "Lost Connections" Hari describes how we need to move away from internalising mental health struggles, and to look to another to strengthen these relationships and build platforms in which mental illness is a collective issue, not an individual one:

> I can see that when I became depressed, it didn't even occur to me, for thirteen years, to relate my distress to the world around me. I thought it was all about me, and my head. I had entirely privatised my pain—and so had everyone I knew… You have to turn now to all the other wounded people around you, and find a way to connect with them, and build a home with these people—a place where you are bonded to one another and find meaning in your lives together." (Hari, 2019, p. 255)

The privatisation of pain, and indeed the privatisation of education, has led to a loss of connection to a meaningful life and education. It is time to find this meaning once again.

1.1 Rationale

There are four rationales that underpin this study. These being Resilience (section 1.1.1) Mental Health (section 1.1.2) Provision within Schools (1.1.3) and England (1.1.4). This paper will demonstrate exactly how a provisional organisation named MindSpace operates, and why it is needed within the English education system. MindSpace is an initiative that at present is unique to Barnsley. The scheme is funded by Barnsley Clinical Commissioning Group (CCG), and is run through it is Future in Mind Transformation Plan. It is currently delivered to 10 secondary schools in the Barnsley area, and is run in partnership with Wellspring Academy Trust, which is operative in many schools in the Yorkshire and Lincolnshire area (Health Matters, 2018). While at present a fairly small organisation, the impact it has had on families and young people in Barnsley within it is 2 years since creation is significant. Therefore, this study has chosen to investigate how education interacts with mental health, as mental wellbeing extends across all individuals, and affects every one of us. This thesis will argue that ecological relationships and an empowerment framework can work as protective factors against poor mental health, as a concrete example of this.

1.1.1 Resilience

The positive psychology movement has a burgeoning focus upon resilience. The resilience agenda is one that has become more prominent in development and social science research. It is a concept that is multidisciplinary in nature: from disaster management, climate change and conflict resolution, to mental wellness promotion, academic resilience and individual wellbeing, the term is appearing over and over again within wellness literature .Basically speaking, a simple definition of resilience is “an interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences” (Rutter, 2006, in Shean, 2015, p.5.). As will be explored in this study, there are differing definitions and interpretations of the concept of resilience, and the discussion of which definition is most appropriate will be addressed in chapter three, Literature Review.

The field of resilience is one that is gaining more recognition within the educational sphere. As I was in the early stages of reading up on mental health provision in schools, I was noticing the term resilience feature frequently, sometimes in depth, sometimes in conjunction with other concepts, and sometimes merely being touched upon. The frequent appearance of this word across varying educational documents and contexts caught my attention, and became the catalyst for this research. I wondered if this term was nothing more than a buzzword, and *why* it was so frequently appearing in studies, reports and initiatives; subject matters ranging from wellbeing and mental health, to educational policy and law reforms. It seemed to me that the term should not be taken at face-value, and I couldn't help but wonder if there was more complexity to the concept than I was first assuming. This intrigue ended up being a fascinating springboard into research concerning the wellbeing agenda in schools, and led my reading into a whole new, nuanced and fascinating dimension. Resilience offers a positive perspective, can be seen as being the other side of the coin from vulnerability, and "resilience is therefore positive; it is dynamic and suggests agency" (Harrison, p.98, 2012)

Michael Ungar, a prominent academic and researcher within the field of resilience, asserts when speaking of one of his larger studies that he wished to explore a "seldom discussed aspect of resilience, the services we receive from health, social welfare, and educational systems, as well as the informal supports we sometimes need from our families and communities." (Ungar, 2019, p.14). Here there seems to be a clear gap in research which this study fits into, for how do educational systems nurture resilience, and why has this become such a key term in regards to student wellbeing? This study will hope to answer these questions, and situate resilience within an educational paradigm. It will examine education through a lens of ecological resilience, that is, how resilience is viewed not only by educational structures, but also how key relationships surrounding the individual influence the student at the centre.

1.1.2 Mental Health

Each and every one of us has a mental health. The issue is not that people are denying this, it is simply that mental wellbeing is simply not given the same space in society as physical health. Programs such as MindSpace exist, and work hard, to create educational environments that allow

open conversations around mental health, because it is *needed*. An interesting element in the mental health discussion is the importance of relationships. The theory of Ecological Resilience will be used in this study to underpin analysis of the data collected. It seems that we need to move away from individualised forms of care and education in order to challenge stigma and create a supportive environment for students to receive support. Every one of us has witnessed the devastating effects poor mental health can have, even if we care not to admit it. Globally,

> Depression is one of the leading causes of disability. Suicide is the second leading cause of death among 15-29-year-olds. People with severe mental health conditions die prematurely – as much as two decades early – due to preventable physical conditions (WHO, 2019b)

The wellness industry is one that is booming. We are constantly bombarded with adverts, products and apps that promise to help us be more mindful, to slow down in our ever-accelerating global landscape, to take care of ourselves. While this is surely a step forwards in the wider conversation surrounding mental wellbeing, it also raises questions about placing all responsibility to manage adversity and mental illness on the individual. This study calls for a more collective solution, one that needs to extend beyond schools into governments.

The call for schools to take a "whole-school" approaches to mental wellbeing is a prominent one (Future in Mind, 2015, p.36). Studies have proved, time and time again, that students succeed when their mental wellbeing is sound: "The key is that mental health underpins everything, including learning." (Garner, 2019, p.1) By improving wellbeing, we see improved results; when learning environments are supportive of students needs, a higher quality standard of learning results. (Garner, 2019). However, the lack of funding being prioritised into this sector is slowly eroding results: "mental illness accounts for 25% of the total burden of disease. However…it receives only 13% of National Health Service (NHS) expenditure." (Cummins, 2018, p.7) This is a a fairly low percentage, and it becomes clear that their are definite discrepancies between the needs for mental health to be considered in an academic setting, and the amount of funding it receives. This is a key point in this study, and the discrepancy between funding and needs will feature heavily.

1.1.3 Provision

The debate of how far schools should be involved in students personal wellbeing is one that falls into a wider a wider discussion of just how much responsibility education should take outside of the academic agenda. There is discussion around just how much teachers, educators and schools should be involved in mental health, and a common rebuttal is that teachers are not experts in the field. Teachers are not therapists or health specialists, and thus it is unjust to put onus on them to "fix" issues students are having. The reality is however, that students may spend a great deal of their time away from school in highly toxic and difficult environments, and while teachers are by no means experts, if education exists to *facilitate*, not *fix* student´s wellbeing, then the focus is shifted entirely. (Garner, 2019, p.2). This would require a radical overhaul of the system, the way in which teachers are trained, and indeed the entire agenda of education in England - a massive task. This is where provision enters the landscape.

The Green Paper, a report presenting the findings of "Transforming Children and Young People´s Mental Health Provision, admits that there is "some poor quality care" in regards to provision, where services are not adequately streamlined, communication is not effective, and waiting lists are incredibly long. Data collected at the time of publication of this report reveals the average waiting time is 12 weeks. (Green Paper, 2017, p.9). Clearly there are still problems within the system as it currently operates in England. MindSpace is researched in this study as an example of how a space can be created that both encourages resilience and mental wellness, while also offering an alternative to the current structure. This school and family based provision program is streamlining services, and filling a void left by poorly managed provision. It is an example of how combining services across landscapes, through the school, family and individual, is a successful way of providing provision for adolescent students.

1.1.4 England

England makes for an interesting research site. Currently in the throes of Brexit negotiations, austerity measures, and the COVID-19 pandemic, it is certainly a politically charged country. One of the major changes seen under the current conservative government, is austerity measures.

These measures have reduced funding for the educational sector, and this, combined with “more oversight is imposed on school systems at all levels”, has led to voids in certain areas of education as a result of cuts. (Arnove, 2012, p.10). This doesn't just impact students at compulsory school level, but also unemployment and poverty affecting those that were once considered “middle-class”, meaning that it is not as easy as it once was to continue onto further or higher education. (iBid) There is a “a seemingly ever widening gap between a series of Government mental health policy documents, which consistently promised the completion of a mental health service revolution and the reality of service provision.” (Cummings, 2018, p.7) The context of England will be hugely important in understanding exactly why schools are largely struggling with providing adequate provision, and why inactive such as MindSpace are even needed. It becomes clear that there are wider questions relating to the political climate that need to be addressed, as these affect policy at the micro-level, and thus within schools.

1.2 Aims and Research Questions

The aim of this thesis is two fold. Firstly, it will present **a study of how early intervention and a holistic approach can work in practice in a educational setting to improve mental wellbeing and health.** This will be studied specifically through a lens of resilience theory. It will research a particular initiative, named MindSpace, in operation in the northern English town of Barnsley, England. At present, there has not been a great deal written on MindSpace, and nothing within the academic sphere, and the information is currently confined to news articles and government reports. Therefore this study offers an excellent opportunity to provide new knowledge, and to compare an intervention program with the current mainstream system in English secondary schools. The data collected in this study is rooted in the perspectives of those in contact with the program, will contribute to both the field of resilience, as well as mental health and wellbeing provision practices in schools in England.

Secondly, in addition to examining the way in which MindSpace operates, **this study will also discuss the agenda of education in England in relation to mental health, and how relationships can be used to mitigate the impacts from under- funding.** There has been a rise of positive psychology and, in turn, positive education. UNESCO (2017) defines positive

education as embracing the relationship between educating and wellness, describing it as the "double-helix" of educating. The debate as to how schooling can create safe spaces for individuals to overcome adversity and flourish, while also challenging systemic factors that may *promote* adversity, is central to this study. In light of these two broader aims, three research questions have been devised:

RQ1: **What is MindSpace, and what is their approach?**

RQ1 is focused on the processes, and the "what" of the study. Mindspace will provide the majority of the data, and thus this question examines what exactly they do, and breaks down their mission statement and asks if it aligns with their practices. MindSpace uses early intervention, destigmatisation and an individualised approach to tailor care to their clients. This question will aim to provide concrete examples through interviews and observations of how these approaches are used.

RQ2: How does MindSpace promote resilience in adolescent school pupils through an ecological perspective, and what are the effects of this?

RQ2 is concerned with the "how". It will be centred around ecological element of care, specifically that of ecological resilience, through investigating the relationships between schools, students, families and Mindspace themselves. At present, the provision provided in England is somewhat fragmented, with long waiting times between services and moving of students between different care providers, students often receive care too late, or fall through the cracks. This results in an unstable system. MindSpace provides a more holistic and aggregated alternative, that is undoubtably yielding more successful results. This will be unpicked using this question.

RQ3: Why are there barriers to providing quality health education, and how is MindSpace mitigating the effects of these?

RQ3 is focused on the wider context, and brings in the comparative element through the "why". The final question sets MindSpace and Mainstream education in a wider contextual framework,

and examines how the educational structures they use differ, and what the results of these different approaches are, and how these approaches can be used to balance out impact of austerity and the political framework. It brings together data from the first two research questions, to examine what the hurdles are in good mental health promotion in schools, and how MindSpace is working to counteract this through relationship building and empowerment education.

1.3 Methodology

This qualitative study will gain perspectives of what stakeholders consider to be resilience, how this is significant and how it is nourished and utilised in in this particular educational environment, and comparing it with the structure and approach taken within the mainstream English education system. The comparison will be between MindSpace, a provisional early intervention program, and mainstream school processes. The mainstream approach will be read through reports and documents, as it was not possible to gain access to mainstream schools in England due to safety regulations.

1.3.1 Structure of Thesis

This thesis consists of seven chapters. Chapter one has introduced and justified the need for the study, and has touched upon concepts and contextual elements that will be explored further in subsequent chapters. Chapter two, the Background, will provide information about the research site, and will contextualise the topic. Chapter three will present the literature review pertaining to resilience, reviewing what has already been done and where gaps exist for further research. Chapter four will present the theoretical framework which will be used to analyse the data collected. Chapter five will go on to discuss the methodology used within the study, detailing data collection procedures and discussing wider ethical and validity issues. Chapter six will present the findings, and chapter seven will discuss these findings using the framework developed and will conclude the study, acknowledging any limitations and recommendations for further research.

2 Background

This chapter will briefly summarise political climate in England and structure of the education system, before further contextualising and reflecting on the research site, research program of MindSpace, and demographic it is tailored for. This will aid in situating the data in a solid context.

2.1 Political Climate in England

England has a population of 55.6 million, and is currently under a conservative government, who have been in power since 2010. (European Commission, 2019). As touched upon in the Rationale (1.1.4), England has seen strict austerity measures under this administration, which has impacted spending in the public sector. The conservative Government has reduced public health funding by £600 million from 2015 to 2020 under economic austerity measures. Austerity should not be read as being a purely economic term, as any reduction of public expenditure will ultimately impact many spheres of society, and these measures over the last decade have been described as "a clear political project to recast and reduce the role of the social state". (Cummins, 2018). In terms of education, funding for the "Early Intervention Grant has been cut by almost 500 million since 2013. It is projected to drop by a further 183 million by 2020." (CAMHs, n.d) A key point within the discussion around austerity is "a seemingly ever widening gap between a series of Government mental health policy documents, which consistently promised the completion of a mental health service revolution and the reality of service provision." (Cummins, 2018, p. 7) This will be a key argument in the discussion, as there is severe underfunding in regards to mental health and education, which is creating barriers for implementing effective health education and provision within schools.

In their analysis of the 2018 budget, the Health foundation notes that

> Extra investment in mental health services will see funding grow broadly in line with the total health budget but this will mean simply maintaining the status quo which sees just 4 in 10 people who need it receive mental health support. To see some improvement, with provision increasing to 7 in 10, the service would need an extra £1.5bn on top of what the chancellor has announced." (Trade Union Congress, 2019, p. 2)

Appendix 1 provides visuals for these statistic's, and demonstrates visually the discrepancy between need and funding. In addition to this, the political ideology of Neoliberalism dictates many facets of the educational agenda, and while this paper acknowledges that there is not scope within it to fully tackle the topic of Neoliberalism, it is relevant to this discussion. It is a huge avenue of research, therefore only points deemed relevant will be included. Neoliberalism as term derives from neoclassical economic theory, and has been the dominant ideology in England since the 1980s. It believes that

> the role of the state consisted in establishing the conditions by which the free play of the marketplace, the laws of supply and demand, and free trade based on competitive advantage would inevitably rebound to the benefit of all. (Arnove, 2012, p. 11)

Neoliberalism extends to all countries that are part of the capitalist, global economy. (Davis and Bansel, 2007, p.248). The emergence of Neoliberalim has

> …been characterized by the transformation of the administrative state, one previously responsible for human well-being, as well as for the economy, into a state that gives power to global corporations and installs apparatuses and knowledges through which people are reconfigured as productive economic entrepreneurs of their own lives. (Davis and Bansel, 2007, p.248)

One of the cornerstones of education is to provide a better quality of life for citizens. The OECD asserts that raising standards, increasing access to education and general investment in education will deliver "opportunity, prosperity and justice." (Brown, 2003, p. 142). However, it seems that while investment in education is a seemingly positive thing, there still is the presence of massive social inequalities when it comes to access to education. This can be explained in part by tenants of the Neoliberal agenda in which education rests in.

The purpose of education within this Neoliberal paradigm is produce workers, or "productive economic entrepreneurs" (Davis and Bansel, 2007, p. 248) as stated above. This will be discussed further in section 3.2 The Purpose of Education. However, it can be argued that the public service and education have become commodities that are to be traded in the marketplace. This has resulted in "increased exposure to competition, increased accountability measures and the implementation of performance goals in the contracts of management." (Davis and Bansel, 2007, p. 254). Simply put, there is an ever increasing pressure upon competing, grades and the

meeting of academic targets, which directly conflicts within the holistic environment many schools are attempting to provide for their pupils. This focus on performance, grades and credentials has become central in readying citizens to enter the ever shifting job market and subsequently generate income. School then, has become an arena in which these future labourers must be prepared, and from this assertion that credentials equal opportunity, competition has emerged. (Brown, 2003, p.142). Operating within this competitive global economy has seen in a shift in the agenda of education into the "selection into the occupational structure based on individual achievement." (Brown, 2003, p.143). This results in a tiered system, or one that encourages competition and ultimately, and creates a paywall for the families of students to access services, results in a life-long struggle for positional advantage, and has reduced mass education to something that has little space to prioritise wellbeing, unless in benefits the wider agenda, and not for it´s own sake.

2.2 English Education System

Schooling is compulsory for children and young people from the age of five to sixteen. This is divided into early years education, and four key stages (Gov UK, 2014). The national curriculum was introduced under the Education Reform of act of 1988 and (European Commission 2019b) standardises what is being taught to pupils across primary and secondary levels, but only within schools run and funded by the government. These are known as State Schools, in which every child is offered a place. The national curriculum sets out the programs of study in fourteen different subjects, as well as providing assessment through a various exam boards, so as to keep education standardised (Gov UK, 2014). Appendix 2 shows a visual of the levels of compulsory schooling in England, along with their age brackets, abbreviations and compulsory assessments.

Beyond mass education, England also has six other types of schooling, excluding special education schools designed for students with social, emotional or physical needs such as Pupil Referral Units (PRUs). These six types school offer varying degrees of autonomy on what is taught, and range from state funded, such as Free Schools, to privately funded Private schools, that operate using fees and do not have to follow the national curriculum (Gov UK 2016).

2.3 Research Site

This section will introduce the location of Barnsley, providing basic population and economic statistics on the area. It will then go onto outline education in Barnsley, introduce the MindSpace Program and its targeted demographic in more depth.

2.3.1 Barnsley

Barnsley is a town in South Yorkshire, England. The location can be seen on the map in Appendix 3. The current population is 239, 300, with the majority of residents, 226, 285, being white, 1661 Asian, 1221 Black, 168 Arab and Mixed/multiple being 1630. (Barnsley Council, 2020). With 97.9% of the population being of white ethnicity, this means that Barnsley is not an overly ethnically diverse area. Economically speaking, the incomes of Barnsley are below the England average, with levels of poverty differing from borough to borough (Wood, 2016) Overall, Barnsley's local authority is the 39th most deprived local authority, of 326 in England (Dept. for Communities and Local Gov. 2018). Full visuals of this can be referred to in appendix 4. Barnsley has nine advances learning centres which provide education for young people aged 11-18 years. Four of these are academies, which are schools in which accountability is moved away from any local governing body, and is instead given to a central trustee board within a multi-academy trust (European Commission, 2019b). In addition to this, there are two special needs academies, and one alternative academy the cater for students with special education needs from ages 3-19 (Barnsley Council, 2020). These schools follow the national curriculum of twelve core subjects, but are free to organise the timetable as they wish, as long as these foundation subjects are taught.

A key document is Barnsley's Future in Mind Report, which is a transformation plan for “Children and Young Peoples Mental Health and Emotional Wellbeing”, targeted at improving provision from 2015 through to 2020. It provides the most up to date and focused information of the state of mental health in Barnsley, and looks in part at the role schools can play in reconstructing both attitudes towards mental health and offering suggestion for concrete action. The report summarises the state of mental wellbeing in children and young people, stating it is

below the national average. The plan it itself states that “building resilience within our children and young people to enable them to enjoy robust mental health and wellbeing or to intervene early to prevent escalation of mental ill health are at the core of our transformation plans.” (DoH, 2015, p.33) These two aims tie in neatly with the aim of this project, and with MindSpace´s aims itself, as outlined in it is mission statement which can be seen in the following section. Regarding education, it acknowledges the strong links between education, attainment and mental health, arguing that education plays a key role in accessing the most vulnerable children and adolescents. While there is currently a “Resilience Program” present in primary schools across Barnsley, again funded by the Future in Mind council, at present MindSpace is the only program focused solely on adolescent mental wellbeing and provision. The Primary Resilience program uses a whole school approach to deliver provision, primarily through the THRIVE framework. Secondary schools however, are lacking somewhat (DoH, 2015). MindSpace at present only operates in secondary education, and so will be used to explain this gap, as well as to suggest how services can be improved.

2.4 Provision

This following section will break down the provision already provided through CAMHs (Child and Adolescent Mental Health Services), in section 2.4.1, and provide contextual information for MindSpace in section 2.4.2. It will then go onto discuss MindSpace´s main target demographic in 2.4.3.

2.4.1 NHS CAMHs

The CAMHs service is part of the National Health Service (NHS), and is provided for young people up until the age of 18. It is made of up of four teams, these being the Child and Adolescent Unit, Young People´s Outreach Team, Community Early Intervention Team and the Learning Disabilities and Development Disorders Team. These teams provide support such as Cognitive Behavioural Therapy (CBT), family therapy, group therapy, parenting interventions and psychologist assessments. These services take place through different settings, such as health centres, through schools or within the student´s homes (NHS Barnsley, 2018). MindSpace works

closely with CAMHs, and has a member of CAMHs working in the MindSpace offices for a percentage of the week. However, there are still significant issues with the CAMHs service in terms of accessibility, resources and waiting times, hence the creation of a supplementary service, MindSpace. CAMHs, its lack of funding and its implications for teenagers will be discussed in depth in Chapter 7. Discussion. Appendix 5 shows the waiting times by area…

2.4.2 MindSpace

MindSpace is a schools led service that provides early intervention and support from the emotional wellbeing of students in secondary schools. It describes itself as

> a safe space for young people to discuss their mental wellbeing, that offers a unique blend of early intervention support for young people and their parents. Integrated educational, family and emotional health assistance that can radically improve school and home life. (It) offers a quick access service for parents as well as children and young people to help them restore self esteem, gain strength and deal positively with the challenges they face. (NHS, 2017, p.27)

The mental health support team at MindSpace is made up of a small team of staff, including mental health and wellbeing practitioners, emotional support workers, parent liaison, as well as a member of CAMHs (MindSpace, n.d.-a). As mentioned, not a great deal has been written on MindSpace and the role is has within education and mental health provision, and thus the majority of background information will come from first-hand information from data collection, the MindSpace website and online articles. There is no academic literature, and thus this provides and exciting opportunity to begin building a new body of knowledge, and hopefully demonstrate how good practice and co-operation within this complex area of education can be improved.

At is core, MindSpace is an early intervention program that extends beyond the student that is struggling, to include the family in it is support. It is designed to catch issues early and deal with them, and though it is not an emergency response service, educates the service users and monitors their progress through various forms of intervention. They work closely with CAMHs, referring more serious, long term cases, and receiving cases in return that perhaps aren't deemed as “urgent”, but in which the student still needs support. A central tenant is that MindSpace does

not act as a medical service at the point of emergency care, but uses early intervention to equip those they work with with the tools and skills they need in which to help and empower themselves (Mindspace, 2020). As a result of this, a large part of MindSpace´s mechanisms lie in education. The interest in this program comes from it is unique approach. It acts a platform that could be described as a springboard of ideas, and in examining this program structurally, matters of austerity, the role of the school and environmental factors come into play. It is part of a wider narrative on the matter of mental health provision in schools in England, and is a good example of how provision can perhaps progress in the future. At present the scheme only operates in secondary schools. MindSpace runs sessions with groups of no more than 8 students at a time, offering bespoke sessions tailored to those involved. For example, if a schools have identified a group of students who seem to be particularity vulnerable to self-harm, the session will be tailored around this, using adapted NHS evidence based research and other materials. Parents and students can self-refer, while social workers, GPs, or any person that works with young people can also refer them to MindSpace´s services. The full referral criteria that is used can be seen in Appendix 6, while the aims of the program are displayed below.

Early Intervention	***Holistic approach***
MindSpace is an organisation that aims to support children and young people with mental health difficulties, aiding their recovery through early identification and intervention.	Supporting families and carers of these young people, believing in a holistic approach to mental health difficulties as the most effective road to recovery.
Tackling Stigma	***Empowering Young People***
We aim to tackle the stigma surrounding mental health difficulties, to interpret terminology around the topic, and to give young people confidence and reassurance that there is help available to them.	While building resilience and confidence MindSpace empower young people and their families by offering a range of self-help strategies, providing a focus towards a future of positive mental health.

Figure 1: MindSpace Aims, table compiled by researcher (MindSpace, n.d)

MindSpace offers counselling sessions to both students and families, and works to educate all involved, including teachers.They also work hard to reduce the stigma around mental health issues, and hope to begin educating teachers and school staff. Sault claims that “This is a unique scheme which sees mental health services, the NHS, schools and local authorities working together” and perhaps most importantly of all, is sees “parents, families and carers are at the heart of rescuing our young people…This year 13,100 children will be able to access support in school in Barnsley.” (Sault, 2017) Exactly how this provision is provided and structured, and the relationships between those involved will be explored in greater depth in Chapter 6: Discussion.

2.5 Adolescent Demographic

It is beneficial to briefly explore the life-stage of adolescence, as it will strengthen the argument for the need for age appropriate services for this group. There is a “literature gap in addressing younger populations”, (Hart et al, 2016, p.5) and although this study originally wanted to originally use exclusively the perspectives of young people, but this turned out to be challenging (almost impossible). Issues of safeguarding meant that the target participants had to be widened. This will be acknowledged in section 5.3, sampling.

