

**Exploring the Current and Developing Role of Educational Psychologists  
within Mental Health Support Teams: A Solution-Oriented Multiple Case Study  
Approach**

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## Summary

This thesis consists of three chapters: a thematic literature review, an empirical paper, and a reflective account of the research journey. Firstly, the literature review examines themes within existing literature relating to the EP role in supporting CYP's mental health at individual, group and systemic levels, and the EP role in supporting multiagency teams. Literature is then narrowed to consider the role of EPs in supporting CYP's mental health through multiagency mental health initiatives with consideration to the existing evidence base regarding the newly developed Mental Health Support Teams. The empirical chapter discusses an exploratory qualitative study in which the current and future role of EPs within MHSTs is explored from the perspectives of 8 EP and 11 MHST professionals across 5 MHST services. Framed using a case study and solution-oriented approach, data was collected using focus groups and interviews with reflexive thematic analysis and cross-case analysis used to interpret participants' experiences of the EP role in MHSTs. This chapter concludes with considering implications for EP and MHST practice and directions for future research. The final reflective chapter provides a reflexive account of the authors research journey, situated within personal and professional experiences. Decision making is reflected upon throughout the research process from the early stages of identifying a research topic through to dissemination plans. This chapter also considers ethical decision making and the impact of the research journey on the researcher's professional development.

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### **Key Abbreviations**

CAMHS – Children Adolescent Mental Health Service

CP – Clinical Psychologist

CWP – Children’s Wellbeing Practitioner

CYP – Children and Young People

EMHP – Education Mental Health Practitioner

EP – Educational Psychologist

EPS – Educational Psychology Service

LA – Local Authority

LAC – Looked After Children

MAT – Multi-Agency Team

MHST – Mental Health Support Team

PMHW – Primary Mental Health Worker

SALT – Speech and Language Therapy/Therapist

SEMH – Social, Emotional, Mental Health

SENCo – Special Education Needs Co-ordinator

SEND – Special Education Needs and Disabilities

TaMHS – Targeted Mental Health in Schools Service

TEP – Trainee Educational Psychologist

WSA – Whole School Approach

YJS – Youth Justice Service

## Paper One: Literature Review

### Introduction

Concerns have continued to grow in recent years regarding the mental health of children and young people (CYP), with diagnosable mental health needs currently thought to impact at least 1 in 6 six- to 16-year-olds (NHS Digital, 2021). The 'Transforming CYP Mental Health: Green Paper' (DoH & DfE, 2017) identified that "children with persistent mental health problem[s] face unequal chances in life" and thus called for national action in reaction to what could be described as a social justice issue. In response, the government proposed the formation of a new mental health workforce to improve timely access to services with Mental Health Support Teams (MHST) introduced from 2018 to provide early intervention and whole-school approaches to target mild to moderate mental health needs (DoHSC & DfE, 2018; NHS, 2021). Delivery of supervision and training were identified as priorities for MHSTs with acknowledgment that staff development is most effective for supporting CYP's wellbeing from a whole school approach (WSA) perspective (Curtis, 2019; Weare, 2015).

Educational Psychologist's (EP) roles in supporting CYP's mental health have varied and increased over time as the EP role has evolved, particularly with the introduction of 'social, emotional, and mental health (SEMH)' needs to the SEND Code of Practice, which typically guides EP practice (DfE, 2015; 2019). This increasing involvement is unsurprising given EPs provide a key support service to schools when concerns arise, particularly regarding CYP with SEND, of whom over 50% also experience mental health needs (NHS Digital, 2021; Price, 2017a). Prior to selected schools having access to MHSTs, EPs were reportedly one of the most common services supporting CYP's mental health within school (Ellins et al., 2021; Miller, 2016). However, the recent introduction of MHSTs creates question about what impact this may have on EP involvement with mental health, and whether there is a role for EPs within these school-based teams. Despite EPs being well placed to support schools and CYP with wellbeing, the EP profession continues to be underacknowledged within government guidance focused on improving CYP's mental health (Andrews, 2017; O'Hare, 2017).

With previous thesis studies having already reviewed the existing literature regarding the role of EPs in supporting SEMH needs (e.g. Andrews, 2017; Price, 2017a; Purewal, 2020), the following review aims to build on this by providing an overview and critical analysis of literature exploring EP involvement in multiagency practices, specifically within the area of mental health. Furthermore, the review considers newly emerging literature relating to

MHSTs and the current EP involvement within these teams, with the aim of informing future areas for research.

### **Thematic Literature Review**

Aligning with the qualitative nature of the accompanying empirical research and existing literature in the field, a thematic literature review was identified as most appropriate. In allowing for key themes and debates in the literature field of interest to be organised and critically analysed, a thematic literature review situates the empirical study within the existing body of literature to inform and rationalise future areas of research. This approach is most valuable where complex fields, such as mental health, are to be explored (Braun & Clarke, 2013). A systematic literature review was not considered appropriate given a well-defined research question could not be established prior to the review as there is an absence of exploration regarding the EP role within MHSTs, and the need to first consider several bodies of literature (Kysh, 2021).

### **Search Strategy**

Literature searches were conducted between September 2021 and March 2023 using a library database powered by EBSCO Host, google scholar, and two key practice journals regarding EP practice in the UK (Educational Psychology in Practice and Educational and Child Psychology). To explore the national context and policy informing EP, MHST, and multiagency practice, government legislation was also reviewed. A search strategy was developed to enhance the rigor of this literature review using the following key words; “educational psychologist”, “role”, “mental health”, “multi-agency”, “mental health support team” (see Table 1 for comprehensive search strategy). Similar to a systematic literature review process, literature titles were first screened to determine relevance and abstracts were also reviewed where uncertainty remained.

Particular attention was given to studies with research methodologies similar to those employed in the empirical study (focus groups, case study, and appreciative inquiry methodology). While no exclusion criteria were applied to year of publication, priority was placed on studies relating to the EP role in mental health which were dated after 2015 given this is when the SEND Code of Practice (DfE, 2015) changed to include “SEMH” as an area of need. Due to MHSTs being unique to UK settings, and the EP role being contextually dependent, only UK studies were included in this review.

**Table 1.** Comprehensive Literature Search Strategy

<b>Search</b>	<b>Search strategy in EBSCO</b>	<b>Search strategy in scholar and key journals</b>
Search 1 (EP role in mental health)	("Mental health" OR "wellbeing" OR "SEMH") AND ("Education* psycholog*") AND ("Role" OR "responsibilit*" OR "perception" OR "construct")	("mental health" OR "wellbeing" OR "SEMH") AND ("education* psycholog*") AND ("role" OR "responsibility*" OR "perception" OR "construct")
Search 2 (mental health and education initiatives)	("Mental health support team" OR "MHST" OR "trailblazer" OR "Primary mental health worker" OR "TaMHS" OR "Education Mental Health Practitioner") AND ("Mental health" OR "wellbeing")	("mental health support team" OR "MHST" OR "TaMHS")
Search 3 (EP role in multiagency working)	("Education* psycholog*" OR "clinical psycholog*") AND ("Multiagency" OR "joint working" OR "interprofessional" OR "interagency" OR "multi agency")	("educational psychology" AND "role" AND "multi agency") ("educational psychology" AND "role" AND "multi agency" AND "mental health")

In undertaking this review, several points of intersection between themes arose and so a strict division was difficult to accomplish at times (e.g. overlap between perceptions of the EP role, the EP role in multiagency working, and EP involvement in government mental health initiatives). Nonetheless, this review provides a critical overview of relevant research by first exploring literature regarding the core role that EPs play in supporting CYP's mental health (from an individual to systemic level). It also acknowledges the evolving role of the EP within the field of mental health, and the constructs held by EPs and others regarding what the EP role may consist of. This review then explores the literature surrounding EP involvement in multiagency practice, both working with, and facilitating the practice of, other professionals. Finally, literature is reviewed which brings these two broad themes together, looking to the EP role within multiagency mental health practice, and particularly the EP role in previous and current (MHST) government mental health initiatives.

## The EP Role in Supporting CYP's Mental Health

In exploring literature regarding the EP's role supporting CYP's mental health, it is evident that this has been an area of growing interest and development in recent years, reflected with several theses having already explored this area in detail (e.g. Purewal, 2020; Andrews, 2017; Fee, 2012; Crosby, 2022). As such, only an overview of key themes is provided here. A commonality highlighted in the literature is that the EP role appears to have been shaped by changes in the social and political landscape, resulting in the role undergoing significant changes since its inception (Warwick, 2021). In reviewing the developing role of the EP, Hill (2013) provides a clear description of how the role has continued to evolve and be reconstructed over time. In framing this within an eco-systemic lens (Bronfenbrenner, 1979), the literature emphasises that social need (e.g. rise in mental health concerns) has informed a change to legislative guidance or policy, which in turn impacts EP practice. A number of political changes are acknowledged in the literature as impacting EP involvement in supporting CYP's mental health. The introduction of the 1996 Education Act provided political protection for the EP role but constrained working possibilities, thus limiting EP involvement in mental health given statutory demands were then prioritised (Hill, 2013). However, the 2008 global economic crisis which saw many LA EP services move to a partially or traded model (commissioned services) meant that EPs were able to work within wider contexts, bringing greater diversity to the role (Lee & Woods, 2017; Fallon et al., 2010). Contributing to a recent increase in thesis studies exploring the EP role in CYP's mental health, the SEND Code of Practice (DfE, 2015) introduced 'SEMH' as a primary area of need. Given this policy guides much of the statutory work EPs are involved with, this is discussed as having brought 'mental health' further into the EP remit (Norwich & Eaton, 2015).

As a result, current literature consistently indicates growing involvement of EPs in supporting mental health, with evidence of EPs applying identified core skills (assessment, consultation, intervention, training, and research) to support CYP's wellbeing (Price, 2017a; Fee, 2012). This is evidenced by several representative survey studies which identified 95% of EPs ( $n = 154$ ) reported that supporting SEMH needs through these delivery methods forms part of their role (Purewal, 2020) and over 80% of schools across England ( $n = 341$ ) identifying EPs as the most common specialist service to support with mental health, particularly through training and whole school approaches (Sharpe et al., 2016). Thus, a dominant argument in the literature is that EPs are "extremely well placed" to support with CYP's mental health needs (Hill, 2013). Reasons given include that EPs have the relevant skill and knowledge in supporting school systems with a range of needs and are experienced in working with children with SEN, who typically experience higher rates of mental health needs (Hill, 2013;

Slade, 2019). While there appears to be an absence of evidence regarding the impact of EP work when supporting mental health needs, there is a wealth of evidence within the EP practice literature to highlight the different ways in which EPs are currently working, both at an individual, therapeutic level, and a whole-school level to support CYP's wellbeing.

### **Working Therapeutically with Individuals and Groups**

While the relevant literature has found statutory work to be the most common way EPs support SEMH needs in day-to-day practice, through assessment and consultation (Slade, 2019; Zafeiriou & Gulliford, 2020), a considerable evidence base explores a role for EPs in delivering 1:1 and group therapeutic interventions. This rise in research is likely a response to the ever-evolving context of EP practice. While legislative impact (statutory requirements) initially saw a decline in the involvement of EPs in therapeutic practice (Mackay, 2007), growing concern in schools around CYP's mental health needs, led to more requests for EPs to work in direct, therapeutic ways (Farrell et al., 2006). Similarly, EPs search for diversity in their practice led to EPs increasingly seeking to support CYP through the delivery of therapeutic interventions (Andrews, 2017; Purewal, 2020), and exploring ways to work therapeutically despite limited opportunities to do so (Pugh, 2010; Purewal, 2020). While Mackay (2007) claims EPs, as applied psychologists, are well placed to respond in this way, there are questions about whether EPs have the appropriate skills or training to work therapeutically (Estee-Wale, 2013), with ethical questions emerging as to whether the context of traded EP services may mean therapeutic interventions could be accessed elsewhere for a lesser cost (Pugh, 2010).

Despite this debate, there is growing evidence to suggest EPs are finding opportunities in practice to work therapeutically with CYP to support mental health needs. One group of studies explored EP practice across a total of 6 Local Authorities (LA) using a large-scale qualitative survey of EPs (Atkinson et al., 2011a) and in depth case reviews (Atkinson, et al., 2011b) and found that therapeutic intervention is a common and valued feature of EP practice, ranging from discreet delivery of interventions, to embedding therapeutic skills and knowledge within wider practice, such as consultation (Atkinson et al., 2013; Hoyne & Cunningham, 2019). While these findings are interpreted cautiously, given they stem from a single research team, evaluations acknowledge that service context (time, training, supervision access) have a considerable impact on EP delivery of interventions. Exploring the impact of EP-delivered therapeutic interventions, several intervention-evaluation studies exist within the literature with indications of positive impact, although the method of evaluating impact, and thus confidence in findings, is dependent on the type of intervention delivered. For example, evidence regarding EP use of narrative therapy is typically limited to

single case study examples (Hannen & Woods, 2012) or use within a single EPS (Hobbs et al., 2012).

Alternatively, where EPs are delivering CBT-based interventions (or facilitating schools to deliver), quantitative evidence of effect appears dominant (Weeks et al., 2017; Green & Atkinson, 2016). It is noted that the contained and small-scale nature of interventions means they are typically easier to evaluate than whole-school approaches for example, contributing to a fast-growing evidence base (Mackay, 2007). However, the literature around CBT interventions is unique in that the EP role is emphasised as more than just delivering the intervention, but in supporting the effective implementation of interventions (e.g. supporting schools to identify pupils appropriately, modelling interventions to teaching assistants to support sustainability, and offering training and supervision to staff; 'Friends for life', Green & Atkinson, 2016). Unlike other themes discussed throughout this review, the literature exploring the EP role in supporting CYP's mental health through therapeutic interventions is primarily peer-reviewed, published studies rather than thesis studies giving more weight to findings.

### **Supporting Whole School Approaches with Groups and Systems**

Another theme within the reviewed literature regards EP involvement in supporting whole school mental health. The practices involved in Whole School Approaches (WSA) for supporting mental health can vary considerably, making them somewhat challenging to define, however Public Health England (2015) provide 8 key principles that are recognised to make up such an approach which can be used to direct WSA practice (see Figure 1).



**Figure 1.** 8 principles of the whole school approach to wellbeing (Public Health England, 2015)

In terms of EP involvement in WSA practice, the above discussion about direct, therapeutic working with CYP provides examples of EPs supporting the 'targeted support' principle. In exploring the following literature there is also evidence of EPs primarily contributing to the 'staff development' principle of WSAs. However, literature is also discussed in which EPs can also appear to hold a role in supporting school staff to consider WSA principles of 'ethos and environment', 'leadership and management', and 'curriculum, teaching and learning', particularly through their skills in 'identifying need' when aiming to support mental health within school systems.

Several relevant studies were identified and while it is noted that over half of these were thesis studies, meaning an absence of peer-reviewed evidence of EP contributions to this way of working, the growing area of interest in thesis research likely indicates systemic support of mental health to be a growing area of EP practice. Acknowledging that an interaction occurs between staff-pupil interactions and wellbeing (Birchall, 2021; Burns, 2019), several studies have explored the EP role in supporting staff through the facilitation of problem-solving spaces or supervision. Summarising this, a literature review of 14 studies (11 of which facilitated by EPs), primarily using post-intervention questionnaires or interviews, found school staff viewed supervision spaces as positive learning forums for developing awareness and receiving emotional support (Muchenje & Kelly, 2021). Several other studies, exploring EP-facilitated staff groups (solution circles, Kemp 2020; staff sharing schemes, Annan & Moore, 2012; supervision, Zafeiriou & Gulliford, 2020), identified similar positive effects when interviewing school staff, with these spaces felt to be supportive for implementing positive change for young people's wellbeing (Annan & Moore, 2012). Similarly, a grounded theory approach suggested EPs use consultation skills in these spaces to create a context for supporting school staff to regulate their own emotions and to feel cared for (emotional containment), in order to care for CYP's wellbeing (Zafeiriou & Gulliford, 2020).

However, with many of the findings discussed limited to individual LAs, contrasting evidence is evident in the literature. While 90% of EPs ( $n = 19$ ) in one study viewed a role for EPs in supporting teacher wellbeing (Birchall, 2021), many studies interviewing school staff regarding the EP role in supporting staff wellbeing indicated mixed findings. Several thesis studies exploring staff experiences within other LAs have found that systemic barriers to the EP role (statutory demands) meant school staff did not have access to this level of systemic support to be able to comment on impact. However, both Birchall (2021) and Harvest (2018) found that despite this, school staff were positive about the potential value of EPs working in this way, viewing EPs as well placed to support schools systemically through whole school mental health approaches. SENCOs, in particular, appeared open to the value of supervision

for staff wellbeing with recognition of the importance of this for wider school wellbeing (Andrews, 2017). Although, in studies where teachers were interviewed, who typically have less contact with and understanding of the EP role than SENCOs do, there was more question as to whether they would find emotional support from EPs valuable or not (Evans, 2016; Birchall, 2021).

A second commonality noted in the literature is evidence to suggest EP skills are applied more broadly to support whole school approaches to mental health, with a number of studies indicating ways in which EPs facilitate wider systems (e.g. schools, EP services). Several studies have used the research process itself to facilitate organisational change (e.g. action research) by supporting schools to develop their whole school approaches to mental health. For example, in their study of using action research to aid whole school approaches to mental health through the implementation of emotion coaching training in one UK primary school, Burns (2019) found that school staff felt EP-facilitated focused groups allowed them a safe and reflective opportunity to support each other through developing relationships and develop professional practice. Similarly, Seaton (2021), in interviewing secondary school stakeholders using an Appreciative Inquiry approach (rooted in organisational change theory; Cooperrider & Whitney, 2005), found that EPs had a key role in facilitating reflection sessions to aid school staff accountability and autonomy over their own whole school action planning. It is noted that these studies took a more systemic approach to data collection, using focus groups and more diverse participant groups (teachers, teaching assistants, lunch time assistants, and students) than many of the other studies discussed throughout this review, reflective of the different levels within a school ecosystem that should be considered where whole school approaches are concerned (Bronfenbrenner, 1979; Weare, 2015).

Other examples in the literature where EP knowledge has been applied to facilitate whole school approaches to mental health include Quinn et al's study (2021) in which school leaders were facilitated through training, reflection and action planning using an EP-developed, evidence-informed 'compassionate schools' framework'. In prioritising the importance of relationships, understanding trauma, and applying principles of positive psychology, EP input left school leaders feeling optimistic and hopeful about developing their whole school approach to mental health. Appreciative Inquiry has also been applied to focus groups with EPs themselves as an effective model for reflecting on and planning how mental health could be further supported by the target EPS in further education settings, with key actions identified as facilitating consultation, workshops, and training to promote communication and build staff capacity (Morris & Atkinson, 2018). Although, as with many of the other areas of EP working discussed throughout this review, EP involvement in

facilitating whole school approaches to support mental health, while highly valued, is very dependent on EP time, capacity, and thus service context (Veale, 2019).