When the term adolescence is used, it is referring to young people between the ages of 10-19, as defined by the World Health Organisation (WHO, n.d.). First and foremost, a striking statistic is that of “some 75% of lifetime mental health disorders have their onset before 18 years of age, with the peak onset of most conditions being from 8 to 15 years” (Viner, 2012, p.1). One in Seven 11-16 year olds currently have a diagnosed disorder. In terms of the mental health issues that adolescents struggle with, emotional disorders were found to be the most common in this age bracket. (NHS, 2018, p.13) Emotional disorders as defined in the report are anxiety, depressive, low-self esteem, anger, mania and bipolar disorder (NHS, 2018 p.7). Manifestations of these disorders include eating disorders such as bulimia, anorexia and binge eating, risk-taking behaviours such as substance abuse, smoking, drinking and unprotected promiscuity, as well as self-harming behaviours and suicide, In fact it is estimated that self-harm was the cause of death

for approximately 62, 000 adolescents globally, and adolescents are one of the most vulnerable groups in regards to attempting and committing suicide (Helton, 2014, p 126). However it is important to note that these are only the diagnosed, concrete disorders. Mental health and wellbeing in general is a very complex issue, influenced by social and economic factors, to name just two. There are a host of those who are undiagnosed, or whose symptoms overlap or do not fit into the distinct categories for diagnosable mental illness (Hickson, 2016, p.11). This means that often, the cases that are not "text-book" may slip through the cracks, which makes it challenging to have any absolute figures. Nevertheless, the figures presented here shed some light on the extent of the issue. Clearly, adolescence is a significant point in one´s life, and is noteworthy in terms of human development. The adolescent brain is rapidly developing and acquiring new cognitive abilities during this period, a state which continues into the early 20s. (Viner, 2012, p.4) Neurologically, it is a key stage in identity formation. It is the transition period between childhood and adulthood, yet we must not be guilty of simply dismissing it in a haze of hormones. With influences from differing peer groups and family during this time of exploration, adolescents are experiencing a new level of autonomy, and must be given space test their boundaries. (Helton, 2014, p.126) Thus it makes sense that it offers a second chance for intervention after very early childhood, when the brain is also rapidly changing and adapting: "the major transitions and developmental changes occurring during adolescence make the teenage years a time of immense potential for preventive interventions and building resilience in young people." (Viner, 2012, p.7) Using this period to alter behaviours and habit can be hugely beneficial, and mitigate problems in the next stage of development.

2.5.1 Social Media

With this development comes influence from peer groups, families and shifting school landscapes. These elements will be evaluated within chapters three and four, pertaining to the Literature Review and the Theoretical Framework. A point to raise within this section in relation to adolescence is the influence of social media, which has become a huge part of adolescent life. The growth of technology has accelerated communication over the last ten years (Elmquist & McLaughlin, 2017, p.503). There exists a myriad of free apps and platforms in which we are able

to communicate, as technology has moved away from being a way of sharing information, to being a more “connected” and interactive process in people´s lives (iBid). There now exists many varying forms of social media, from social media websites such as Facebook, Instragram, Twitter, and more recently TikTok, to messaging apps such as Facebook Messenger, WhatsApp and Snapchat. There are also websites such as Buzzfeed, Pinterest and Youtube, where ideas can be exchanged practically anonymously. There also exists online forums such as Reddit, 9GAG or 4Chan amongst others. It is necessary to consider how these platforms are used by this demographic, as social media has such a prevalent presence in adolescent´s lives.

Social media usage amongst adolescents has been found to have strong ties to their identity formation. This is not always negative, and benefits of social media may be greater connectedness with others and an ease of communication (Barry et al, 2017, p.1). However, unrestriction on social media platforms, both in terms of content and of amount of time spent on these platforms, may also have a detrimental effect on mental wellbeing. Pinterest or Tumblr, which are primarily image- sharing environments, are “known as havens for individuals suffering from self-injurious behaviour and depression.” (Elmquist & McLaughlin, 2017, p 505). Although providing open platforms on social media does in some instances encourage honest communication and relief through an understanding community, it was found that more often than not, social media acts an echo chamber and can in fact encourage maladaptive coping behaviours. For example, of users offering support on self-harm posts on Tumblr, only 13% suggested healthy advice, such as seeking therapy or professional help. In contrast, 25% of advice offered was harmful, for example, suggesting how to continue self-harming or engaging in maladaptive behaviour in secret. (iBid). Other potential harms of social media are “social filters, triggers, cyber bullying and trolling.”. (Elmquist & McLaughlin, 2017, p 506.), as well as loneliness and feelings of isolation from FoMO (Fear of Missing Out). (Barry et al, 2017). The impact of this in the context of mental wellbeing and school relationships will be prominent within later chapters, as it became apparent that social media is not an aspect of adolescent life that can be ignored, hence the need for a brief overview to be included here.

3 Literature Review

This chapter will discuss the main tenants of resilience theory, examining how, where and what has already been hypothesized as a way of justifying theoretical choices made in this study. It will summarise the existing relevant literature, outlining the four waves of resilience theory as well as highlighting the most prominent academics, studies and concepts. There will also be attention laid upon weaknesses within the existing research; this is key, as this will add a critical dimension to this research, and will ensure that this study is contributing to improving the field, rather than regurgitating what has already been done. The literature review will therefore situate this study within a wider framework, and offers the chance for existing work to be built upon, and new perspectives to be synthesised in context of what has already been achieved.

3.1 Operationalisation of Terms

An area of tension within much of social science research is in how to measure and define trait is or concepts in question. While it may seem fruitless to redefine a term that has already been defined many times, it can be argued that an over-reliance on terms and shorthands is dangerous. However by treating concepts and terms as if they are law, as if they are rigid and definite in their definitions and assumptions, we risk research becoming stagnant. On the same token, a lack of *any* identifiable trait is or definition that binds concepts together will lead to research being irrelevant, and unreliable. (Smith p.9 1998). This is why it is beneficial to review the concept of resilience, and redefine it in relation to this study. On a basic level, we can look at a resilient human as one that has faced adversity yet does not have any diagnosable psychopathological conditions, for example, depression, anxiety or self-destructive behaviours: “the capacity of a system to adapt successfully to challenges that threaten the function, survival, or future development of the system.” Masten & Barnes, 2018, p.1).

While these are considered to be “positive” outcomes in otherwise adverse circumstances, they in themselves do not indicate resilience. We must be cautious when using lack of pathological wellbeing as a measure of one´s resilience, as “a young person may not be experiencing depression but they may be unemployed, have few friends and be illiterate due to disengagement

with school." (Shean, 2015, p. 29) It can be argued that an over-reliance on assumptions within social science leads to over-simplification, and a lack of critical consideration towards the topic at hand. When dealing with such a shifting and ambiguous concept, such as resilience, it is easy to simply take the term at face-value. However it is clear that resilience is a much more complex field of research and is a multi-faceted term, and needs to be defined here within the context of education, so as to ensure this project contributes to the existing canon in a useful manner.

3.2 Purpose of Education

Much the debate in this paper relieves around deeper, less obvious questions concerning the purpose of education. The debate of how far schools should be involved in students personal wellbeing is one that falls into a wider discussion of the role of education- what is the *purpose* of education? And what exactly does education encompass? Robyns (2006), outlines three approaches which dictate educational policy and encompass the purpose of education, these being Human Capital, Rights and Capabilities. Education can also be "intrinsically important", in that one may study something simply for the act of enjoying it and wishing to acquire further knowledge, without any concern for how "useful" it may be in an economic or job setting. However this is not overly relevant to this study. (Robyns, 2006). These three frameworks provide explanation as to why we educate, and this is important when studying the policy of England, and how resilience fit is into it.

The Human Capital approach, emerging in the 1960s, is rooted in economic motivations. It "refers to the knowledge, information, ideas, skills, and health of individuals." (Becker, p.3) In short, education exists to build a workforce. If a skill is not considered to be economically productive, it is effectively useless from this point of view. Other forms of capital are economic capital, cultural capital and social capital. Viewing education as an investment in this manner, one that requires a return on skills learnt, is somewhat narrow, and has "blocked out the cultural, social and non-material dimensions of life". (Bordieu, 2011, p.72). The right to education sees education as a Human Right. Education is a right for everyone, regardless of background, gender, age etc, and regardless of any economic investment or return value it may hold. Viewing education in this way rests in complete dichotomy to the Human Capital approach. Thirdly is the

Capabilities approach, which is the framework that this study believes to be the most intrinsic reason to educate, but educating beyond the academic. In fact, “being healthy, being educated, holding a job, being part of a nurturing family, having deep friendships, etc.” are key in this approach, and “Functionings are thus outcomes or achievements, whereas capabilities are the real opportunities to achieve valuable states of being and doing” (Robyns, 2006, p.78).

To reduce the concept of education simply to what one learns at school is to misunderstand it. Schooling is in fact one facet of education, and just one part of much greater, lifelong process. All of the elements an individual learns, all of their experiences, struggles and triumphs make up their education. (Bass, 1997). Both schooling and education are intrinsically nestled within one´s society, and the systems, culture and contexts that surround them. In this way, we must see education as fluid, and as much a driver of change in a society as a reflection of the current values. So we could say, that “the purpose of education, then, is the perpetuation of a society. This fact does not, of course, mean that the society must be preserved unchanged. Indeed, failure to change when the situation changes spells certain failure to society.” (Bass, p. 29, 1997). Viewing education as a transmit of culture means that it also needs to prepare individuals for society outside and beyond school, and Schooling must not remain rigid. If we view culture as fluid, we can view schooling as a tool to prepare students for an evolving landscape. Education needs to encourage a mixed-bag of skills- elements that come together to equip young people with skills needed to succeed in “navigating a sea of uncertainty”. (Wyn, 2009, in Educating Generation Next, 2015). This debate will resurface in the discussion, as without unpicking the purpose of education, there would not be much use in education at all. There must be an agenda, and the findings will reveal in depth what this agenda is.

3.3 Resilience Theory

Etymologically, ’resilience’ means to ‘recoil’; possessing the quality of ‘elasticity, physical or mental’. (Masten, 2015) First and foremost, a point to keep in mind when operationalising resilience is that is it not a “static trait”. (Cicchetti & Garmezy, 1993, p. 499). Traits and characteristics emerge in line with new personal challenges or developmental transitions, as

every new hurdle in life presents new coping mechanisms and new elements of study. Ergo the field of resilience is fluid, and fascinating to examine.

The preferred definition that will be used in this paper was devised by Ungar, and encompasses different levels of resilience through use of resources:

> Where there is potential for exposure to significant adversity, resilience is both the capacity of individuals to *navigate* their way to the psychological, social, cultural, and physical resources that build and sustain their well-being, and their individual and collective capacity to *negotiate* for these resources to be provided and experienced in culturally meaningful ways. (Ungar, p. 17, 2012)

The interesting elements here are the navigation of "psychological, social, cultural, and physical resources", in culturally relevant or contextually aware ways. This transforms resilience from a somewhat passive context of "bouncing back" into something that is more active and is rooted in a wider frame of contextual reference. But why study this concept at all? Why does it matter?

The study of resilience and it´s place within social science and education has expanded significantly over the last two decades. "Resiliency studies offer evidence of what educators have long suspected and hoped: more than any other institution except the family, schools can and do provide environments and protective conditions that are crucial for fostering resiliency in today's children and youth" (Henderson & Milstein, 1996, 2003, in Ungar, 2012, p.296). It seems the exploration is needed, as technology has increased and indeed, as the level of adversity young people are facing has increased. This has led in a need to understand risk and protective factors (elaborated upon in section 3.3.1), and in refining this understanding into methods of prevention and aid for those that need it. As the world becomes more connected, and indeed, throws new challenges at us, it seems logical that we as a human community wish to delve into this, to understand how to function as best we can in an ever increasingly global and complex landscape (Goldstein and Brooks, 2014). As we develop to "become skilled at navigating a sea of uncertainty" through shifting labour markets and "fluid worlds of work", (Walsh, 2015, p.79) advanced technology and an increasing population, discussing how we can thrive in this situations seems to be common sense. We must begin to understand the ways in which humans can function in conditions that do not always encourage healthy functioning: "Changing

conditions of learning, work and life compel a need to develop better ways of harnessing broader skills, capabilities and literacies in young people as important resources for resilience." (Walsh, 2015, p.79)

There are many components or events which could pose long-term risks to a child´s development. These are defined as risk factors, or "a short-term or long-term threat to individual ´s healthy development." (Barnová & Tamášová, 2018, p.54). A protective factor promotes positive development in the face of risk, for example, a sense of belonging to a school is a significant protective factor and contributes to resilience building (Cahill et all, 2014). Both risk and protective factors have a cumulative affects, and it is common that these build up over time and thus result in maladaptive coping strategies in the face of trauma. (Condly, 2016, p.215). However, protective factors can act as a buffers that can dilute the effects of adversity, or "interrupt their cumulative effects", (Barnová & Tamášová, 2018, p.54) and in this way is almost as if one can balance out the other. However the mere presence of these factors doesn't result in sudden positive coping mechanisms or a complete lack of mental illness. The implementation and structure of these protective factors are what dictates success. These can be viewed as chains, in that "The more of them occur together, the stronger their effect is…they need more protective factors to prevent negative outcomes and maintain normal functioning."(iBid). Mindspace in this way is viewed here as a protective factor. Risk and protective factors are key terms within this study, and will be referred to in the discussion.

3.4 Background Literature

The literature on resilience, despite it being a fairly young field of study, is vast. During the 1970s, researchers studying the psychopathology of young people, noticed that some had "positive" outcomes despite being exposed to varying levels of adversity (Shean, p.4, 2015). Psychopathology is defined as (in extremely basic terms), the study of abnormal psychology, or, "mental disorders and unusual or maladaptive behaviours" (Britannica, 2017). Norman Garmzey is considered to be one of the founding father of resilience studies, as he and others began to research growth and resistance. (Condly, p.213, 2006) A result of this observation meant that by the 1980s, the term resilience was appearing frequently within the social science literature, and

has since splintered into other domains of resilience theory. This move away from such deficit views of illness that psychopathology had been preoccupied with up until this point, that is, was challenged by studies that examined the positive developmental trajectories (Masten & Barnes, 2018) or, the strengths within mental development rather than weaknesses and resulting psychopathology. (Windle, 2011) With this, a new wave of research that focused on mental *health* as opposed to mental *illness* appeared (Shean, 2015). This has provided a body of data and research that showcases what works for individuals in high-risk situations, and emphasises how individuals can move beyond negative circumstances, how resilience can be nurtured, and how people thus continue to thrive and develop at a healthy rate through "…individuals´ stage of development, to their specifics and experiences, and their perception and subjective interpretation of stressors influenced by their personal history" (Barnova and Tamasova, 2018, p. 55). The importance being that coping strategies vary from individual to individual, and are highly dependent on the context of the situation.

3.4.1 Waves of Resilience

Resilience research can be distinguished through four waves. It is useful to outline these waves so as to understand the chronology and significance of the theory. Surprisingly little literature seems to exist in setting out these waves, and thus this section will bring together various studies to paint a picture of the history of resilience. Effort has been made to incorporate the main tenants of each wave and discuss why they are relevant.

First Wave

The first wave of resilience research was concerned with attempting to conceptualise resilience, and was centred on the ´what´. It was highly descriptive, and attempted to "identify characteristics and a "short list" of commonly observed correlates of resilience" (Masten, 2007, p.922). There are many varying definitions of resilience, and that it is a term that needs to be defined in context and should not be taken at face value. As mentioned, it was noted in people with schizophrenia, an often severe mental disorder, that some were displaying adaptive behaviours. Prior to this observation, attention was placed far more on maladaptive behaviour, and those that seemed to be functioning well-be it in work, in relationships or within school-were

deemed to be anomalies and little attention was paid to them. However, researchers such as Norman Garmzey noted that there were certain patterns, or similarities, in those that were high-functioning, and thus curiosity began to emerge relating to what exactly these factors were. This shift in attention from maladaptive to adaptive behaviours is now considered to be a prerequisite of resilience studies, and formed a bedrock for which later theories developed from. (Cicchetti & Garmezy, 1993).

In light of this development, Garmzey and colleagues created the Minestota Risk Research Project, which investigated dysfunction in the offspring of parents that had schizophrenia. The results showed that most children did not grow up to be damaged and maladaptive adults, but in fact were highly functioning, competent and warm. The characteristics that they displayed were "high expectancies, positive outlook, self-esteem, internal locus of control, self-discipline, good problem-solving skills, critical thinking skills, and humour". This was seen to be result of personality disposition, and most relevant to this study, a supportive family and an open and reliant external support system (Richardson, 2002, p. 309). Project Competence, 1987, was led by Garmzey, as part of the Minnesota Risk Research Project. This project used parents of a cohort of 3rd-6th grade children to gather information identifying "predictors of competent outcomes under stressful conditions." (Cowen and Emory, 1998, p.2), and was a hugely influential study. It revealed that both child and parent factors were absolutely key in resilience building and were major competence factors (iBid).

Second Wave

The Second wave developed from the "what", and began to ask "how". More specifically, it moved beyond the *factors* that were associated with resilience, and instead began to look at the *processes* that led to high levels of resilience. Research of this wave was defined by context, the importance of the network around individuals, and the of role neuroplasticity and brain development played in resilience. (Write et al, 2012). It shifted into "uncovering the processes that might account for the observed correlates of resilience" (Masten, 2007, p. 922), and there was an increase in longitudinal studies that took into account factors such as the importance of attachment relationships and family interactions. The Rochester Child Resilience Project (1990)

built upon previous research of the first wave and built upon second wave research of context-specific adaption. An important takeaway from this study was that a child´s belief systems are important when examining resilience levels. For example, positive future expectations may have the effect of strengthening resilience for some individuals, but not all. If the child´s beliefs are not congruent with the goals set for them, then it will be more challenging to nurture resilient traits. The takeaway is that self-worth and perception, and how these interact with surrounding contexts, are very much worth paying attention to (Write et al, p. 24).

On the other side of the debate is the influence of biological factors in resilience building. A key name within this wave was Cicchetti, who began researching resilience in conjunction with brain development. A central and ongoing debate within resilience theory is the influence of nature and nurture, and to what extent each is involved in the development on individual resilience. This research into account Multilevel Dynamics, which encompass "gene–environment interaction, social interactions, and corrugation among individuals in relationships and social networks…" (Masten 2007, p. 924). It is generally acknowledged that it in an interplay between their genetics and the support provided to them, although not in the straightforward manner that may be expected (Condly, 2006, p. 216). Things we assume to be fixed traits, such as personality, temperament and genetics are dependent on the environmental triggers that then determine if they result in being protective factors. Cicchetti asserted that using a multiple level of analysis would allow for biological factors to be incorporated into psychosocial explanations for resilience. He concluded that resilience is influenced by an "individuals level of biological… organisation, experience, social context, timing of adverse experiences and developmental history." (Cicchetti, 2006, p. 145) To view resilience as either influenced solely by nature, or by nurture is somewhat reductionist, and this contextual awareness allowed for more suitable protective factors to be identified, as it was realised that what may work for one instance, one context, one child, may not be suitable for another (Write et al, 2012).

Third Wave

The Third wave involved the translation of this theory and science into actions and interventions that promoted resilience. This wave was much more theory driven (Masten, 2012), and was

interested in creating resilience in situations where it may not have naturally occurred, or easily occurred, otherwise. The goal here was to intervene and promote resilience where possible. (Write et al, p. 27). It was here that resilience became something of a strategy, where research from the previous two waves came together to create interventions. The timing of these interventions was considered to be just as important as the interventions themselves. For example, the Seattle Social Development Project is a longitudinal, schools based study that has been in operation since 1985, and is dedicated to investigating how risk and protective factors enhance behaviour. (Seattle Social Development Project, 1998). The program involves teacher training, child skill development and parent development in communication and classroom management, conflict management, resolution and negotiation, academic support, behaviour management and harm reduction. (Seattle Social Development Project, 2012). In short, it is demonstrating how, considering of contextual factors and differing situation impact interventions, and how these can be utilised to improve resilience outcomes.

Forth Wave

The forth wave is currently overtaking and assimilating previous work. It is focused on various system levels, and brings in an influence from the hard sciences and neurology. The social and hard sciences are seen to be coming together in a response tho emerging social issues, such as terrorism, global warming and flu pandemics. (Masten et al, 2012). This seems startlingly relevant in the wake of the COVID-19 outbreak, in which we are seeing a severe shock to many systems, educational or otherwise. The rise of this wave is a result of technological advances that allow us to more easily study the process that have already been discussed. The forth wave only exists through the bringing together of past research with technological advancement: “It was only when risk, assets, vulnerabilities, and protections could be mapped… and the statistical tools were at hand to address complex dynamics” (Masten, 2007, p7). that it was possible to move into this new arena of research.

Table 2: Summary of Waves of Resilience (Masten, 2007) table compiled by researcher

Wave	Key Characteristics	Key Quote
First (Dates)	- Based on the "what" - Conceptualisation phase - A checklist of traits resilient individuals possess	"… short list of commonly observed correlates of resilience." (Masten, 2007, p. 922)
Second	- Based on the "how" - Importance of context - Inclusion of neuroplacity - Interplay between nature and nurture	"…uncovering the processes that might account for the observed correlates of resilience" (Masten, 2007, p. 922)
Third	- Translation of theory into action and interventions - Interested in creating resilience where it may not have occurred naturally - Spanned across different disciplines	"…response to urgent national and global threats that require integrative solutions, such as natural disasters, terrorism… and a flu pandemic." (Masten et al, 2012,).
Forth	- Influence of social sciences prominent - Overtaking and assimilating previous work - Focus on system levels	"Integrative approaches, spanning levels and disciplines" (Masten, 2007, p. 922)

3.4.2 Key Reports

Three key documents were chosen in which the majority of the statistics and information on mainstream education and provision in England were pulled from. It was decided to use specifically three documents, as there were countless documents on mental health provision, which would have crowded the study. The following documents all serve a specific purpose.

The Future in Mind report was published by the Department of Health in 2012. The report was commissioned in partnership with the NHS, and its subheading reads "promoting, protecting and improving our children and young people´s mental health and wellbeing." (NHS, 2017, title page). This report focuses on the current situation regarding provision nationally in England, and is broken up into context, resilience promotion, prevention, early intervention, improving support, increasing accountability and developing a workforce. It provides a solid overview and states the cases for change. Next, is the Green Paper, titled "Transforming Children and Young

People´s Mental Health Provision" (2017) which is a policy consultation document, one that encourages feedback and discussion. It was co-written by the Department of Health the Department of Education, and lays out plans in detail as to how and improve mental health provision from your people. Lastly, is a non-governmental report from the Trade Union´s congress (2019), titled "Breaking Point: The crisis in mental health funding.", which in partnership with the NHS, lays out the realities of funding, provides statistics, and breaks down budget allocation in the health sector. It will be used to compare policy with funding, to see if these match up. These three documents look at provision from a national, policy, and financial perspective. They will be used as comparative tools, both with the data and with one another, so as to paint a picture of the reality of the state of mental health provision in England.

3.5 Criticisms of the Resilience Approach

It is important to acknowledge the criticism within this theory, rather than gloss over them, as flaws or "weaknesses" often highlight gaps to be filled. It adds a critical dimension to the review which allows for signposting towards further research. An interesting criticism is that the focus on resilience does not address the root of the problem. It has been accused of being a **"**vehicle for the responsibilization of individuals in place of social structures and governing institutions" (Hart et al, 2016, p.3). Reading from this point of view, resilience work can be seen to shift blame onto the individual, therefore absolving the the state or relevant structures of any responsibility for as to *why* resilience needs to be nurtured in the first place. Research is vulnerable to accusations of being far too "actor centred, ignoring any structural forces" in that it "gels with the politics of neoliberalism." (Garret, 2015, p.1918)

Social science research- and arguably pedagogic research- is inescapably linked to the policy and political framework it is encased in. An interesting point to consider is that of, 'how much adversity should resilient individuals endure before social arrangements rather than individuals are targeted for intervention?' (Botrell in Garret, 2015, p.1919) The whole concept of bouncing back has been accused of enabling current stigmatising and unjust meso-systems. As a result, "This is important because it depoliticizes and shifts responsibility for dealing with crisis away from those in power. It also creates an expectation that people *should* 'bounce back'."(Harrison,

2012, p. 99). Taking this valid viewpoint into account, this study wishes to challenge these arguments, and to use them to illuminate existing cracks and defects in the system that have resulted in the need for early intervention programs such as MindSpace. This very weakness within resilience research will be considered and used to examine structural problems on a deeper level, assessing how provision is currently offered in England, and if this indeed is exasperating existing structural imbalance or challenging it.

The Background Information and Literature Review have briefly situated the study within context. It is acknowledged that there is a lot more information that could have been included, however there is not scope within this study to go any deeper into concepts presented. Using this information, the Theoretical Framework will now be presented, and will combine two concepts to guide articulation of research questions, data collection, analysis and discussion through creation of an analytical framework. The literature review explored resilience on fairly general grounds, and the next step is to narrow down the concept to a relevant strand.

4 Theoretical Framework

This framework will blend two concepts, Ecological Resilience and The Empowerment Model. Firstly, ecological resilience takes into account the importance of the relationships surrounding the student. Secondly, The Empowerment addresses the structural aspect of provision, and will aid in analysing how MindSpace functions. Both frameworks will be described and combined to create a new model that offers a dynamic narrative situated within a educational paradigm, using a relationship perspective and a structural perspective. This will strengthen the analysis, as it reads the data from two different, but equally valuable contexts.

4.1 The Ecology of Resilience

The majority of the Ecological perspective can be attributed to Bronfenbrenner´s seminal work, The Ecology of Human Development (1979). This was groundbreaking in that it viewed development in relation to the systems that surrounded the individual, these being both spacial and interpersonal (Ungar, Ghazinour, Ritcher, 2012). Prior to this, much research on that was concerned with the environment was confined to two prominent spheres. Firstly, within the field of social psychology, through the examination of "interpersonal relations and small groups," (iBid). Secondly, within the field of anthropology, and to a smaller degree, psychiatry, psychology and sociology. These studies are often anecdotal in nature, and rather more static, in that they only took into account the individual´s immediate environment. What sets the ecological perspective apart from these disciplines, is that it is far more concerned with social relevance and the integration of context into explanations of individual´s development. It extends much further than just the individuals immediate circle, and takes in account a wider system of relationships that surround the individual. On the same token, the importance of systems in this approach allows for a model that integrates theory into structures and grounded research. This ensures it is a fluid, ever-developing and relevant field of research, and one that is extremely relevant within the constantly shifting educational sphere. (Bronfenbrenner, 1979, p.18).

When we speak of "systems", we can visual these systems as akin to the structure of a Russian doll, with different levels of system and environmental influence "nestled" within one another,

with the individual at the centre. These settings are labelled as the microsystem, mesosystem, exosystem and macrosystem(s) which are illustrated in Figure 2 (Bronfenbrenner, 1979, Ungar et al, 2012). The ecological human development perspective is defined as:

> the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded. (Bronfenbrenner, 1979, p. 21).