### **Perceptions of the EP Role**

In identifying literature exploring the role of EPs in supporting CYP mental health, several studies took a qualitative approach, explicitly informed by a social constructionist approach. As such, another common theme identified related to the perceptions held by EPs and other professionals about the EP role in mental health, and the potential impact of these perceptions on practice. The perception of the EP role within CYP's mental health appears to sit within a larger question around what the broader EP role involves, with debates in the literature suggesting legislative duties around statutory working (Education Act, 1996) have constrained the practical possibilities of the EP role as well as the perceptions of others (Hill, 2013). Specifically, a 'traditional role' construct, viewing EP work as dominated by individual statutory assessment, may guide expectations which EPs struggle to step away from (Lee & Woods, 2017). In reviewing a cluster of studies which have explored EP perceptions of their role within mental health, it is noted that the majority are thesis studies, suggesting that an understanding of the EP role is something Trainee EPs are also seeking to comprehend as they explore their own professional identities. These studies indicated that there is a remit for EPs to work within the area of mental health because of identified links between emotional wellbeing and academic outcomes (Andrews, 2017; Fee, 2012).

Summarising findings from studies identified in the current literature search, and others, a recent systematic literature review (Purewal, 2020) identified several factors which EPs perceived to impact their involvement in mental health-related casework: contextual factors (e.g. service delivery model, legislative impact on role demands) and factors specific to the EP role (e.g. perceptions of the role, EP skill and knowledge level). Several studies identified considerable variation in how much time EPs spent working to support mental health, spanning from 0 to 40% depending on service context as well as what EPs perceived 'mental health work' to encompass (Fee, 2012; Price, 2017a). For example, one study found that some EP participants held a limited view of involvement as delivering therapeutic intervention only (Davies, 2020). In contrast, several small-scale qualitative studies, gathering EP perceptions within single (Andrews, 2017; Miller, 2016) and multiple LAs (Price, 2017a; Fee, 2012) identified that EPs perceived a unique and flexible role for themselves in supporting CYP's mental health, through consultation, intervention, systemic training, and individual assessment. The importance of considering more than one LA was highlighted in a recent survey of Scottish EPs working across 19 LA services which identified that while EPs are routinely involved with supporting mental health needs, and feel confident in their skills and knowledge to do so, the context of the service model, was identified as a

factor limiting both understanding/ constructs of the EP role, and possibilities of involvement in supporting CYP mental health (Greig et al., 2019).

Several thesis studies, interviewing EPs about their perceived role in supporting CYP's mental health, have touched on a conflict in EP's perceptions about their role, with some experiencing a lack of clarity (Fee, 2012; Miller, 2016). While recognising they have the skills to be involved with supporting mental health (Zafeiriou & Gulliford, 2020; Law & Woods, 2019), studies suggest many EPs experience a lack of confidence and competence working in this way and instead perceive the work to better fit the remit of other professionals (Hulme, 2017; Price, 2017a). This conflict was highlighted in detail in one thesis study which took a unique 'metaphor' approach to understanding EP's constructs (Davies, 2020). In interviewing across 4 LAs (some non-traded, some partially traded) to allow organisational comparison and contextual understanding, this study identified a continuum of EP perceptions existed, ranging from 'heir-apparent' (a view that mental health work runs throughout the EP role) to 'outsider' (a view that mental health sits outside of an EP's remit or skill). Aligning with previous findings that context may impact role constructions, Davies (2020) highlighted that those working in a non-traded setting, dominated by statutory and core work with less opportunities for therapeutic working, viewed the EP role as 'outsider' with regards to mental health. Davies (2020) also found that training level impacted the constructs held by EPs, with current trainees, and those who qualified as an EP before the doctorate, more likely to construct the EP role as 'outsider'. In conjunction, questionnaires of 70 trainee and recently qualified EPs found that while mental health was viewed as an aspect of their role, participants expressed a lack of confidence in this area, linked to suggestions that the training experience had not sufficiently prepared them to support mental health (Carney, 2017). This may similarly explain the increase in Trainee EP thesis studies seeking to explore the role of EPs in supporting CYP's mental health if it is an area that feels uncertain in current practice.

While the literature suggests mixed perceptions amongst EPs about their role in supporting mental health, several studies identified that EPs commonly felt other professionals reduced understanding of what the EP role within mental health involved was a key barrier to EPs being able to work in this way (Andrews, 2017; Miller, 2016; Price, 2017a). In exploring the perceptions of 3 SENCOs in one LA, Andrews (2017) found they had not previously considered EPs to have a role in supporting mental health. In contrast, Price (2017a) used a similar methodology with SENCOs across 4 LAs and found that 100% of the SENCOs considered EPs to have an expert role in supporting mental health in schools, especially when other services were hard to access. However, with acknowledgement that service model is identified as a key contextual factor impacting the scope for EP involvement, it is

noted that this study took place in a Welsh context in which services are not typically fully traded (Andrews, 2017; Fee, 2012). Several other studies, within the EP literature, found others working within mental health professions (TaMHS therapists, clinical psychologists) have taken a critical view to EPs being involved with mental health, particularly with the delivery of therapeutic intervention (Estee-Wale, 2013; Erasmus, 2013). These perceptions are identified as being informed by traditional constructions of the EP role (experts in learning and cognition only; Estee-Wale, 2013; Miller, 2016). Studies typically used interview rather than focus group methodology when exploring perceptions of the EP role alongside other professionals (Andrews, 2017; Miller, 2016) which may mean that social and contextual influences on constructs of the EP role, such as joint working, may have been over-looked in the literature discussed thus far (Burr, 2015).

### **EP Involvement in Multiagency Practice**

In exploring literature which considers EP involvement in multi-agency practice, the impact of social-political change emerged as a common theme. Many of the studies reviewed referred to the introduction of the 'Every Child Matters' agenda (DfES, 2003) and the SEND Code of Practice (DfE, 2015) as contributing to increased EP involvement in multi-agency working. This was associated with the priority these policies placed on joint working within Children's services, with a view to improving accountability, prevention, and early intervention when supporting CYP's education and wellbeing (Greenhouse, 2013; Hill, 2013). Studies indicate that, in response, EP involvement in multi-agency working evolved and increased, particularly where vulnerable children were concerned (Fallon et al., 2010), with EPs working increasingly flexibly across diverse contexts (Greenhouse, 2013; Leadbetter, 2006). This increase was evidenced by a large-scale review of the EP role shortly following the publication of 'Every Child Matters' (Farrell et al., 2006), with other researchers suggesting that increased involvement was further facilitated by the introduction of traded services, with other services able to commission EP time (Callicott & Leadbetter, 2013).

Despite Farrell et al's (2006) large-scale questionnaire finding that most EPs reported involvement with multi-agency practice, there appears to be a need for further inquiry into this area, with many studies limited to theoretical papers which discuss the potential, rather than reality, of EP involvement in multi-agency working (e.g. Greenhouse, 2013; Leadbetter, 2006). Others reviewing EP involvement in multiagency practices have emphasised that joint working is complex and requires effort and organisational consideration to be successful in promoting positive change (Norwich & Eaton, 2015). As such there are issues acknowledged within the literature about the variety of terms that are used inter-changeably to describe multi-agency practice (e.g. joint working, inter-agency, multi-disciplinary), contributing to a

lack of clarity (Beal et al., 2017; Hymans, 2008). Issues relating to the implementation of multi-agency practices are also clear in the number of studies within the literature which describe common barriers to multi-agency working (e.g. not having a shared aim, language, or model, not having clarity about one another's roles; Paton, 2012).

Much of the literature identified involves EPs working with services that typically sit within Children's Services and support marginalised groups of CYP typically at greater risk of learning and socioemotional needs (Sedgwick & Stothard, 2019; Hughes et al., 2012), for example, youth justice services (YJS), looked after children/adoption services (LAC), and occasionally speech and language services (SALT). In reviewing these studies, it is apparent that approximately 50% of the emerging literature comes from thesis studies, suggesting that within the EP profession itself, there is an attempt to better understand where the role of the EP sits alongside other services. In collating the existing literature, two key themes emerged regarding EP involvement in multi-agency work: 'working alongside other services' and 'facilitating multiagency practice'.

### **Working Alongside Other Services**

While the majority of EPs and other professionals view EPs as having a distinctive role in multi-agency practice (Farrell et al., 2006), particularly through contributions of psychological knowledge and understanding of education settings (Greenhouse, 2013), in exploring this area of literature, only a few examples of EPs working alongside other services emerged. Regarding joint working with SALT, two peer-reviewed studies were identified which explored the overlap of referrals, and EP's perceptions of their role in supporting communication needs, respectively (McConnellogue, 2011; Sedgwick & Stothard, 2019). In conflict with evidence to suggest EP involvement in multi-agency practice has increased over time (Farrell et al., 2006), interviews with small but purposive participant groups found that while shared working would be highly beneficial given the high co-occurrence of speech and language and other SEN needs, in reality joint working has declined, limited to sharing reports between services (McConnellogue, 2011; Sedgwick & Stothard, 2019). Very similar findings are evident in the literature regarding EP and YJS multi-agency working, with a small number of thesis studies identifying that joint working between the services was not common and, where occurring, was limited to liaising about assessments and reports (Parnes, 2017; Howarth-Lees, 2020). A limitation of these studies is that where EPs were involved in joint working, the interview methods used did not allow for elaboration on what good practice looks like, instead commonly identifying contextual barriers to shared working, including the impact of financial barriers within traded EP services. While some found traded services disempowered EP involvement in multiagency working, with joint working (joint consultation) only occurring when purposefully commissioned by schools (Sedgwick &

Stothard, 2019), others suggested trading allowed EPs more flexibly to work more creatively with other services (Callicott & Leadbetter, 2013).

Another contextual barrier identified in the literature was the impact of organisational structure, with challenges around effective information sharing and management of time and funding acting against joint working possibilities, amplified when working within different sectors (e.g. health and education; McConnellogue, 2011; Price, 2017b). A rare example of effective multi-agency working between EPs and social workers found that, through interviews with both professionals, successful joint working was identified as being made possible through EPs direct employment, or commissioning to work, within the social care team as this reduced time and financial barriers typically experienced (Warwick, 2021). However, this study also suggested that facilitating contextual factors alone is not enough for effective multi-agency working, with an additional requirement being to facilitate inter-role congruence (understanding about one another's roles and development of relationships), as described by Price (2017b). Many of the thesis studies already discussed (Warwick, 2021; Parnes, 2017; Howarth-Lee, 2020) identified that uncertainty about the EP role and the need for a shared language were impacting on the possibilities of EP involvement in joint working. In particular, constructs held by both EPs and other professionals about EP professional identity appears a common theme in the broader multi-agency literature, with the suggestion that this is having a reductive influence on the possibilities of the EP role when working within teams (Dennison et al., 2016). Much of the literature around EP professional identity is theoretical (Greenhouse, 2013; Leadbetter, 2006), with suggestions that successful joint working between organisations is reliant on clearly defined roles and responsibilities to facilitate clear division of labour but that this is often absent where EPs are involved in multi-agency working.

Providing evidence, using a unique personal construct repertory grid methodology to explore professional constructs within an existing multi-agency family support team, Hymans (2008) found that EPs experienced conflict between their view of the EP role and potential, and the scope available to apply this professional identity within a multi-agency team (MAT). Similarly, Erasmus (2013) found constructs of the EP role as held by other professionals working in a single MAT team were constrained, with the EP viewed only as assessor of individual needs, impacting on role expectations and possibilities. While both studies looked exclusively at a single team, likely to only consist of one or two EPs, meaning generalisability of findings is poor, a study which explored professional identity of EPs working in MATs across six LAs identified more positive outcomes. Many studies exploring EP involvement in multi-agency practice (e.g. Greenhouse, 2013; Warwick, 2021) use activity theory to understand the complex tools, practices, relationships, and sociocultural context of

multiagency practice, although this method appears to align with a literature body more saturated with barriers to multi-agency practice. An exception to this is provided where activity theory was used transparently with EP participants as part of the data collection process rather than just for data analysis. Gaskell & Leadbetter (2009) found that EPs interviewed about their professional identity reported that working in a MAT enhanced their EP identity, particularly as they felt able to develop skills that felt core to the EP role (e.g. applying psychology more widely) and felt validated by the benefits this brought to other professionals. A distinct EP role was identified in the form of applying psychology, bringing a holistic view to teams, supporting through interpersonal skills, and sharing knowledge around evidence-based practice and understanding of education system. While this study acknowledged that these positive outcomes for professional identity were a result of time to develop relationships and understanding, and EP confidence/experience to be flexible with their role, there were some mixed findings from the EPs interviewed. Mixed experiences were likely contextually-dependent given the EPs involved were working in different types of MATs which may have differed in service structure, language, and constructs held (CAMHS, BEST, and Early Years teams).

### **Facilitating Multi-Agency Practice**

While there is an assumption, driven by policy, that multi-agency working is the most effective way to support children (Dennison et al., 2016), it is argued that this suggestion is quite 'tokenistic' and does not acknowledge the tensions and barriers to shared working highlighted thus far in the literature (Warmington et al., 2004). As such, while several studies consider the role of EPs alongside other professionals, in reviewing the literature, other studies have indicated that EP skills and knowledge may also be valuable for *facilitating* effective multi-agency practice (Greenhouse, 2013). The literature that follows provides an evidence-base to suggest one way in which EPs support other professionals in multi-agency teams is in the form of 'upskilling'. In exploring an example in which EPs were providing both training (systemic thinking, psychological application) and supervision to social workers within the team, Warwick (2021) identified that 'supporting others' by providing them with a reflective space furthered social workers practice. Social workers also reflected in interviews that this experience allowed them to recognise a valuable contribution from EPs to multi-agency working and that this understanding aided further collaborative working. This does not appear to be an isolated example, with several studies identifying a unique role for EPs in supervising other professionals within Children's Services (social care staff; Maxwell, 2013; youth justice professionals; Sedgwick & Stothard, 2019), with positive feedback regarding EPs supporting a shared language to develop within the service through supervision and supporting general professional understanding around CYP's contexts. The

'supporting other professionals' role for EPs, through sharing psychological knowledge and frameworks, has been expressed as valuable by both SALT and YJS professionals when interviewed about EP involvement in multi-agency working (Price 2017b; Parnes, 2017). Although, in the majority of studies the EP role in facilitating MATs (e.g. to build capacity or provide training) is more one identified as hopeful potential for EP involvement, rather than actual examples of practice (Erasmus, 2013; Parnes, 2017). This recognition extends to school professionals in services where joint working is currently absent, with suggestions that there is a space for EPs to use applied psychology skills and knowledge (e.g. organisational psychology) to facilitate multi-agency development (Howarth-Lees, 2020).

Several studies have also suggested a unique role for EPs in facilitating multi-agency practices more broadly, by helping to bridge communication between other services and introduce models (e.g. solution-oriented frameworks) to facilitate positive and shared language to support decision making (Paton, 2012; Dawson & Singh-Dhesi, 2010). With acknowledgement that multi-agency meetings can often be unproductive or a source of conflict (professionals in competition) when unfacilitated (Sedgwick & Stothard, 2019), the literature body positions EP psychological knowledge (e.g. systems, psychodynamic, and social constructionist principles) and consultation skills (e.g. facilitating reflection, collaboration, and problem solving) as valuable for supporting multi-agency working at a meta level (Dennison et al., 2016; Callicott & Leadbetter, 2013). While this argument is informed by predominantly EP-dominant thesis studies, there are also several empirical examples of this in the literature. Examples include EP-facilitated reflective teams (supervision model) providing space for EP and YJS colleagues to address common barriers and strengthen inter-agency working by providing space to communicate, understand one another's roles, and reflect on the cultural and political context of working (Beal et al., 2017). This element of the EP role, particularly in introducing a shared model/language for thinking, has also been applied to facilitating team meetings within multi-agency services. In one LA, Colville (2013) found that other professionals benefited from the strength-based approach of meetings as facilitated by EP skills in reframing and solution-oriented questioning, resulting in improved collaborative working and consensus around action planning to support CYP's learning, behaviour and wellbeing. Similarly, Alexander and Sked (2010) found that EP-facilitated solution-focused meetings were reported by the majority of MAT members to be beneficial for effective team working, sharing responsibilities, and improved communication. Although, these studies conflict in that while Colville (2013) identified professionals had found that EPs training others to use solution-oriented meeting frameworks was recognised as having a valuable and long-term ripple effect, Alexander and Sked (2010) found that

despite training, other professionals lacked confidence in applying solution-focused approaches, so EPs were required to facilitate long term.

While both studies evaluated practice within Scottish settings, likely to be representative of English LA practice given similar socio-political contexts, an issue with generalisability is that while these studies discuss 'multi-agency' practice, only professionals within the remit of education were interviewed, despite teams also including representatives from nursing and social care (Alexander & Sked, 2010). A further argument within the literature is that the EP role as 'professional problem-solver' through the application and facilitation of models and frameworks to multi-agency organisations is still not sufficient in itself to support effective practice. In exploring the joint-working of EPs and Social Workers, Apter (2014) emphasises that change processes are non-linear and chaotic, and equally impacted by power dynamics which are often overlooked in EP facilitation models. Similarly, Howarth-Lees (2020) notes that while the literature body discusses EPs as applying psychological frameworks to support the practices of other professionals in MATs, there is an absence of EPs applying these skills to develop their own practice in response to need within multi-agency contexts.

### **Multiagency Working in Mental Health Services**

In bringing together the literature discussed so far, it appears there is limited evidence exploring EPs working in multiagency teams to support children's mental health, although several thesis studies emphasised that where EPs are working in this way, it is primarily alongside CAMHS professionals (Purewal, 2020; Milletti, 2022; Crosby, 2022). A single thesis study (Hulme, 2017) was identified which interviewed CAMHS and EP professionals about effective multi-agency working, in which the EP role included designing and managing projects and delivering support within schools. While familiar barriers and facilitators were found to multi-agency practice (a need for a shared language, understanding of one another's roles, and existing relationships between services), different systems and management structures between the NHS-based and LA-based services were identified as an additional organisational barrier (Hulme, 2017). To develop an understanding of the impact complex systems can have on multi-agency practice in the mental health field, Clarke and Mihill (2019) took a unique approach to facilitating 'systemic conversations'. Within one CYP mental health service, an Appreciative Inquiry method was used with the goal of improving collaboration within an existing team. While it was unclear which educational representatives were part of these discussions, there was acknowledgement that the range of expertise, service models, and approaches to commissioning used by different services can be a source of competition and barrier to working together. Although, Clarke and Mihill (2019) found that health and education representatives found that having this facilitated

space to reflect together fostered an understanding of one another's roles and a sense of trust, needed within a system where previously competition and professional defensiveness existed. Similarly, Hulme (2017) found participants reported the process of working together facilitated a shared understanding of roles and knowledge, allowing for a shift in constructs and expectations that further facilitated multiagency working, including the provision of joint consultations to support mental health in schools.