Bronfenbrenner theorised that surrounding settings do not simply imprint themselves on individuals, and as such we must view these interactions as dynamic, with both the environment and the developing individual impacting and shaping one another. (Bronfenbrenner, 1979, p. 21) In this way, ecological systems theory realises the importance of social relevance, something that this study is also interested in. The different system levels as illustrated above, are described by Bronfenbrenner as the Microsystem, the Mesosystem, the Exosystem and the Macrosystem.

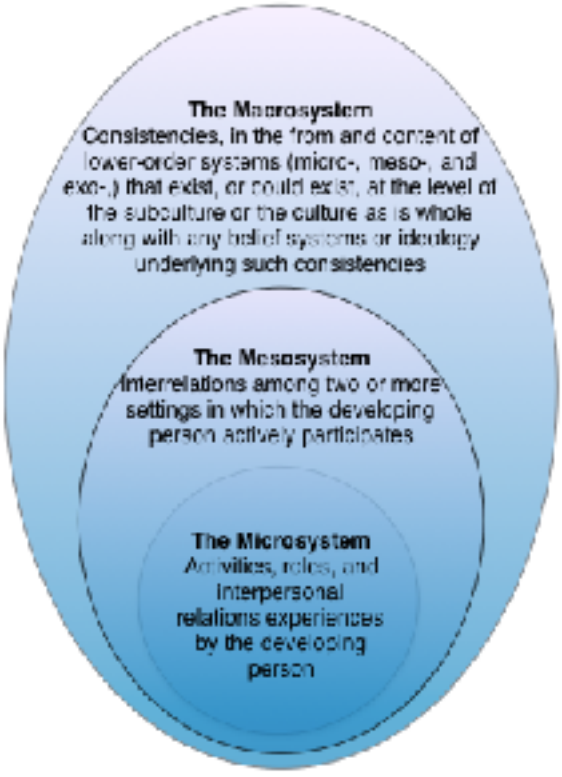

Figure 2: Ecological Systems theory, Diagram compiled by researcher, Bronfenbrenner (1979)

Figure 2 illustrates these systems visually, demonstrating how the different systems are arranged in something resembling concentric circles, demonstrating the various strata of an individuals´ environment. The theory has been adapted to not include the Exosystem, as although an important element in Bronfenbrenner's work, it was not deemed an important level in this particular study. Therefore, the model has been adapted with it omitted. The Exosystem refers to "one or more settings that do not involve the developing person", for example the school of a sibling. There was not scope in this study to go into relationships that exist within the exosystem in detail.

The systems have been organised in concentric circles so as to demonstrate Bronfenbrenner´s Russian doll analogy. Moving up from the individual, these strata fit together to form a whole, while also having their own space within society. It is helpful to provide some brief examples as to what sits in each of these levels; an example of a microsystem would be day to day activities within a school, the Mesosystem would be relations in their home, and the mesosystem a conservative government. Referring to this visualisation aids with developing the concept of ecological resilience, and this diagram will be modified in section the discussion, to demonstrate where MindSpace, the school and the individual play into this structure.

4.1.2 Ecological Resilience Perspective in Education

Using this ecological perspective, schools fall into the category of the mesosystem. Therefore we can look at the relationship in an educational context as a relationship between individuals (students), and the so-called "gatekeepers" of these resources; for example, schools or government. (Ungar et al, 2012, p. 351). These gatekeepers are responsible for navigating these resources, and thus individuals are dependent upon them to distribute these where needed. In other words, this study is interested in the relationship between the students, the micro system and the mesosystem.

Individuals do not sit in isolation; those are at high risk have better outcomes when their surrounding Microsystems are in communication with one another. In this way it can be argued that everything is complex web of systems, and that through the unpicking of these systems we

can shed light onto how best to modify structures and practices to fit the developing student, so as to nurture their mental wellbeing. Kiswardy (2010) argues that families are the most influential system in the fostering and nurture of resilience, however, as touched upon previously, schools are an area that play a huge role in children and adolescent development. Through spending at least one third of their day in a school setting, schools have the opportunity to fill in gaps that the family setting may not be capable of meeting. Incorporating resilience processes can "contribute to learning efficacy" (Kiswardy, 2010, p. 98). Teachers can be positive role models, and can promote three crucial environmental elements. Connection, through authentic relationships, competence through understanding and utilising learning structures, and contribution, through building class and school community. (Bernard in Kiswardy, 1998, p. 98). Nurturing resilience allows for deeper and more complex troubles and issues to be addressed. However, because this involves a rather more complex approach, it is often not so easy for teachers to provide this sort of support within the current constraints of their role. The Ecological perspective becomes relevant here because:

> "…first proof that let us say with certainty that resilience depends more on what we receive than what we have… evidence that young people do much better when they receive a weave of services delivered with consistency in cultural relevant ways at a time and place valued by them." (Ungar, p. 15, 2019)

In this way we are interested in the mesosystem, or "the goodness of fit between elements of the mesosystem…and predicts positive growth in suboptimal conditions" (Bronfenbrenner, 1979) This view that the resources available to the individual are more influential than personal attributes, for example grit or fortitude. Relationships in this way can be used in and out of the classroom, to help students thrive. Mindspace succeeds in this way in "arguing against a paradigm of individualism" (Ungar, p.14, 2012), by using the mesosystem to its advantage in a school setting. However, it would not be fair to assume responsibility falls solely upon educators and teaching staff to fill the gap within provision. The reality is, that many mainstream schools in England are simply not equipped to consistently and adequately tackle the issue of mental health. This will be explored further in chapters 6 and 7, Findings and Discussion, as this is a key debate. It has been found that students who receive programs in positive school environments

developed around social and emotional skill building, tend to be more resilient. (Cahill et al, 2014, p. 8). As such, there must be some involvement of school environments, and therefore of teaching staff. It is not the belief of this paper that it is possible to completely separate the two. The following section will theorise how this could be improves in a school setting, by comparing different possible education models.

4.2 Health Education Model

While the Ecological resilience model is beneficial for understanding the importance of relationships across landscapes, a supplementary model strengthens the analysis through applying this at a system level. This means that Ecological theory will not simply be "hanging" in isolation, so to speak, and will be grounded within a structural framework. Section 4.3. Blended Model, will take the relevant elements of this framework and combine it with Ecological Resilience theory.

The term "health education" becomes relevant here, and is used to encompass a variety of prevention and measures taken in schools. (Hagquist, Starrin, p.226, 1997). It looks to prevent the ill-effects of various heath-related behaviours, such as alcohol consumption, and covers a range of interventions. There is still a lack of concrete assessment into these efforts, as only a small fraction of programs have been systematically evaluated. However, it is possible to analyse the different structural approaches health education takes, and how these models work within the structural setting of a school. Haquist and Starrin (1997), have divided intervention and preventive measures into four approaches, which is the basis of the Health Education Model. As touched upon, there is criticism that to impose too many responsibilities regarding health education onto schools is unjust, there is evidence that suggests that education and health are mutually important and related to one another.

4.2.1 Types of Education

Through this framework, it is possible to analyse interventions and methods classrooms use within mental health provision, and thus discuss their effectiveness, making it a useful comparative tool. Through coding and comparing various perspectives, four main practices of

health education have been identified, each of which is summarised below. The four main educational strategies that will be reviewed here are Traditional, Modern, Planner and Empowerment. These either take a top-down approach to change (Traditional, Planner), or a bottom-up approach (Modern, Empowerment). (Hagquist, 1997, p. 226).

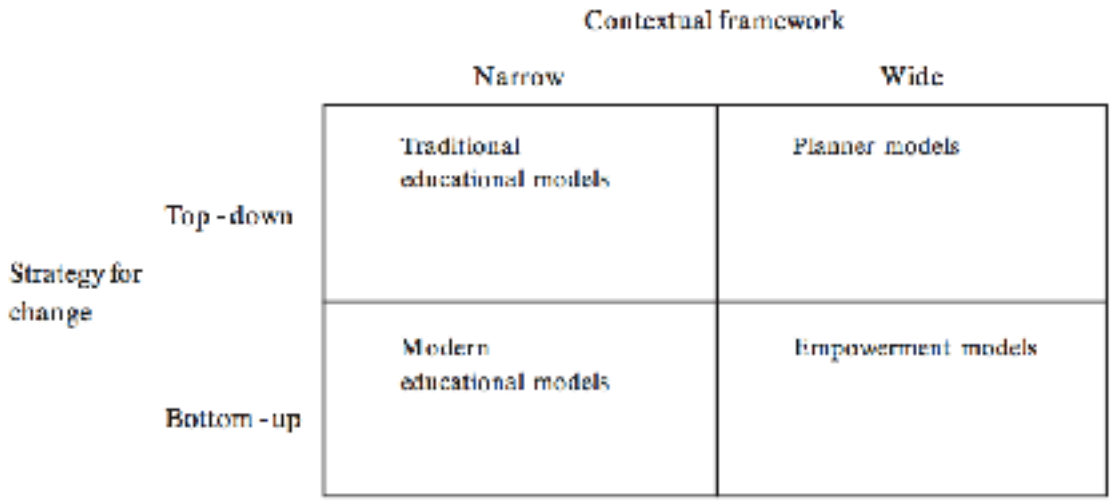

Figure 3: Models for health education in schools- a typology- from Hagquist and Starrin (1997, p. 226.)

Figure 3. demonstrates visually how these four frameworks can be read in conjunction with one another. We are all agents within our own story, yet the amount of control we are given over our story is something that greatly impacts our perception of the processes, and the outcomes of these processes. Much of the differential elements in these models is how involved the students themselves are involved in their care; if they are viewed as a passive or active agent, and how the information is disseminated to them. Each one also has differing involvement of contextual factors, which influence practice greatly. The four models will be briefly outlined below.

Traditional models of health education often mirror that of traditional teaching methods in schools, insofar as they see the pupil as a mostly passive entity. In this way, the passive individual is merely a receiver of information given to them by the establishment. It assumes that having been given all the information, a student would make a well-informed and rational decision. In this way, it is quite an individualised approach, and uses a top-down method of

disseminating knowledge, that does not greatly take into account surrounding contexts. (Hagquist, 1997, p. 227) It will be argued that this is the main method used in mainstream schooling.

Modern models work from a bottom-up perspective, but have a narrow contextual framework. This means that while the students are active participants in this model, little consideration is given to surrounding contexts. Because this model is still confined to classrooms, there is not the stope to include strong contextual considerations. They are characterised by a focus on social skills, resistance skills and other general skills, examples of which may be goal setting, self-esteem building or managing stress. Although they are certainly more health aware than traditional models, they are still bound by a classroom or the curriculum, and are dictated by the school itself and its resources.

Planner models are not dissimilar to the empowerment model, in that it shares a wide contextual framework that involves arenas around the individual. Using this planner model, the entire school, and at times the community, are involved in educating the individual. through school health services, school health education and school health environment, programs are delivered to the student. However, the seemingly subtle difference here is the omission of concepts of empowerment and pupil involvement. An example of this is the "health-promoting school", a concept which originated in the UK, "This model is supported by the concepts of school curriculum, school environment and community outreach". (Hagquist 1997, p.228) However, in practice, this model often varies greatly from school to school and at times, does not translate into concrete action.

Empowerment models are arguable the most dynamic of the models. As with resilience, Empowerment as a concept in social science is one that has a number of varying clarifications and definitions. However, a once again a focal point is that of the relationship dynamic between the young person and surrounding adults. While empowerment is something of a self-driven concept, young people need to have resources to navigate and be given space to represent themselves and their feelings. (Kalnins et al, 1992, in Hagquist, 1997, p. 228) Working using a bottom-up approach and wide contextual framework, the Empowerment model allows to be seen

as “partners in health education work”, rather than simply subjects. In contrast to the Traditional model, students, their school and surrounding relationships are more involved in the processes through the wide contextual framework. (Hagquist, 1997, p. 228).

4.3 Blended Model

This figure has combined the basics elements of both theories that work together, and will illustrate how Mindspace works with the empowerment framework and ecological approach to deliver care.

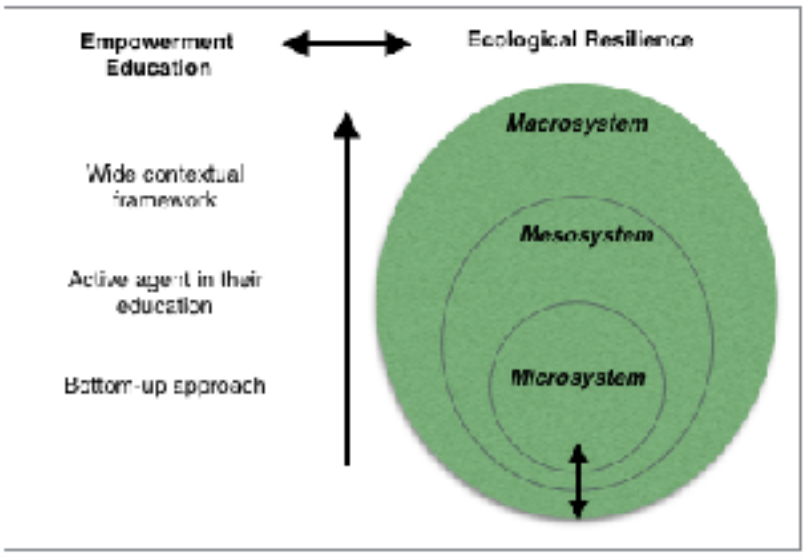

Figure 4: Blended Model, complied by researcher

The four models presented here have been briefly discussed in a theoretical context. It has been a conscious decision not to provide concrete examples within this framework, so as not to crowd the explanations. The two models that are most relevant to this study are the Modern and Empowerment approaches. MindSpace is arguably utilising an empowerment model. Mainstream education sits somewhere in-between traditional and modern methods. This will be argued fully, using examples, in the discussion. In light of this, the theory of Ecological Resilience, and the relevant approaches from the Health Education Model can be combined to produce a new, solid theoretical framework, as illustrated above.

5 Methodology

This chapter will cover the decision making regarding methodology used during one month of fieldwork conducted in Barnsley in November 2018. Choices of research paradigm in relation to the theory, sampling and study design will be justified, and discussion of quality issues, ethical issues and possible weaknesses will be acknowledged. Comparative levels and units will also be outlined.

5.1 Philosophical Assumptions and Research Paradigm

Being arguably rather more fluid than the “hard” sciences, the social sciences are an attempt to explain and explore the patterns and processes observed in the social world (Walter, 2019, p.4). Because the subject matter of human beings and how they behave is so dynamic, there is no consensus on what phenomena is to be studied or how to study it (Rosenberg, 2015 p.4); methods that may be appropriate for one study may not be for another. Therefore aligning oneself within a particular paradigm is key as it helps guide and situate the research. Philosophical assumptions will inform the choices made in regards to method and procedures, as the philosophical approach taken in research often dictates the choice of theory used, and the way in which the data is discussed (Rosenberg, 2015, p.5).

A paradigm is defined by Kuhn as a “commonality of perspective” that binds research and theorists (Burrel & Morgan, p. 23, 1979). However, the four paradigms presented within Kuhn's Structure of Scientific Revolutions do not represent the assumptions taken in this project, and their ontological views don't adequately align with this research. Therefore, a critical realist perspective will be taken. Critical realism emerged as an alternative to existing ontological paradigms (see Archer, Bhaskar, Hartwig). Within critical realism, subjectivity and objectivity are much more fluid, something which is arguably lacking within Kuhn's paradigms, which are somewhat more rigid. The interplay between the existing, objective, structures and their observable, subjective, effects on agents of society are key to a critical realist approach, and emphasis is placed upon ““transcending” the divide between objectivity and

subjectivity." (Archer, p.1, 2003). Bronfenbrenner asserts that **"…**that what matters for behaviour and development is the environment as it is *perceived* rather than as it may exist in "objective" reality." (Bronfenbrenner, 1979, p. 4)

The aim of this research is to challenge the structures as they exist, to critique them, and to demonstrate how these structures impact agents of society. Within critical realism, "we will only be able to understand- and so change- the social world if we identify the structures at work that generate the those events and discourses." (Bhaskar cited in Bryman, 2016, p. 29). This project is concerned with the structures that surround provision in terms of the political ideology England operates under, and the ways in which this manifests structurally in English schools. While these structures are the driving force for observed behaviour, that a subjective interpretation of how they operate can be taken. As a result, this project would not fall into a critical humanist paradigm, as this sees all phenomena as constructed. Similarly, radical structuralism does not take into account possible subjective workings of how these structures influence behaviour on and individual or aggregate level. Critical realism exists between the two, and allows for an understanding that structures objectively exist, but that the way in which they impact behaviour is subjective and far more fluid**.** Contextual factors play a large part in critical realist debate, which mirrors the importance of context and ecological considerations within the analytical framework chosen (Bryman, 2016, p.29).

5.2 Research Design

This qualitative study examines the lived realities of those working on the ground within mental health provision, specifically within this one fairly young program. A qualitative, comparative case study has been chosen, because it is best suited to exploring the fabric of human experience. Qualitative research generally is based around thick description and is concerned with the point of view of the participant, and also allows for an interpretivist approach to be taken, which encourages contextual understanding and aims to understand the inner workings of the participants. (Bryman, 2016). This is appropriate concerning the topic of mental health provision because it is a very sensitive and personal issue, yet at the same time is something that is relevant to every individual. It would not be appropriate to take a quantitative approach when using a

case-study of this kind, as much of the deep data would be missed. Case studies are an intense investigation of a single case, maybe across an event, person, community, or organisation. (Bryman, 2016) In this instance MindSpace is the organisation that will be the case of this study. This will generate a large amount of specific, context- bound data, that will be useful in recommending lines of action to take in the future.

5.3 Sampling

This section will justify decisions made and the techniques used when gathering data, in regards to location and participants.

5.3.1 Country

England was chosen as the research site for two main reasons. Rather than focusing on the entire state of the UK, I have decided to limit my study to England. This is because the UK is a devolved state. Although united, it is comprised of four separate countries, each of which is unique and has it is own set of contextual considerations and at times, and has decentralised education policies. Therefore to study the UK under an umbrella would not be appropriate, and could lead to overcomplicating the study. England is currently at the forefront of many news broadcasts, with the controversy surrounding Brexit, and with the cuts to various services and funding due to austerity (see Williams, 2019, Ryan, 2019). Austerity measures under conservative-led governments have now been in effect since 2010. With a decade of cuts to services and funding, these measures have hit mental health services hard. The impact of austerity is extremely nuanced, and it can not be denied that the link between socio-economic factors and mental health are strong (Cummins, 2018). Critical realism asserts that contextual readings of society are key, and austerity measures have played a massive role in the arena of mental health and wellness.

Secondly, from a more personal perspective, having been through this schooling system myself, I feel that I am very familiar with the structure. I have work experience in schools and in educational charities that work with the most vulnerable student demographics, and I feel that this, combined with me being educated for most of my academic life in England, sets me in a

solid position to research in this country. I also have experiences some of these gaps in provision first hand, have close friends and relatives that have been impacted, and have witnessed the detrimental effects that the current education system can contribute to regarding families and individuals when speaking of mental wellbeing. This has been a massive motivation when choosing my research site. The benefits and potential problems with me having this close relationship with England will be discussed in section 5.5. Ethical Issues.

5.3.2 City

The choice of city to study in this project was bound by the location of MindSpace. The study exists at present only in this city, meaning data collection from MindSpace is restricted to Barnsley. As well as this, "The health of Barnsley residents is generally poorer than average." (NHS Barnsley, 2017, p.5), and educational attainment is also well below the national average, although it does continue to improve. **(**NHS Barnsley, 2017, p.12**)**. In terms of the mental health of Barnsley, it again scores significantly below the national average. For example, rates of diagnosed depression were at 9.6%. (NHS Barnsley, 2017, p.15**)**. A drive in educational policy change currently, and with an injection of funding from the CCD to fund mental health programs, has resulted in MindSpace being created. This means that at present, no academic research has yet been carried out with MindSpace, which makes this study unique.

5.3.3 Schools

The schools selected were again dictated by where MindSpace currently operates, as England is a country that takes bureaucracy and safeguarding extremely seriously. This means that it was almost impossible to access mainstream schools, or in fact any educational building, without being affiliated with a charity, verified research team, or an English University. This meant that the schools that I was given access to were dependent on a gatekeeper, and that it would have been almost impossible to gain research into schools independently. As result, I was given access to three schools, however once again because of safeguarding issues, I was allowed in on an observatory level, and was never allowed to be left alone with students as I was not CRB checked. These schools were located in the centre of Barnsley city centre, one being an academy,

and two being mainstream secondary schools. These will be referred to as School A, School B and School C. School A was a religious school, School B was a mainstream school, and School C was an academy.

5.3.4 Participants

Participants were found using a snowball sampling method through a gatekeeper. Snowball sampling was used because of the sensitive subject matter of this study, paired with the difficulty in accessing mainstream schools. This method is often used to gain access to hard-to-reach populations, and is beneficial when individuals are the primary focus of the study. It also can "reveal the connectedness of individuals in networks" (Bryman, p. 424), and thus was deemed a good fit for this thesis. The population sample was smaller than was first planned, and the study ended interviewing 8 individuals, all within different levels of the health and education system.

Table 3: Participant Coding, table compiled by researcher

Level		Abbreviation
School	Student CAMHs Officer School Liaison	Ps1 Ps2 Ps3
Family	Parent Parent Liaison Officer Parent Councillor	Pf1 Pf2 Pf3
MindSpace	Emotional Support Worker Director	Pm1 Pm2

It proved difficult to access as many participants as was first hoped, once again due to safety issues around schools in England. Several schools were contacted prior to making contact with MindSpace, and no response was received. It was also not possible to gain teachers perspectives, something which is arguably lacking in this study. The participants gave been divided into three categories, and coded according to the level in which they are involved, these being school,

family, or MindSpace. Although of course they all overlap, it was decided that having some sort of division would make findings clearer.

5.4 Materials and Development of Interview Guides

The layout of the interview questions were intended to be a guide rather than a rigid structure. Three different interview guides were produced before going into the field, one for students, workers of MindSpace and finally for parents. All three of these interview guides can be found in Appendix 7, and each was designed to be slightly different in approach. For example the student guide used less technical language, and focused more on the student´s experience of mental health provision and school environment. In contrast, interview guides intended for MindSpace practitioners asked more questions around the concept of resilience, or of contextual factors around education and mental health.

5.4.1 Data Collection

The data collection procedure began in Norway in June 2018. Over the summer period, various schools and programs were contacted via email to gauge any interest in being part of this study, and travel to England took place in November 2018.

Each interview was carried out in a private room on a one-to-one basis, after consent had been obtained from each participant, and where appropriate, the participant´s legal guardian. All interviews were recorded on a dictaphone, with materials of pen and notebook in case any notes needed to be taken. Ample time of at least one hour was scheduled with each participant, so there was no time pressure. The interviews were projected to last between 35-45 minutes, although some overran. This was seen to be beneficial and participants were not discouraged to stop speaking until the interview seemed to reach a logical end. Often as participants spoke for longer they became more comfortable with the interview process, and opened up about certain issues they may not otherwise done had the interviews had a strict time limit. This resulted in 81 pages of data solely from interviews, which was transcribed and password protected on a personal laptop. All names were coded, and all sensitive information such as names of schools or specific streets omitted. This data was not shared with anyone, and audio recordings permanently deleted

as soon as they had been transcribed, with data too being destroyed as soon as it had been utilised.

The interview process was something of a journey in this study. Participants shared their experiences with a level of honesty and vulnerability that was both inspiring and humbling. Some of the topics that were discussed in these interviews could be potentially triggering, issues such as suicide, self-harm, bereavement and domestic abuse. However, the sad fact is that these topics are real life. They are these participant´s lived experiences, and to have them share these during the interviews was poignant. It is very easy to get caught up in facts and figures concerning the numbers of people struggling with trauma or mental illness, and forget that there are individual people with individual stories behind those figures. This study hopes to add a little humanity to the debate, and allow space for participants to speak openly about their lives, their journeys and their triumphs.

When not conducting interviews, time was spent observing the day to day workings of MindSpace and shadowing members of staff. The hours spent in these environments proved to be fruitful, as it enabled an opportunity to get a real sense of how MindSpace worked, and see how intrinsic the relationships were between staff members, schools and service users. Materials such as photos of various classroom settings and schools, referral criteria and worksheets used in workshops were collected. All these can be found in Appendix 8. Notes were taken wherever possible, and encompassed everything from points of interest to research, small observations, and general thoughts about each day. It was the view that it would be easier to begin the interview with questions participants may not find too challenging to answer, for example, questions about environments they were directly engaged in. Subjects that may require slightly more reflection due to their more intangible nature (regarding political climate or thoughts around resilience, for example), were generally not approached until later in the process, as it was hoped by this point participants would feel more comfortable, and thus find it less daunting to engage in these wider questions.

5.4.2 Analysis

Analysis was a dynamic process. This project was originally deductive in nature, in that a theory was chosen, and data collection was rooted in this. (Bryman, 2016, p.2). On the contrary, it ended up being a more dynamic process, one that moved between being deductive and inductive. When going into the field ecological resilience was the only theoretical framework used, however, on retuning to Oslo and continuing to formulate the thesis, it became clear that another theoretical model was needed to supplement resilience. In light of this, the Health Education Model was used in order to analyse structural elements of education, rather than simply participant perspectives. In this way, the process was both inductive and deductive.

The amount of data meant that the quotes and references included in the findings were deemed to be of most relevance, and was then analysed using thematic analysis. First data was transcribed, and then colour coding was used to pick out recurring themes, words and topics. According to Ryan & Bernard, "discovering themes is the basis of much social science research. Without thematic categories, investigators would have nothing to describe, nothing to compare, and nothing to explain." (Ryan & Bernard, 2003, p. 86). The data was read through several times, and each time codes ere refined until saturation of data was achieved solid themes were identified. However, thematic analysis as a term is fairly vague, and the approach is multidisciplinary and therefore it is not adequate enough to assume that searching for themes is the core of this approach. (Bryman, 2016). Therefore certain elements were noted when coding the data these being repetition, any missing data, linguistic connectors such as before and after in picking out "time-oriented relationships", and any similarities and differences.

This last technique of noticing similarities and differences, for example, in what policy states and what participants experience makes up a part of the comparison process. Comparison in education can take place across many different units, including but not limited to curricula, systems, geographical locations or policy. (Mazon, 2007 p.85). Bray and Thomas created a framework, or "cube", in which different strata of comparison are displayed. They divide this across three groups, "Non-locational demographic groups", "Geographical/Location levels" and "Aspects of education and of society." (Philips et al, 2008, p. 23). This study will use comparison

units across systems, MindSpace and Mainstream education, through interviews, observations and reports, as well as comparison across individuals and their experiences. This will be woven throughout the discussion.

5.5 Ethical Issues

Ethics in research are of paramount importance. If a study is not deemed ethical, it almost becomes invalid. This study was approved before field work was undertaken by the Norwegian Centre for Search Data (NSD). Approval was permitted through an application, which was reworked twice through the NSD website to ensure that it complied to ethical guidelines (Approval can be found in Appendix 9). This research could not have been completed without this committee´s green light.

Diener and Crandall (1978) divide ethical principles into four areas: harm to participants; informed consent; invasion of privacy; deception. (Bryman, 2016, p. 135). Using these four principles as considerations within the data collection contributed to ensuring that the formulation of interview guides and gathering of data was ethically aware. Harm to participants can embody several different things- physical harm, stress or damage to self-esteem to name a few (iBid). This was a particularly relevant concern in regards to this study; the sensitive and often deeply private nature of this research topic, mental health, meant that risk of harm to participants was more of a concern than with alternative research topics, as topics could potentially be triggering for research participants.

Informed consent was obtained through using consent letters, in conjunction with ensuring any student participant participants were over the legal age of consent- in England this is sixteen years of age. These letters can be seen in Appendix 10, and vary in content depending on the participant demographic. This ensured that participants had full knowledge of the interview procedure (Bryman, 2016 p.140), and kept a copy for their own reference. Invasion of privacy ties in with consent, as in by attaining consent invasion of privacy was greatly reduced, as the procedure was set out within the letter of consent with the opportunity for participants to ask any questions they wished. Deception refers to researchers representing their work as something

other than it is (Bryman, 2016, p. 145). Again, careful care has been taken to ensure this did not occur. It is interesting to note that deception to varying degrees is maybe fairly common in social science research, as researchers do not want to be explicit about what exactly they wish to achieve with their research, so as to ensure answers are as natural as possible. (iBid) However, due to the sensitive matter of this research project, the decision was taken to be as open as possible. With such a personal subject matter, it would have been disrespectful to the participants not be as transparent.

A major ethical concern with this research topic is that part of the motivation to research mental health was somewhat personal. This bring up issues of bias. As previously mentioned, I grew up in England, moving away when I was 19. my whole educational experience up until this point was based in this country. While it can be argued that I am biased, I believe it also gives me an advantage, as understanding the system from the inside means I am more familiar with it than I would be with other systems. Secondly, my link with the subject matter of mental health also needs to be flagged. I chose this topic specifically because mental wellbeing has always been something I have felt very strongly about. I have witnessed people close to me battle heavily with depression, anxiety, grief, bipolar disorder, alcoholism, self-harm and addiction, to name a few. I myself have also been in the system for some years, receiving help for my own mental health issues. I have seen the difference a strong, integrated system can make to a person´s life, have witnessed the importance of relationships in managing illness and in recovery, and view the educational system as a strong tool in the conversation around mental health, wellbeing and illness. I have watched it fail people around me, and at times struggled as lack of provisional structure has also been problematic for me.

An obvious issue with having a close relationship with both the subject matter and the research site os of course that this study runs the risk being unacademic, too personal and highly bias. The interplay between “inside” and “outside”, and where to situate oneself as a researcher is a debate that is not new to social science. My passion for this subject, my determination to bring the subjects highlighted in this thesis to the surface, may be viewed as overstepping an academic “line”; it may be seen to be clouding my ability to research from a detached place. However I

believe it is impossible to research something this deeply without having passion, determination, and even anger, towards the subjects one is challenging. Therefore I see this personal connection to the topic as an advantage. Personal bias has been a constant concern while researching and writing, and I have been careful to ensure my writing remains academic, sourced, and non-anecdotal unless relevant to the study.

5.5.1 Reliability and Validity

The validity of a study is "concerned with the integrity of the conclusions that are generated from a piece of research." (Bryman, 2016 p. 47). Bronfenbrenner writes:

> …it is especially important that the theoretical model be methodologically rigorous, providing checks for validity and permitting the emergence of results contrary to the investigator's original hypotheses." (Bronfenbrenner, 1979, p. 4).

Thus, this section will briefly reflect upon validity and reliability considerations, to ensure the conclusions are drawn within subsequent chapters are as valid as they can be. The reliability of a study asks "whether the results of a study are repeatable" (Bryman, 2016 p.46) It can be argued that studied that can not be replicated and generalised many times over, are somewhat useless, however this is a fairly ignorant view. "To generalise is to claim that what is the case in one place or time, will be so elsewhere or in another time" (Payne and Williams, 2005, p. 296). There is clearly a lack of replicability here, as a small number of individuals were interviewed, and those interviewed were involved in a local organisation that is bound in its own contexts. (Bryman, 2016, p.406). The sample used was also a convenience sample, and participants were not selected specifically to ensure strong generalisability. Instead, this study aimed to gain in depth perspectives of a system, and is less concerned with matters of replication. On the same token, Harrison (2012), observes that the majority of resilience research is based within the western world, specifically the United Kingdom, Canada and the United States. It has also been noted that the field is dominated by a Eurocentric epistemology, mainly through white male academics from the West (Garrett, 2015). It is interesting to extend this concern of generalisation to the researchers as well as the participants. It can not be denied that this study does not have overly strong external validity. However, that does not mean that the findings can not be used to make

recommendations and *observations*, as opposed to displaying concrete, across the board results. There is still strong merit within the quality of this study, the perspectives aired and the consideration that this could be used as foundation for further studies to build upon (Payne and Williams, 2005). This study does have high levels of ecological validity, in that it is applicable and relevant to people´s everyday lives (Bryman, 2016, p.711). This makes sense as the analytical framework is a blend of ecological theory.

This section has described the methodical considerations of this project, taking into account personal experiences as well as citing academic sources. This will now be used to present the findings.

6 Findings

This chapter will present the findings, grounded in the the three research questions, and further broken down into thematic categories pulled from the data. Section 6.1 *Structure and Environment*, covers perspectives from services users of MindSpace and members of staff as to the structure of MindSpace. (RQ1) Section 6.2 The Resilience Agenda, will pick out data around relationships and resilience building (RQ2). Finally, section 6.3 *Educational Agenda*, will search for data around mainstream education and political influences on education. The findings will be lifted primarily from interviews, supported by observations and reports. It will identify patterns within the data, as well as anomalies or negative cases, and will create a narration out of the data collected. The presentation of findings follow both the order of the research questions, and the general structure of the interviews. When conducting interviews this was occasionally deviated from, as participants were encouraged to follow their own lines of thought. all quotes are taken directly from transcriptions, and dialect and accents have not been modified. Pseudonyms have been used to ensure participants identities remain anonymous (see section 5.3.4 for a visual of codes used).

6.1 Structure and Environment (RQ1)

The first third of interviews were structured around RQ1, ***how can MindSpace´s early-intervention approach and structure function within the english Education system?*** It was interested in establishing some context regarding MindSpace´s structure, and environments it operates in.

6.1.2 Existing Provision

There is a lack of streamlined services in this sector, which was picked up on by most of the participants, and cited as an area for improvement. There was strong tension between how to navigate provision: should it be an internal or external process? Pf2 raised the point that it is always useful to have an “outside agency” involved in provision, as there “will always be a cohort of kids who don't want to go to school because its school, and prefer to go to somebody external”

CAMHs has a dialogue with schools, in that they communicate with schools in regards to referrals. There is also CAMHs practitioner that works with MindSpace, acting as a bridge between CAMHs and MindSpace. MindSpace can not plug the gap for children that need higher level mental health provision, as it is often expected to do because waiting lists are so long. Ps2 went into detail concerning major funding issues in regards to adolescent mental health:

> I think what we've seen over the last ten plus years, **is services being cut and restricted and shrunk,** and also a loss of the voluntary sector services that would have maybe done some of the low level work. So what you're finding is there is a bit of a crisis in things like, maybe there is a young person who is a bit low in mood, who might have seen a low level councillor somewhere in the voluntary section, doesn't get any help, the situation gets worse, they end up in crisis, and they end up going to CAMHs.

They also talked of risk and protective factors, although not directly, but through how resources can be navigated to mitigate effects of adversity and problematic upbringing. They stated that "we will all face difficulties across our life of course, so it´s about whats in the young person´s tool kit to cope with that. And what impacts and detracts from that, and what we can do to enhance that." Some of these mitigating tools can be found within the resilience agenda.

Many participants felt students in the mainstream system were not receiving provision early enough, and that there is a significant discrepancy between primary and secondary services. The discrepancy between gap between adolescent, child and adult provision was highlighted by Pf2 and Ps2. Pf2 believed that services are "very disjointed" and that primary nurture in schools does not "have a plan" and "just focuses on the primary side of things." Structured provision is missing in primary schools, which means although they are generally more nurturing environments in Ps2 eyes, they do not have the capacity to catch problems early, and if in primary "they had that help, it would be far better than having it until when hormones hit, transition…" On top of this, by the time they do get to secondary, services are more stretched, resulting in

> …a massive gap with kids, so a lot of the kids would probably be at secondary school that have got no diagnosis but have got difficulties or traits of, they fall through the void completely. (Pf2)

Pf3 also noted this difficulty found in the transition between Primary and Secondary education “because they are so vulnerable because of their mental health, they've now just been dumped into mainstream schools that they can´t cope with, you now?” This was one of the main goals cited when asked what they believed could be improved about the service, that MindSpace would one day expand into primary, nursery and adult care.

6.1.1 MindSpace

Upon arriving at the MindSpace offices, I found out that one of the younger students MindSpace had been working with had taken her own life the day before. I was told this was not a regular occurrence, but it immediately alerted me to the gravity of what MindSpace works with. The staff were visibly shaken by this, having worked closely with this student for some time. This incident revealed to me the dynamic between the staff at MindSpace, and I noted that during this difficult and traumatic time, they ensured they were checking in with one another regularly. One member of staff was particularly affected by this, as they had had the most contact with the student. Extra care was taken during the whole time I was with MindSpace not just to offer extra support to other students and families during this time, but to the members of staff, and also to me, even though I was something of an outsider. Extra workshops were provided to students in light of this incident, and key workers went into all schools and talked to students. Lines of communication around the event were extremely open, and MindSpace seemed to be working hard to ensure everyone in the community felt supported. I decided it was necessary to include this incident in this study, as it serves as a reminder as to why this work is so desperately needed. If ever there was a reason to research mental health, it would be to reduce tragic events such as this as much as possible.

It was interesting to simply sit and listen to the conversation from around the office, as it shed light on how MindSpace functions. Common topics of conversation evolved around themes of emotional intelligence and emotional wellbeing, as well as how team members could navigate through different services and with families. The majority of the day-to-day at MindSpace was spent with each staff member out of office, working on the ground with service users, be it

through outreach, in schools or family homes. The office itself was light and well-kept, in a modern building and there was a dynamic and busy atmosphere as people moved in and out.

One of the questions included in every interview, was *What are the aims of MindSpace from your perspective, and how does it achieve these aims?* Ps1. explained fairly simply, that they felt the aim was to "Just making peoples life better and helping them deal with…er… deal with things that help them struggle in their life". In more depth, it was interesting to see how MindSpace´s aims have changed from its original intentions, and have moved into a two-pronged approach of combining early intervention and stigma reduction. Pm2, who has been involved in the creation of MindSpace provided an overview of what the program aims to achieve:

> Initially it was set up to support young people that were at risk of being excluded from school, or had been excluded. It´s become much more… but the aim of the service was always for us to be an **early intervention and prevention service**, and to support young people in being able to understand any mental health difficulties that they may have, and also for us to **provide the tools and the strategies** for the young people to be able to manage those difficulties…understand them really, and… move forward into a more positive mental health. And the other main focus of the service, particularly around **reducing the stigma**, is around raising awareness that it is okay to talk about how they're feeling.

Three key components of this quote have been highlighted here, as they are themes that all participants mentioned frequently when asked to describe what MindSpace does, along with Mindspace´s individualised approach to health education. The "tools and strategies" mentioned in the above quote became an interesting way to interpret the resilience agenda, and became clear as the interviews progressed that MindSpace viewed surrounding relationships as one of these tools. This will be discussed further in section 3.2.1, Ecological Relationships.

1. Individualised Approach

MindSpace holds workshops for students (over 6-8 weeks depending on the need) around anxiety, low-mood, low self-esteem, transitions, risky behaviours, safe sex, self-harm, ASD (Autism Spectrum Disorder), ADHD (Attention Deficit Hyperactivity Disorder), sleep and relaxation, stress and exam stress. Materials used enthuse workshops can be seen in Appendix 11. These groups are set up and chosen by the schools, which Pm1 describes as most of the time

working very well, as the schools know the pupils, and thus can identify those that are perhaps vulnerable. On the same token, Pm2 believes the success of the group sessions is due to the fact that they enable students to understand that they are not alone in how they are feeling, and that these "are feelings that most people feel at some point in their life, but until someone actually explains that to young people, then its difficult for them to differentiate between what a normal flux of anxiety feels like." Pm2 goes on to explain that within the group sessions, students "talk about emotions and feelings and why its important to understand why you feel the way you do in certain situations." At times, students struggle to open up around their peers, and so one-to-one sessions are also offered for those that would not be suited to group sessions. Ps3 outlined the format of these one-to-one sessions:

> None of my sessions are the same. A lot of people assume that when you do one-to-one interventions, its a lot around sitting opposite each other, and listening, and thats kind of it. But …we know, **there would be no positive outcome if we do just follow the norm,** the usual way to do it. We have young people where we wear trainers, because they tend to want to walk, perhaps while we talk. I have other young people who don't like eye contact so we sit back-to-back while we speak. So its very **personalised**, and it has to be.

In mainstream school approach was described by three participants as one that rather follows a much more narrow ethos, especially in secondary classrooms:

> I think there needs to be more breadth of opportunity for diversity, I think education is now so "one size fits all", and its not going to suit everybody (Ps2).
>
> One size doesn't fit all does it. And I think thats the problem really, I would say. Thinking about it, it does cause a lot of- it makes it difficult for young people I think (Pf3).
>
> The lack of knowledge of individual students what their needs are and what they can and what they cant do. It feels like its just a one size fits all, and it doesn't really work for some students (Pf2).

2. Early Intervention

All participants were advocates for early intervention work as often it simply will "prevent it going to a higher level… It can stop a lot of horrible things happening in the future." (Pf2) At this point, MindSpace it is only a short term service offering sessions for 8 weeks at a time,

though Pf1 stressed that although the intervention itself was fairly short, MindSpace was careful to keep an open dialogue with families if it was needed. One participant returned after their allotted time with MindSpace, and was reassured that their contact worker within the program was only "a phone call away". This shorter allowed time to work with service users could often cause confusion, as at times "people don't understand that is that we are actually an early intervention service and that its not necessarily safe for us to be working with a young person thats got more of a developed mental health problem." (Pf3) Pm2 expressed the wish that intervention could be longer, but explained that MindSpace does not currently have the capacity to offer this:

> I think sometimes our interventions need to be longer. And I think a to of kids would say that as well. But because we are early intervention we are limited on time. But I always try to give support afterwards in the form of self-help stuff if I feel like pupils do need more support after the intervention is finished. **I can give pupils tools, but schools can be a barrier in ensuring that the work continues."**

School systems were frequently alleged to be a significant barrier in delivering these services over a more widespread demographic. One way of tackling this is the emphasis on signposting, which is the act of referring or recommending individuals to "different services which are appropriate to theirs needs, so for example, so a lot of parents… I have met have experienced a bit of violence in the past, or have had some sort of sexual abuse, so I would be referring them to ___ Rape and Assault Crisis Service." (Pf3). Signposting allows for referral when Mindspace does not have the resources to help service users further. In this way, MindSpace acts as low-level support, and thus this is another example of early intervention work. Further discussion of these barriers will be presented in section 6.4, Educational Agenda. It was interesting to note discrepancies between reports and perspectives, for example this disparity between Future in Mind, stating "Universal services, including health visitors, Sure Start Children's Centres, schools…play a key role in preventing mental health problems. (Future in Mind, p.35), and an offhand comment from Pf3, "so I am gutted that SureStart have finished, because they were just the help that parents needed really." What we see here, is that services that are needed have been cut.

3. Stigma Reduction

School environments are dynamic, and full of individuals from all walks of life. Thus, it is not surprising that there is mixed reception around mental health struggles. Practitioners identified that often students would assume that there was something "wrong" with them for needing support from MindSpace:

> Yeah, I think sometimes kind of when pupils are put in groups, they will sometimes come in and go "is this cos I'm mental?" (Pm1)

Which was then mitigated using language such as:

> …then you kind of have to tackle that stigma of, "no, you're here for support, everybody needs support. (Pm1)

This reframing of terms and challenging mindsets regarding how one views mental wellbeing is a tactic MindSpace uses to break down negative connotations of receiving help for mental health.,and accept that thisis not something to fear. So rather than "…attachment is a big sort of scary word for parents, because they don't quite understand what is attachment", a practitioner may use "trauma a lot, which is more sort a gentle word." (Pf2).

In terms of schools, every school was described as "different". Each experienced varying amounts of stigma and had different approaches in handling these situations. For example, school 3 had a wellbeing centre within the school, and this had encouraged a very open dialogue around mental health. However stigma was clearly an issue as Ps1 experienced, "I feel like theres too many people that misunderstand it and might say some negative things about it like "oh yeah, they are just doing it for attention"…people need a bit more education." All schools were being encouraged to train Mental Health Ambassadors through MindSpace. This involved the training of Year 10 students, which Pm2 described as "being advocates for young people". The presence of these ambassadors helped dissolve the stigma around mental health issues, and allowed for a more open dialogue between students and teachers.

6.2 The Resilience Agenda (RQ2)

The second section of interview questions were rooted in discussing resilience, specifically how relationships played a part in building it, and were framed around RQ2: ***how does MindSpace promote resilience in adolescent school pupils through an ecological perspective, and what are the effects of this?*** It was noticed that across interviews, resilience was not mentioned specifically by any of the participants until they were asked to define what the term meant to them. Although it was not mentioned precisely, evidence that qualities relating to resilience being nurtured was alluded to through responses, often through key words and processes, which will be outlined below.

All participants were asked how they would define resilience, and what factors encouraged it. Answers ranged from "being able to identify your own feelings, and be able to manage those feelings in a positive way." from Pm1, and that "Role models, relationships, life experiences are what shape your resilience as a majority." Ps1 had no knowledge of the meaning, stating they they had heart it sometimes in school, but could not recall what it meant. Although not directly using the term resilience, the ethos seemed to be embedded in many of the answers given by participants in relation to what MindSpace does, share traits with nurturing resilience. For example, there were mentions of helping services users increase their self-awareness, and use of transferable skills that can be used in future overwhelming situations, both of which was linked by Pm1 to nurturing resilience. "…we will all face difficulties across our life of course, so its about whats in the young persons tool kit to cope with that". Using these tools, Pf1 believes they are "a completely different person to who I was two years ago", despite the view that "anxiety never leaves you… you just learn how to cope with it." Techniques used to achieve this shift in self-perception and coping techniques are things such as "time-lining of events" around trauma, verbalisation of feelings through talking sessions, looking for sources wellbeing support if the student has none at home, coaching, one-to-one sessions and group sessions, to learn how to cope with adversities or mental illness. Pm2 states that through using these tools "we equip them with strategies: "so if this is how you feel, this is what you need to do to make yourself feel

better." The following statement from Ps1 demonstrates how their coping mechanisms have evolved over time through comparing her strategies before and after their time with MindSpace:

> **I used to react in pretty bad ways**, such as screaming, self-harming, crying, um, getting suicidal thoughts. Um **now I guess, most of the time I remain calm,** sometimes if a situation is pretty bad I can stress out a bit but I wouldn't do anything to hurt myself. I am less sensitive to things now than I was back then.

Coping was a frequently used term. It was seen skill that could be improved, and was a signifying term represented the wider concept of resilience, and was occasionally used in conjunction with the concept of resilience itself:

> …giving adults and children a, I would say like a bag, a MindSpace bag of how to **cope** in the eventuality of… Thats what I would say resilience is to me. (Pf2)

> It is very much about building that resilience in young people, so they can **cope** and get through that education…(Pf3)

> I think the one-to-one work is about giving strategies to help them **cope** better (Pf3).

Every participant believed that this individual ability to cope however, to become more resilient, was an element of personality that could be nurtured. Participants were then asked *how* they believed resilience could be nurtured, and one of the main sources of this nurture came from the relationships that surrounded the service user:

> I think its important, but what I also do believe is that… that some young people will feel quite resilient and empowered in a school environment, and in sessions and in group sessions, but because of their family environment, they may find it tough to kind of keep that momentum. So for me thats why it is important that we target parents and young people… I do think that a lot of it is around the environmental… if they can kind of secretly in a sense, still be building that resilience and kind of keeping those strategies in mind and they can´t use them at home, then at least they can use them at school. (Pm2)

All believed resilience building and facing trauma was a process individuals need to be ready to engage with, and could not be forced. This can be achieved through feelings of safety to help

people work through trauma, and through building this tool kit of transferable skills, and through the students ecological relationships.

> So again, what research tells us is that the model of therapy you use is far less important than the quality of the relationship that you have got with the person you are working with. Thats what makes a difference for the young person, or for the client. (Ps2)

6.2.1 Ecological Relationships

Social isolation was frequently referred to as common risk factor, with strong, trusting and healthy relationships acting as protective factor to mitigate harm. All agreed that progress cannot be made with the student in isolation, and a holistic approach needs to be taken in regards not just to mental health provision, but in the way in which school operates.

> …what research tells us is that the model of therapy you use is far less important than the quality of the relationship that you have got with the person you are working with. (Ps2)

1. Family

There is a strong link between parental (particularly maternal) mental health and children's mental health. (Future in mind, p.33)

> A lot of the parents that I work with and that I have worked with in the past, what Ive noticed is that they're quite socially isolated, so sometimes theres stuff- the information that they tell me about whats happened to them, I might be the first person that they've spoke to about it. Pf2

Pf3 notes that there were still tensions in providing care, as points of view between parents schools and students could clash. They stated that it was " really important but thats so difficult, you know? Um, it can be so testing. In the sense that schools have their view, parents have theirs". There is a number of ways that participants cited that these tensions had been overcome, and a common one was education. A common theme that occurred through the interviews was a feeling of fear from the parents, in that in a lot of instances parents were not comfortable accepting they or their child needed help, and suggests that a big factor in helping them move forwards with treatment is a safe environment: "But I think realistically its about educating the parents around… its around groups. Mothering groups, Dads groups and things like that." (Ps3)

Through these settings, it seems that individuals become more comfortable with themes around mental health and can be empowered. An open dialogue is kept with the families at all times, with workers being more than happy to answer and questions families may have, and in sessions will spend quite a lot of time talking about "their childhood experiences and how that has influenced them as an adult…and then we look at the child." (Pf2).

2. Friends

Suprisingly, friends did not seem to be a common theme within participants responses. When asked about the importance of relationships, all participants cited either family ties or school environments. However, one theme that emerged frequently was that of social media.

Social media, as discussed in section 2.5.1, is a tool that has both revolutionised how we communicate, while also simultaneously setting back communication. The permeative nature of social media, the internet and technology in general, was thought to be a negative aspect of adolescents lives, as smart phones have made online presences inescapable. Participants were visibly upset and angered when reflecting on this topic. As Ps2 states "social media can isolate some people, so it can feel like young people have connections that are meaningful, but they're not actually social or real connections." In terms of the dynamic within education, Pf2 reflects that:

> Social media plays a big part, I mean when I was at school there was no social media so if there was bullying at school or anything like that, it were left at schools and then you had 6 week holidays and things like that. And there is no, theres not that separation. I worry that theres not boundaries put in place by parents, on kids accessing social media and kids accessing how to self-harm and thats the worry as well.

There is no escape from social media. It is a constant now in young peoples lives. Ps2 believes that "young people who are genetically very impulsive could do something on social media which could have massive lasting implications for them" There are lasting effects of social media, as well as dangers surrounding online relationships. Concerningly, Pm2 revealed that "… lots of young women I work with that have boyfriends, but when you unpick that they are online people that they have never met and they don't even know who they are…" Relationships such as

this are almost impossible to regulate, and people online will target vulnerable individuals. Social media is very difficult to switch off. Pm1 pointed out that "you might try and protect your children…negative comments, but they can kind of surround you because even if you go home, you can still get access to those things". A change in the communication landscape has resulted in an entanglement of online personas and day-to.day personas, which cannot be easily untangled.

Interestingly, Pf1 was the only participant that mentioned a positive aspect of social media, in that it could be used to empower young people rather than be detrimental: "The website was developed with the young people in the service", and can be used to either supplement work done in MindSpace sessions, or used by individuals not wishing to access help in person. The website has self-help strategies, recommended apps and relaxation techniques, as well as signposting to other services and points of contact.