There is acknowledgement within the literature that where a role for a psychologist exists within mental health-based services (typically situated within the NHS), Clinical Psychologists (CPs) are often employed. There appears to be a divide within the literature as to whether the EP and CP roles are interchangeable, with social workers for example perceiving similar skills in collaborative working, strength-based approaches, and facilitating problem solving (Warwick, 2021). While both professionals are 'applied psychologists', dominant constructs are evident in the literature, with EPs often viewed as working in areas with an education focus, while CPs work to support CYP's mental health (Paton, 2012; Warwick, 2021). There appears to be particular challenge to these constructs within the EP field itself, with Gaskell and Leadbetter (2009) finding that a number of EPs working in MATs considered that the EP title should be changed, to move away from the constraints that 'educational' places on their role remit. While also evident in a thesis study interviewing EPs about their perceived roles in supporting mental health, a conflicting argument was made by CPs interviewed within the same study who viewed the EP role as one that has become too broad (Miller, 2016). With regards to supporting mental health, CPs shared concerns about the risk of EPs working outside of their perceived training capabilities and expressed fear of competition for other professionals working in the mental health field. EPs also appear to hold the fear of treading on the toes of health professionals, with insecurities about how their role may make distinct contributions alongside other professionals (Sedgwick & Stothard, 2019; Warwick, 2021). With regards to the overlapping EP and CP role, the DfE (2011) proposed combining the training courses, and while a review recognised areas for integrating training, particularly where CPs are working with CYP, no clear benefits to uniting the course were identified (National College for Teaching and Leadership, 2016). As such, while a review emphasised that as applied psychologists, EPs have the skills to be able to work effectively in the area of mental health (Hammond & Palmer, 2021), the wider literature discussed here suggests long-standing constructs of each role, influenced by a history of separate roles and systems, places restraints on multi-agency possibilities.

With recognition that CPs are more likely to hold psychologist roles within mental health MATs, there is value in briefly exploring the corresponding literature. While only a small

number of studies were identified, the barriers to multi-agency working mirror those identified within the EP multi-agency literature. However, these studies appear to provide further detail of how psychology can be applied to address barriers. In a case study example, a CP reflected on their role in facilitating the development of a MAT for a specialist provision school and emphasised the value of commissioning professionals from their respective agencies to reduce time and financial barriers (Solomon, 2019). The author noted that integrating LA and NHS professionals was reliant on professionals being flexible about their own role boundaries, while having clarity about 'who does what', with co-ordinating and contracting with service leads, as opposed to individual professionals, highlighted as key. The importance of facilitating multi-agency working through a top-down approach within organisations was also evidenced by Milbourne et al., (2013) when exploring multi-agency practice between education and health services. While the exact roles of EPs and CPs in this study were unclear, interviews with both professionals emphasised that an inefficient set up at a managerial level was a driving force in the lack of shared working taking place. Separate management and supervision for each professional translated into practice, with casework allocated to individuals rather than approached as a multi-agency team. While limited to just a few case studies, a commonality in the literature regarding CP multi-agency practice is that there is greater transparency of service models used than is discussed in the EP literature. For example, in describing an early intervention mental health service within schools, van Roosmalen et al., (2012) identified that a clear, consultation-based service model facilitated multi-agency practice by supporting interpersonal and interprofessional relationships to develop which led to greater agreement on tasks and role boundaries.

### **EP Involvement in Previous Mental Health Initiatives**

Following the introduction of 'Every Child Matters' (DfES, 2003), a succession of government-funded, school-based initiatives emerged offering more opportunities for EP involvement with mental health-oriented MATs all with a focus on whole school approaches to support emotional wellbeing (Hill, 2013), including the Social and Emotional Aspects of Learning Curriculum (SEAL; DCSF, 2007), Primary Mental Health Workers (PMHW), TaMHS (DCSF, 2008), and more recently, MHSTs. It is emphasised in several papers that these initiatives aim to reduce demand on a nationally struggling CAMHS service (Gale & Vostanis, 2003; Wolpert et al., 2015). In exploring the literature surrounding EP involvement in some of these initiatives, there appears to be an absence of evidence for EPs working alongside PMHWs, with only three studies identified, all of which describe the role of the EP in a single Local Authority (Dawson & Singh-Dhesi, 2010; Gale & Vostanis, 2003; Crosby, 2022). This selection of studies identified that an EP role in facilitating school-based mental health support included direct work (child and parent interventions) and working systemically through consultation and

training school staff. However, the studies conflicted as Dawson & Singh-Dhesi (2010) suggested EPs provided a valuable and unique contribution alongside PMHWs, by introducing a shared solution-focused brief therapy framework to facilitate multiagency practice, whereas Gale & Vostanis (2003) questioned whether there was a unique role for EPs given PMHWs could also offer consultation, supervision and direct work. Mediating this conflict, Crosby's (2022) interviews with both EP and PMHW professionals suggested EPs had a greater role in supporting staff wellbeing and whole school approaches which ran alongside and complemented the long term, direct work that PMHWs primarily facilitated with CYP.

TaMHS, on the other hand, is a prime example where EPs have had a visible presence within the literature regarding government-funded mental health initiatives. Not too dissimilar from the MHST initiative (DoH & DfE, 2017), with a focus on early intervention, inter-agency working, and a view that schools are well placed to facilitate targeted and universal mental health services, TaMHS were introduced to unite what schools were already doing to support CYP mental health with CAMHS therapeutic expertise (DCFS, 2008; Estee-Wales, 2013). With TaMHS funding given to Local Authorities (LA) to use flexibly in response to need, diverse workforces appear to have been developed in some areas, allowing greater EP involvement (Cane & Oland, 2015; Wolpert et al., 2013). One study reported that a TaMHS team, managed by a school nurse, also included an assistant EP with scope to access other EPs to support with school audits promoting wellbeing (Dawson & Singh-Dhesi, 2010). A second study identified that a Tree of Life intervention (Ncube, 2006), delivered as part of TaMHS to support CYP resilience in one LA, was led by clinical psychologists but benefited from consultation with EPs (Earnes, Shippen & Sharp, 2016). However, in both studies, the unique role of the EP alongside other professionals within TaMHS was unclear, even when evaluating an EP-managed TaMHS initiative (Cane & Oland, 2015). A thesis study interviewing school staff, parents and CYP who have experienced TaMHS, highlighted that EP involvement was highly variable depending on geographical location, with EPs delivering interventions in some areas and holding roles in evaluating or managing TaMHS delivery in other areas (Estee-Wale, 2013).

Providing more specific evidence of the diverse role EPs have taken as part of the TaMHS initiatives, the literature suggests a role for EPs exists within TaMHS, given their skills in intervention, supporting schools, and multi-agency working (Hill, 2013). At an individual level, EPs commonly delivered direct therapeutic interventions with CYP as part of TaMHS initiatives, including CBT and narrative-informed interventions (Atkinson et al., 2011; Dawson & Singh-Dhesi, 2010, Hobbs et al., 2012). A review of the literature also suggests these therapeutic skills have also been applied to supervision and consultation to allow EPs to take on a greater leadership role within these multi-agency teams delivering TaMHS (Pugh,

2010). Knowledge of systemic practice and awareness of the school context has also been recognised as facilitating EP involvement at a whole school level, particularly through supporting staff (Cane & Oland, 2015). EP facilitation of a staff sharing scheme (supervision) and a staff CBT-based training programme (Friends for Life) were both found to have a positive impact on CYP wellbeing, and staff knowledge of wellbeing respectively (Annan & Moore, 2012; Cane & Oland, 2015). Although, most studies mentioned (except Cane & Oland, 2015) only explored EP input within single TaMHS providers meaning generalisability about the potential EP role is challenging. In contrast, when considering two large-scale, national evaluations of the TaMHS initiative (randomised control trial of over 8000 CYP; Wolpert et al., 2013; 2015) limited mention was made of EP involvement. This is also evident in the original policy and guidance surrounding TaMHS, with EPs mentioned only once as 'outside professionals' (DCFS, 2008). Instead, there is a clinical-dominance evident in the policy driving this initiative, the initiative itself, and the team involved in the evaluation, evidenced in the quantitative and diagnostic-focus of the evaluation, which is known to contribute to the EP role (and education workforces more broadly) being overlooked where mental health is concerned (Wolpert et al., 2013; 2015; O'Hare, 2017).

#### **Latest Government Initiative: MHSTs**

Following on from previous initiatives, MHSTs were introduced in 2018 to provide a new school-based workforce as part of the government's most recent 5-year plan to support the mental health of CYP. This most recent shift is recognised as responding to a growing mental health crisis impacting between 1 in 10 and 1 in 6 young people, particularly in light of the recent impacts of Covid (DoH & DfE, 2017; NHS digital, 2021). Policy relevant to MHSTs emphasises that access to CYP's mental health services is persistently problematic with services over-demanded, creating a need to increase prevention and early intervention within universal settings, e.g., schools (DoH & DfE, 2017; Wolpert et al., 2015). Currently, only a small number of studies have begun to evaluate the impact and delivery of trailblazer MHSTs, particularly in the clinical field of research, contributing to a primarily quantitative evidence-base at this stage. A large evaluation study of the first 58 MHSTs provided rich initial findings through surveying 300 school staff and key stakeholders (Ellins et al., 2021; 2023). While Covid was identified as a barrier to the MHST workforce developing relationships and a presence within schools, the evaluation identified that some key aims of the government initiative are being met (e.g. more children accessing support, reduced waiting times) as well as providing evidence to suggest MHSTs are facilitating school staff to feel more supported and knowledgeable and supporting positive school cultures around mental health. While this early evaluation is informative and generally promising about the

impact of MHSTs, key frontline staff (Education Mental Health Practitioners; EMHPs) have had limited opportunity to share their experiences.

The current state of evidence surrounding MHSTs appears to be quite critical regarding their implementation and delivery. While primarily a review/opinion piece, Glazzard & Stones (2021) have been key critics suggesting that the speed at which the teams have been trained and developed, with a primarily clinical-led staff team, has meant that delivery of individual manualised interventions has dominated over supporting whole school approaches to mental health. Glazzard & Stones (2021) suggest that underpinning this is the 'Transforming children and young people's mental health' policy which remains clinical and deficit-focused in its language, rather than taking a biopsychosocial approach to considering mental health, which would better align with the 'whole school approach' that MHSTs aim to deliver (DoH & DfE, 2017). While the evaluation survey study indicated awareness of the importance of whole school approaches for supporting wellbeing, the implementation of this was found to be less than hoped, with direct intervention work often dominant (accounting for an average of 52% EMHP time, versus 24% of time given to WSA work; Ellins et al., 2023). This was particularly the case in teams that were clinically oriented and NHS-based, compared to those with more representatives from education (Ellins et al., 2021). Glazzard & Stones (2021) have also challenged the 'whole school approach' focus of MHSTs more broadly, suggesting this puts pressure on already struggling school systems to fill gaps that CAMHS are not able to meet, especially at a time when academic and curriculum pressures placed on schools are also rising (House of Commons, 2018). On the contrary, in evaluating the EMHP (MHST workforce) training course at one university, Woodley (2020) found that the training recognise emphasises the barriers that schools are already facing when trying to support mental health and suggests the training and support provided by MHSTs aims to bridge a gap to reduce this struggle.

Evaluation studies themselves have also identified some challenges with the existing delivery of MHSTs, including suggestions that current interventions delivered may not be suitable for CYP in the early years, those with SEND, or those with high experiences of adversity (Ellins et al., 2021; 2023). This is despite the latter two groups of CYP being at greater risk of mental health difficulties (DfE & DoH, 2017), although aligns with evidence to suggest SEND is frequently seen as being outside of the remit of health services (Boesley & Crane, 2018). A common theme in both the early evaluation of MHSTs studies and case study reflection of the EMHP training course was a questioning of EMHP's knowledge in understanding and working within schools and the education system, conflicting with MHST guidance which suggests EMHPs require this knowledge to support wellbeing in schools (Ellins et al., 2021; 2023; DfE, 2022). This included suggestions that EMHPs need more

specific training to support in developing relationships with schools and their understanding of education settings, to facilitate their sign posting and whole school approach roles (Woodley, 2020).

At an organisational level, a common theme in the MHST evaluation literature also highlights difficulties recruiting, both when trying to recruit MHST professionals and when recruiting schools to take part. Ellins et al., (2021; 2023) identified that teams were having particular difficulty recruiting to leadership roles in MHST as often the skills/experience being requested meant professionals were leaving other CAMHS roles to join MHSTs, only putting greater pressure on the existing system. Several evaluation studies exploring the perceptions of key stakeholders and school staff have found that uptake of MHSTs had been lower than expected, with school staff's key concerns being that MHSTs are just the latest of many short-term government strategies responding to mental health concerns (e.g. school nurses, primary mental health workers, TaMHS), as such viewing teams as unsustainable, likely only to last until funding is moved onto the next initiative (LINK, 2019; Ellins et al., 2021; 2023). However, the same studies have equally identified that where MHSTs are established, staff welcome their contributions which appear to have learned from and built on the previous TaMHS initiative to ensure schools are supported more widely (Ellins et al., 2021; 2023; Woodley, 2020). With this in mind, there appears to be a gap in the evidence around the organisation and structure of MHSTs, which is needed to facilitate a sustainable early intervention service and may be facilitated through more qualitative, holistic evaluations of MHSTs.

### **The EP Role in MHSTs**

While there is reasonable evidence of EP involvement in previous school-based mental health initiatives (TaMHS), the state of the literature surrounding the EP role in the government's most recent initiative supporting mental health through delivery in schools (MHSTs) is much more sparse, likely due to MHSTs being so new. An initial consultation found that the top professionals for MHSTs to engage with were EPs (DHSC & DfE, 2018), however the nature of this engagement was not detailed and so the contribution of EPs remains relatively unknown. The mention of EPs is not absent from policy and guidance surrounding the delivery of MHSTs, although it is brief, and while the initial response to the green paper (DHSC & DfE, 2018) names EPs as the most common profession for MHSTs to link with, further guidance has been vague about discussing the potential EP role. Instead, guidance appears only to mention EPs, alongside a list of other professionals, as a key profession for MHSTs to work alongside given their crucial role in supporting CYP's mental health (DH & DfE, 2017). While manuals guiding the delivery of MHSTs refer to the EP role several times, likely due to the expert panel involved including a few EPs, the potential of the

EP role is not discussed, instead focusing on how MHSTs should be an addition to, not a replacement of existing services. Instead, when referring to direct involvement from psychologists, reference is primarily made to clinical psychologists in taking on a senior clinician role of supervising, consultation, and team management (National collaborating centre for mental health, 2019; DfE, 2022). Although this is commonly noted by those in the EP profession in that EPs are commonly overlooked in government policy where mental health is concerned, even when delivery takes place in a school setting (O'Hare, 2017). Given that an early evaluation of MHSTs in trailblazer sites found that prior to the introduction of MHSTs, 82% of school settings reported EPs to be their most common form of mental health support (Ellins et al., 2021), this does invite question about what impact the introduction of MHSTs may have on the role of the EP.

Despite vagueness about what the EP role may look like within MHSTs, some evidence exists, beyond anecdotal knowledge, to indicate EPs are in fact working within and alongside MHSTs. In evaluating the trailblazer sites, Ellins et al. (2021) identified that flexible implementation of MHSTs in response to local need allows some teams to be more diverse and include a greater range of non-clinical professionals, including EPs amongst family support practitioners, family therapists, and speech and language therapists. Evidence of the potential value of the EP role was highlighted by Woodley (2020) when reporting that where EMHPs have trained in a MHST that has clear links with an EP service, EMHPs have benefited from a greater awareness of what support the EPS offer, to facilitate the goal of working alongside rather than replacing existing services (DH & DfE, 2018). However, these benefits of joint working are not exclusive to the involvement of EPs and are predominantly assumptive rather than evidenced at this stage in the literature. In explicitly searching for evidence exploring the EP role in MHSTs, only two studies could be identified, both of which are non-peer reviewed thesis studies and one of which did not explicitly explore the role of EPs within MHSTs, despite specifically recruiting EPs working in locations where trailblazer MHSTs existed (Hopkins, 2021). Providing some greater insight into what the EP role within MHSTs currently looks like, a survey study found that a small number of EP respondents (8 out of 154) had had some involvement working with MHSTs, including involvement in steering groups, project leading for EMHPs, supervisory roles, and acting as link EP for a MHST (Purewal, 2020). While insightful for suggesting the EP role has potential to be diverse and facilitative of MHST delivery, exploration of the EP role in MHSTs was not the primary aim of this study and so details about the service context which allowed EP roles in MHSTs were not explored.

However, a richer picture of what the EP role within MHSTs could look like was highlighted by a service evaluation report provided by Salford EPS (Cartmell, 2021). In facilitating the

'whole school approach' strand of MHSTs, leading on the delivery of the 'emotionally friendly settings programme' in schools meant EPs have been involved with supporting staff wellbeing, upskilling staff through training to assess and intervene with mental health, and supporting schools to audit and develop their existing mental health approach. In supporting the function of the MHSTs more broadly, the EP role also includes applying consultation skills to facilitating school planning meetings in deciding how MHST time may be used and supporting a shared model/language within these meetings using an 'outcome focused approach'. While indicating a facilitative role for EPs in MHSTs, this report is not generalisable beyond the reviewed EPS, particularly as the service have ownership over the whole school approach programme used, as such having constructed a role for themselves that may not be required in other local authorities.

## **Conclusion**

To summarise, in exploring the literature regarding EPs roles in supporting CYP's mental health and working within multi-agency teams, there appears a general absence of consistent evidence, with mixed perceptions held about the potential of the EP role. Within the literature, a prevalence of small-scale thesis studies, dominated by interviews with EPs, highlights a lack of diversity and generalisability where the EP role in mental health and multi-agency working are concerned. Furthermore, much of the existing research is barrier-focused or 'idealistic' about the EP role, rather than exploring what current, successful practice looks like, highlighting a limited or unclear involvement of EPs working in these areas. While a clear theme throughout the literature suggests that the socio-political environment is influential over EP practice in both mental health and multi-agency working, few studies detail the service context and are often limited to exploring a single LA. Similarly, the literature broadly emphasises that other professionals hold conflicting views of the EP role which impacts on the possibilities of EP practice within these areas, and yet few studies explore the voices of other professionals.

There are however consistent themes throughout the literature to suggest EPs have unique skills and knowledge to facilitate systems (schools and other services) towards positive changes, including in the area of mental health. While the literature suggest EPs are not consistently involved with mental health-focused multiagency teams, there does appear to be evidence regarding their positive involvement in the TaMHS initiatives, particularly in supporting mental health systemically through facilitating whole school approaches and in supporting school staff (e.g. supervision). While there is not yet much evidence of EP involvement in the most recent school-based mental health initiative (MHSTs), the small, emerging evidence base highlights several challenges within MHSTs (e.g. EMHP training,

whole school approach, support for SEN pupils) in which a role for EPs may exist, based on their involvement with previous mental health initiatives, contributions to multiagency practice, and facilitation of WSA to mental health and wellbeing. As such, there is scope for future research to explore the existing and developing role of EPs within MHSTs, through research methods that give voice to multiple professional perspectives across different MHST localities/contexts.

## Paper Two: Empirical Paper

### Abstract

With concerns regarding the rising number of school-aged children and young people (CYP) experiencing mental health difficulties, the UK government proposed the development of a new workforce of Mental Health Support Teams (MHST) to provide school-based intervention from 2018. While MHSTs are typically made up of clinically trained professionals, guidance regarding flexible team structure has meant a small number of MHSTs employ Educational Psychologists (EPs), with EPs increasingly recognised as playing a significant role in supporting CYP's social, emotional, and mental health within schools. As such, this research aimed to explore the current and future contributions made by EPs when working within MHSTs from the perspectives of both EPs and other MHST professionals. A solution-oriented approach, using principles of Appreciative Inquiry, was used to frame semi-structured interviews and focus groups. In recognition of the differing service structures and contexts of MHSTs, a multiple case study approach was used to collect and analyse data from 8 EPs and 11 other professionals working across 5 MHSTs. Reflexive thematic analysis was used to identify themes within cases, with cross-case analysis applied to generate findings with some transferability to real-world MHST contexts. Framed using Bronfenbrenner's Ecological Systems Model (1979), findings suggest that EPs' contributions within the participating MHSTs sit at multiple levels of the system, with a key role in driving a whole school approach, supporting CYP's mental health indirectly through enabling personal and professional development of MHST professionals, and through facilitating relationships between MHSTs and schools. Future involvement identified included expansion of the EP role to allow further input within schools through the provision of psychoeducation and greater awareness to the wider socio-political contexts influencing MHSTs. Implications for EPs working within MHSTs are considered, particularly with regards to the systemic and organisational roles EPs may hold. Future directions for research are also explored.

## Literature Review

### Definition and Terminology

#### Systemic and Organisational Working

Much of the literature considering the role of EPs in supporting CYP's mental health uses the terms 'systemic' work/practice and 'organisational' change/work interchangeably given there is considerable overlap in their definitions of aiming to work more widely, preventatively, and indirectly with aims to increase capacity within schools and other organisations (Farrell et al., 2006; Milletti, 2022). As such, the terms are typically used interchangeably throughout this empirical study, although 'systemic' work is more often used when referring to supporting school systems, with recognition that EPs are aiming to support young people by impacting change in the system levels around them (e.g., home, school, policy; Balchin, Randall & Turner, 2006). Alternatively, 'organisational' work is typically used when supporting change within the different employment settings/organisations which might exist within a system, e.g., schools, MHSTs, and EP services. Particularly, this refers to considering contextual components which could be barriers or facilitators to a positive and impactful organisation, such as time, leadership, recruitment, policies, and the support culture (Hulme, 2017). When referencing relevant literature or reporting findings from participants, the language used reflects that used by the author or participant respectively.

#### Consultation

Consultation in the EP field is often referred to as a 'framework for practice' meaning it can be used flexibly as a service delivery model, to structure collaborative conversations, or as a set of skills to apply in wider parts of EP practice (Wagner, 2017). While a single definition is thus hard to reach, this study defines consultation as a collaborative discussion space where joint problem solving promotes change through the skill and expertise development of others (e.g., parents, school staff, professionals; Wagner, 2000; 2017).

#### National Context

With growing awareness that wellbeing can impact CYP's access and engagement with education, a succession of school-based government-led initiatives have been introduced in England over the past 20 years. Given that childhood mental health concerns can have a lifelong impact on employment and health, with wider societal costs (DoH & DfE, 2017; Goodman, Joyce, & Smith, 2011), such initiatives have aimed to facilitate an early intervention, universal approach to sit alongside existing targeted services (e.g. CAMHS; DoH & DfE, 2017). With most recent reports suggesting 1 in 6 six- to sixteen-year-olds have a diagnosable mental health need (NHS, 2021), the government recognised further action

was required. In a bid to improve early intervention and preventative support within schools, the 'Transforming CYP's mental health: Green Paper' (DoHSC & DfE, 2018) was developed. The green paper proposed that every school would identify a Senior Mental Health Lead by 2025 to oversee wellbeing, shorter waiting times for accessing existing mental health services would be trialled, and, gaining most interest, a new school-based mental health workforce of Mental Health Support Teams would be funded, trained, and rolled out to schools (DoH & DfE, 2017).

MHSTs were first introduced in 2018 with aims to deliver evidence-based interventions for mild to moderate mental health needs, to support schools to develop their whole school approach (WSA; guided by the 8-principle framework shown in Figure 1; Public Health England, 2015), and give timely advice to school staff regarding CYP's mental health (DfE, 2021). To form the main MHST workforce, the role of Education Mental Health Practitioner (EMHP) was developed, building on previous Child Wellbeing Practitioner (CWP) training, with EMHPs accessing a one-year training programme focused on WSAs and low intensity guided CBT interventions (DoHSC & DfE, 2018). With recognition to the further increase in mental health needs, following the impact of Covid (Ellins et al., 2023), the government's recent White Paper 'Opportunity for All' (DfE, 2022) and SEND Review (DfE & DHSC, 2022) named MHSTs as being an essential service for supporting wellbeing in schools and thus accelerated funding for greater roll out of MHSTs across the country. As such, MHSTs expanded from 58 teams in 2018, with the initial launch of trailblazer sites, to 287 teams (plus 112 in training) in May 2022, with goals of reaching 35% of pupils in England by 2023 (Ellins et al., 2023).

### **Educational Psychologists' Roles in Supporting CYP's Mental Health**

Prior to select schools accessing MHSTs, EPs were reportedly one of the main services supporting CYP's mental health within schools (Ellins et al., 2021; Miller, 2016) and were considered well placed to provide this given their understanding of the links between emotional wellbeing and CYP's approaches to learning (Andrews, 2017; Fee, 2012). The EP role has continued to grow in response to an evolving social and political landscape, including rising concerns regarding CYP's mental health and the introduction of SEMH needs to the SEND Code of Practice (DfE, 2015) which guides EP practice (Warwick, 2021; Crosby, 2022). Given the recency of these developments, there are few published papers exploring the EP role in supporting CYP's mental health, however, several thesis studies have found EPs frequently apply core functions of their role (e.g. consultation, assessment, training), and contribute specialist knowledge to support mental health within schools (Purewal, 2020; Price, 2017a; Andrews, 2017). Such literature has also identified several barriers to EPs working within this area. Most commonly identified barriers include

experiences of threat to professional identity, with EPs feeling unclear about their own identity and holding caution around role boundaries (Davies, 2020; Carney, 2017), and others (e.g. SENCOs and clinical professionals) questioning the contributions that EPs can make to supporting mental health, instead viewing their role as limited to supporting cognition and learning (Miller, 2016; Atkinson et al., 2014; Price, 2017a; Andrews, 2017).

Despite this, there is a wealth of evidence within the wider EP practice literature to highlight the different ways in which EPs are currently working, at an individual, group, and systemic level to support CYP's wellbeing (Miller, 2016; Andrews, 2017). At an individual child-level, there is evidence of EPs supporting mental health as part of statutory assessment roles (Zafeiriou & Gulliford, 2020) and through effective delivery of direct therapeutic input, such as narrative and CBT-based interventions (Hannen & Woods, 2012; Weeks et al., 2017). At a group level, many EPs are involved with supporting staff wellbeing and containment through facilitating supervision and reflective spaces (Muchenje & Kelly, 2021; Annan & Moore, 2012). Finally, at a systemic level, research suggests EPs are typically involved with facilitating a whole school approach to supporting mental health through delivering training within schools with aims to develop whole staff understanding of how best to support CYP's mental health (Quinn et al., 2021; Sharpe et al., 2016).

However, a strong theme throughout the literature suggests that, when working to support mental health at individual, group, and systemic levels, the scope of EP involvement is highly dependent on the context the EP finds themselves within, with statutory demands and service delivery models impacting the time and funding which may allow EPs to work in these ways (e.g. Atkinson et al., 2013; Birchall, 2021). The evidence-base exploring the role of EPs in mental health typically consists of interviews with EPs only, and often within single Local Authorities, with only a small number also exploring the perceptions of others (e.g. clinical professionals; Miller, 2016; Erasmus, 2013; Crosby, 2022). Furthermore, while research exploring the EP role within mental health has suitably utilised Activity theory (a theoretical framework which aims to capture the activity involved in a role, relative to the wider system; Engstrom, 1999), this often appears to generate findings with a greater focus on the barriers to EP involvement in multiagency systems (Crosby, 2022; Warwick, 2021; Gaskell & Leadbetter, 2009). It is only when research studies have explored EPs' facilitation of supporting systemic change and whole school approaches regarding mental health that solution-oriented approaches are more frequently, and effectively, applied to empower school staff to identify need and take action (Seaton, 2021; Burns, 2019; Morris & Atkinson, 2018). As such, there appears to be a lack of exploration of the EP role regarding CYP's mental health using solution-oriented approaches to research.

### **Educational Psychologists' Roles in Multiagency Mental Health Services**

EPs' involvement in multiagency practice has also increased over time in response to socio-political changes, such as concerns regarding child safeguarding and the resulting publication of 'Every Child Matters' (DfES, 2003). As such, EPs are more frequently involved in supporting other services within Local Authorities (e.g. Youth Justice and Social Care teams) with developing their understanding of children in educational settings through sharing EP knowledge of psychology (Greenhouse, 2013). Once again, presence and impact of EP involvement in multiagency teams (MATs) appears contextually situated, with EPs most able to embed themselves for impact when directly employed within other services, thus reducing time and financial barriers which can be present when employed within an EPS but commissioned out to other services (Warwick, 2021). Enabling factors of practice within MATs have included the development of positive relationships and a shared language to aid understanding of one another's roles (Howarth-Lee, 2020; Warwick, 2021), with EPs identified to facilitate both within multiagency practice through fostering a shared language (Sedgwick & Stothard, 2019; Beal et al., 2017) and aiding communication between services (Paton, 2012). Additional contributions of EPs to multiagency teams have been found to include facilitation of reflective supervision spaces and sharing of psychological knowledge to upskill and build confidence of other professionals (Maxwell, 2013; Price 2017b; Parnes, 2017), with EPs reporting that they feel more effective and in-line with their EP identity when applying psychology in this way (Gaskell & Leadbetter, 2009).

Studies of EPs working within, or alongside, mental health focused services (e.g. CAMHS) are less prevalent within current literature, perhaps due to psychologists from other applied fields (e.g. Clinical Psychologists) typically working within mental health services (Miller, 2016; Sedgwick & Stothard, 2019) or due to organisational barriers involved in moving from LA- to NHS-based services (Hulme, 2017). However, there is evidence of EP involvement in previous government initiatives, similar to MHSTs, such as the Targeted Mental Health in Schools initiative (TaMHS; DCFS, 2008), in which EP contributions included delivering therapeutic interventions with CYP in schools (Atkinson et al., 2011; Hobbs et al., 2012), supporting staff through training and supervision (Cane & Oland, 2015), and, systemically, facilitating whole school wellbeing audits or managing TaMHS teams (Dawson & Singh-Sheshi, 2010; Pugh, 2010). EP involvement was aided where funding for TaMHS teams was given directly to Local Authorities (Cane & Oland, 2015). Furthermore, a notable rise in recent EP thesis studies, particularly from the Tavistock and Portman training course, which is situated within an NHS trust, has highlighted increased involvement of EPs working within or alongside CAMHS services (Crosby, 2022; Milletti, 2022). Findings from these small-scale interview studies have found that EPs recognise their contributions to CYP's mental health

as being indirect and systemic, with consultation and training being the primary methods of supporting school staff knowledge and wellbeing (Crosby, 2022; Milletti, 2022). While EPs reported that their professional identity had evolved in response to working in NHS contexts, moving towards an identity of 'applied psychologist', those working within, as opposed to alongside, CAMHS felt their working context restricted some of their role flexibility (Milletti, 2022).

### **Current Context of Mental Health Support Teams**

While still in the early stages of development, early evaluations are slowly emerging regarding the impact of MHSTs. This includes a large-scale survey evaluation of school staff and other stakeholders across 25 of the MHST trailblazer locations (Ellins et al., 2021; 2023). Despite the barriers to 'setting up' MHSTs which services faced during Covid, school staff have identified that the presence of MHSTs in their schools has improved CYP's access to support, promoted wellbeing in school, and is beginning to aid development of school staff's knowledge of mental health (Ellins et al., 2021; 2023). However, several concerns regarding MHST implementation have been raised, including the demand for individual interventions as overshadowing whole-school approaches, and an absence of appropriate interventions for certain groups of children, including those with SEND (CYP MHC, 2021; Ellins et al., 2021). There are further concerns that, despite being a school-based service, the MHST workforce is primarily situated within an NHS service delivery model, resulting in a clinically oriented approach which could foster potentially harmful, within-child, narratives around mental health within school settings (Glazzard & Stones, 2021; Davies, 2020; Ellins et al., 2023).

The training of the MHST workforce has also been identified as limited (CYP MHC, 2021; Woodley, 2021) with EMHPs reporting gaps in knowledge regarding school systems, child development, SEND, and engagement with education settings (Ellins et al., 2023). This may be contributing to recent findings that suggest, on average, only 24% of MHST time is being spent on supporting the WSA, compared to 52% spent delivering direct interventions with CYP. Surveyed school staff identified a greater delivery of training and workshops was needed to aid the WSA to wellbeing (Ellins et al., 2023). The most recent evaluation also highlighted that relationship building with schools, in order to embed MHSTs, has been challenging at times, with relationships lowest when school staff were lacking clarity about the roles and value of MHSTs (Ellins et al., 2023). In acknowledging both the impact and current limitations of MHSTs, the presented evidence indicates areas that EPs' knowledge of education settings and holistic approaches may be beneficial (BPS, 2019). Improvement to the implementation of MHSTs, is crucial given the increased expectation from government

being placed on MHSTs to respond to the current mental health crisis, including amongst pupils with SEND who are at greater risk (DfE, 2022; DfE & DHSC, 2022).

### **Educational Psychologist Involvement in Mental Health Support Teams**

Guidance for the development of the MHST workforce was made intentionally flexible to allow response to local need however, this has created a lack of consistency regarding the structure of the MHST workforce and resulting service delivery (DoH & DfE, 2017; CYP MHC, 2021; Ellins et al., 2023). As such, there is variation in the make-up of MHST workforces, with some recognised to include representatives from education settings and Local Authorities (Ellins et al., 2021), although it is unclear to what extent this includes EPs. While initial proposals suggested MHSTs should work alongside existing services, with EPs recommended as the top profession for MHSTs to engage with (BPS, 2019; DHSC & DfE, 2018), Clinical Psychologists are predominantly recommended within MHST guidance as being appropriate to hold senior roles in MHSTs (DfE, 2022). This is despite wider literature increasingly suggesting that both EPs and CPs may be appropriately referred to as 'Applied Psychologists' with recognition of similar skills and approaches taken to practice, only differing in their primary knowledge base (e.g. education-focus of EPs and mental health focus of CPs; Warwick, 2021; Gaskell & Leadbetter, 2009).

Despite a lack of acknowledgement to the potential role of EPs within MHSTs at a policy guidance level (O'Hare, 2017), a small but growing evidence-base suggests joint working may be occurring between EP and MHST services. A recent review of trailblazer sites identified that MHSTs are increasingly building relationships with LA services, namely EP services (Ellins et al., 2023). Similarly, a report evaluating EMHP training highlighted that EMHPs who had trained in MHSTs with links to EP services benefited from a greater awareness of wider educational support available to CYP (DH & DfE, 2018). To add strength to anecdotal evidence, brief mentions of EP involvement within MHSTs have been made within recent literature exploring the EP role when working alongside CAMHS professionals or Senior Mental Health Leads (Milletti, 2022; Crosby, 2022; Tonks, 2022). Adding weight to this, Purewal's (2020) survey exploring the EP role in supporting SEMH needs found a small number of EP respondents (8 out of 154) mentioned some involvement within MHSTs (e.g. in steering groups, project leading, and supervisory roles). This number can be expected to have grown in the past few years, given the rapid increase in the number of MHSTs, however the role of EPs in MHSTs has not yet been explicitly researched.

### **Rationale for the Current Study**

While literature exploring the role of EPs in MHSTs is sparse, broader research emphasises that the EP role in supporting mental health in school systems is one of value which could

help to address current gaps regarding MHSTs' implementation, particularly related to WSA priorities. However, EPs working within the field of mental health, particularly within clinical settings, often experience contextual and perceptual barriers to their roles in supporting CYP's mental health. The existing field of literature also indicates that often only EPs' voices are considered when exploring their role within multiagency mental health services, with findings regarding their role also focusing mainly on barriers to practice as opposed to looking at examples of success. Furthermore, studies are typically limited to exploring EP contributions within single localities or contexts, not then accounting for the varying social-political contexts that have been highlighted to influence the EP role when working in broader mental health settings (Birchall, 2021). As such, the existing and developing role of EPs within MHSTs is an understudied area of interest, where exploration of this could support an increasing understanding of professional diversity for EPs and consideration to how MHSTs could utilise EPs to maximise impact. Adopting a solution-oriented approach, this research aims to explore what EP practice within MHSTs currently looks like from the perspectives of several professionals across a range of MHST service contexts (O'Hanlon & Weiner-Davis, 2003). In doing so, it aims to inform professional understanding and future practice by drawing on what already appears to be working well in settings where EPs are working within MHSTs.

### **Research Questions**

Based on the rationale presented, this study aims to answer the following questions from the perspectives of EPs and other MHST professionals:

- 1) What are the current roles of EPs working within MHSTs?
- 2) What are the current contributions of EPs working within MHSTs?
- 3) What could future involvement of EPs working within MHSTs look like?

### **Methodology**

This section first outlines the ontological and epistemological position taken by the researcher before discussing the design and analysis process used to address research questions, in line with the epistemological stance. Consideration is also given to the delivery of quality research and key ethical considerations.

### **Epistemological Position**

Ontology and epistemology provide philosophical underpinnings that support research methodology to be coherent and logical in response to research aims (Braun & Clarke, 2022). Ontology refers to the way in which reality is understood while epistemology addresses how knowledge comes to be known, therefore, both inform how research is

designed, and interpreted (Richards, 2003). A critical realist position (simply described as ontologically realist and epistemologically relativist) was taken when approaching this study (Bhaskar, 1986). Critical realism assumes that while a reality exists, it is socially and contextually influenced, meaning it can only ever be partially understood, through the lens of those experiencing it (Willig, 2013; Annan et al., 2013). Critical realism suggests that knowledge can be made sense of through triangulating views of different individuals within an organisational context for shared meaning making (Houston, 2010; Maxwell, 2012). As such, critical realism was identified as an appropriate epistemological position for this research as it assumes that while MHST professionals may hold different interpretations of the EP role, dependent upon their contextually situated experiences and beliefs, the bringing together of differing perspectives of those working within each MHST context could begin to reveal a shared reality (Kelly, 2017a).

Further contributing to a critical realist positioning, that recognises a complete truth/reality cannot be reached, is recognition that researchers also bring their own subjective experiences and interpretations to the research process, thus contributing to the contextual situating of meaning making (Braun & Clarke, 2022). As such, the epistemological position of contextualism was also considered relevant, recognising that research from this perspective seeks findings that can be used for utility and application in similar contexts, as opposed to seeking a truth (Madill, Jordan, & Shirley, 2000). While pragmatism in isolation may be frowned upon as an epistemological position, risking an 'anything goes' approach (Fryer, 2020), it is encouraged when framed within a critical realist stance to support alignment of research design with research aims to inform future service development (Cohen, Manion, & Morrison, 2017). Discussed further below with regards to research design, application of pragmatism to this study included selecting a methodological frame for interview that fit with the research questions and flexibly considering what consisted of a 'case' in response to the flexible make up of MHSTs. In line with a critical realist position, an experiential qualitative approach was taken to research design in order to give voice to the experiences and meaning made by those involved within MHSTs, while recognising the contextual influence on such experiences.