3. Schools

As I was not permitted to be anywhere in the schools without member of staff with me, I spent time with staff members in offices and shadowing MindSpace staff. From these observations I noticed relationships with teachers and school environments in schools were very mixed from school to school. School A was a new build that had 700 students. It had solid relationships with MindSpace, and worked close with them through the Inclusion Administration team. There was obvious lines of solid communication, and a lot of rapport between students and teachers. School B was a rather more hectic environment, and appeared to be more strict with students. Members of staff were talking to me about their frustration with one particular member of staff, even though I was a relative stranger. School C has 2000 students, was described as an environment that had completely transformed the "make-up" of how a school operates. After the transition to an academy, the school received 50 million pounds of funding, which allowed it to build an integrated wellbeing centre, and had an internal PRU and academic help rooms. The school itself was very modern and spacious, and the students were very comfortable talking about their mental wellbeing. All three school environments were very varied, which struck me as interesting as they were all within fairly close distance to one another.

As previously mentioned, often pupils can be resistant to receiving provision in schools. In general, Pf3 did not believe that school environments supported resilience at all, and that there were issues around one communication:

> There are other schools that don't communicate very well, there is a massive expectation that they want to get all the information out of you but when you want something from them its like the doors close and they don't want to speak to you. And I suppose their own school rules, the rules that are in the schools, the regime I would call it, can be an obstacle as well. (Pf3)

Relationships with teachers were also varied as Ps1 described, "Like some of the teachers in school were really nice and really supportive but there was also a few who didn't care and would shout, um just tell me off for not being able to deal with things".

4. Social Isolation

Pf2 viewed resilience, or at least having a resilient attitude, in a unique way. They had noted that there are social factors that influence one´s mindset, and linked attitudes towards mental health and wellbeing to the Barnsley community. They talked about Barnsley´s history as an old mining community, pondering that "theres an ethos in the Barnsley community, I think its the mining community, its like "oh, get on with it. Don't worry about it."" This tendency to continue to carry on with life even though one may be struggling, offered two perspectives. While Pf2 reflected that this mindset could be harmful, the also acknowledged that this "get on with it" mindset also in some instances promoted connection with others and in turn, a strengthening of resilience:

> "What is it? Why were they so resilient? And do you know what it is? **It´s because they were a group…**I knew a lady who loved the miners strike, and who were devastated that it were finished. Because she, thats where she got her- that were the best time of her life. When she were you know, picketing with the ladies and they were getting together. That were the best time of her life… when I spoke to my Nana, the best time of her life was in war times when she were doing this that and the other. Its you know when you've all got to pull together and fight together. **When you´re part of something**."

Despite seemingly adverse conditions of economic unrest, strikes and war, Pf2 spoke about how these events in fact strengthened the bonds between people, and this solidarity resulted in negative experiences having positive effects. They spoke of viewing human begins as needing

this connection, and how, even if life is filled with adversity, its through relationships with others that strength is found: “We are herd animals, we should be together. And we should help each other get though it.” The antithesis to social unity is social isolation, and this was alluded to as a risk factor multiple times. Two main discussions emerged around social isolation, one being around social media, as discussed previously, and the other in regards to parents and families of students.

> A lot of the parents that I work with and that I have worked with in the past, what I´ve noticed is that they're quite **socially isolated**, so sometimes theres stuff- the information that they tell me about whats happened to them, **I might be the first person that they've spoke to about it**… (Pf3)

> And you know when I go out and see the parents, and like you say, I get that connection, and I think thats what makes the difference. **Social isolation,** I mean…They don't feel alone anymore… (Pf2)

The relationship between this seemingly interconnected world we live in and these feelings of social isolation was a common observation. Ps2 took this further, stating that they did not believe that “its not all about services either, I think its about how we relate as human beings… so much of the way things are structured in society make it difficult for people to relate.”

6.3 Educational Challenges (RQ3)

The final part of the interview is framed around research RQ3, ***Why are there barriers to providing quality health education, and how is MindSpace mitigating the effects of these?*** This section was much more contextual in nature than the previous two sections. When asked about the general level of mental health awareness in school, Pf2 was hesitant to answer, in that they had not had a great deal of experience in mainstream environments. However, they did assert that “Im shocked with the lack of knowledge teachers have about conditions and learning needs.” A lack of individuality and tailored services in schools was a problem for all participants, and one of the main reasons as to why MindSpace was created. Although some participants admitted that schools were doing the best they could, it became clear that there was frustration from all participants as to the current educational agenda, with themes of lack of funding, lack of internal education, academic pressure and political tension.

6.3.1 Mainstream Education

Questions around school environments were some of the most illuminating. As access to schools and teachers could not be achieved, it was interesting to hear accounts of interaction participants had had with schools. Clashes over the agenda seemed to be a huge factor in tension between schools and MindSpace. Ps2 went into detail as to what they believed the purpose of education to be:

> It should be a **broad education that isn't just about exams and reproducing knowledge**…there should be a breadth of experience for young people to enjoy and engage in things that are **meaningful for them**, that isn't just about pressure and targets and within that young people should be getting outdoors, should be able to follow interests that are their own, pursue things that are important to them. PHSE should be more important, more meaningful, so people should have more understanding about mental health. So its amazing like, a young person who says "well what is anxiety? What does that mean?" When they've got all the symptoms of it but they don't actually know psychologically what it is and what is happening to their own body. Just choice. **Rather than narrowness and targets and reproducing facts. To me that isn't education really.**

The opinion that education needed to move into amore holistic area, and readjust its purpose to educate the student as an individual and not simply a grade, as expressed in the above quote, was common. They believed that education should be a much deeper and personal process. However, the reality of participant experiences seemed to be in direct contrast to these views. Perhaps a statement from Pf2 best illustrates the role of school in a mental health context:

> Well if you think how many years the kids are in school. Its the important part of their life isn't it. **The most informative part of their life.** And we are trying to shape these kids aren't we. And then we aren't helping them out, we are putting pressure on. At a young age. **Expectations are so high**… they give a guideline but some people feel that they need to stick to them instead of just being a bit more relaxed about it like "well okay" as long it´s not ridiculous but you know, **go with what individuals need.**

The dichotomy between the importance of school in adolescents lives, and the pressures that students are under, is a key debate within this paper. Many of the participants expressed frustration with not just school bureaucracy, but with teachers specifically, and believed that individual needs were being buried underneath school targets. This point of tension is fascinating

in that we can view teachers - and it is important to stress not all teachers - as a symptom of a deeper problem. Ps2 thought that things were “moving in the right direction”, in terms of schools incorporating mental health into the curriculum, which is a low number.

The participants were asked how they believed this pressure could be alleviated, and how schools could better facilitate mental wellbeing. Class sizes and student-teacher ratios were cited as a problem. Pf2 also hinted that the content of the curriculum may also be an issue that demotivates a lot of students and disconnects them from the learning process: “well they did away with a lot of the vocational programs didn't they, a lot of kids struggle with exams and there needs to be a different… ah I don't know. I don't know.” it was also noted by Ps1 that a lot of the “better” teachers had left the school. Experiences with teachers also seemed to vary greatly, with some being “really nice and supportive”, in contrast to others who would “tell me off for not being able to deal with things.” Unfortunately this study was not able to contact teachers directly, and so concedes that the views heard in this paper could be interpreted as one-sided.

Participants often talked more about their negative experiences than positive, and issues around communication was a common theme. Pf1 complained of a lack of follow-up and a general mistrust of the education system in general to take care of their children and provide them with a safe space. There was obvious anger and frustration at the lack of procedure to follow up on on particular case:

> “I phoned up, ____´s anxiety were through the roof, I couldn't even get him out of his bedroom. I phoned up, I said, “I really need to make an appointment if possible, just to come and speak about ___ and getting him back into school and things we can put in place.”…I was waiting for three weeks. Three weeks! For someone to ring me back. I get a phonemail “aye, we were wondering why ____ isn't in school?” …“I said right, well I am waiting for a meeting.” …“oh its just that we have to ring and find out why he's not in school.” “well I am not telling you why he's not in school. I am hoping to get a meeting then we can sort it out.” and then, “but I have got to ring you everyday to find out why ___ isn't here.” And I says “Oh thats funny because I haven't had a phone call off you in three weeks.”

In the case of Pf1, they had very little patience for teaching staff and had lost all trust in the educational system. In contrast, it was interesting to see how MindSpace workers, while acknowledging there were deep issues in the educational system, were a little more forgiving of school´s shortcomings. Ps3 described the fact that although some schools were "a lot more supportive" than others, "every school is trying and moving towards the fact that mental health should be part of the curriculum…" They acknowledged that although "there is still a long way to go… I think it is moving in the right direction." It became apparent that although there was obvious frustration at teaching staff, this frustration was often masking deeper issues. The main recurring themes will be discussed below.

1. Lack of Education

Lack of adequate education around mental health issue was a common theme in regards to teaching. There was general consensus that teaching staff should have more of an active role in the educating of pupils around mental health. As there is no formal requirement to include mental health into the curriculum a present, Ps1 recalls that "We didn't learn about it. But I just met- I maybe just saw teachers just to talk about it. Well not teachers but members of staff". The dissatisfaction not just in the lack of educational content regarding mental health, but also in relation to knowledge of staff members, was apparent amongst service users. Pf1 describes their experience with teaching staff when their child was struggling mentally:

> A better understanding on anxiety on mental health, they haven't got a clue. They think that just because they don't look ill… One of the teachers says "well you don't look like you're having an anxiety attack." I phoned up and I said, "What does an anxiety attack look like then? Can you tell me what an anxiety attack looks like?" …I kept ____ off school for four weeks after that.

The attitudes of staff can be seen here to be impacting students desire to even attend school. When asked if they believed that mental health should be teaching staff´s responsibility results were mixed. As one of the core topics, this relationship between teachers, health and education will be discussed further in section… relating to RQ3 findings. It is a vast debate, and one with no definitive answer, however participants generally agreed that there needed to be more onus placed upon educating staff in this field, as the lack of consistency was a problem:

> I think schools are still unsure of where to send people in terms of severity, in terms of that services, I think school have still got a long way to go to understand what services to send them to, and maybe what the best advice is to give sometimes (Ps2).

With reference to teaching responsibility, it was the general consensus that although teachers should not be completely responsible for their students mental health, there should be more mental health first aid training, and designated mental health leaders in schools that students can come to, or who can signpost them to other services. The Green Paper was alluded to by two participants, in that they thought it was a good example of how services can be improved. Ps3 believed it should be something that was present in the curriculum from nursery. As they put it, "we can´t all be masters of everything". While we all have certain fields, but some things transcend fields. There was acknowledgment that although most schools have a wellbeing area, this attitude s not translating into the school outside this area, due to lack of structure in the curriculum. Ps3 muses that although "they all do personal finance and life-skills and things like that now which is great to see, but I think mental health needs to be more on that curriculum somewhere of PHSE (Personal Social Health and Economic education)."

As mentioned, there is currently no formal requirement to include mental health in the curriculum. A search of the Green Paper revealed just four mentions of curriculum inclusion. There was roughly 200 words dedicated to the inclusion of mental wellbeing in PHSE. It was stated that decisions are being made as to if this should be statutory, as at present mental wellbeing is only exists in KS1 to KS4, and is at present still only recommended teaching, and not compulsory. (Green Paper, p. 28). The final word on this was as follows:

> "We will consult on draft statutory guidance on RSE (and potentially PSHE), with the aim that schools have a clear, knowledge-rich curriculum to teach children, and staff are supported to teach the topic." (Green paper, p.28).

Although a step in the right direction, there is no more detail on curriculum development. Furthermore, there was no mention of curriculum in the Future in Mind Barnsley report at all. The absence of a clear structure here will be discussed further in section…

2. Academic Pressure

A question that was inserted through a previous answer to a question that Pf2 gave, promoted thought around the relationship between academic achievement and mental wellbeing, thus participants were asked *Is there a link between academic achievement and wellbeing? Can you describe this relationship?* This became one of the most fruitful questions of the interview, and revelled a lot about the dynamic in classrooms. Responses fell into two camps: concern for the students and sympathy for teaching staff.

The age of which pupils are confronted with academic stress was a point of concern for many participants, with Pf2 stating "I think there is a lot of pressure… on primary age kids." This stems from the fact that "I think its the government and the targets that they are expected to meet, its just too hard for the kids…" Pf2 used their own experience, revealing "I see it with my soon who is at primary school, and the words that he is spelling are a lot higher, I used to do them in secondary school. And he is already stressed and he is in year four." Achieving a balance between ensuring students were performing academically, while also attending to their wellbeing needs was something that most participants believed was not being met. Many of them noted differences from their personal experiences, often comparing elements of school… "There is a lot more pressure around, scoring, education, good grades. Whereas before it might have been more of holistic approach." (Ps3) Not one participant expressed much support for this strong focus on academic outcomes, and argued that "the fact that it is all around scoring…" However, as mentioned there was sympathy for this contention. Pm2 stated:

> It is quite easy for me to sit here and say that "they should be doing more"… but coming from an education background, and understanding the pressure that schools are under in relation to curriculum, GCSEs…

It seemed that those with this educational background had more sympathy for the pressures teachers were under. Simularily, Pf2 reflected that "I feel sorry for teachers because they have got a lot pressure to get kids to achieve a lot more" and Ps3 noted "They've got so much to teach the kids in so much time, um, sometimes that can sometimes get in the way of schools providing that pastoral support." This pressure manifests in a clash between teaching agendas and wellbeing agenda:

> …in an education system…their goals are often around "we want them in class, we want them behaving, we don't want them causing a problem." Whereas obviously our goals are more about obviously "we want them to feel better, and you might need to change to make that happen." (Ps2)

3. Funding and Resources

The distribution of resources and funding allocation has resulted in further difficulty in schools being able to offer consistency in many departments, not only mental health.

> …there are major funding issues… I think what we've seen over the last ten plus years, is services being cut and restricted and shrunk, and also a loss of the voluntary sector services that would have maybe done some of the low level work. Ps2

Although not explicitly mentioned here, it is interesting to note that austerity measures have been implemented over the last ten years, as the conservatives have been in government. This timeline correlates with this particular statement from Ps2. All participants were asked if they felt the impact of austerity and funding cuts within the education system, and interestingly only one maintained that that while they acknowledged cuts were happening nationally, they did not feel any impact from these specifically wishing Barnsley. They stated that Barnsley was in fact "fortunate compared to others", (Pm2) due to the fact the the CCG has an allotted amount of money to spend on mental health trailblazers such as MindSpace, and this allocated to the correct channels in this district. Most participants disagreed with this. For example, Pf3 asserts "Yeah it is beginning to kick in now, definitely… but then how can you just take something away?" Furthermore, Pm1 reveals "You hear stories of maybe children not getting support because maybe that person isn't there anymore, or that service isn't there anymore or that service has had to move". On the same token, Ps2 notes "an increase in poverty, homelessness, and a lack of services all round." Austerity measures will be discussed in section… as they have played a massive part in the sub-par conditions in schools, and warrants closer inspection. Often this lack of funding means that resources are not always distributed equally:

> The fact that they are struggling with their mental health, if they are academically, um, extremely good, then, they will kind of work around that in order for them to achieve so that their numbers go up. But then if you get a young person that maybe isn't very academic but display the same behaviour, they may not put as much effort in. (Ps3).

Another cause for concern was the class sizes, which was mentioned by a number of participants as something which hinders learning, development and mental wellness. This feeds into wider social issues of population growth and stretched resources. Pf2 expressed concern that the "personal touch" had been lost due to increased class sizes, and the sheer number of students in secondary schools, and it had become more challenging for teachers to keep track of their pupils: "Ive spoken to a friend who has kids at secondary school, and when they've gone to parents evening the teachers have had pictures, and have said "is that your child?" It seems that with increased class sizes comes a loss of connection. Pf2 reflects on their own experience:

> …kids are really struggling within in secondary school, because they feel alone and abandoned in a secondary school… when I were at school it were smaller, all the teachers knew you, you couldn't get away with anything.

This reduced connection with students is the result of overstretched resources, and could again be attributed to austerity measures.

7 Discussion and Conclusion

The final chapter will interpret the major findings using the data collected, in relation to the theoretical framework, reviewed literature, contextual information and from personal experience, framed around the three research questions**.** It will discuss the adequacy of ecological resilience theory in light of the findings, and will attempt to create explanations and pose new questions in light of what has been discovered. The comparative aspect will be woven throughout, as perspectives are compared, as well as a structural comparison between how mainstream schools and MindSpace approach mental health. The concluding section will examine to what extent it the research questions were answered, will acknowledge limitations of this study, and will suggest some areas for further research, policy development and will round up final thoughts.

RQ1: "The What"- Structure and Intervention

The first research question asked ***what is MindSpace, and what is their approach?***

Question one was interested in the "what" of the study. More specifically, what is MindSpace, and how is it structured? MindSpace is a small, tight-knit team of people from varying health and educational backgrounds, which benefited both the transparency of the working environment and relationships with service users. It was clear from most participant responses that they believed early intervention work to be the cornerstone of successful mental health provision, and that this is currently not working as well as it could be in the English education system. Although many participants agreed that this was needed in primary, it was clear that MindSpace offering low-level intervention in secondary setting was benefiting students hugely. Discussion around this question was rooted in establishing a sense of the working environment and strategies used by MindSpace, as well as reflections on existing provision.

RQ2: "The How"- Ecological Resilience

Question two is focused on the "how", and brings in the theoretical framework to answer ***how does MindSpace promote resilience in adolescent school pupils through an ecological perspective, and what are the effects of this?***

Although resilience was not mentioned specifically by participants unless prompted, it is clear through participant responses that it was a concept that was heavily entwined in the MindSpace ethos. Through questioning participants about their thoughts on relationships, data conclusively showed that relationships were a key element in ensuring students built up their resilience. On the surface this may seem like a fairly obvious observation, however, the depth of how much of a difference these relationships make to student wellbeing is key in this study. By using these relationships and the student´s ecological environment, MindSpace creates a net around the individual that acts as a protective factor against effects of adversity, a net which many participants felt school environments were not providing. However, at times there still seemed to be issues in the relationships between MindSpace and the schools they operated in. There was high tension between service users and mainstream teaching staff, compared to mixed accounts from the MindSpace team. Bronfenbrenner and ecological resilience will be used to explain why these relationships are so important, specifically in regards to family, school and friends.

RQ3: "The Why" - Empowerment vs Traditional Education

Lastly, the final question asks "why"; why there is a need for MindSpace, by placing the data within a wider framework, RQ3 asks ***Why are there barriers to providing quality health education, and how is MindSpace mitigating the effects of these?***

Asking why there is a need for services such as MindSpace brings the final section into a more contextual, socio-aware realm of analysis. Mainstream education and the attitude these establishments hold towards mental health was met with mixed feelings by participants. Those with an educational background, although frustrated with many of the schools they worked in, had more sympathy for teaching staff and the constraints they were put under. Service users, in contrast, had very little positive feedback or empathy with teaching staff. The common themes that emerged in this discussion that could explain problems within schools were lack of education, academic pressure and funding and resources. All these problems can be read from a political and socio-economic perspective. The structure of mass schooling sits within a paradigm, one that arguably is not currently working. Mindspace uses an empowerment framework to

deliver provision, which is a bottom-up approach, in contrast to the more traditional framework that mainstream education takes, and succeeds in mitigating the impact of poor mental health in schools through their approach. Having briefly summarised findings around the three research questions, this section will expand on these observations using the literature previously discussed in the literature view and the theoretical framework.

7.1 Structure and Intervention

RQ1 asks what Mindspace´s approach is, and Figure 1 (p.15), adapted from MindSpace´s mission statement, provides an explain for this. MidSpace´s approach has four main strategies, these being Early Intervention, Holistic Approach, Tackling Stigma and Empowering Young People. Overall, it was found that data collected aligns with these four strategies, and that MindSpace´s actions held true in comparison with their mission statement.

The methods MindSpace uses were centred around the belief that nurture has a great impact on wellbeing. As explained in the literature review, it has been shown that although genetics to play a role on an individual´s trauma responses and resilience building, nurture has a much stronger influence. Even traits that we would consider fixed, such as temperament and personality, often rely on environment conditions to trigger elements of them (Ungar, 2013). All participants supported this view, believing that it was possible to nurture resilient traits through utilising protective factors. To recap, risk factors were defined previously by Condly as “a short or long term threat to individual´s healthy development.” (Condly, 2016, p.215), and protective factors as promoting positive development in the face of such risk factors. Identifying perceived risk factors from the data enables mitigating protective factors to be analysed and evaluated against them. In this way, risk factors to individuals wellbeing can be identified as difficult home lives, lack of education, school structures, lack of funding, social media and academic pressure. In contrast to this, protective factors come in the form of MindSpace itself, early intervention, ecological resilience and and individualised approach to care, as were identified in the findings.

One of four points highlighted in MindSpace´s mission statement was the aim to “support children and young people with mental health difficulties, aiding their recovery through early

identification and intervention." (MindSpace website, N.d) As outlined in the above summary, participants believed that timely intervention was a central factor in MindSpace´s success. Reports cite that intervening early is key, with Future in Mind dedicating a whole chapter to "promoting resilience, prevention and early intervention." (DoH, 2015, p, 33- 41). There is clearly need and demand for earlier intervention, nonetheless there appears to be a significant gap between policy projections and practice when examining lived experiences. The Green Paper states that "we know that early intervention can prevent problems escalating and have major societal benefits", and that "schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage", (DoH, 2017 p. 3-4). and play a key part in referrals and recovery. When participants were asked how they believed MindSpace could be improved, the majority mentioned moving into earlier years education. Primary settings were described as more holistic environments, however there is no formal requirement to provide provision at present.

Adolescence itself is a time of rapid neurological transition, in which individuals are arguably vulnerable. Rapid brain development, shifting peer groups and factors influencing identity formation result in a certain amount of vulnerability in this life stage (Helton, 2014), but also offers a second chance for intervention. School transition from from smaller primary schools to secondary environments, is often a turbulent time for young people. With an increase in class sizes and a more standardised curriculum, secondary can at times leave students feeling "alone and abandoned in a secondary school" (Pf2), MindSpace recognises the vulnerability, and offers an extra support network for the individual going through all these changes. Although MindSpace is not early intervention in terms of school age, it does attempt to pick up on potential low level mental health as soon as possible, through referrals from the schools, parents, GPs and students themselves. Through then working with the student, or signposting to "different services which are appropriate to theirs needs" (Pf3) Mindspace intervenes perhaps where schools simply can not. This was enabling them to access young people that would have perhaps otherwise fallen through the cracks, as Pf2 stated there are gaps within the system "…a massive gap with kids, so a lot of the kids would probably be at secondary school that have got no diagnosis but have got difficulties or traits of, they fall through the void completely. (Pf2)"

MindSpace mitigates this by being present in schools, thus mitigating some of the effects of overstretched provision.

The roles of each staff member of MindSpace vary slightly, and their approaches are individualised and tailored to the service user in question. It is interesting to compare participant experiences around the attitude and content of what they received in mainstream and MindSpace settings, as these tended ovary greatly. MindSpace provides workshops around specific problems, such as bereavement or self-harm, using tailored resources for differing needs (see Appendix 10 for examples of these materials) and would "provide the tools and the strategies for the young people to be able to manage those difficulties" (pm2) In contrast, secondary education in general was not looked upon favourably by participants, who felt that there was a lack of personal touch. The term "one-size-fits-all" was a a common theme in responses (Ps2, Pf3, Pf2), resulting in a "lack of knowledge of individual students what their needs are" (Pf2). Staffing levels and contact time with pupils have both decreased as student populations grow, with 66, 000 more pupils enrolled in state schools, with 10,800 less teaching staff from 2017-2018. This has resulted in larger class sizes, and poorer teacher to student ratios (TUC, 2019). Participants picked up on this throughout interviews, and thus the problem of responsibility reoccurs, for it is unreasonable for staff to fulfil roles of pastoral care when resources are stretched and training is below the standard it should be at (discussed further in section 7.4 The Challenges for Education). However, The overall impression from data collection was that the service was working well, and that there were high levels of trust between MindSpace and service users. The tight-knit, well-educated team and individualised support they offer their clients are contributors to this success. Although a less individualised approach was taken in schools, the fact that schools were often involved in the referral process suggests that some teaching staff were at least aware of their students needs, and were doing their best to cater for them using an outside service.

Tackling stigma was not one of MindSpace´s objectives during the first year of operation, as they were simply focusing one getting established. However, as publicity around the program grew through television and interviews, and as celebrities also began to come forward to speak more

candidly about their mental wellness, MindSpace realised that the stigma around mental health was a major barrier in providing effective services, especially in schools. The level of stigma in mainstream environments, and within families, was noticeable, although it is believed this is due to a lack of education in many instances than outright malice or distain for mental disorders. Students would often ask “is this cos I'm mental?” (Pm1) when first involved in the process, but a reframing language, such as “no, you're here for support, everybody needs support.” (Pm1) was helping in challenging these stereotypes. Mental Health Advocates were mentioned by Pm2, who were acting as something of a bridge once again between MindSpace and school pupils. These were “advocates for young people”, as Pm2 described them, and were aiding the spreading of information and the showcasing of MindSpace´s presence in schools.

7.2 Ecological Resilience

RQ2 was interested in the role resilience had within MindSpace´s provision, and if and how this was being nurtured ecologically. When asked about resilience, many definitions cited “coping” as integral part of the process. Without prompting, participants often spoke about the importance of relationships in resilience building. It became clear that MindSpace was indeed utilising the surround ecologies of the child to provide intervention, and MindSpace´s holistic approach one again seemed to hold true when analysing the data through “supporting families and carers of these young people, believing in a holistic approach to mental health difficulties as the most effective road to recovery.” (MindSpace, n.d) As mentioned, there is evidence that aspects are not so fixed that they can not be influenced by a facilitative environment. (Ungar, 2013). It has been found that nurture has more of an impact on trauma responses than nature, and though there is an interaction between both, this relationship is not equally balanced (Ungar, 2013). Therefore, it possible to utilise the individuals environment “by studying those that are in high risk groups, we can formulate interventions that help those that find themselves the victims of negative circumstance.” (Condly, 2016, p.215).