## **Research Design**

**Multiple Case Study Design.** To explore the research aims, a multiple case study design was identified to be appropriate for allowing the researcher to explore the phenomenon of the EP role within MHSTs across several contexts, with the 'case' defined as the 'role of the EP' (Yin, 2018). Case study methodology allows for the teasing out and acknowledgment of contextual factors that may influence interpretations of reality, and so is seen as well situated

alongside critical realism (Easton, 2010). It has also been explicitly recommended when exploring the diversity and flexibility of EP roles (Fallon, Woods, & Rooney, 2010), allowing knowledge to be generated in areas that are under researched (Willig, 2013). This methodology allows for phenomena to be explored within the real-world context in which they exist (contextualism), especially when boundaries between phenomena and context are unclear (e.g. the EP role situated within the immediate and national context of MHSTs; Yin, 2014). A multiple case study design was considered most appropriate as it allows for a broader understanding and degree of comparison in the absence of a 'typical' case where multiple examples of a phenomenon exist (Yin, 2018), as such acknowledging the different MHST contexts (e.g. NHS, charity organisations, local authorities; Ellins et al., 2021). An essential requirement of a complete case is the triangulation of evidence through multiple data sources or perspectives in order to provide a rich description, thus emphasising the importance of both EP and MHST professionals' voices contributing to an understanding of the phenomena studied within this research (Cohen et al., 2017; Yin, 2018).

**Solution-oriented Approach.** Given that previous literature primarily identified barriers when exploring the EP role in mental health (e.g. threat to identity), a solution-oriented approach was taken to framing this research. Solution-oriented approaches allow space for problems to still be acknowledged and discussed while placing priority on 'what works' (O'Hanlon, 2013; Harker et al., 2017). As such, principles of Appreciative Inquiry (AI), as a strengths-based approach to exploring change in systems, were applied to this research as a methodological tool (see data collection) and a theoretical framework (Cooperrider & Srivastva, 2017). AI aligns with a critical realist approach by aiming to bring together differing perspectives of 'what works' with regards to the EP role in MHSTs, and to guide implications for future practice, without suggesting a single 'ideal' or 'truth' (Lewis, 2016). In alignment with the research aims and questions, Appreciative Inquiry aims to *appreciate* what is currently working well within an organisation and *inquire* about what future development and progress may involve (Cooperrider, Whitney, & Stavros, 2008).

### **Participant Recruitment and Sample**

A purposive sampling technique was used to effectively identify cases relevant to the aims of this study by first identifying EPs who were working within MHSTs (Cohen et al., 2017). Recruitment took place using two approaches; recruitment emails (see Appendix 1) were sent to EPs known to be working within MHSTs (identified via existing contacts of the researcher and research supervisor, or via LinkedIn searches for EPs working within an MHST) and to additional MHSTs to query whether they had an EP within their team (identified based on internet searches which suggested they were previously recruiting for an EP). Once consenting EPs were identified, they acted as gatekeepers for recruiting MHST

professionals by sharing the information sheet and consent forms (Appendix 2 and 3) with their wider MHST colleagues (Cohen et al., 2017). This study had initially aimed to identify cases with at least three consenting MHST professionals, of varying roles in addition to the identified EP. Following initial recruitment stages, inclusion criteria was pragmatically adapted with acknowledgement of the flexible make up of MHST teams (Ellins et al., 2021) to allow inclusion of a service if at least one EP and at least two other MHST professionals within the team consented to take part, without limits placed on the roles they held within the team. All participants were required to have worked within the MHST for at least 6 months to ensure adequate time to understand the service context and EP role within this.

Recruitment took a staggered approach, with emails sent between June and September 2022 until enough cases were identified to represent different service delivery models, service areas, and team structures, for some generalisable application to the wide variety of service delivery models of MHSTs in existence (Yin, 2014). As such, five cases were identified and considered a sufficient number based on data saturation guidance relating to case study and focus group methodology and given the variation that exists in MHST contexts (Hennink, Kaiser & Weber, 2019). Table 2 provides an overview of the final participant sample per case, with the context of service delivery indicated. Unfortunately, a voluntary sector MHST could not be identified for this research and so MHST contexts were either LA or NHS-based, distributed across 5 different localities within the South of the UK.

**Table 2.** Overview of service context and participant sample per case.

Case	Context	Participant Sample
1	NHS	1 EP; 2 EMHPs
2	Local Authority	2 EPs; 2 EMHPs
3	Local Authority	2 EPs; 2 EMHPs; 1 Service Administrator
4	NHS	1 EP; 1 CWP; 1 Service Manager
5	NHS	2 EPs; 1 CWP; 1 EMHP

### Data Sources/ Data Collection

With multiple data sources considered essential for providing a 'complete' case, semi-structured interviews with EPs and focus groups with other MHST professionals were used, alongside the gathering of demographic information about service structure and EP role in order to contextualise cases (Yin, 2018; Gillham, 2000). Interviews and focus groups aligned with the exploratory, qualitative nature of this study, framed within a critical realist stance. Data collection took place between September and November 2022 via Microsoft Teams video calls, with focus groups and interviews lasting between 80 to 95 minutes. Ethical

approval for this study was sought at a point where virtual-only data collection could be approved. Although this remained the most pragmatic and naturalistic method of data collection for the participant group given virtual meetings reflect the current working practices of EPs and MHSTs, with many teams taking a hybrid-approach to working following the impact of the Covid-19 pandemic (Barrero, Bloom, & Davis, 2021; Abrams & Gaiser, 2016).

EPs were interviewed either individually or in pairs and were first asked to provide contextual information about their service and role prior to the semi-structured interview process. MHST professionals were interviewed separately from EPs, for methodological reasons given they were identified as a separate data source (case study design), and for ethical reasons to support honest, open accounts of all involved. This was with awareness to previous literature which suggests EPs can experience threats to identity when working with other mental health professionals (§1.1; HCPC, 2016) but also served a purpose of managing the impact that power dynamics may have had on providing open accounts of experience through providing more homogenous discussion spaces (Cohen et al., 2017). This was retrospectively recognised as vital given EPs in the sample typically held leadership roles within the MHSTs.

From a critical realist standpoint, recognising that meaning making can be socially influenced, focus groups provided space for group interaction and a shared understanding of the EP role to be explored from the perspectives of MHST professionals (Cohen et al., 2017; Stewart & Shamdasani, 2014). Focus groups are viewed as beneficial in areas where limited prior research exists, as such aligning with the justification of using a case study approach within the current research (Ochieng et al 2018). While there is debate about what constitutes a focus group, with 6 or more participants often recommended, it is recognised that small-scale qualitative research commonly use 'mini groups' (up to 6 participants; Cortini, Galanti & Fantinelli, 2019). Cortini et al., (2019) argue that the number of individuals required to constitute as a focus group should depend on what is being explored and suggest when interviewing groups with existing relationships (e.g. MHST) dyads and triads are considered appropriate sizes for focus groups which seek to understand shared experiences within an existing context. Instead, there is recognition that meeting the aims and functions of a focus group are more important. As such, focus group criteria was met by ensuring that within 'mini groups' there was a clear, shared focus (understanding EP role in MHSTs) and that information was elicited through the group interaction, moderated by encouraging participants to ask one another questions and build on one another's responses (Denscombe, 2017). Aligning with this approach, the current study included focus groups of 2 to 3 MHST professionals per case, with the homogeneity of the participants considered valuable for exploring shared experiences (Cohen et al., 2017).

As focus groups require a clear agenda to guide effectiveness (Gibbs, 2012), a solution-oriented framework, informed by the principles and structure of Appreciative Inquiry (Cooperrider et al., 2018) was used to guide the semi-structured interview schedule (Rowett, 2012). While typically including 4 stages of 'Discover, Dream, Design, and Destiny' for supporting organisational change, Appreciative Inquiry (AI) was partially applied to frame the interview structure of this study (Cooperrider et al., 2008). In alignment with the research questions explored, the 'Define/Discover' stage of AI was used to explore and appreciate what was currently working well regarding the EP role within MHSTs, while the 'Dream' stage was applied to inquire about what the future involvement of EPs could look like (Cooperrider & Srivastva, 2017; see Table 3).

**Table 3.** Application of Appreciative Inquiry stages to research questions

<b>Appreciative Inquiry stage applied</b>	<b>Research question addressed</b>
Define	What are the current roles of EPs working within MHSTs?
Discover	What are the current contributions of EPs working within MHSTs?
Dream	What could future involvement of EPs working within MHSTs look like?

This enabled interview questions to be pragmatic in relation to the research aims and epistemological stance, by giving voice to participants within their contexts in order to consider solution-oriented practical and possible implications for the future EP role within MHSTs (Harker et al., 2017). The resulting interview schedule (Appendix 4) was used to frame both the MHST focus groups and EP interviews.

### **Data analysis**

Qualitative interview and focus group transcripts were analysed using reflexive thematic analysis, using Braun and Clarke's (2022) six phase framework (see Table 4 for process description and Appendices 5 to 7 for examples of analysis). In line with the epistemological stance of this research and case study methodology, thematic analysis is considered theoretically flexible and seeks to produce common themes from the data, while recognising that different perspectives of a shared reality exist, shaped by cultural, social and historical experiences (Willig, 2013; Braun & Clarke, 2010). Reflexive thematic analysis takes this further by giving consideration to the researcher's own socially and contextually situated interpretations when making meaning of data, considered appropriate when a single researcher is involved in data analysis (Braun & Clarke, 2022; Madill et al., 2000). Given the researcher was a Trainee Educational Psychologist, exploring the role of EPs, reflexive

thematic analysis allowed for ongoing reflexivity about the interpretation of data with consideration to the shared identity between researcher and participants.

An inductive approach to thematic analysis was taken to align with the exploratory case study and research aims, in allowing themes to be identified from the ground up, rather than being narrowed by existing ideas (Kiger & Varpio, 2020; Yin, 2018). Given that there was limited research in the area of interest, inductive thematic analysis aimed to prioritise participants voice and meaning making given their direct experiences of the EP role in MHSTs. As such, the researcher intentionally did not revisit relevant literature during the data collection and analysis process in order to foster an inductive approach. However, in line with reflexivity in the analysis process, there is recognition that an entirely inductive approach is unlikely given the researcher's own interpretations and prior knowledge cannot be separated from the data (Braun & Clarke, 2022).

While Yin (2018) proposes 5 possible analytic techniques for case study research, he recommends a cross-case synthesis approach when using multiple case study design. A common approach used within multiple case study research in the EP field (Lee & Woods, 2017; Woodley-Hume & Woods, 2019), cross-case synthesis allows meaning to be generated through individual case themes first which can then be compared and contrasted to generate super-ordinate themes that provide an understanding of the phenomena within a real-world context (Yin, 2013; 2018). Cross-case analysis formed part of the later phases of the reflexive thematic analysis process (see phase 5 and 6 in Table 4).

Using the individual-case themes and definitions presented in Appendix 7, Section 5, themes were compared across cases to identify themes which occurred across all individual cases. In line with cross-case analysis, sensitivity was given to the similarities and differences that could emerge within each case, allowing for themes to contain conflicting, yet related content (Yin, 2018). The process of identifying and developing cross-case themes is demonstrated in the figures presented in Appendix 8, through a process of attaching numbers and letters to each theme in individual cases to link to similarities in other cases, with corresponding themes then used to identify and develop cross-case themes. This development of cross-case themes also used the reflexive thematic analysis approach of generating, naming, refining, and defining themes to develop the final 5 themes and over-arching theme presented in the findings section.

**Table 4.** Six Phases of Reflexive Thematic Analysis (Braun and Clarke, 2022)

Phase of Analysis	Approach Taken
1. Familiarisation with the data	Data immersion included initial reflections immediately after interviews/focus groups had taken place, followed by two rounds of familiarisation with each video recording when organising and editing the accompanying Microsoft Teams transcripts. Brief analytical ideas and reflections were recorded.
2. Coding the data	For a systematic approach to coding, all EP transcripts were coded first, followed by all MHST transcripts (see Appendices 5 and 6 for examples), to limit codes generated for professionals within the same service from influencing one another. Codes were then reviewed/revisited in the reverse order. The comment function on Microsoft Word was used to assign meaningfully descriptive codes throughout each transcript. Both explicit (semantic) and implicit (latent) meaning was coded. Research questions were held in mind when coding and, as such, codes referring to the future role of EPs were marked accordingly.
3. Generating initial themes	At this stage, codes generated from EP and MHST professionals working within the same service were brought together within excel to generate initial themes per case (see Appendix 7, section 3). To aid processing and engagement, clustering of codes into themes took place via hand. Colour coding was used to separate EP and MHST professionals' codes to distinguish which themes were across-case and which were profession-specific, in line with a cross-case analysis approach, profession-specific themes were not disregarded.
4. Developing and reviewing themes	In the process of recording hand-organised themes in an electronic format (tabulated), themes per case were combined and collapsed where appropriate, with initial definitions of themes developed. Thematic maps were then produced to bring together core themes per case (see Appendix 7, section 4).
5. Refining, defining, and naming themes	Clustered themes per case were named and defined (see Appendix 7, section 5), with a final summary of themes per case presented in Figure 2. Cross-case analysis took place within this phase by comparing themes across each case to generate final themes (see Appendix 8). Colour coding was used to separate themes from EP and MHST professionals and themes from LA-based and NHS-based cases.
6. Writing up analysis	Final revisions to themes were made within the writing up process, presented in the findings and discussions sections. Relevant data were recorded throughout the process of generating codes and themes, with data extracts from across the cases and participants presented in the final write up.

## **Quality of Research**

While there has been a shift away from critiquing qualitative research under the same parameters as quantitative research (e.g. replicability), there remains an importance for such research to demonstrate its quality (Tracy, 2010). Several criteria for qualitative research reframe reliability and validity with an aim to instead achieve trustworthiness within the data collection and analysis process (e.g. Tracy, 2010; Lincoln & Guba, 1985). Within the context of reflexive thematic analysis, Braun and Clarke (2022) move away from these 'universal' criteria, that seek credibility, transferability, dependability, and confirmability of data, with acknowledgement that they remain in some alignment with a positivist epistemology, and instead suggest quality research is achieved through creative immersion and insight regarding the data. Approaches taken to maintaining quality within the current research aligned with both viewpoints. This included following a theoretically-informed thread throughout the research decision making process, in the form of critical realist epistemology and placing priority on providing thick descriptions through the triangulation of multiple perspectives (credibility and transferability; Lincoln & Guba, 1985). This was aided through a case study methodology which does not aim to be replicable, but instead aims to be trustworthy through transparency about the context in which new knowledge has been generated, allowing some degree of generalisable interpretation (Peel, 2020). Maintaining quality also involved engaging in an ongoing process of reflection to monitor personal biases (dependability and confirmability; (Lincoln & Guba, 1985). Self-reflexivity is further discussed in the researcher's reflective chapter but was approached through providing sufficient time and space for data analysis and interpretations, maintaining an audit trail to demonstrate the systematic approach taken to data analysis (Appendix 7), and routinely reflecting on researcher subjectivity (assumptions, choices, actions) through engagement with a research diary and in discussion with others (quality supervision space; Braun & Clarke, 2022).

## **Ethical Considerations**

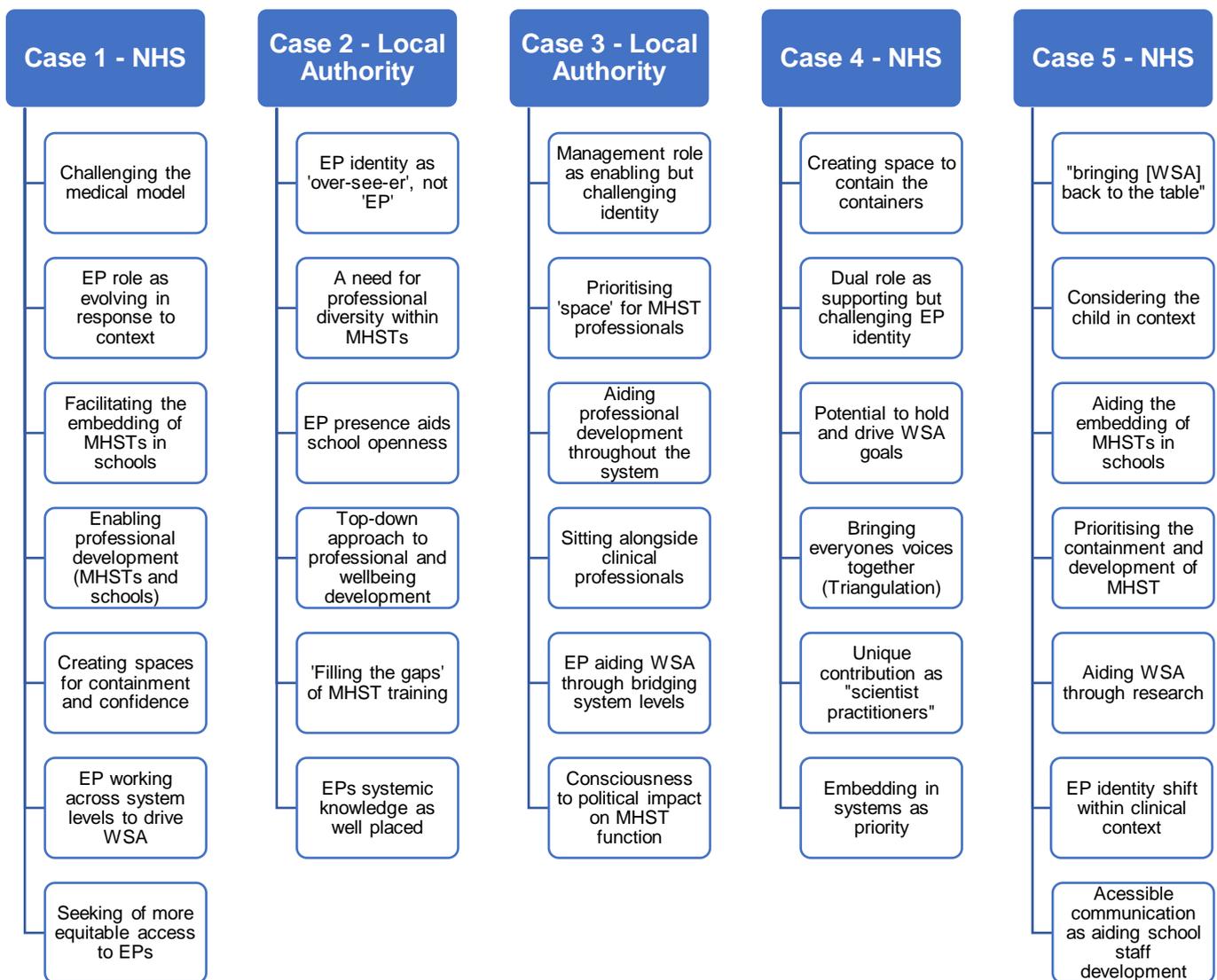
This study was conducted in accordance with the ethical guidance set out by the School of Education and Lifelong Learning Research Ethics Committee at the University of East Anglia (See Appendix 9 for ethical proposal and approval). The ethical proposal was further informed by the BPS Code of Ethics and Conduct (2018) and the BPS Code of Human Research Ethics (2014). To facilitate informed consent, participants were given electronic access to the research information sheet (Appendix 2), with opportunities to ask questions, prior to providing consent (Appendix 3). Within this they were made aware of the voluntary nature of their involvement, with the option to withdraw their data up until the point of data analysis. In line with GDPR regulations (2018), all interview and transcript data were stored

within password protected OneDrive files on a password protected laptop, with all identifiable information removed and service names substituted with case numbers.