This study is interested in the interactions between the mesosystem (school and home environments), the microsystem (interpersonal relationships), and how these impact one another and are influenced by the macrosystem (belief systems and political ideology). Resilience, and

indeed education, does not exist in a vacuum. Bronfenbrenner views resilience as a socially relevant process, one that is dynamic, and in which the individual and the environment shape one another. (Bronfenbrenner, 1979, p. 21). Bronfenbrenner speaks of the "settings" an individual finds themselves in, and this study has interpreted ecology not simply as the physical setting one may find themselves in, but has taken into consideration the relationships as part of this ecology. The following diagram provides a simple visual aid for this dynamic in this study, inserting the individual, MindSpace, School, Home, Conservative Government and Austerity into their relevant systems. Each of the systems is nestled inside one another, as Bronfenbrenner describeswith the arrow showing that they all influence one another.

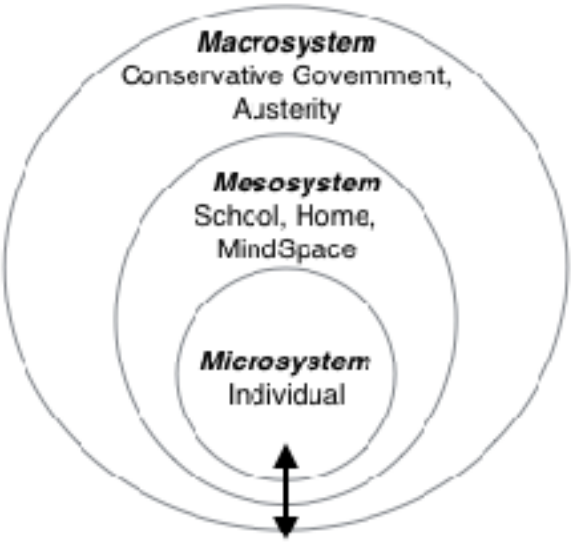

Figure 5: Ecological Model, compiled by researcher.

Here we can see which how the different levels of this social structure fit into one another, and this diagram can be used to understand how these relationships are concentric. Although the Macrosystem sits upon the outside, it is still influencing policy and provisional deliverance at the multi-level. The mesosystem has the somewhat difficult task of mediating between the needs of the individual and the demands of the macrosystem, as well as other structures within the mesosystem, such as home and school. MindSpaces acts as a mediator at this level, attempting to negotiate these levels and provide the best support possible within their means. It is almost as if

MindSpace centralising factor in a rather decentralised structure. “The mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives” (Bronfenbrenner, p.?) MindSpace in turn uses a three dimensional approach around this microsystem of the student, to enhancing their wellbeing, as illustrated in by Figure 6.

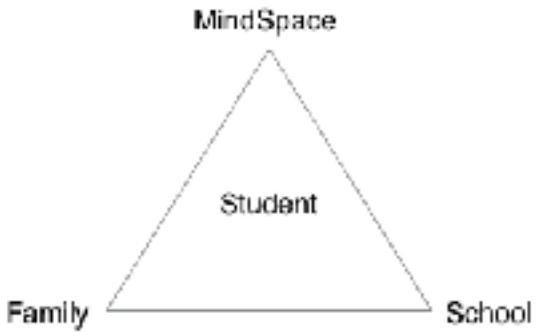

Figure 6. MindSpace´s Triangular Approach, Diagram complied by researcher.

Through using this structure, there is a constant interplay and exchange between schools, MindSpace and parents, that puts the student at the centre of care. These open lines of communicate mitigate the risk factor of social isolation, and participant responses were unified in agreeing that relationships were a significant protective factor, and were paramount in nurturing resilience. A key quote from Ps2 conforms the importance of these relationships:

> So again, what research tells us is that the model of therapy you use is far less important than the quality of the relationship that you have got with the person you are working with. That is what makes a difference for the young person, or for the client. (Ps2)

The importance of involving the parents within the process was a feature that set MindSpace apart for mainstream provision. Rather than simply “keeping them up to date”, so to speak, MindSpace has created a service specifically for the parents or guardians of the young person, in which they are able to receive help regardless of if their child is involved with the service. Future in Mind agrees that “There is a strong link between parental (particularly maternal) mental health and children’s mental health.” (DoH, 2015, p.33). The Green paper also recognises the importance of this dynamic, but admits “We know that local authorities across the country

commission support for parents and carers, but this is not always supported by the best evidence.", and promises to address this through the "commission of research on how to engage these vulnerable families, which will provide valuable information for local areas." (DoH, 2017, p.32). MindSpace has ways in which they engage families, and many participants observed that building trust was key: "parents said they have had services before and they have let them down, so its building up that trust initially." (Pf2) This, paired with the social isolation a lot of parents experienced, often led to them not reaching for help at all. MindSpace can be used as a model for how to engage parents, best done through educating them, both of their trauma and their child´s, and through helping them form social connections, be it in the form of parenting groups or mental health groups. It was also apparent that a trusting relationship with the key worker was central to engaging parents. This resulted in parents often opening up about things they had never spoken about before according to Pf2.

In regards to ecological resilience in the classroom, Kiswardy asserted that teachers can foster connections through authentic relationships, understanding and utilising learning structures and through building class community (Kiswardy, 1998, p. 98). Data showed that relationships with schools were often fraught with communication and resource issues. While some participants acknowledged the great pressure teachers were under, they also noted inconsistent relationships with students and a lack of knowledge around mental wellbeing. Service users in particular complained of the unsteady relationships, and there appeared to be a great lack of trust in them. As discussed previously, to blame teachers entirely for the paucity of mental health awareness and knowledge in schools would be unjust. However, this theme was one that resurfaced over and over again in interviews, and so it is worth exploring. The school environments themselves were varied. There was not much uniformity on the physical designs of the schools, and it was easy to see the schools that had recently received financial injections. School C was the only one with an internal wellbeing centre, and as a result there was far less stigma around conversations of mental health. Schools A and B were rather more conservative, and did not seem to be as streamlined at school C. Along with this inconsistency of school interiors and resources, was

insosnsitency amongst staff relationships with pupils that are struggling. a quote to highlight form Ps1 was

> Like some of the teachers in school were really nice and really supportive but there was also a few who didn't care and would shout, um just tell me off for not beings able to deal with things like being upset or frustrated. So its pretty much a mix.

Staff at MindSpace mirrored this mix of attitudes, but once again attributed a lot of the misunderstandings with students to the schools being "so busy, and they are *so* stretched" (Pf3) This issue of schools being "stretched" will be discussed further in section 7.4.

In the early stages of this study, it was believed that a fully integrated mental health system into schools was the only and best way to deliver provision. However, after collection of data, flaws have emerged with this line of thinking. There are differing schools of thought in this discussion. For one, teachers can not and should not be responsible entirely for students wellbeing, and two, school is a potentially triggering environment for some young people. While the goal should be to create safe, open and accepting spaces for students, there is maybe always going to be friction. As Pf2 states "there will always be a cohort of kids who don't want to go to school because its school". At the same time, an observation also from Pf2, was that school is "The most informative part of their life." This was mirrored with Future in Mind, that admitted "Many of them also reported that their school was not an environment in which they felt safe to be open about their mental health concerns." (DoH, 2015, p.35). Balancing these two opposing elements is one that has not and will not come easily. However, from interviews it seemed that MindSpace had high success rates in engaging students with their service, and in addition to this, are slowly engaging all schools in the area.

This high level of engagement and success can be read not just through strengthening ecological relationships, but also through examining them framework of MindSpace. One of the aims in MindSpace´s mission statement was to Empower young people:

> through building resilience and confidence, MindSpace empowers young people and their families by offering a range of self-help strategies, providing a focus towards a future of positive mental health.

Here we see a triad of methods that come together to empower: building resilience, confidence, and offering-self help strategies. This, placed inside the ecological framework of the family and school, provide an empowering structure in which the student can grow. Empowerment through education will be reflected upon in the following section. Levels of resilience themselves were not specifically measured in this study, but we can look at time-lining progress through the vocabulary participants used, and can look for patterns of behaviour that indicate the presence of resilience. If we take Ryan and Bernard´s coding technique of time-oriented relationships, we can compare how service users experiences compare before and after intervention, and deduce if these experiences can be attributed to resilience building. For example, Ps1 described how they had learnt to develop healthier mechanisms through their work with MindSpace:

> **I used to react in pretty bad ways**, such as screaming, self-harming, crying, um, getting suicidal thoughts. Um **now I guess, most of the time I remain calm,** sometimes if a situation is pretty bad I can stress out a bit but I wouldn't do anything to hurt myself. I am less sensitive to things now than I was back then.

Before the MindSpace service, this individual had many maladaptive coping mechanisms, but through one- to- one sessions and open dialogue with the family, they learnt to foster more healthy techniques and not turn to such self-destructive behaviours. Pf1, another service user, describes a similar thing, in that they felt ““a completely different person to who I was two years ago…anxiety never leaves you… you just learn how to cope with it.”

7.3 The Challenge for Education

Many of the themes explored in the interviews were bound by exploring the purpose of education, although this was not obvious straight away. It was noted that much of the discussion was around responsibility, for example, does responsibility for a student´s wellbeing fall to the school, the parents or an outside agency? These queries reveal deeper questions, as responsibility for students mental wellbeing is tied strong to educational purpose. If education exists simply for individuals to obtain grades, then basically speaking, the responsibility for their wellbeing falls outside of the school´s agenda. On the other hand, if the purpose of education is to nurture individuals into healthy adults, and support them as they develop, and the responsibility is very much partly within the educational institution. It can be argued that mass education in England

adheres to the agenda of human capital development. That does not mean to say that it does not serve other avenues of progress. However if we we strip issues in this study down to the core, many of them can be attributed to the wider socioeconomic actions of austerity, and the neoliberal paradigm that England operates within. This is rather a bold claim to make, and so let us break it down.

The three codes that were found here in regards to the concerns around mainstream education, were Lack of Education, Academic Pressure and Funding and Resources, all of which can be analysed in relation to the purpose of education. The founder of the MindSpace program raises concern about the misdirection of attention on exam results and league table placement, and believes that there needs to be a shake-up in the way schools are run, in that wellbeing and mental health need to take precedence and be addressed within the school environment. MindSpace is an example of how this can work in a holistic and integrated manner. Having previously worked in a PRU, Sault deduced that many of the students in these unit is did not in fact need to be there, asserting that "I think school is where a young person should be…." (Slawson, 2018) This misdirection of attention on results and league tables was commented on by the majority of participants, for example "I think its the government and the targets that they are expected to meet, its just too hard for the kids". (Pf2) These views, in turn, opened up reflection over the pressure that both students and teachers were experiencing in relation to the burden of achieving good results, A stand out quote from WHO, commented perfectly on the problems which arise from this conflict of interest in the classroom:

> …in an education system…their goals are often around "we want them in class, we want them behaving, we don't want them causing a problem." Whereas obviously our goals are more about obviously "we want them to feel better, and you might need to change to make that happen (Ps2).

In participant experiences, generally speaking schools were operating under goals that pushed human capital building and grades. On the other, we see MindSpace attempting to operate with wellbeing at the centre of their agenda. An obvious answer to this is that schools are deigned to educate. However as "gatekeepers" of resources, as Ungar (2012, p. 351) terms it, teachers do have a responsibility to distribute learning resources evenly, something this paper believed

encompasses tools for managing behaviour and emotions. This was something that again, data revealed was not always happening effectively:

> The fact that they are struggling with their mental health, if they are academically, um, extremely good, then, they will kind of work around that in order for them to achieve so that their numbers go up. But then if you get a young person that maybe isn't very academic but display the same behaviour, they may not put as much effort in. (Ps3)

It is here that we can begin to address the larger barriers to nourishment of good wellbeing in schools. Funding and austerity were cited by almost participants as huge barriers to providing effective education and in nurturing resilience and wellbeing, as was academic and teaching pressure. Simply put, there is simply not the funding to provide services needed, and to ensure schools are doing anything more than achieving grades.

Use of Ryan and Bernard´s (2003) coding technique of similarities and differences led to close scrutiny of some of the data presented, and revealed some discrepancies between reports and lived experiences by participants. This was reinforced by a key quote from Cummins (2018), who assert that there is "a seemingly ever widening gap between a series of Government mental health policy documents, which consistently promised the completion of a mental health service revolution and the reality of service provision." For example this disparity between Future in Mind, stating "Universal services, including health visitors, Sure Start Children's Centres, schools…play a key role in preventing mental health problems. (DoH, 2015, p.35), and an offhand comment from Pf3, "so I am gutted that SureStart have finished, because they were just the help that parents needed really." What we see here, is that services such as Sure Start that are needed have been cut, despite the assertion that they play a key role. The Green Paper seems to recognise this gap in education, in that wellbeing is missing from both the curriculum and from teacher training. They state however a "manifesto commitment that every child will learn about mental wellbeing" (DoH, 2017, P 21) "a member of staff in every primary and secondary school in England receives mental health awareness training (DoH, 2017, p.27 " and that "This new framework will be incorporated into initial teacher training provision over the next two years" (DoH, 2017 p.28). While these points seem promising, there is no mention of making any of this compulsory. In fact, in regards to wellbeing being more involved in the curriculum, it was

in the process of being decided if this should become mandatory. (DoH, 2017, p.21). In addition to this, having one mental health lead, though beneficial, is in the opinion not enough for schools that have hundreds, sometimes over 1000 students.

There is severe underfunding in both schools and within mental health, which can be in part attributed to this gap between policy promise and actual provision and funding. The Early Intervention Grant has been cut by almost 500 million in the last 7 years (CAMHs,n.d). On top this, another key point that needs to be reiterated is as follows:

> In their analysis of the 2018 budget, the Health foundation notes that 'Extra investment in mental health services will see funding grow broadly in line with the total health budget but this will mean simply maintaining the status quo which sees just 4 in 10 people who need it receive mental health support. To see some improvement, with provision increasing to 7 in 10, the service would need an extra £1.5bn on top of what the chancellor has announced." (Trade Union Congress, 2019, p. 2)

There is evidence through the comparison of participant perspectives with claims from the government, that things that are being projected in policy documents is not happening effectively across all areas, and funding is in fact not enough to cover needs. Thus responsibility for mental wellbeing education is left to schools that are underfunded, and will continue to be under the conservative Government.

On top of funding issues, another barrier cited was that of academic pressure on students and staff alike. Here we turn back to the purpose of education. Using the accounts of participants, it is clear that they believe that the agenda of school has fallen into that of the Human Capital approach, one that has "blocked out the cultural, social and non-material dimensions of life". (Bordieu, 2011, p.72). Focusing on human and social capital within education, and grades over wellbeing, can also be accused of perpetuating structural causes of health inequalities, which "has the potential to create a narrative of individual responsibility that hides structural causes of health inequalities." (Cummins, p. 8). Evidence of this pressure was evident in participant responses, seen, for example, in Pf2´s response of "I think its the government and the targets that they are expected to meet, its just too hard for the kids…", and "There is a lot more pressure

around, scoring, education, good grades. Whereas before it might have been more of holistic approach." (Ps3). Concern for teachers was also evident, with a key quote from Pm2 being

> It is quite easy for me to sit here and say that "they should be doing more"… but coming from an education background, and understanding the pressure that schools are under in relation to curriculum, GCSEs…

However the reality is that students are experiencing an education which at its core, is not encouraging "real opportunities to achieve valuable states of being and doing"(Robyns, 2006, p. 78), as would be in a Capabilities approach. The agenda of education has been moved towards one that does not nourish individual needs, seen in the lack of individualised approach, pressure on grades and lack of knowledge around anything holistic. It can be concluded that services that are not deemed to be part of this agenda are being stretched as far as possible in the name of austerity, while teaching staff are still expected to maintain good grades and good behaviour. Reading education from this perspective, it is of absolutely no surprise that there are massive areas of tension between academic education and health education. MindSpace has demonstrated how it is possible to work within this restraints and provide care where it is needed, using relationships and empowerment, and if funding is directed where it should be. Through this, it is possible to suggest a new model of educating.

7.4 Blended Model: A New Way to Educate

If an ecological view of resilience is taken, then social support is imperative in the process of strengthening resilience. It seems to be good sense that schools are environments where good practice can be fostered- "…schools are often the only formal institution that can provide them with support when they are exposed to adversity in their environment, as other formal service providers are, due to various reasons, unavailable to them." (Barnova and Tamasova, 2018, p.55) Teachers are a wealth of positive resources, both through informal and formal support, and, most importantly, through relationship building. The argument behind this view lays in the simple fact that:

> "If the schools are resource poor, short on qualified staff, and/or exist in dangerous neighbourhoods, then the development of resilience is likely to be hampered. On the other hand, because schools are places in which children spend so much time, they are

ideal locations for the implementation of programs designed to support children and assist them in overcoming environmental stressors." (Ross, Smith, Casey and Slavin, 2995, in Condly, 2006, p. 229).

School environments varied greatly. As access to mainstream schools was limited within this study, analysis through the health education model will be done through data collected, observations, the three key reports, and personal experience. As outlined in chapter 4, Haquist and Starrin (1997), assert there are four types of educational models: Traditional, Modern, Planner and Empowerment. To recap, these four models consider the amount of involvement students are given in regards to their education and decision making (refer to section 4.2.1 for a more detailed overview of these ideas). This concept of if the student is passive or active in their education is an interesting one, and on that can be argued to dictate outcomes. The Green Paper makes no mention of empowerment in 144 pages. Future in Mind refers to empowerment through both social media, and through "additional funding, we could also empower young people to self-care through increased availably of transitions from children's services…" (DoH, 2015, p.16), while Future in Mind wishes to create conditions where "the people of Barnsley are enabled to take control of their health and wellbeing" (NHS Barnsley, 2017, p. 35). The concept of empowerment is closely related to resilience and can be used in tandem, as discussed below.

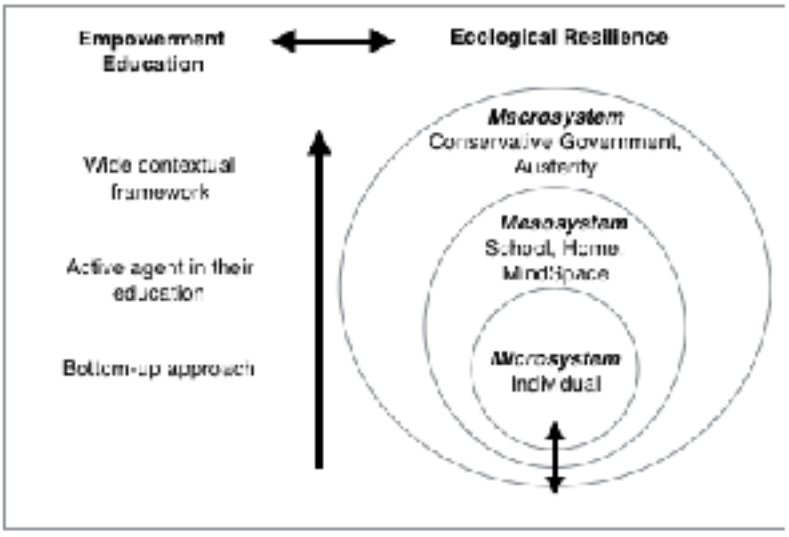

Figure 7: Final Blended Model, compiled by researcher

Using the initial blended model created in section 4.3, it is now possible to bring all the research conducted in this paper together, and suggest a new educational that could be used to inform health education and policy in the future, and perhaps avoid many of the problems discussed within this paper.

This visual brings together the two theories to create a new model for education, that it is recommend is used in classroom setting, not just in regards to health education, but across mainstream education. On the left is the Empowerment framework for educating. Within an Empowerment framework "young people need to have resources to navigate and be given space to represent themselves and their feelings." Kalnins et al, 1992, in Harquist, p. 228. It uses a bottom-up approach and a wide contextual framework. As mentioned in section 4.2.3, this approach sees young people as partners in their educational process. (Harquist, 1997, p. 228). It can be adequately argued that MindSpace aligns with this approach. Conversely, Traditional methods are used in more frequently in mass, mainstream education. Traditional education does not always have the resources to offer students, and as argued, mainstream education sits in between the traditional model and the planner model. On the right is the ecological resilience framework, using relationships to mitigate adversity and placing the student at the centre of the model. Both of these models are then combined, and work with one another to deliver and individualised service through empowerment and relationships nurtured around the student.

A common thought from participants was that secondary schools were often providing the opposite of indivdualised education and care, but "a sense of connectedness or belonging to school is a significant protective factor for young people and contributes to resilience building." (Cahill et al, p. 9, 2014). Ecological relationships and an empowerment framework can be used as a protective factor against lack of funding.Rather than trying to *fix* the problem, which would require a reorganising of the whole system, there needs to be more of an awareness and balance around services. The common factor in these two approaches is that they put the student back at the centre of education.

7.5 Limitations

In a study comprising of independent research from a first-time researcher, it is perhaps not a surprise that there are points that could have been improved. This study was a huge undertaking, and with this comes shortcomings. One of the main limitations of this study was the access to schools themselves. The research would have benefitted hugely from having more participants, and a chance to do deeper observations. Using teacher perspectives, and more student voices would have added a whole new dimension. Experiences of mainstream schooling were pulled from reports or interviews, and thus were not overly representative of all perspectives. England takes the security and safety of their students very seriously, and thus it was almost impossible to gain entry to schools as a researcher from a University outside of England. The only way to have tackled this would have been to gain access through a certified charity, who would partner any research. The combined factors of distance and access resulted in this not being possible. As a result, the research aims were modified. It was decided instead to focus on MindSpace, in which I was given full access, and focus on the comparative aspect using policy from mainstream school and reports on provision. It would have also been illuminating to used more student perspectives, and this is a suggested area for further research.

As an outsider researching the program and having to rely on a gatekeeper to gather participants, there is also the issue of bias. It is to be expected that any organisation would want to showcase their work in the best light possible, and thus I was put in contact with success stories. It is highly that there were service users who did not feel their experience was positive. However, the fact remains that overall, the voices in this paper expressed that there is a way to deliver provision within the current system that impacts students positively.

7.6 Conclusion

At the time of writing the majority of this paper in 2020, the world was in the midst of preventative measures against the COVID-19 pandemic. As a result this research sit is in a different context, and arguably, different world, from the time of beginning to research to eventual writing and submission. We as a community are in the throes of a global epidemic, the

likes of which have not been seen within our lifetimes. We do not know for sure how the world will look on the other side. Although this paper has not examine this subject matter directly, it is interesting to note how certain debates are being thrown into the spotlight as a result of COVID-19. When society breaks down is when education is needed most acutely. It is interesting to reflect on if this crisis is going to further highlight long-standing issues with the education system, or if we will simply fall back into the same patterns as before. One thing is for sure, that the crisis has illuminated some of the inequalities and shortcomings within the education system.

In moments of crisis, true agendas are often revealed. It is not enough for education to work only within an agenda based upon academic achievement, as it also has a moral responsibility. This study became more complex as research progressed, and it was realised that education in England may in fact be moving away from a holistic approach more than originally thought. The aims of this thesis were two-fold. Firstly, it wished to provide **a study of how early intervention and a holistic approach can work in practice in a educational setting to improve mental wellbeing and health.** Secondly, it also wished to acknowledge the influence wider power structures have on education, and **discussed the agenda of education in England in relation to mental health, and how relationships can be used to mitigate the impacts from under-funding.** These two wider aims were answered within the structure of three research questions, using in depth interviews with individuals working within, and experiencing, the education system within England. Perspectives were gathered across differing levels, to form a highly contextually relevant study that simultaneously highlighted elements that were working within the mental health debate, and those that were not. At the core, this study was centred around the purpose of education, and how schools can find mediation between educating academically and nurturing holistically. It was concluded that education can not separate itself from the wellbeing of students and simply focus on the academic element. MindSpace was used as an example of how outside agencies can be incorporated into school systems to deliver care where educators may not be able, and redirect the agenda of education into a more nurturing area.

RQ1 provided much rich data around how MindSpace operates at the Meso-level, and revealed the techniques used to provide solid provision for adolescents. Social isolation and social media were cited as risk factors by the majority of participants, and it is interesting to note that these are again, *social* factors that may inhibit healthy functioning. Early intervention, an individualised approach and stigma reduction were identified as key goals of MindSpace´s work, and the three of these together make up the foundation of how MindSpace operates. In regards to existing provision, all participants agreed there were structural problems and issues with access in schools, and that MindSpace was filling a gap within provision.

RQ2 applied theoretical frameworks to the data, these being Ecological resilience theory to explain processes around the importance of student relationships, and, to a lesser, extent, an empowerment framework that suggested how changes could be made structurally to nurture both healthy mental development and nourish academic environments. It was found that relationships were central in maintaining healthy functioning, and could be used as a protective factor against other risk factors, for example anxiety or trauma. By educating not just the student, but involving the family and working closely with schools, Mindspace is transcending the system levels of society so as to creative a supportive net around the student. This has positive results on their mental functioning, as well as within school, and is a worthy time investment.

Finally RQ3 was based around the wider contextual debate, and allowed for comparison around how the Mesosystem (MindSpace) and mainstream education operate under the pressures of the Macrosystem (austerity, conservative government) It was found that the Macrosystem was indeed influencing the system at all lower levels, and this was manifesting as lack of funding, stretched resources and academic pressure, all of which do not create optimal conditions in which to nurture healthy functioning. It was found that MindSpace acts as a protective factor against these barriers in education, through utilising tools such as strong relationships around the child in all arenas of their life, and through educating young people and their families alike on mental illness and providing holistic interventions and support. Resilience is a key tool in achieving this mitigation.

There was criticism of the resilience approach, accusing it of shifting the blame back However, if an ecological view of resilience is taken, then social support is imperative in the process of strengthening resilience. It seems to be good sense that schools are environments where good practice can be fostered- "…schools are often the only formal institution that can provide them with support when they are exposed to adversity in their environment, as other formal service providers are, due to various reasons, unavailable to them." (Barnova and Tamasova, 2018, p.55) Teachers are a wealth of positive resources, both through informal and formal support, and, most importantly, through relationship building. Using these relationships can aid in provision, and can ease some of the damage done by trauma, and exasperated by effects of austerity and neoliberalism.