Key ethical considerations were identified in relation to the anonymity of participants and their data for several reasons. Firstly, those who took part in joint interviews or focus groups could not be promised complete anonymity given others present in the group would be aware of their participation and responses, thus this was outlined in the research information sheet (Abrams & Gaiser, 2016). Particular attention was also given to the anonymity of the services being discussed with awareness that only a small number of MHSTs have an EP working within their service, making those involved more at risk of being identifiable. To manage this, all transcripts were anonymised, which included the omission of any additional identifiable information about service contexts. In some instances, when reporting on the participant sample, MHST professionals job titles were also made more general in order to aid anonymity. In addition, participants were given the opportunity (sent via email) to review their transcripts following interviews/ focus groups to highlight any additional information they felt needed to be omitted to ensure anonymity (BPS, 2018).

## Findings

In line with a cross-case analysis approach, themes presented in this section bring together the themes identified within each case explored within this study. To situate these findings in relation to each individual case, a graphical representation (Figure 2) of the individual themes identified within each case through the process of reflexive thematic analysis (Braun & Clarke, 2022) is first provided, with demographic and contextual information regarding the service structure and professional make up of each case provided in Table 5.

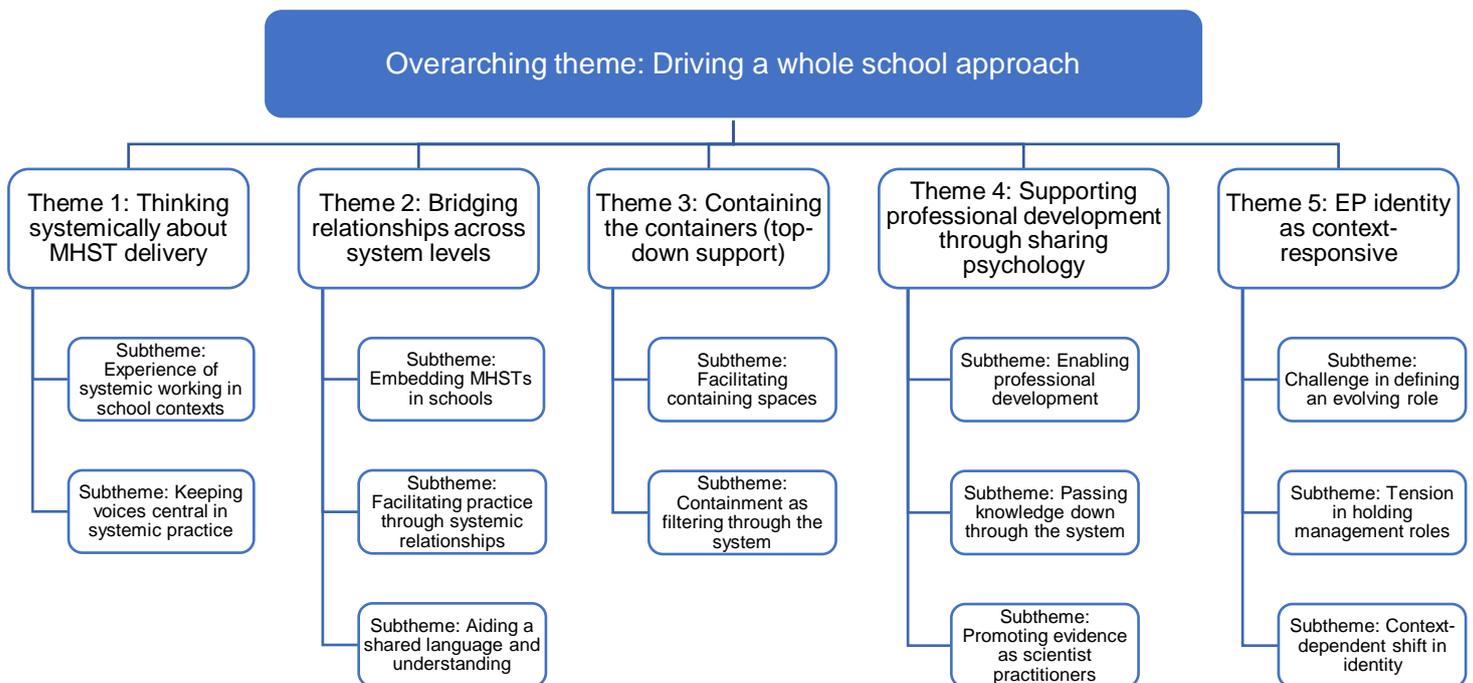


**Figure 2.** Thematic mapping of themes identified for each individual MHST case.

**Table 5.** Overview of MHST Service Structure and Participant Information per Case

Case	Service Context	Service Structure	EP 1 Interviewed	EP 2 Interviewed (If Applicable)	MHST Professionals Interviewed
1	NHS	<ul style="list-style-type: none"> <li>MHST approximately 3-years-old</li> <li>Consists of 11 teams each with: 4 to 5 EMHPs, 2 supervisors, with a clinical lead overseeing every 2 to 3 teams</li> <li>Additional roles across service include CP and EP</li> </ul>	<ul style="list-style-type: none"> <li>Joined MHST on part-time secondment from EPS as 'link practitioner' for one team</li> <li>Recently moved into second year with MHST, employed directly and full time to lead whole school approach</li> </ul>		2 EMHPs
2	Local Authority	<ul style="list-style-type: none"> <li>MHST approximately 2-years-old</li> <li>Single team made up of 2 EPs and 10 EMHPs</li> </ul>	<ul style="list-style-type: none"> <li>2 years working full time in MHST as Service Coordinator</li> <li>Employed by LA</li> </ul>	<ul style="list-style-type: none"> <li>2 years working in MHST as Supervisor</li> <li>Employed by LA</li> </ul>	2 EMHPs
3	Local Authority	<ul style="list-style-type: none"> <li>MHST approximately 3-years-old</li> <li>Made up of 3 locality teams each with: 1 EP and 5 EMHPs</li> <li>Additional roles working across the service includes a CAMHS Clinician</li> </ul>	<ul style="list-style-type: none"> <li>3 years working full time to co-manage MHST</li> <li>Seconded from EPS to manage MHST</li> </ul>	<ul style="list-style-type: none"> <li>3 years working part-time to co-manage MHST (part-time in LA EPS role)</li> <li>Seconded from EPS to manage MHST</li> </ul>	2 EMHPs 1 Service Administrator
4	NHS	<ul style="list-style-type: none"> <li>MHST approximately 3-years-old</li> <li>Made up of 3 locality teams each with: a Manager, Link Practitioner, and 5 EMHPs/CWPs</li> <li>Additional roles working across the service include CP and EP</li> </ul>	<ul style="list-style-type: none"> <li>6 months working part-time in MHST (and part-time in LA EPS role)</li> <li>Employed directly by NHS (not secondment role)</li> </ul>		1 CWP 1 Service Manager
5	NHS	<ul style="list-style-type: none"> <li>MHST approximately 4-years-old</li> <li>Made up of 2 locality teams each with: 1 Manager, 1 Supervisor, 2 EMHPs or CWPs</li> </ul>	<ul style="list-style-type: none"> <li>Approximately 2 years working full time in MHST in a Supervisor role</li> </ul>	<ul style="list-style-type: none"> <li>Approx. 2.5 years working full time in MHST in team in Manager / Clinical Lead role</li> </ul>	1 CWP 1 EMHP

With acknowledgment that no case is the same, cross-case themes are presented and discussed below with sensitivity given to the similarities and differences that emerged within each case (Yin, 2018). Five themes were first identified across the cases, as presented in Figure 3. In developing, reviewing and defining cross-case themes, an overarching theme of EPs as ‘Driving a whole school approach’ was identified and is first presented before exploring the themes that sit within this.



**Figure 3.** Summary of overarching theme and themes identified across cases.

### Overarching Theme – Driving a Whole School Approach (WSA)

A key theme elicited from the data, in discussing the role of EPs within MHSTs, was that participants consistently identified EPs as being “*the drivers of [a] whole school approach*” (EMHP, Case 3, LA MHST). EP and MHST professionals interviewed across the cases consistently highlighted that a WSA was a priority function of MHSTs nationally and viewed the EPs within their teams to be holding and facilitating this. As such, ‘driving a whole school approach’ was recognised as an overarching theme, with examples of how EPs facilitated a WSA within the MHSTs discussed through themes relating to ‘systemic thinking’, ‘bridging relationships’, ‘containment’, and ‘sharing of psychology’. EP participants emphasised that the WSA possibilities of working in an MHST had initially attracted them to the role after having previously worked in LA EPS roles where the workload was heavily statutory and did not allow time for systemic working:

*“It was a really exciting year! Moving from EPS work, which [had] been quite statutory heavy to having a lot of autonomy and creative approach to trial and reflect on a range of whole school approach work. Multisystemic,*

*preventative, child-led, um really kind of where my heart is at in terms of ethos and professional practice. I got to try lots of things.” - EP, Case 1, NHS MHST*

Meanwhile, MHST professionals interviewed typically viewed the WSA focus of MHSTs to be a considerable task and so valued that EPs held this as part of their role, contributing their knowledge of current research and policy to promoting WSAs:

*“We are now driving that... to develop the whole school approach, but that seems like a mountain to climb. I don't feel like we have... I feel like having an EP deliver those sorts of messages, with the research, [can] be more powerful.” CWP, Case 5, NHS MHST*

However, there was a sense that responsibility of the WSA function of MHSTs may then risk falling to EPs only and so participants felt there was a need to upskill MHST professionals in the future to ensure WSA goals were shared. EP participants consistently identified that a leadership role was particularly enabling for discussing WSAs at a management level, and allowed them to challenge, where needed, to keep bringing a focus back to ensuring MHSTs were facilitating WSAs. It was suggested that without EPs doing so, the WSA may risk being less of a priority focus for the MHSTs explored:

*“I feel like, along the way, that whole school thinking, or approach does get lost, or it can be forgotten about... but I think EPs typically do bring that... [they] remind people to bring that back to the table.” EP, Case 5, NHS MHST*

Participants also identified EPs as bringing a WSA focus when supporting schools directly, through applying consultation skills in planning meetings, to identify how they may approach mental health support more systemically. Highlighted by MHST professionals, it was suggested that EPs in their services typically “*dug deeper*” (Service Manager, Case 4, NHS MHST) in discussion with school staff to identify common themes occurring across the school (e.g. low attendance, exam stress) and supported them to respond appropriately. The EP role in driving a WSA was more explicitly discussed amongst the NHS-based MHSTs involved in this study given that EPs were typically recruited into these services with the explicit goal of developing the WSA. A commonality found in the participant data amongst LA-based MHSTs was a greater focus on adapting the WSA to respond to the needs of individual schools, identified in collaboration with schools, with aims to promote training over one-to-one intervention delivery:

*“We're a needs-led service. When we set up, I didn't have an idea of ‘these are the interventions I want all of our schools to have’. I wanted to discuss... hear what it is that [schools] felt that they had concerns about, what their needs were.” EP, Case 2, LA MHST*

Consistently discussed throughout cases when considering the future role of EPs, participants felt there was need for greater EP presence and time to effectively support MHSTs with the WSA strand of their work. Having EPs working at different levels of the MHST system (e.g. as link practitioners with schools, EMHP supervisors, and in management positions) was identified by participants as a facilitating factor to ensure equal

access to EPs for both MHST professionals, and linked schools. To facilitate greater EP presence in MHSTs, EP participants also discussed that more opportunity for trainee EPs to have placements within MHSTs would be valuable in the future to reflect the increasing diversity being seen in wider EP practice:

*“Looking closer to home, in terms of training EPs, I... feel like the time [has] come that trainee EPs, as part of their training opportunity, should be able to do placements not just within local authority. I think that... the employment market, and where EPs find themselves working, has massively diversified.”* EP, Case 5, NHS MHST

### **Theme 1 – Thinking Systemically About MHST Delivery**

EPs’ ability to ‘think systemically about MHST delivery’ was identified as a theme, across cases, as being facilitative of WSAs. Subthemes highlight that participants felt that EPs are well-placed to facilitate school staff and MHST practice given their experiences and knowledge of school systems. Subthemes also suggest EP participants gave consideration to the wider systemic practice and organisational development influencing schools to enable them to facilitate change throughout the system levels. This included consideration from the level of CYP and parents, school and MHST practice, through to national guidance and professional training, while keeping CYP and MHSTs central to their thinking and practice.

#### **Subtheme – Experience of Systemic Working in School Contexts**

Both participant groups, across cases, emphasised that EPs are particularly well-placed to work within MHSTs and facilitate the WSA given their unique experience and understanding of working within school systems aligns with MHSTs aims to be a school-based service. While EP participants acknowledged facing barriers when working with schools, they equally identified being able to foresee, reflect on, and respond to barriers to systemic working, and to facilitate the presence and impact of the MHSTs they were working within. Facilitative examples identified by participants included EPs’ use of sensitive, school-friendly language when delivering training or fostering reflective spaces for school staff:

*“We know school systems and there's something, I think, about [EP] ability to conceptualize a school system as well, and to understand the different sort of challenges and pressures within a school system, and to think as a systemic level about schools.”* EP, Case 2, LA MHST

As such, EPs were discussed by participants as being seen to hold a dual role in facilitating change in schools, directly through supporting schools, and indirectly through sharing their systemic knowledge with the wider MHST. Several EMHP participants highlighted that EPs filled a gap in the MHST knowledge base by supporting them, as professionals, to think more systemically when working with schools. This was particularly valued where there was greater complexity identified within the systems (e.g. secondary schools, difficult power dynamics) with participants holding a view that EPs were better equipped to understand

school politics, and skilled in communicating empathetically to meet schools where they were currently at:

*“There’s bringing the understanding of lots of the complexities within some of the trickiest schools, systemic issues like power imbalances and not very strong relationships between schools and the community.”* EP, Case 4, NHS MHST

In addition to bringing an awareness of school systems to MHSTs, participants also highlighted that EPs gave thought to wider systemic influences on MHST functioning. For example, some EPs discussed the current political climate as creating uncertainty around future funding for MHSTs, and recognised the impact this may have on MHST professional’s uncertainty in employment, particularly given limited opportunities to progress (absence of job security). This was identified by EP and EMHP/CWP participants alike as impacting retention and sustainability of MHSTs, in turn reducing the capacity to support CYP’s mental health in schools:

*“I don’t think the people who’ve left for career progression would have left if they could have stayed to gain that in house, as part of their role. I think that feels like a lost opportunity... for them as well as for us. Again, that’s systems needing to catch up or develop or extend to be able to create those links and opportunities.”* EP, Case 3, LA MHST

### **Subtheme – Keeping Voices Central in Systemic Practice**

Sitting alongside systemic thinking to aid a WSA, EPs’ ability to capture and prioritise voices central to systems was identified by participants as an important sub-theme. Both EPs and MHST professionals interviewed suggested that EPs are skilled in gathering the voices of CYP and/or parents (e.g. through consultation spaces or school surveys) and keeping their voices central when thinking systemically about WSAs to mental health. An ability to situate the child within their wider context/system was suggested as a unique way of thinking that EPs contribute to MHSTs, with EP participants identifying themselves as particularly well placed to address power imbalances, such as when CYP or parent voices are overlooked:

*“Obviously a big thing within EP training, wherever you train, is ‘the person in context’ and ‘the individual in context’, and I think that really support[s] young people’s mental health.”* EP, Case 5, NHS MHST

Participants highlighted that EPs took a similar approach when considering MHST systems, seeking first to understand the MHST context they were working within while being mindful of the wider context influencing MHSTs (e.g. national MHST guidance). This was discussed most within NHS-based MHSTs, in which EPs had joined existing teams and a less familiar working context as opposed to EPs interviewed in the LA-based MHSTs who had been present from the set up. MHST professionals interviewed noticed that EPs adapted their practice to the context they were working in by first aiming to understand the roles of

different members across the MHST profession, to inform their wider understanding of the system:

*“I know that the EP that was in our team was going to meetings with the different hubs as well and meeting everyone and [getting] a really good idea of what the team is like, who's in the team, what we do.... understanding what's happening to go from there.”* CWP, Case 4, NHS MHST

EP participants discussed the importance of understanding and supporting MHST systems first (e.g. through reflective questioning and systemic/organisational thinking within their leadership role) to be an important first step for a filtering-down approach of impact at a school level (discussed in themes 3 and 4). Despite this, EMHPs interviewed who were working within NHS-based MHSTs did suggest there was need for EPs to develop a greater understanding of the NHS contexts they were working within, to provide a better understanding of the professionals they were working with in and potential contextual limits:

*“I think an educational psychologist joining a[n] NHS [team], they don't know the limits that well. They don't know what's yes or no. And sometimes it can be a bit blurred for us too. But it's helpful for them to be involved in those conversations and to know these are the interventions that we deliver.”* EMHP, Case 1, NHS MHST

EP participants in NHS teams also highlighted seeking greater involvement with universal MHST development in the future, such as contributing to the WSA and education modules of the EMHP training course. Some EMHP participants felt there was a missed opportunity that EPs were not more involved in their training, given the EPs' school-based knowledge they identified and valued. Furthermore, EPs interviewed within LA-based MHSTs emphasised a need for the EMHP training course to change as it was felt to restrict the wider MHST function while EMHPs were still training. This was suggested because training requirements to deliver and evidence one-to-one interventions allowed less time/capacity for WSA work of the wider MHST to take place given the trainee EMHPs made up the majority of the frontline workforce:

*“I think our service [was] much more... university-led than school-led in our first year... because we didn't have anyone else on the team, that meant that our service was quite driven by the requirements of the EMHP's to pass their courses.”* EP, Case 2, LA MHST

## **Theme 2 – Bridging Relationships Across System Levels**

The theme of 'bridging relationships across system levels' was generated across all cases with recognition that EP presence enabled the embedding of MHSTs within schools.

Subthemes highlight that EP presence was facilitative of bridging relationships at wider system levels, through supporting existing and developing relationships with other services (EPS, CAMHS). However, the priority areas participants discussed for bridging systems differed depending on whether MHSTs were LA or NHS-based. In considering the future EP

role, subthemes indicate that participants felt utilising EPs' presence, communication, and rapport building skills within MHSTs would enable openness of schools, and wider services, to work with MHSTs, improving equal access for all CYP to mental health support.

### **Subtheme – Embedding MHSTs in Schools**

Participants recognised the importance of school receptiveness as enabling MHSTs to embed in school systems to be able to support CYP's mental health. Across cases, EP involvement and presence was identified as being a key factor in facilitating school openness, as such *"making way"* (EMHP, Case 1, NHS) for MHST professionals. EMHP/CWPs participants highlighted this with recognition that schools in which their EPs had not had direct involvement (e.g. as link practitioner) were typically less receptive to MHST input. Enabling factors provided by EPs were identified by participants to include their relationship-building skills, knowledge of school systems, and the existing value school staff may associate with the title of 'EP':

*"Every time I walked into [a] school, they all knew who [the] EP was. They all knew he was a part of our team. So, I think... he kind of made our team more [known] within schools as well."*- EMHP, Case 1, NHS MHST

EP participants were more likely to identify their relationship building skills as a key enabling factor. Both EPs and EMHPs across cases highlighted that EPs use of sensitive communication (e.g. active listening, reflective questioning) enabled rapport to develop between school staff and MHST professionals. EPs also suggested that previously working with the same schools in their EPS roles meant facilitative relationships had already been established. This was especially prevalent in LA-based MHSTs explored given EPs were still working within the same LA as in their previous (or part-time) EPS role:

*"The engagement with schools was really easy because we already knew our schools... we already had established relationships."* EP, Case 2, LA MHST

In contrast, EMHP/CWP participants were more likely to attribute school openness to MHSTs as being influenced by the power or impact school staff perceived EPs to hold. This was based on several experiences in which EP input was perceived to hold more weight with school staff than that of other MHST professionals (e.g. EP facilitation of planning meetings). Driving these interpretations, EMHPs across the cases discussed feeling inferior and undervalued by schools in terms of their professional role/identity compared to the support offered by more established services, e.g., CAMHS or EPS:

*"Something about a hierarchy isn't there. I think... especially the EP title within a school setting, [it's] so well regarded in my opinion... there's something about like a hierarchy or respect that goes with the title of EP within schools that would maybe have more gravitas."*  
EMHP, Case 5, NHS MHST

EP participants acknowledged that being positioned as ‘expert’ created a sense of discomfort but recognised that “*residual professional status was helpful*” (EP, Case 1, NHS MHST) for getting MHSTs through the door to start working systemically to support schools. As such, participants discussed EPs as being in an optimal position for supporting schools’ understanding of the value of the MHST offer as a free service. MHST professionals identified this EP role as being valuable in the future to maximise school use of MHSTs for enabling equitable access to support for CYP’s mental health. EMHP/CWPs also identified that a modelling of relationship-building skills from EPs had enabled them to begin developing positive relationships with school staff in order to sustain the presence and impact of MHSTs in schools:

*“Now I’ve got those skills, phrases, and different the way of communicating with the school... if it does happen in another school or... later down the line just in my career, I already have... that skill of being able to approach that sensitively.”* CWP, Case 4, NHS MHST

### **Subtheme – Facilitating Practice Through Systemic Relationships**

Expanding on the subtheme above, participants discussed that EPs’ abilities to bridge system levels, through relationships, had potential to extend beyond MHST-school relationships to also facilitate joint working in the wider system around schools. While evident across cases, EPs in LA-based MHSTs discussed placing a conscious priority on positive relationship building with schools with MHST colleagues, and when joint working with other services (e.g. EPS and CAMHS). Relationship building was identified as facilitative of wider functioning within the MHST, as well as fostering positive wellbeing within the system:

*“It feels like we bridge... we bridged the school, there was the EMHP’s who were going through their training and the university that we needed to liaise with, and then obviously our partners in CAMHS, so it was sort of like we were the go between to sort of get it all up and going, to work out where it all fits.”* EP, Case 3, LA MHST

Within NHS-based MHSTs, EMHP participants highlighted that the EP position within MHSTs, alongside their knowledge of school systems, meant that they were well positioned to bridge education (e.g. schools, EPS) and mental health (e.g. CAMHS) services. The potential of this was greater in cases where EPs also held a part-time role working within an EPS as it put them in a position to enable understanding and awareness of one another across both services:

*“They have that knowledge of mental health and that knowledge of what the school system is like and then putting those two together in a bigger team... working towards mental health, but then they bring in that extra bit with the school... they’ve got the mental health knowledge, they’ve got the school knowledge, and then they’re that bridge to, like, bring everything together.”* CWP, Case 4, NHS MHST

Within LA-based MHSTs, joint working with other services was recognised as an area that required development in the future. Aided by EPs' existing positioning within the LA, there was recognition that being part of a wider organisation had potential for influencing change at a more systemic level by collectively improving access and reducing wait times for CYP in need of mental health support. In one case, where the MHST was made up only of EPs and EMHPs, the service's knowledge was felt by EMHPs as being "*insular*" (EMHP, Case 3, LA MHST) at times. In a separate LA-based case, where overlap of services was already occurring (e.g. both clinical and EP staff working within an MHST), MHST professionals recognised the value that having multiple perspectives brought to enabling their roles both when delivering one to one, CBT-based interventions and when aiding whole school approaches:

*"You get to have input from both sides, and I think that's really important because obviously some of our role is... whole school approaches which falls under [the] EP and then where you've got the working one to one with someone who's got low mood, that's more of the clinical side of things. So, it's good to have that that mix definitely."* EMHP, Case 2, LA MHST

### **Subtheme – Aiding a Shared Language and Understanding**

In bridging different levels of the wider school/MHST system, an EP role in aiding a shared understanding and language between those involved was identified by participants as a key contributor. An EP role in challenging medicalised and within-child language, and supporting towards a shared understanding, was consistently highlighted, particularly by EP participants working within NHS-based MHSTs. While EPs discussed tension when trying to fit into NHS systems, they equally recognised a value in being situated within an NHS setting for developing their own knowledge and practice:

*"Learning more about the health system and how that works and how those two different systems can be bridged, I think is something that we as EP[s] can really bring."* EP, Case 5, NHS MHST

EP participants felt that the focus of EMHP training on one-to-one CBT intervention delivery contributed to an approach to casework within MHSTs where the 'problem' was often viewed as within the child and in need of fixing. This 'within-child' view, interacting with the prevalence of one-to-one interventions dominating over a WSA to MHST delivery, was also noticed as fueling a within-child view of mental health in schools. Participants suggested that medical-model language often prevails in clinical settings, but that EPs were in a position to support a shift in language and understanding around CYP to support MHST professionals, and in turn school staff, to think more holistically about change in the school environment to support CYP's wellbeing:

*"I see there's a risk with the NHS based MHST with the EMHPs doing primarily one to one work and using CBT formulations and, at times, schools... placing the problem with the child"*

*and having someone come in and 'fix'. That language. I see the EP's role as trying to break that type of language and that type of practice. To think about the relationships around a child, the environment around the young person, to cultivate change."* EP, Case 1, NHS MHST

Both EPs and MHST professionals across services identified that EPs fostered a holistic understanding and language throughout the system through their ability to give voice to all key stakeholders involved with a young person, while ultimately ensuring the young person's voice and wishes were kept central. EPs attributed this to their skills in triangulating voices within a child's system, often through consultation spaces:

*"Interventions are either very focused on the young person or they're focused on the parents, and sometimes there's a bit of mismatch. And I think where the EP role comes in is especially through our knowledge of consultation and those skills."* EP, Case 4, NHS MHST

MHST professionals noted that, as well as being skilled listeners, EPs had an ability to "break ideas down" (CWP, Case 5, NHS MHST) when communicating that enable shared and accessible knowledge across systems. Bringing together of voices and uniting understanding was recognised as a key contribution to MHSTs where intervention may often occur in isolation with CYP or parents, without consideration to the wider context they are situated within.

### **Theme 3 – Containing the Containers (Top-Down Support)**

The theme of 'containing the containers' was identified across all cases and suggested that EPs provide a key role in facilitating spaces which allowed other professionals to feel reassured and contained within their own roles. Containment in this instance is defined as facilitating safe spaces (e.g., supervision or consultation) and emotional security to support professionals to make sense of and learn from unmanageable, difficult, or overwhelming emotional experiences and emotions emerging from their practice (Hulusi & Maggs, 2015; Bion, 1961). Demonstrated within the subthemes, the format and degree to which these spaces were facilitated varied between cases, but the ability of EPs to provide this sense of reassurance and place priority on the wellbeing of the MHST professionals remained constant. In considering the future role of EPs, participants acknowledged the current and potential impact that containment of MHST professionals may have on the wellbeing of staff within school systems, whom the MHST support.

#### **Subtheme – Facilitating Containing Spaces**

Participants described that EPs facilitated reflective spaces for EMHPs/CWPs, predominantly through supervision, to support them to feel contained and validated within their roles supporting CYP's mental health needs. EP-facilitated supervision spaces were acknowledged as serving several functions, including supporting professional development (discussed in theme 4), with the theme of building confidence of professionals most

dominant. There was acknowledgement that EMHP/CWP participants often experienced anxiety and uncertainty about their own capabilities and approaches to individual casework with CYP, and so a space for them to safely discuss concerns and leave feeling empowered was valued:

*“I think it's being able to be supportive and help them, again, feel contained. But also, providing that safe space for them to try out new ideas and share their own thoughts without fear of being judged or that people will be critical of what they're bringing.”* EP, case 3, LA MHST

While EP provision of containing spaces was discussed across cases, the acknowledgment of the value of this was much greater amongst the MHST professionals interviewed (e.g. EMHPs/CWPs). EMHPs were more descriptive about the personal and professional impact of accessing this level of support from EPs. Specifically, there was a sense of EPs 'being there alongside' MHST professionals, particularly in LA-based MHSTs, to ensure they did not feel alone while navigating complex casework, providing a sense of emotional containment:

*“You're not just like in the deep end with no one kind of like watching over.... Does that make sense? So that's kind of just knowing there's someone and like a second opinion to bounce ideas off, that's helpful.”* EMHP, case 2, LA MHST

While EP participants did not discuss the impact they may have on the wellbeing of MHST professionals to the same extent, the majority acknowledged the provision of supervision to be a core part of their role, with some intentionality of making these spaces containing. Of interest, EPs were more likely to discuss the value creating containing spaces may serve for school staff supporting CYPs mental health (e.g. when enabling reflective discussion spaces during training) as opposed to the value for MHST professionals:

*“Giving time and... actually having a shared space where we could say 'look, this is really tough', was probably appreciated as well.”* EP, case 1, NHS MHST

In considering EP-specific contributions to the containing spaces discussed, EMHP/CWP participants typically described the positive way in which EPs approached interactions, enabling a space for reflective thinking and emotional containment. Meanwhile, EPs were more reflective of the soft communication and active listening skills that they brought to the space for giving recipients (both school and MHST professionals) the time and space to feel validated. EP participants were also more consciously aware of the reflective skills they may utilise within consultation, applied to a supervision context:

*“... just things around communication skills, understanding, you know, the softer approaches that we might use without knowing, like within consultation, like being attuned to how they're feeling, what he's saying and what he means.”* EP, case 4, NHS MHST

This subtheme was less prevalent in case 4, in which the EP was in the early stages of setting up their role and so not yet consistently providing supervision to other MHST professionals.

### **Subtheme – Containment as Filtering Through the System**

Participants also discussed the impact EP containment had throughout the wider systems which support CYP, particularly through an indirect, filtering-down approach of containing MHST professionals to, in turn, contain school staff working directly with CYP. This subtheme was captured across cases but was most prevalent in EPs' discussion of their role. In beginning to address this 'filtering down' effect, participants in some services discussed that supporting professional wellbeing was embedded within the MHST system, rather than limited to a supervision space. Whole-service priority to MHST wellbeing appeared prevalent within services with smaller teams (Case 3 and 5) in which EMHPs emphasised feeling a general sense of being cared for and held in mind by EPs within the team and EPs acknowledged the intention of creating a friendly and welcoming MHST workforce to enable quality professional practice:

*“The EPs in our service, they always make a point of saying, ‘it's not just you’, it's like the team has to deal with the risk. It's not you as the practitioner that has to, it's everybody in the team, and I felt like that was really supportive.”* EMHP, case 5, NHS MHST

Amongst EP participants who led WSAs within MHSTs, the ability of EPs to apply consultation skills to support containment and positive wellbeing throughout school and MHST systems were highlighted (e.g. empathetic communication style and applying solution-oriented consultation frameworks to guide discussion). Participants acknowledged EPs' facilitation of reflective spaces as especially valuable for empowering others within school systems to feel confident to use their existing skills to take ownership over positive change, with recognition that the MHST do not have unlimited resources to maintain a direct role in supporting CYP's mental health. Specifically, EP application of consultation skills provided a slower pace and reflective space that enabled staff to develop confidence and a sense of empowerment for change:

*“There is often this... this perceived need to be ‘busy busy’ [in school and MHST systems] ... I think EPs can... bring a slowness, a reflectiveness, and the challenge to that as well.”* EP, case 1, NHS MHST

Further feeding into an overarching theme of EPs driving a WSA in MHSTs, participants discussed the importance of the EP role in providing containment throughout the system in the future. EP participants discussed the value that supporting wellbeing of MHST professionals could bring, given that this models good practice to those working directly with school staff and CYP (e.g. EMHPs). Similarly, they acknowledged that the MHST system may mirror staff experiences within school systems, and so there is value in EPs supporting

a holistic approach to CYP's mental health through first prioritising wellbeing throughout the wider system they are situated within (MHSTs):

*“As a staff team, we would have... good well-being and we'd support each other and all things that we want schools to do. So we know where to turn to if we need help and that sort of thing. So it's like that modelling of... one of the things we're working on at the moment with schools is that question of how do they support their staff?”* EP, case 2, LA MHST

EP participants also identified a role for containment to extend further to supporting school teams in the future, through providing containing spaces and psychoeducation around the importance of staff prioritising their own wellbeing in order to be able to contain and support CYPs wellbeing. Once again, this highlights that participants perceive EPs as giving consideration to how containment occurs within and between levels of the system to support a whole school/systems approach to wellbeing:

*“I think it's also modelling that things can be stressful and... things that happen day-to-day... there is an emotional impact of that on practice and then thinking about how that impacts their relationships with the young people, how they are towards the young people”* EP, case 4, NHS MHST

#### **Theme 4 – Supporting Professional Development Through Sharing Psychology**

The theme of 'supporting professional development through sharing psychology' was identified across cases, with EPs suggested to support both MHST professionals and school staff through supervision and training as primary delivery methods. Situated within the overarching theme of embedding WSAs, subthemes highlight that participants felt EPs play a role in sustaining psychological knowledge throughout school systems by first supporting the knowledge development of MHST professionals (training the trainers). This includes filling gaps in knowledge (e.g. supporting pupils with SEND), modelling best practice when delivering group training, and introducing psychological perspectives when reflecting together with EMHPs on individual casework. A final subtheme highlights that EP sharing of research knowledge was felt by participants to support MHSTs to be evidence-informed when responding to the individual school contexts they work within. With facilitating a WSA in mind, application of psychological knowledge and evidence-based research were identified as areas that EPs should prioritise in future to enable greater contributions and impact of MHSTs in schools.

##### **Subtheme – Enabling Professional Development**

Across cases, EPs were recognised as aiding understanding of CYP's mental health by sharing psychology in accessible ways with individuals across system levels. While some EPs facilitated workshops for parents and class-based intervention groups for children to provide psychoeducation, MHST supervision and school staff training were discussed as the main forums in which EPs shared psychological knowledge. EMHPs working within LA-

based MHSTs recognised that EPs supported EMHP professional development by bringing psychology into their supervision spaces. A combination of reflective questioning, alongside EPs sharing their own experiences, knowledge and resources within supervision was valued by EMHPs for helping to build their knowledge and confidence when discussing and adapting practice within individual casework:

*“I can go to her and speak in more detail... and she can refer me to papers that I can read or things that she has done, and [I’m] able to adapt my own intervention as well, which is really good being able to learn and adapt.”* EMHP, Case 2, LA MHST

While EMHP/CWP participants tended to discuss the impact of psychological knowledge sharing on individual casework, EPs were more reflective of the value this had at a systemic level. Sharing psychology within supervision was recognised as an opportunity for EPs to facilitate a *“helicopter meta view”* (EP, Case 5, NHS MHST), given they brought a uniquely systemic view to support thinking about the CYP in context which EMHP/CWPs would be able to take forward to future casework. With a shared recognition that the EMHP training course is brief, covering topics in limited detail, EPs were identified as helping to fill gaps through supervision and training of MHST professionals. With recognition that many CYP supported by the MHSTs had additional learning needs, participants felt that EPs supported MHSTs through supervision and training to build knowledge and adapt their approaches for working with CYP with SEN, developing EMHP confidence in working with a more diverse range of CYP:

*“I think that’s been really helpful because I can actually talk through and say, ‘well, I can’t engage this child because of their learning needs... is there anything I can do with this child, or do we need to kind of think about different ways of working with them?’ And that information is there because that’s what [EPs]’ve done.”* EMHP, Case 3, LA MHST

In addition to training and upskilling MHST professionals, EMHP/CWPs participants highlighted that EPs commonly delivered training or workshops to school staff and parents, as one of the main methods that MHSTs facilitated a WSA to mental health, often contracted through EP-led consultations with schools. EPs were identified as skilled in developing and delivering training to large groups in a way that took account of adult learning principles. While MHST professional participants felt that EPs’ communication skills were enabling, as they adapted psychological concepts in a way that could be understood by all, their ability to deliver effective training was more often attributed to their previous backgrounds as teachers, as opposed to knowledge developed while training:

*“[EPs] create content that directly addresses those learning outcomes, which I think is a really tricky, difficult skill. And I think some of that comes from being an EP and some of it also comes from experiences teacher, which some of our EPs have.”* Service Manager, Case 4, NHS MHST

### **Subtheme – Passing of Knowledge Down Through the System**

Building on the above, there was a consistent view from MHST professionals that they valued and sought out opportunities to access the psychological lens that EPs contributed, with recognition that psychological theory could be beneficial to their practice more broadly:

*“We were wanting to tap into that a little bit more... he would contribute theory or things that he felt would be relevant or helpful to us... for example setting up that workshop... I was like, ‘we want to use you and learn from you’.”* EMHP, Case 1, NHS MHST

It was felt that EPs were involved in passing relevant theory and psychology indirectly to school systems, via the input they provided explicitly and implicitly to MHST professionals. Participants discussed that EPs would co-deliver psychoeducation training (e.g. emotion coaching, zones of regulation) with MHST professionals, model best practice in line with adult learning principles, and support MHST professionals’ confidence and competence to deliver training themselves. Furthermore, EPs’ backgrounds in teaching were also identified as valuable for supporting EMHP/CWPs to think about the practicalities of delivering group workshops to CYP, as well as the content being delivered:

*“I really appreciated learning from him... the things he would talk about, thinking about... ways to keep the class under control, what’s important to think about in terms of your delivery.”* CWP, Case 5, NHS MHST

In supporting a WSA, EP participants identified that sharing their knowledge with MHST professionals in the future would be essential to aiding MHST impact as upskilling EMHPs would enable those working ‘on the ground’ in schools to think holistically and systematically about the support they provide regarding CYP’s mental health. EP participants also recognised a role for their support with training delivery to go beyond information sharing by also facilitating to embed practice within schools. EMHP participants emphasised a future role for EPs would be to look systemically to ensure training/knowledge shared with MHST professionals was reflective of common needs identified within link schools:

*“EPs looking at the need [of] the schools and the young people that we’re seeing and thinking about where future training for us, as practitioners, could come from, I think would be really useful.”* EMHP, Case 5, NHS MHST

MHST participants also suggested greater scope for EPs to take a more direct role in delivering psychoeducation for schools, identifying EPs as having an understanding of school systems that may enable them to communicate in a way that aligns with school priorities, while encouraging whole system change. EP and EMHP participants jointly highlighted a greater need for cultural change in how mental health is viewed within schools in the future, with EPs seen as skilled in communicating the importance of promoting wellbeing for improving CYP’s attendance, learning, and attainment, but also emphasising that school staff wellbeing needs to come first:

*“We'd have a culture shift in our schools where staff feel supported and are able to support young people in order to... normalize seeking support and to develop emotional literacy... contain their pupils, and that schools are caring and supportive places to learn.”* EP, Case 2, LA MHST

### **Subtheme – Promoting Evidence as Scientist Practitioners**

EP and EMHP/CWP participants alike highlighted that EPs often applied research skills and knowledge to evaluate and develop existing MHST practice. Examples of applying research to practice included ensuring EMHP-delivered interventions were adapted to individual/group need and using evidence-based frameworks, such as Appreciate Inquiry, to facilitate change discussions in schools. EP roles in gathering and evaluating views of CYP and schools through research practices were identified as particularly valuable for informing a needs-led WSA (using practice-based evidence) as well as remaining informed by a wider evidence-base, thus aligning with MHST aims:

*“I saw my role as a kind of researcher in practice, or the gatherer [of] practice-based evidence, around different ways to do whole school approach.”* EP, Case 1, NHS MHST

The “*scientist practitioner*” (Service Manager, Case 4, NHS MHST) role of applying and adapting evidence to practice was identified as a unique contribution of EPs to MHSTs. Although, EP contributions of research skills were not discussed to the same extent in LA-based MHSTs. Within NHS-based teams, both EPs and EMHP/CWPs felt there was a role for EPs in the future to further apply their research skills within MHSTs with recognition that school systems are often data-driven and so carrying out research within schools (e.g. mental health audits) could inform needs-led support. Similarly, EP participants recognised scope for them to contribute more to the currently limited published literature regarding impact and function of MHSTs, but time was considered a barrier:

*“Being able to contribute to the research literature... might be appropriate... I would really like to be more involved... in that way because I feel like, I've never really had the time to be able to do that. And I think that that's something that... EPs do have research knowledge and we can contribute, but it's having the head space and the time to be able to really think that through.”* EP, Case 5, NHS MHST

### **Theme 5 – EP Identity as Context-Responsive**

The theme of ‘EP identity as context-responsive’ was identified across cases and was more relevant and thus prevalent in discussions with EPs, although MHST professionals interviewed did offer some perspective. While autonomy and flexibility were considered central to the EP role, MHST participants also considered how this may make the EP role within their teams difficult to define. Alternatively, EPs acknowledged the systemic and contextual constraints placed on this flexibility, particularly when considering the dual roles that most EPs interviewed were holding, e.g., as both ‘EP’ and ‘manager’. This final theme can be seen to draw together the four themes that have come before, recognising that while

there is considerable overlap in the role of EPs across the cases considered, EP identity and role may be shaped by the job title and context they find themselves within.