It isn't that the system is broken, its operating exactly as it should within our current paradigm. Mental illness is not something that has a quick fix. The reality of the situation, is that it will never be eradicated. We live in a society that is noisy, and is based comparison and social media ,and we are human. However schools have a duty to be part of this debate. This musing from Pf2 sums up the ethos of this paper:

> "What is it? Why were they so resilient? And do you know what it is? **It´s because they were a group…**I knew a lady who loved the miners strike, and who were devastated that it were finished…That were the best time of her life… when I spoke to my Nana, the best time of her life was in war times when she were doing this that and the other. Its you know when you've all got to pull together and fight together. **When you´re part of something**." Pf2

Through sharing experience, connecting with one another and having a chance to be part of a supportive community, in short, being "part of something", many of life´s difficulties are eased. Of course, it is not always this simple, but by looking for collective solutions it is possible to greatly ease the burden of individuality and loneliness, and connect with others. By forming a network in the face of adversity, we can begin to deprivatize the inevitable pain that comes with being human, and move towards creating more meaningful landscape in which we educate future generations. This study wished to highlight some of the work that is being done already to build this ethos, and hopes that inspiration will be found from it to continue transforming lives.

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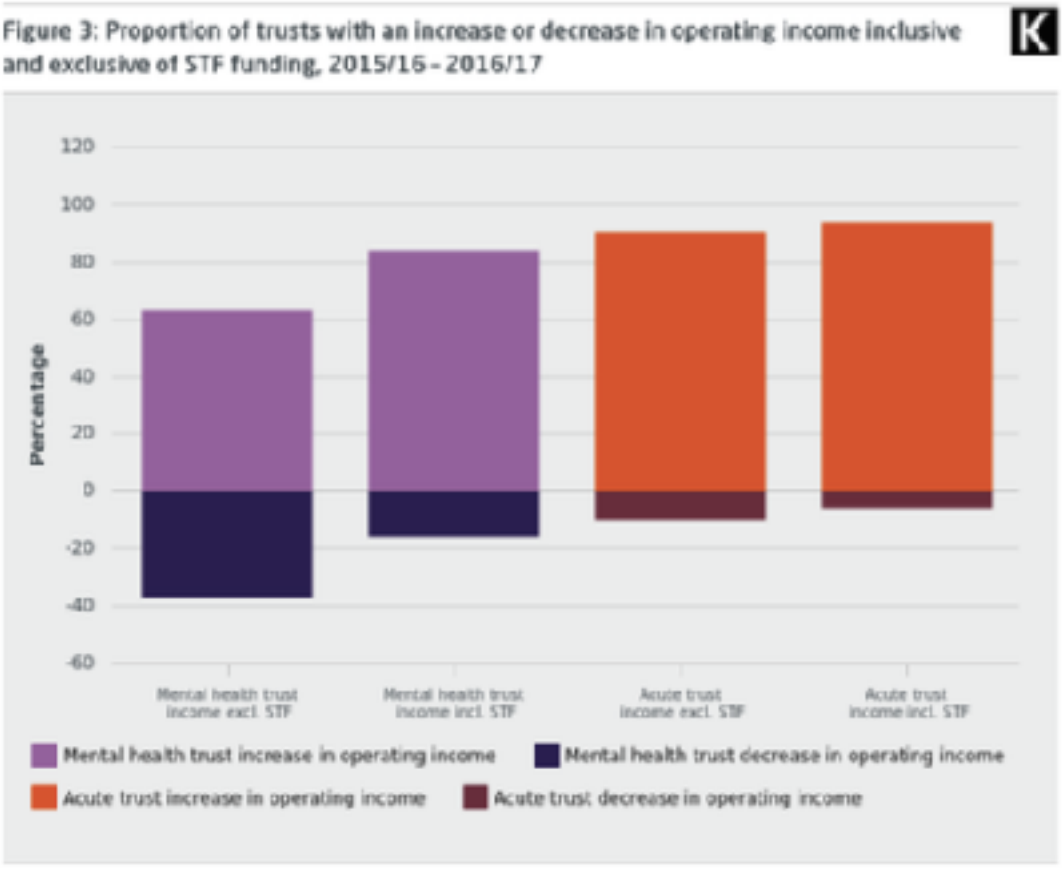
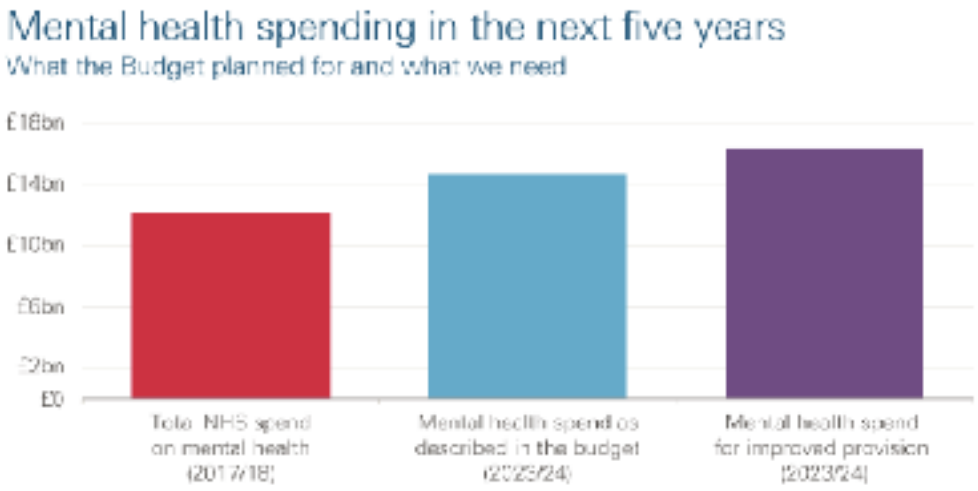
Appendices

Appendix 1: Austerity Visuals





(both Trade Union Congress, 2019)

Appendix 2: Schooling Levels and Assessment Table (compiled by researcher)

Key Stage	School Level	School Year	Age	Assessment
Early Years	Primary	Reception	3-5	**Reception**- teacher assessments
KS1	Primary	Year 1, 2	5-7	**Y1**- Phonics screening **Y2**- National tests in English, Maths & Science, teacher assessments
KS2	Primary	Year 3, 4, 5, 6	7-11	**Y6**- National tests in English, Maths and Science, teacher assessments
KS3	Secondary	Year 7, 8, 9	11-14	
KS4	Secondary	Year 10, 11	14-16	**Y10**- Some students take GCSEs **Year 11**- Most students take GCSEs/other national Qualification

Appendix 3: Map of Barnsley

Appendix 4: Barnsley Statistics

(Both Hickson, 2016)

IAPT referrals completing treatment by problem descriptor: Barnsley CCG (2015/16)

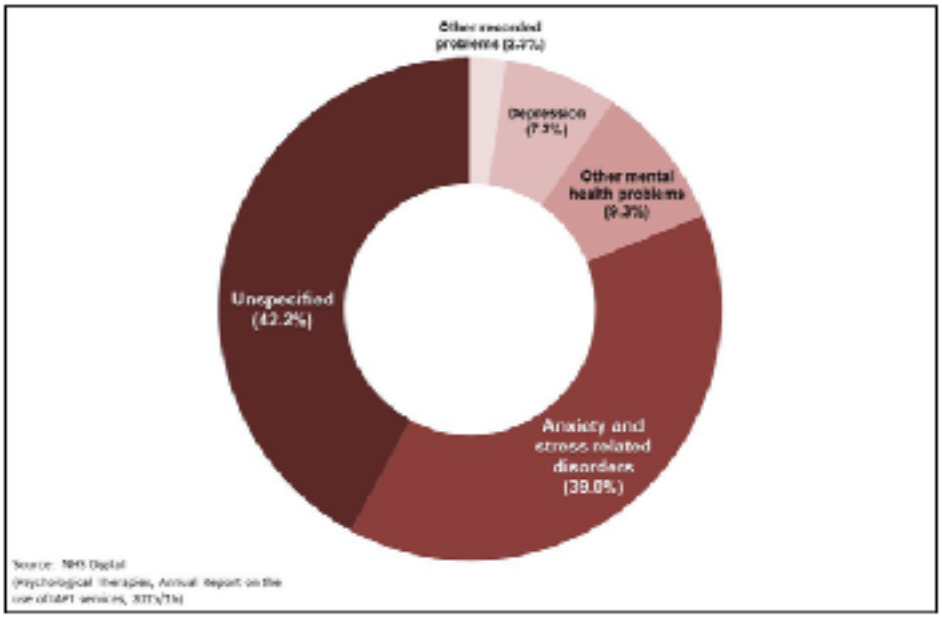
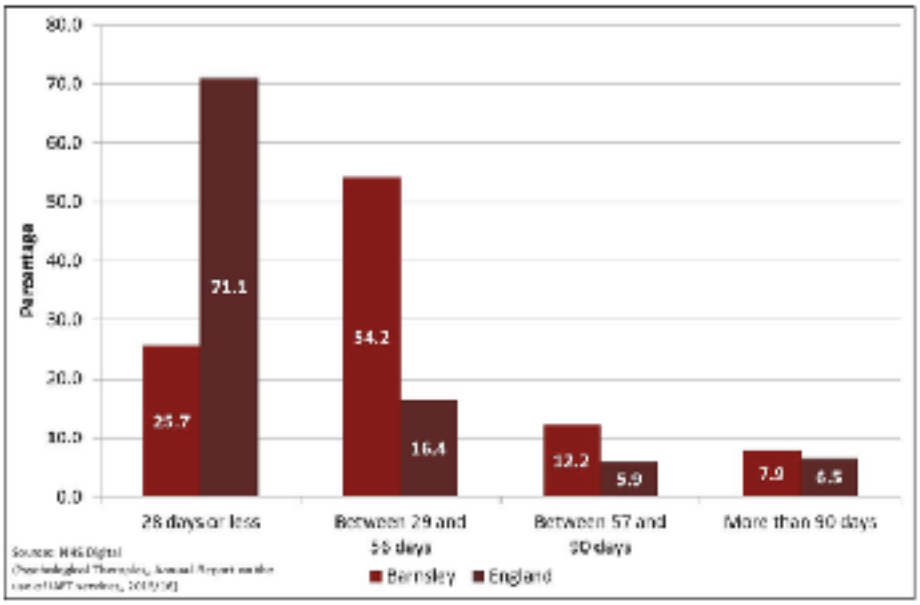
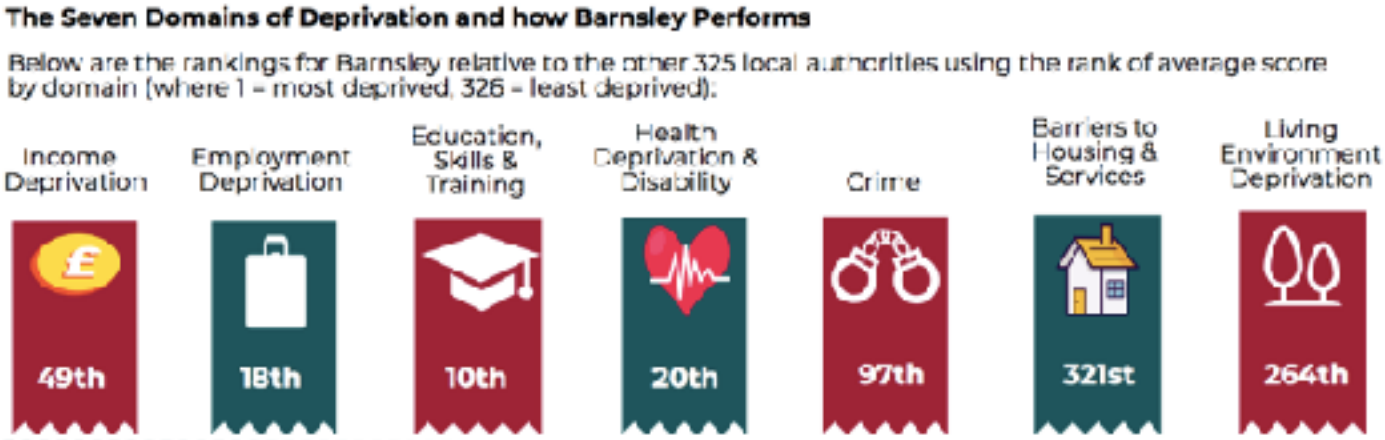
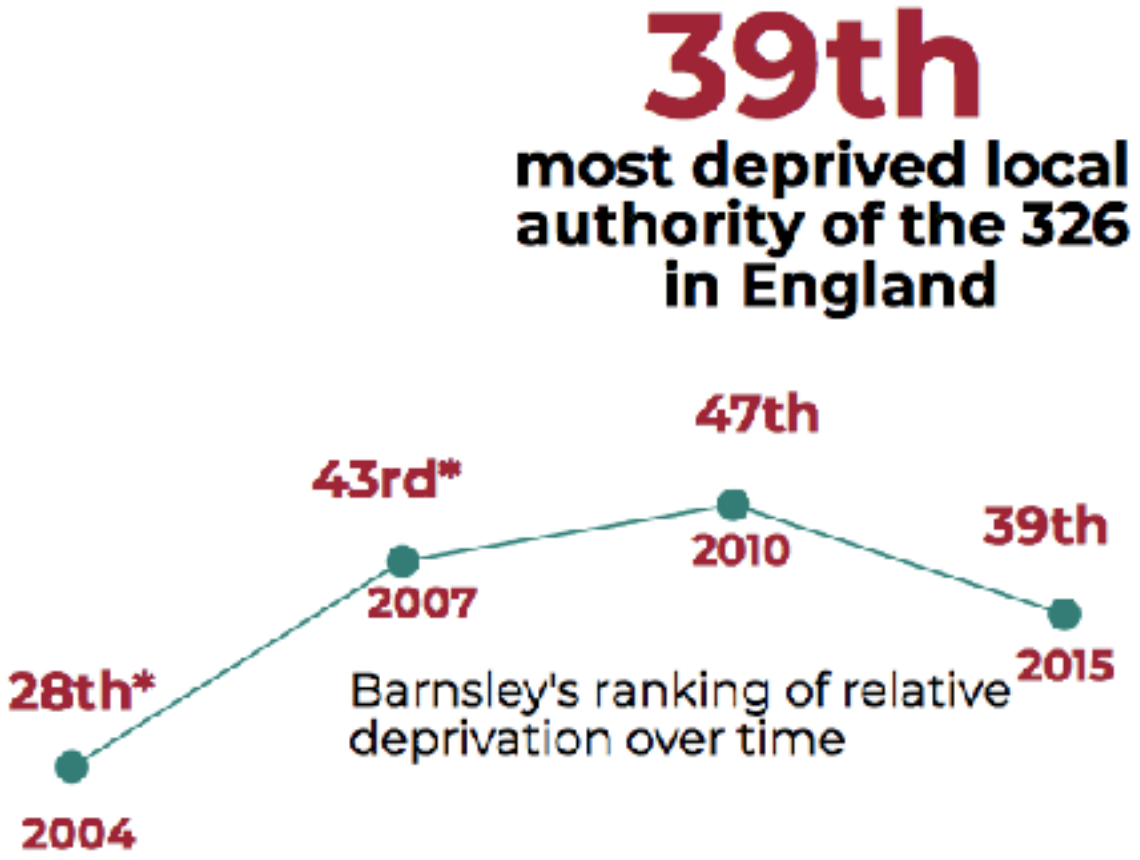


Figure 11. Waiting times to enter treatment, for IAPT referrals finishing a course of treatment: Barnsley CCG and England (2015/16)



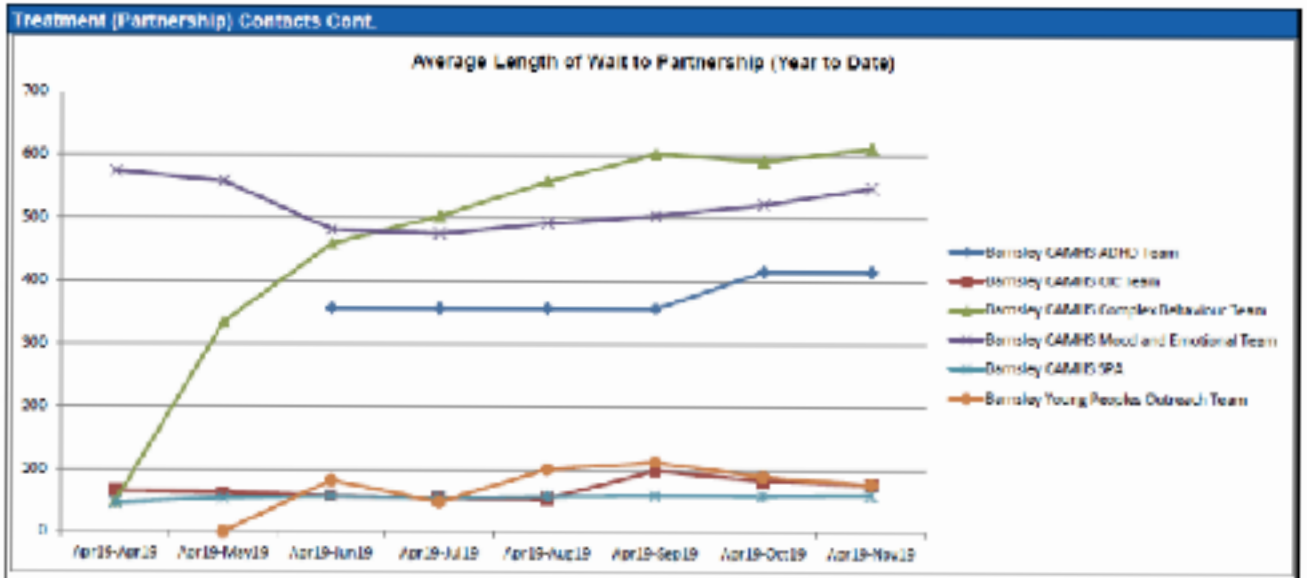
(Both Department for Communities and Local Government, 2018)





Appendix 5: CAMHs Waiting Times

Aligned to the number of referrals is the continued challenge in Barnsley of our children and young people experiencing unacceptable long waits to access CAMHS. The current waiting times for each of the CAMHS pathways is shown in the table below:



	Apr19 - Apr19	Apr19 - May19	Apr19 - Jun19	Apr19 - Jul19	Apr19 - Aug19	Apr19 - Sep19	Apr19 - Oct19	Apr19 - Nov19
Barnsley CAMHS ADHD Team			366	366	366	366	416	416
Barnsley CAMHS CIC Team	65	63	58	54	53	80	83	76
Barnsley CAMHS Complex Behaviour Team	48	334	469	503	559	603	592	611
Barnsley CAMHS Mood and Emotional Team	574	559	482	475	492	505	522	549
Barnsley CAMHS SPA	47	54	57	56	57	58	58	59
Barnsley Young Peoples Outreach Team		0	82	48	101	112	89	77
Overall Avg	145	152	147	145	159	179	177	201

Appendix 6: Referral Criteria

Referrals – who can refer to MindSpace?

MindSpace is <u>NOT</u> a crisis service. In the case of an emergency, ring the emergency services or go direct to Accident & Emergency department at your nearest hospital.

Referrals will be accepted from the following professionals

- Self-referral
- Parents/carers
- GP
- Secondary school staff in association with their designated school MindSpace link
- School Nurses
- Educational Psychologists
- Education Welfare Officers
- Social Care
- All professionals working with young people
- Specialist CAMHS via Single Point of Access weekly meeting

CAMHS Single Point of Access

Where referrals are made to CAMHS but are more appropriate for MindSpace, referrals will be redirected straight to MIndSpace via the weekly Specialist CAMHS and MindSpace Single Point of Access triage meeting. If a young person accessing MindSpace requires Specialist CAMHS the referral will be discussed at the Single Point of Access triage meeting.

Who is the service for?

The Team provides a service to secondary aged pupils, who are experiencing difficulties which are beginning to have an impact on their emotional, social and educational wellbeing.

All pupils must be currently registered with a Barnsley mainstream secondary school, attending regularly to access the interventions. This may include young people who are not registered with a Barnsley GP. However, where a referral to CAMHS is required, this would need to be made to the CAMHS team in the young person's GP's locality.

All referrals will be acknowledged and screened to consider if they are appropriate for the service. If a referral is deemed inappropriate, suggestions of an alternative service will be discussed. In some circumstances this may only become apparent during the referral consultation.

Young people needing support who attend Greenacre School and Springwell Learning Community currently access Specialist CAMHS via a direct referral to New Street.

Referrals we consider

The service will consider referrals for young people presenting with difficulties which are assessed as being **mild-moderate** in terms of functioning and / or distress as rated by the **Current View** (a tool designed to standardise assessment which is used by CAMH services nationally). The following are broad definitions for guidance and need to be considered within an age appropriate context. If functioning and distress levels differ, the higher rating should be selected.

NONE is defined on the Current View as:

Functioning: There **may be transient difficulties and 'everyday' worries that occasionally get out of hand** (e.g. mild anxiety associated with an important exam, occasional 'blow-ups' with siblings, parents or peers) but CYP [child/young person] is generally secure and functioning well in all areas (at home, at school, and with peers).

Distress: No distress or noticeable difficulties in relation to this problem.

MILD is defined as:

Functioning: Symptoms cause **occasional disruption** but do not undermine functioning and impact and is **only in a single context**. All/most appropriate activities could be completed given the opportunity. The CYP [child/young person] may have some meaningful interpersonal relationships.

Distress: Distress may be **situational** and / or **occurs irregularly** less than once a week. Most people who do not know the CYP [child/young person] well would not consider him/her to have problems but those who do know him/her well might express concern.

MODERATE is defined as:

Functioning: Functioning is **impaired in at least one context** but may be **variable with sporadic difficulties or symptoms in several** but not all domains.

Distress: Distress **occurs on most days in a week**. The problem would be **apparent** to those who encounter the child in a **relevant setting or time** but not to those who see the child in other settings.

SEVERE is defined as:

Functioning: CYP [child/young person] is **completely unable to participate in age-appropriate in daily activities in at least one domain** and may even be unable to function in all domains (e.g. stays at home or in bed all day without taking part in social activities, needing constant supervision due to level of difficulties).

Distress: Distress is **extreme and constant on a daily basis**. It would be **clear to anyone** that there is a problem.

Referrals for young people presenting with any of the following difficulties (rated as mild to moderate) will be considered:

- **Recent changes in personality and /or behaviour suggestive of some underlying difficulties-**

  - The young person may have longstanding problems but referral would be considered where there are recent changes in their behaviour which are having a negative impact on their emotional, social, behavioural and/or learning functioning within school and/or at home.

  - Where behaviour is understood as a communication of emotional distress

- Where the young person may benefit from support to parents / carers through counselling and / or practical parenting support

- **Mood difficulties** (there may or may not be a specific trigger event but there is some noticeable change in the young person's mood and engagement in school and/or usual activities)

  – Sadness and low mood
  – Irritability, mood swings
  – Recent aggressive outbursts
  - Low self-esteem, reduced confidence
  - Reduced engagement, withdrawal and isolating behaviours

- **Anxiety and Fears**

  – Generalised anxiety, separation anxiety, health anxiety, social phobias including school phobia
  – Panic attacks

- **Somatic problems**

  – Physical pains that have an unidentified physical cause such as abdominal pain which have been assessed by a physician and are impacting on functioning and / or distress.

- **Sleep problems**

  – Waking up in the night, difficulty falling asleep, early morning waking, night mares, night terrors which is impacting on functioning and /or distress

  Grief reaction/ bereavement issues – where short term emotional support and school liaison may be helpful with a view to signposting onto specialist services if needed.

  – Visible distress and difficulties coping following a bereavement

  Not all young people are ready to talk immediately after a bereavement.

  Deliberate Self Harm – – This will include short term work to promote alternative coping strategies and self-management of risk This will include:

  - Self -harm with or without suicidal ideation or a need for medical intervention.

Referrals which would not be appropriate for this service and need directing elsewhere:

- **Urgent problems that warrant Specialist CAMHS assessment and intervention (eg severe self-harm, threats of suicide). In this instance contact CAMHS Duty clinician on REDACTED BY RESEARCHER**

- **Emergency situations requiring hospital services (e.g. severe self-harm and /or active suicidal threats/attempts such as having ingested a substance, overdosed, physical injury). In this instance the young person needs to attend Accident & Emergency Department for medical assessment and/or treatment or ring the emergency services. The CAMHS Duty Clinician can be accessed as required via Accident & Emergency.**

- **Moderate to severe mental health difficulties / disorders that require CAMHS. This includes:**

- Eating Disorders – where any professional believes the primary concern is related to an eating disorder CAMHS must be contacted in the first instance without undue delay. The contact number is 01226 644829 or 01226 644819

- Chronic somatic and anxiety disorders that are having a moderate to severe impact on daily functioning (may be preventing the young person attending school and other activities).

- Moderate to severe low mood which is having a significant impact on daily functioning (see Current View descriptions).

- Frequent / severe self- harm and suicidal thoughts.

- When the primary need is for an ADHD assessment.

- Experiencing voices / visual hallucinations; possible psychosis (referral may also be needed to the Early Intervention Service)

- Attachment difficulties which are having a significant impact on daily functioning and have not improved with efforts to help the young person develop positive relationships and emotional regulation.

- **Other presenting difficulties which may require referral elsewhere:**

  - Transient difficulties with mood, anxiety and/or behaviour which would be rated as NONE according to the Current View criteria and are manageable with usual school intervention and/ or support.

  - Suspected or actual abuse without social care assessment having been completed or when the young person remains in an abusive setting – needs referral to Social Care in the first instance

  - Where substance misuse (drugs and alcohol) is the primary difficulty – refer to Targeted Family Support stating substance misuse.

- Conduct disorders – stealing, defiance, fire setting, long-standing aggression and anti-social behaviour, criminal record – may need referral to Social Care, Family Intervention Service, CAMHS, Youth Offending Team.

Referral Information we require:

A referral form will be completed collating information on the following:

- A description of the young person's difficulties
- Duration and possible triggers for presenting difficulties
- Any recent or past critical incidents in the young person's life
- Impact of difficulties on level of distress and daily functioning in school and at home and (as per guidance on the Current View)
- School attendance levels over past 12 months
- Previous and current support / intervention and their effectiveness
- Informed consent from the young person and /or parent/carer for the request for support / referral (see below regarding consent and competence)
- Young person and carer's view of presenting difficulties (if young person has consented to carer being aware of referral)

Consent and competence

Consent

School staff wishing to request support for a young person require their informed consent. Parent/carer written consent (signature) should also be obtained. However, in the event of a young person not wanting their carer to be informed, school staff need to ensure that the young person is Gillick competent to consent for themselves.

Young people will also have the opportunity to self-refer through accessing drop-in clinics. In this situation, it will be the responsibility of the drop-in clinician to assess the young person's competence and advise on informing parents/carers, working within the guidance below regarding competence and boundaries of safeguarding.

The Department of Health (Seeking Consent: working with children, 2001) indicates that legal consent is given verbally or in written format. In the interests of best practice, it will

be required that the young person gives written consent by signing the request for support /referral form and that this is recorded in school and health records by the referring staff member and practitioner.

Where a parent/carer does not give consent for support but the young person still wishes to engage, the following guidance will be adhered to,

"*parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision*." (Gillick v Norfolk, 1985).

If the young person and/or parent/carer does not give consent for a request for service but school staff judge that it is in the best interests of the young person and difficulties are likely to deteriorate without support, they may seek consultation, whilst preserving confidential information about the young person. The MindSpace Team may also support the referrer to consider referral to other services with the agreement of the young person and/or parent/carer. Any safeguarding concerns in this situation would need to be addressed in the usual way by school staff according to school safeguarding policies.

5.6 Competence

When considering consent, the level of understanding the young person has in terms of what support is being requested, what the process will involve and what outcomes they hope for should be clearly assessed in accordance with the following guidance:

"…*whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent*." (Gillick v Norfolk, 1984).

Questions to aid reasonable assessment of competence include:

- Why do you think you need some support / what made you feel you need some support?
- What do you hope this support will help with / How do you think this support will help you?
- What do you think may happen if you don't get this help?

If a young person is not deemed competent they would not be considered able to consent to receiving support themselves and thus consent would need to be gained from their parent/carer.

How to make a request for service / referral:

1. Check referral guidance and criteria to ensure this is the most appropriate service to request support from. Consider the guidance provided by the Current View in establishing the level of difficulties.

2. Discuss any queries with the identified link professional in school, or contact MindSpace on (REDACTED BY RESEARCHER)

3. Discuss concerns with the young person and establish informed consent from the young person for referral.

4. Discuss concerns with parents / carers if young person gives consent for this (encourage young person to talk to parents /carers about the referral and to gain consent to involve them). Please see guidance on consent and competence.

5. Complete a consultation form and gain **signed consent** from the young person and parents/ carers.

6. Submit consultation form to hello@wearemindspace.com for triage.

7. Referrals can be posted to: (REDACTED BY RESEARCHER).

8. The referral will be registered on our system with the identified and agreed intervention recorded.

9. The referral will be part of the MindSpace triage meeting held every week. The young person, the referrer, GP and parent, where appropriate will be contacted by letter of the outcome. There is also opportunity for a telephone consultation if required.

10. The MindSpace practitioner will decide on the most appropriate outcome on the basis of the consultation. This will include one of the following actions:

    - further consultation, indirect work and/or training with school staff
    - individual or group work with the young person
    - individual and/or group work with parents/carers
    - advice regarding referral on to other services
    - no further action

11. The Practitioner will record the discussion and outcome and allocate the young person to the area of work identified as being appropriate.

12. The MindSpace team meet weekly and discussion forms part of this meeting to discuss and monitor referrals / requests for service, consideration given to parent/carer for referral to the MindSpace parent service.

13. The referring professional will be informed when the assessment and/or intervention has been completed and the outcome will be shared with the consent of the young person/ parent/carer as appropriate. The young person's GP will also be informed.

Appenidix 7: Interview Guides

UiO : Faculty of Educational Sciences

Past Students

Context

1. When were you involved in the program, and for how long?
2. Have you been involved in any provision through school other than MindSpace? If you are comfortable can you tell me about your experience with that?
3. Are you currently receiving any other provision through your college? If so, can you describe that for me?
4. What do you think about the general attitude towards mental health in England?
5. What role do you think schools have in the provision of mental health?
6. How did your school handle the topic of mental health in general?

Structure

7. How did you hear about the MindSpace program? And how did you end up receiving provision? if you feel comfortable can you tell me about your journey here?
8. Did your mental health struggles impede your school life?
9. Could you describe a typical MindSpace session to me?
10. What are the aims of this program, from your perspective? How does this program achieve these aims?
11. Were your family supportive in this process? If you don't mind, can you tell me a bit more about the relationship between you and your family?
12. How does your family view mental health?
13. Were your teachers involved in this process?
14. Did you have a strong group of friends? Did you feel supported by them? Can you tell me a bit more about this?

15. Were there any members of staff that really stood out and helped you on your journey?
16. What was the biggest obstacle for you in this process?
17. Were there any incidents when you felt you were being discriminated against or judged because of your involvement in the program?

Resilience

18. Firstly, what does the word resilience mean to you?
19. Do you personally find this to be a valuable trait? Why? Why not?
20. Do you feel that any of the skills you were taught had any relation to the concept of resilience?
21. Can you give me some examples of how you would react to difficult situations before the intervention from MindSpace? How do you respond now?
22. Do you feel that you use the tools you were given now you have left the program?

Strengths and Weaknesses

23. Can you give me 2 examples of things you think are really working in this program? And 2 that could be improved?
24. What do you think is the future of this program, both within Barnsley and within the UK?
25. Which elements of this program do you think other schools should be learning from?
26. What are your plans for the future?
27. Is there anything else you would like to add?

Parents

Structure

28. When were you involved in the program, and for how long?
29. What are the aims of this program, from your perspective? How does this program achieve these aims?
30. How did you hear about the MindSpace program?
31. And how did you end up receiving provision? if you feel comfortable can you tell me about your journey here?
32. Can you talk to anyone about your mental health? Support network?
33. Could you describe a typical MindSpace session to me?
34. Were there any obstacles for you?
35. Tell me how the relationships between you, your child and teachers were?
36. How did this process work within work a school setting?
37. What have the personal outcomes of being involved in this program been? What tools have you been equipped with?
38. How do you think your child has been impacted by this program?
39. Were there any incidents when you felt you were being discriminated against or judged because of your involvement in the program?

Resilience

40. Firstly, What do you think this word means?
41. Do you think it is something that can be nurtured or encouraged?
42. What factors promote resilience in everyday life, do you think?
43. Do you personally find this to be a valuable concept? Why? Why not?
44. Do you feel that any of the skills you were taught had any relation to the concept of resilience?
45. Was it quite an independent process for you?
46. Why do you think some people struggle to be resilient in the face of adversity?

47. Is there any difference in how you reposed to personal challenges from before you started the program? Would you mind discussing that?

Context

48. Link between academic achievement and mental health?
49. What role do you think schools have in the provision of mental health?
50. What is your opinion on the general quality of mental health provision in schools in England? Why do you think it is this way?
51. Mental health crisis?
52. Positive and negative things that schools are doing?
53. Do you know anything about the policy around mental health in this country?
54. What effect has austerity had on mental health provision, in your opinion?
55. What do you think schools can generally be doing, within the constraints, to improve services around mental health?
56. Which elements of this program do you think other schools should be learning from?
57. Can you give me 2 examples of things you think are really working in this program? And 2 that could be improved?
58. What do you think is the future of this program, both within Barnsley and within the UK?

MindSpace

Program Structure

1. How long have you worked here?
2. Describe your role within MindSpace
3. What are the aims of this program, from your perspective? How does this program achieve these aims?
4. Are there obstacles?

What do you think causes children to be suffering with these mental health issues?

5. Tell me how the relationships between parents, pupils and schools are viewed here.
6. What is your relationship with schools? How do you work with them?
7. How do you deal with stigma surrounding mental health, both in schools and in parents?
8. This scheme hopes to bypass waiting lists for traditional mental health services. Can you explain to me how this is being done?
9. What support is given to you to deal with your day to day working life?
10. How do you navigate between being In CAHMS and working here?

Resilience

11. Firstly, What do you think this word means?
12. Do you think it is something that can be nurtured?
13. What factors promote resilience?
14. Do you personally find this to be a valuable concept? Why? Why not?
15. Can you tell me about what value /purpose is placed on resilience in your work, if any?
16. Could you please describe particular strategies, tools and interventions MindSpace implements to support/recognise resilience?
17. How would you define their success?
18. Would you say the activities you do take resilience into consideration?

Context

19. What role do you think schools have in the provision of mental health?
20. Its being called a crisis, what do you think?
21. You're on the front line, why do you think we are having such issues with providing provision?
22. What is your opinion on the general quality of mental health provision in schools in England? Why do you think it is this way?
23. What influence do you think policymakers and government have on mental health provision in education?
24. What impact has austerity had on mental health provision?
25. Waiting times?
26. What do you think schools can generally be doing, within the constraints, to improve services around mental health?
27. How do you think CAHMS need to act in order to improve the situation?

Strengths and Weaknesses

28. Can you give me 2 examples of things you think are really working in this program? And 2 that could be improved?
29. What do you think is the future of this program, both within Barnsley and within the UK?
30. Which elements of this program do you think other schools should be learning from?
31. Any thing else you would like to add?

Appendix 8: NSD Approval

NSD's assessment

Project title
Integration of mental health provision within secondary schools

Reference number
233851

Registered
20.09.2018 av Molly-Ann Venn -

Data controller (institution responsible for the project)
Universitetet i Oslo / Det utdanningsvitenskapelige fakultet / Institutt for pedagogikk

Project leader (academic employee/supervisor or PhD candidate)

Type of project
Student project, Master's thesis

Contact information, student

Project period
01.09.2018 - 01.07.2020

Status
07.05.2020 - Assessed

Appendix 9: Letters of Consent

UiO : Faculty of Educational Sciences

Information Letter and Consent Form Student

I want to thank you for taking interest in this study. My name is Molly Venn and I am currently a student under ******** in Comparative and International Education at University of Oslo in Norway. My area of interest is mental health provision within schools.

I am conducting my research here in Barnsley, and would like to gain your permission to talk about the MindSpace program that operates in your school. My research aims to understand how the structure of the program works in helping those who are struggling with mental health issues. The nature of this topic is quite sensitive, however I must stress that it is not my intention to unearth any personal medical information. I am interested in the environment that is created and encouraged within this program and how this impacts you, not in your specific diagnosis or anything which may be private. I am also interested in any previous experiences with provision you may have, and how you think the current system could be could be improved. Participating in this unique study will not only allow you to voice your own stories and opinions, but are key in understanding how programs like this can be used to improve services in other areas.

I will be conducting individual interviews, unless the participants are under 16, in which case a member of staff from the school will accompany them. This should take less than an hour, and I will be taping your responses on a dictaphone- transcribing your responses as you talk would simply take too much time, and may mean I miss things that are being said, or misinterpret your responses. All data collected from you will be used only for the purposes of this research, will not be shared with anyone else and will be destroyed as soon as the paper is complete. You may withdraw from the interview at any point, do not have to discuss any topic you do not feel comfortable with, and may contact me even after the interview is over if you feel you no longer want to participate. You may also have a copy of the study when it is completed if you wish.

The research has been cleared with the faculty of Educational Sciences at the University of Oslo. If you would like to discuss any of the above with my supervisor, she is available by email on ********** I am contactable by phone at ********** on or email on **********

If you have read and understood this letter, and are willing to participate in this interview, please sign below:

Participant

Guardian

Researcher

Date

Information Letter and Consent Form Adult

I want to thank you for taking interest in this study. My name is Molly Venn and I am currently a student under ********* in Comparative and International Education at University of Oslo in Norway. My area of interest is mental health provision within schools.

I am conducting my research here in Barnsley, and would like to gain your permission to talk to you about the MindSpace program that operates in your school. My research aims to understand how the structure of the program works in helping those who are struggling with mental health issues. The nature of this topic is quite sensitive, however I must stress that it is not my intention to unearth any personal medical information. I am interested in the environment that is created and encouraged within this program and how this impacts you, not in your specific diagnosis or anything which may be private. I am also interested in any previous experiences with provision you may have, and how you think the current system could be could be improved. Participating in this unique study will not only allow you to voice your own stories and opinions, but are key in understanding how programs like this can be used to improve services in other areas.

I will be conducting individual interviews, unless the participants are under 16, in which case a member of staff from the school will accompany them. This should take less than an hour, and I will be taping your responses on a dictaphone- transcribing your responses as you talk would simply take too much time, and may mean I miss things that are being said, or misinterpret your responses. All data collected from you will be used only for the purposes of this research, will not be shared with anyone else and will be destroyed as soon as the paper is complete. All responses will also be anonymised, and your identity completely protected. You may withdraw from the interview at any point, do not have to discuss any topic you do not feel comfortable with, and may contact me even after the interview is over if you feel you no longer want to participate. You may also have a copy of the study when it is completed if you wish.

The research has been cleared with the faculty of Educational Sciences at the University of Oslo. If you would like to discuss any of the above with my supervisor, she is available by email on **********. I am contactable by phone at ********** or email on **********

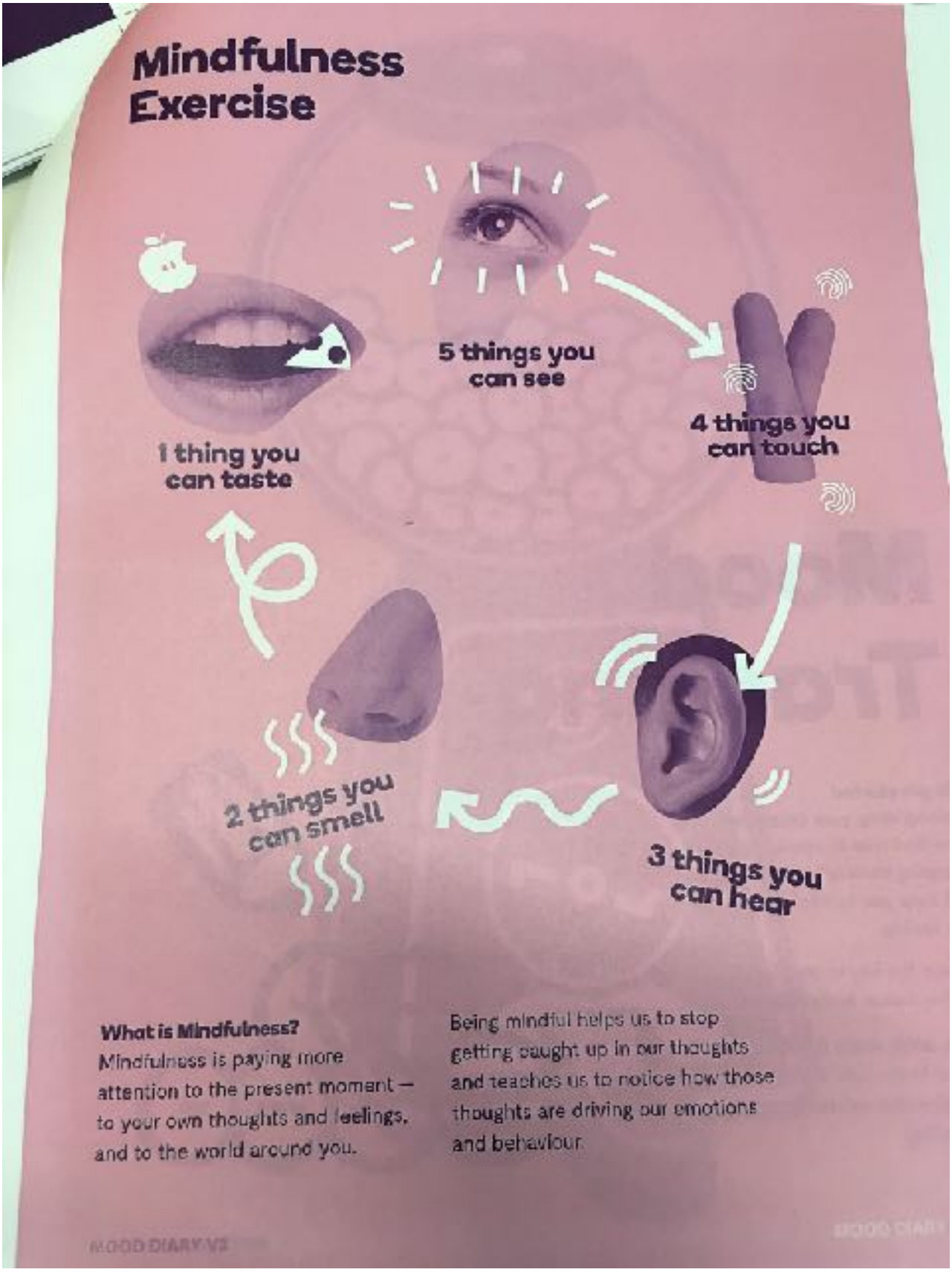
If you have read and understood this letter, and are willing to participate in this interview, please sign below:

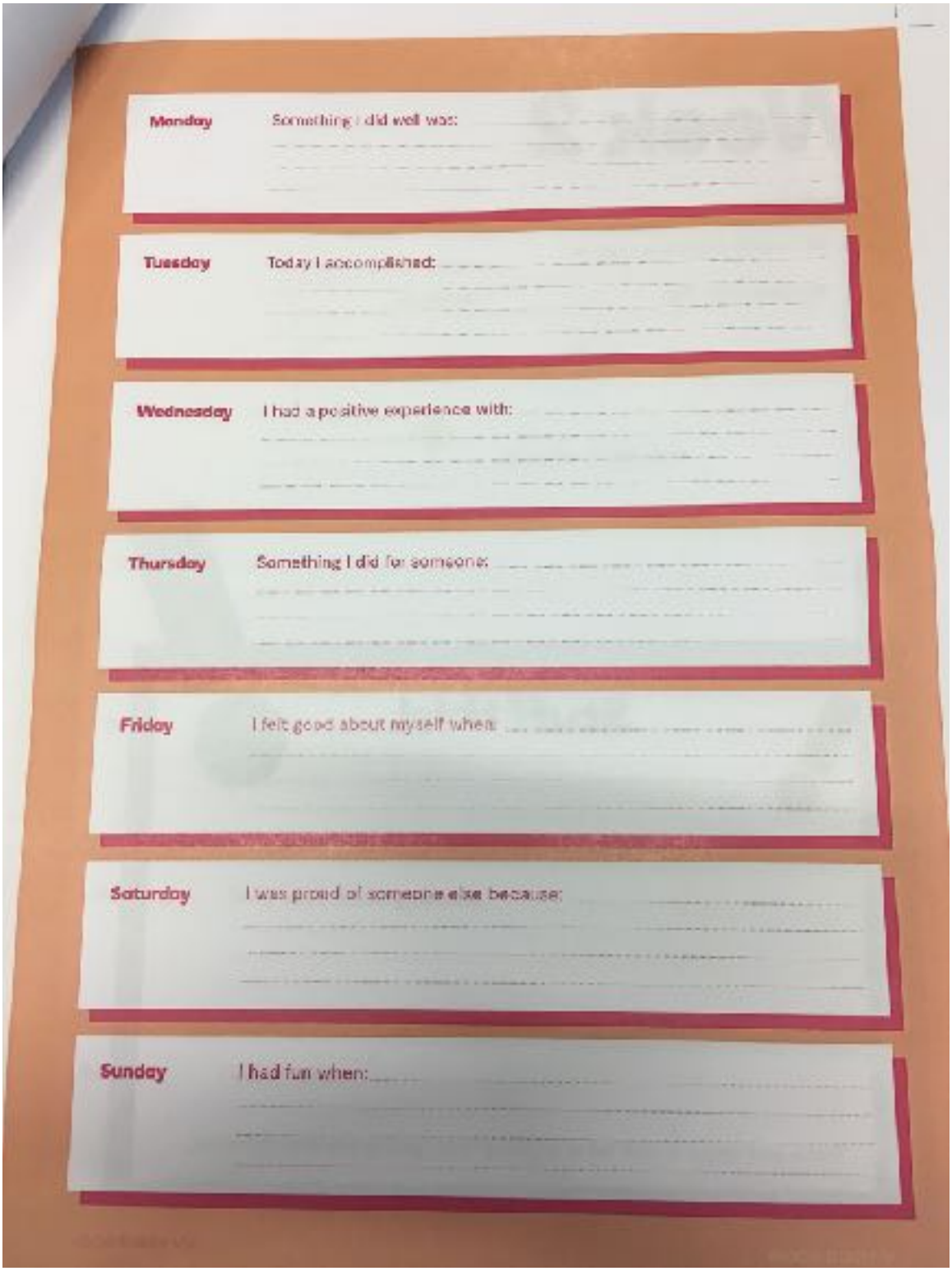
Participant

Witness

Date

Appendix 10: MindSpace Materials

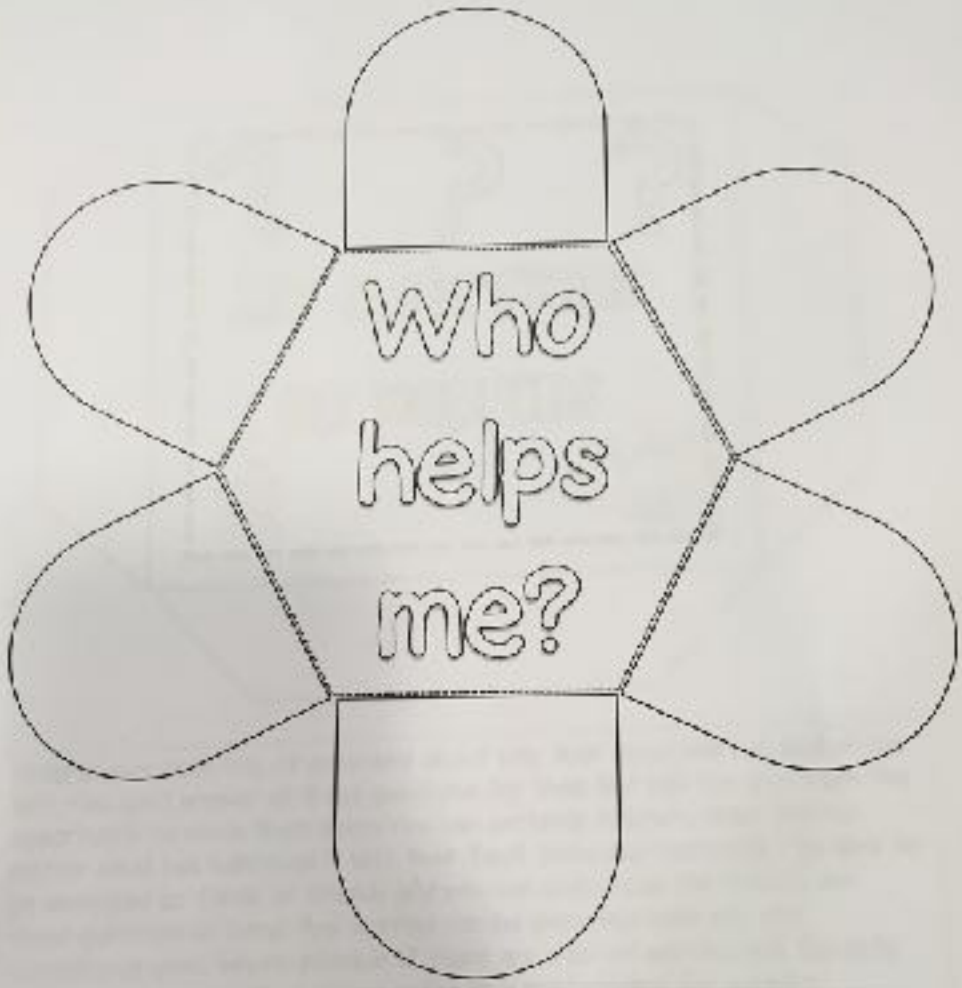



Monday
Something I did well was:
Tuesday
Today I accomplished:
Wednesday
I had a positive experience with:
Thursday
Something I did for someone:
Friday
I felt good about myself when:
Saturday
I was proud of someone else because:
Sunday
I had fun when:

Children may have lots of questions about why their loved one has died or has left. You can't answer all those questions for them but you can give them the opportunity to write them down. You can certainly reassure them that no matter what has happened it isn't their fault. Some questions might be able to be answered by family or friends and you can encourage the child to ask these questions at home. Any worries can be discussed with you and reassurance given where possible. If there are a lot of worries and the child appears very anxious then please refer to a professional for support.

Print out the pocket, fold back the sides and stick to the lapbook. Print out the blacnk writing templates and pop into the pocket.

ELSA support
www.elsa-support.co.uk



It is important that children are aware of the support network around them when they have lost someone close to them. Print onto card or paper and on each flap ask the child to write either:

- A family member (or members)
- Teachers, ELSAs, Teaching Assistants
- Their religion
- Friends names
- Any counsellors involved
- A pet's name
- Any clubs or groups that they belong to - Brownies, cubs etc
- Any neighbours
- Any other thing or person that the child can think of.

Cut out the shape and fold all the petals inwards. Remind the child often of all the things that are there to support and help them through this difficult time.

Print the pocket onto card and cut out.

Discuss how grief or sadness can feel like a cloudy day. The sun doesn't come out and it feels dark and cloudy. Ask them to fill the clouds with all the wonderful memories they have of their loved one. It might just be a word or two but those memories will light up the clouds and allow the sun to shine again. There are some small cards they can fill in or there is also a larger cloud if they want to write or draw. The larger cloud can be folded up to put in the pocket. Drawing is fine but get them to talk about what is in their picture.