### **Subtheme – Challenge in Defining an Evolving Role**

When describing the role of the EP within each MHST, a common subtheme emerged with participants finding this difficult to do given the EP role was felt to be continually evolving. While both EPs and EMHPs recognised value in EPs having the space to be flexible and creative when shaping their own role, this meant questions remained about what exactly the role of the EP was, and what their unique contribution may be. The evolving nature of the EP role within MHSTs was identified by EPs as being a result of them exploring how best to use their role as psychologist, in response to context, to have an impact within the team. As such, EPs themselves experienced an ongoing process of question and uncertainty regarding defining and developing their role:

*“Speaking about this tension, this thinking I’m doing at the moment in the new role. Just trying to work out where the impact is, where the role should be situated. Is it meetings and strategy and planning?... Changing hearts and minds at the higher up level? Or is it more demonstrative, in high needs schools or complex situations? Or is it within the organization, within teams? Kind of [a] bottom-up approach?”* EP, case 1, NHS MHST

MHST professionals across cases viewed the EP role as broad and varied, attaching this to the freedom that they had to adapt their role. EMHP/CWP participants suggested a unique contribution of EPs was the creativity they applied when supporting EMHPs to adapt manualised interventions to be more child-centred, in response to individual needs. As such, EMHP/CWPs suggested that being situated within MHSTs allowed EPs to support schools systemically in ways that may not be possible when working in an EPS. There was a particular focus from participants that suggested working in MHSTs allowed space for creativity and enabled the EP role to shift away from what may be perceived as a ‘traditional’ EP role (e.g. carrying out statutory work within schools):

*“[in defining the EP role] stereotypical understanding of they help with... EHCPs and identifying if there's a learning need and thinking about how best to support that young person in an individual setting in a school. But obviously our EPs don't do that.”* EMHP, Case 1, NHS MHST

While creativity and flexibility in the EP role were valued, MHST professionals across the cases, particularly those working in EP-led MHSTs, explicitly questioned whether there was a uniqueness or impact of having an EP in the team compared to MHSTs led by other professionals (e.g. Clinical Psychologists) but had not experienced both to be able to make a comparison. Adding to MHST professionals’ lack of certainty in trying to understand EP contributions was a view that EPs often appeared to hold different ‘hats’, making it difficult to identify and separate out what was considered the role of an EP. This difficulty in defining

the EP role was not unique to EMHP/CWP participants, with EPs, at times, describing themselves as holding separate identities as EP, supervisor, or manager:

*“There’s like skills separate to her EP work as well. She kind of even mentions like ‘I’ve got... my EP hat on’, she’s thinking this and... she’ll also kind of separate it out and have her ‘supervision hat’... she says that herself.”* EMHP, Case 2, LA MHST

In contrast, both EPs and MHST professionals expressed that there was challenge in working out whether the positive approaches and communication styles of EPs in their team were a result of EP training or were part of individual personalities. While EMHP/CWP participants were more likely to assume EPs’ positive approach was something they were taught, EPs discussed this more as a merging of personal and professional identity, with recognition that EP training may attract a certain type of person, whilst also influencing a solution-oriented approach to practice, making this hard to separate:

*“They’re a bit intertwined, it feels... a bit “which came first, the chicken [or] the egg?” and obviously you were who you were before you became an EP but the EP that you are is because of who you are as well.”* EP, Case 3, LA MHST

### **Subtheme –Tension in Holding Management Roles**

Given more than half of the cases explored included at least one EP holding a management role within the MHST, a common subtheme suggested EP participants experienced a tension around the impact of a leadership position on their role. EP participants emphasised that a managerial position allowed them to have systemic influence through the support they provided to MHST professionals (e.g. through supervision) who were working more directly with CYP and schools (indirect impact). However, responsibilities of a leadership role were also discussed as placing limits on the creative, flexible practice that EP participants had hoped to bring to the role, as part of their core identity:

*“It’s almost like we have a list of things that we want to implement and... that’s the exciting bit where we get really creative and do stuff that we haven’t yet done... but we never have that feeling because it’s always like, ‘how am I going to get to all these places to do all these things?’”* EP, Case 2, LA MHST

Some EPs acknowledged a sense of grief and loss given the change in role they had experienced since moving from EPS to MHST alongside recognising the value their new role offered, while others expressed having to make a conscious effort not to allow their role as manager to take over their identity as psychologist:

*“[A] personal tension I’m having is... I’m in a management role now and I haven’t been in [a] management role before. I can already hear greater risk of management jargon and this kind of pressure for key performance indicators and quality assurance and all this kind of stuff. I guess that’s something I need to always be conscious and vigilant about. I don’t want to be bureaucratised or ‘Manager’ rather than a psychologist.”* EP, Case 1, NHS MHST

Interestingly, EP participants who were not in MHST leadership positions were more likely to view a management role as enabling (particularly regarding WSA and systemic practice), while those already holding a management role focused discussion on the limits or restrictions to psychological practice opportunities due to demands. This was particularly the case in LA-based MHSTs in which EPs had been involved in the setting up of the MHSTs. There was also a conflict in opinions amongst MHST professionals interviewed, with those who had experienced close contact with an EP within their locality team concerned that EP movement into a management position would limit access to EP expertise (Case 1 and 4). Meanwhile, those who had only ever experienced an EP-led MHST saw value in EPs holding management roles as this position of power would enable conversations for change with other leaders (e.g. school leadership) to drive WSA priorities in the future:

*“Maybe I'm thinking in terms of that hierarchy and just the power dynamic, [EPs] have more influence over changing the culture at that sort of leadership level. They'll have those conversations, [that are] really, really important going forward if we're gonna make change in the schools.”* CWP, Case 5, NHS MHST

A key point of discussion was that the time demands of managerial and coordinator responsibilities (e.g. recruitment, line management, financial responsibilities) were something participating EPs had not typically experienced in previous EPS roles and were considerably shaping their job role. With an identification that these responsibilities were taking time away from more creative opportunities, when thinking about the future of their role, several EPs discussed wanting more time to think creatively about how they may support the WSA to be needs-led. EPs, particularly those managing LA-based MHSTs, also discussed seeking pockets of opportunity to engage with direct work with CYP and schools, particularly given they had taken a role within an MHST with a view of this providing opportunity to approach EP work with greater autonomy and creativity than their EPS role may have allowed:

*“[in the future] We'd have greater capacity and more time to do those things, so perhaps it'll be less of the developmental stuff. So, less time engaging with HR and recruitment and so forth...”* EP, Case 2, EPS MHST

### **Subtheme – Context-Dependent Shift in Identity**

A further subtheme was identified with EP identity and role as being shaped by the context they were working within. While EP participants unanimously experienced a shift in their role and identity compared to their previous experiences as working in a traditional EP context, EPs working in LA MHSTs were more likely to express a sense of loss, while those working in NHS MHSTs appeared to manage this shift by changing the way they identified, as ‘practitioner psychologists’ or ‘clinical lead’ instead of ‘educational psychologists’. One EP explicitly suggested their working context shaped both practice and identity as a

psychologist, as opposed to the specific training experienced, emphasising a view that EPs have the ability to adapt their role and psychological skills to different contexts:

*“I do feel that the context in which you work really shapes your practice... if you work in a CAMHS setting... you're going to develop certain skills and experiences because... the environment or the context shapes you.”* EP, Case 5, NHS MHST

In addition to their positioning within the team (as manager), EP participants identified that their role was shaped by wider systemic factors. This included adapting their role to fit within national guidance regarding the aims and functions of MHSTs, as well as being responsive to local needs identified within the MHST itself and schools they were supporting. As such, most EP participants reflected on conflict between wanting to bring autonomy and flexibility to their role, to respond to local needs, while navigating parameters of new systems (e.g. working within the NHS) and the tight parameters/expectations placed on MHSTs by guiding policy. In some cases, particularly those in which EPs were involved in setting up MHSTs from the start, the tension between flexibility and national restrictions was felt more strongly:

*“There were quite tight MHST parameters about what an MHST was expected to do so trying to navigate the difference between ‘the floor is yours’ and ‘but it must do this’.”* EP, Case 3, LA MHST

An additional systemic factor recognised as enabling the EP role in MHSTs was the contextual positioning of the MHST. EPs and EMHPs alike, within LA-based MHSTs, recognised that the existing presence of EPs within LA EP services supported the flexibility EPs had when setting up and shaping MHSTs and their role within this. In one case, the influence of having someone at a senior level who recognised the value and impact EPs could have was identified as an enabling factor for bringing EPs into MHSTs, but also for allowing EPs to maintain a degree of autonomy over their role in order to shape it to fit the service they found themselves within:

*“I tried to keep the [EP] role relatively open, so we had themes of what was going to be focused on, like the within team consultation, training and support, the whole school approach and then the EP work with family’s element of it, but I didn’t define it tightly... So, I wanted the EPs to be enrolled to see how it felt, to get immersed within the team, and then to be able to develop that role as they went.”* Service Manager, Case 4, NHS MHST

## **Discussion**

This study aimed to address three research questions which sought to explore the current and developing roles of EPs working within MHSTs. Research questions were guided by the first two stages of an Appreciative Inquiry framework (Define/Discover and Dream; Cooperrider et al., 2008). From the perspectives of EPs and other MHST professionals, the current roles (RQ1) and contributions (RQ2) of EPs were considered before finally exploring the potential future involvement of EPs in MHSTs (RQ3). To the researcher’s knowledge,

previous studies have not explicitly explored the role of EPs within the newly developed MHSTs. As such, a multiple case study approach was used to explore this phenomenon and, with acknowledgement to contextual variations between MHST services involved, cross-case analysis (Yin, 2018) and reflexive thematic analysis (Braun & Clarke, 2022) were used. This discussion aims to interpret the study findings and situate them within a contextual and psychological lens by also considering literature and theory relevant to the findings. The inductive nature of this research means that, at times, additional literature is drawn-upon that was not initially considered in the wider literature review informing this study. The overarching theme of 'driving a whole school approach (WSA)' and the five subsequent themes are discussed in relation to each research question, where relevant, before considering implications for EP and MHST practice, study limitations, and future research recommendations.

### **RQ1: What are the current roles of Educational Psychologists working within MHSTs?**

This research aimed to ascertain what the current roles of EPs working within MHSTs are in order to inform the professional practice of those working within similar contexts, now and in the future.

#### **Supporting a Whole School Approach**

The overarching theme identified within the study findings suggested that the main role of participating EPs was in holding and 'driving a whole school approach' within the MHSTs explored. In line with previous research which found EPs viewed themselves as well placed to support schools with a systemic response to mental health (WSA; Birchall, 2021; Harvest, 2018), most EP and MHST participants in this study suggested EPs have the school-based knowledge and systemic experience to drive MHSTs' WSA aims. In contrast with the wider literature, which suggests EPs typically lack opportunity to work systemically to support CYP's mental health (Seaton, 2021; Burns, 2019), the findings suggest that working within an MHST helps to overcome contextual barriers and allows EPs to take a more systemic role than possible when working in EP services. An enabling factor may be that the EPs involved in this study were directly employed within MHST services rather than seconded from an EPS and aligns with previous research which has found direct employment within other services facilitates EPs to embed themselves within the system for greater impact (Warwick, 2021). While facilitating WSAs is one of the main aims of MHSTs (DoHSC & DfE, 2018; Weare, 2015), only 24% of their time is typically spent working in this way (Ellins et al., 2023) and so the potential of the EP role for driving a WSA within MHSTs can be considered of value nationally.

### **Indirect work with CYP through supporting MHSTs**

EPs have previously been recognised to facilitate WSAs to supporting mental health through providing support directly to school staff (Ruttledge, 2022; Seaton 2021; Burns, 2019). This has also been a key finding regarding the EP role when involved in previous school-based mental health initiatives (e.g. TaMHS; Cane & Oland, 2015). Interestingly, participants within this study more often discussed the EP role as predominantly supporting the MHST professionals as opposed to school staff. Given that MHST professionals were then supporting school staff and CYP directly, it is suggested that EPs hold an indirect role when working to support CYP's mental health via MHSTs. An indirect role is defined as supporting CYP's mental health without supporting the young person directly, instead by supporting the system or adults who do have a more direct role with CYP (Crosby, 2022). Examples of an indirect role include training, workshops, consultation or advice with parents/carers, school staff, or other professionals (Farrell et al., 2006). EPs working in this way aligns with participants suggestions and theories relating to organisational psychology which highlight that support for CYP's mental health can be more preventative and sustainable when EPs support the wider systems around CYP (e.g. MHSTs; Richards, 2017). The indirect and systemic role of EPs identified within this study appear to be more reflective of the role EPs typically take when supporting other multiagency teams (e.g. social care, youth justice; Maxwell, 2013; Parnes, 2017) and when working within and alongside CAMHS professionals (Crosby, 2022; Milletti, 2022). As such, findings from the literature exploring EP contributions to MATs may be considered informative for guiding the practice of EPs within MHSTs, particularly when considering the wider organisational facilitators and barriers to practice. Of further interest, this study identified a contextual difference regarding the EP role in driving WSAs. While this was a key theme to emerge from all 5 cases, the EP role in driving the WSA was more explicitly discussed by participants working in NHS-based MHSTs with a view that the WSA would likely be overlooked without EP presence. The prevalence of EP participants discussing greater need to drive a WSA within NHS-based MHSTs may reflect contextual factors such as the influence of the medical model which tends to prevail within clinical practice and, with it, the tendency for individual interventions to be prioritised over holistic approaches (Ellins et al., 2023).

### **Unique contributions to MHST personal and professional development**

The majority of MHST professionals interviewed also recognised a role for EPs in driving MHSTs' WSA although, at times, they found that the evolving nature of the EP role, and variability in which practices might be defined as whole school approaches, made the EP role hard to define. The evolving nature was recognised to be a result of EPs adapting their role in response to the needs of the MHST context they were working within. However, this

contributed to a lack of clarity amongst MHST professionals regarding what the EP role was, with some question as to whether the EP role offered anything unique in comparison to other professionals (e.g. Clinical Psychologist) who could hold a management or supervisory role. Nonetheless, the opportunity to work alongside EPs appeared to support the MHST professionals in this study to develop their understanding of the EP role, mirroring previous literature findings regarding the value of proximity and exposure for understanding the EP role within multiagency teams (Price, 2017b; Clarke & Mihill, 2019). MHST professionals in this study identified several ways the role of EPs contributed to their personal and professional development as well as to the development of school and MHST systems (discussed further in RQ2). EPs' ability to bridge education and wellbeing was recognised as a particularly valuable contribution. This conflicts with previous findings which suggest professionals working in mental health fields can often hold limited views of the EP role (e.g. cognition and learning expertise only; Andrews, 2017; Miller, 2016) which can limit EP practice opportunities when working within MATs (Dennison et al., 2016; Estee-Wale, 2013).

### **Positioning EPs in MHSTs for organisational impact**

In considering the current role of EPs in MHSTs, theme 5 (EP identity as context responsive) was also informative in suggesting that positioning within the management structure of MHSTs may influence the EP role. While literature has made mention of EPs as holding leadership roles when involved with previous mental health initiatives (e.g. TaMHS, Cane & Oland, 2015; Estee-Wale, 2013), consideration to the impact a managerial role may have on EP role and identity is limited, suggesting this is a unique finding to arise from this study. There was a general recognition amongst study participants that being positioned within management roles enabled EPs to apply their psychological skills and educational knowledge more systemically, facilitating an indirect impact on CYP and schools through the support they provided to MHST professionals. This aligned with previous findings that suggested EPs felt they were able to be more effective in their roles when working systemically in MATs given the context provided greater opportunities to practice in this way (Gaskell & Leadbetter, 2009). However, management positions were also recognised as placing limits on the autonomy and flexibility of the EP role despite participants reporting that flexibility and autonomy is what had attracted them to working in an MHST in the first place. Given there is a noted absence of literature exploring EPs in leadership positions, especially outside of EP services (Booker, 2013; Hardy & Bham, 2020), there is scope for greater research into this area to consider the impact leadership may have on the functional EP role and EP identity. EPs in this study also reported that management responsibilities restricted their opportunities to work directly with schools and CYP in ways they may expect to as an EP (e.g. through assessment, intervention, and consultation; Fallon et al., 2010).

### **A context-dependent shift in EP identity**

In alignment with previous findings which suggest organisational barriers within NHS contexts (e.g. CAMHS) can limit the scope of the EP role (Hulme, 2017; Milletti, 2022), there was also a view amongst participants that following MHST and NHS guidance and parameters placed further restriction on EP flexibility for those working in leadership positions. In response to this, EPs within the study who were working in NHS-based MHSTs were more likely to discuss a shift in identity, from 'Educational' to 'Applied' Psychologist. Emphasising contextual influence on identity, this shift has also been noted when others have explored the role of EPs working within CAMHS services (e.g. Milletti, 2022; Crosby, 2022). This shift in identity may reflect one way that EPs have found to manage the transition from their previous EPS roles, typically involving more direct work with CYP, to a role in which their knowledge and skill is applied more systemically. Another explanation might be that this identity shift occurred because EPs in the study had the opportunity to experience ways in which their skillset can be applied to contexts other than EP services, broadening their view of the EP role (Hammond & Palmer, 2021; National College for Teaching and Leadership, 2016). Holding the 'education' component of the EP title has been identified as restrictive of EP opportunities to education settings only (Gaskell & Leadbetter, 2009; Dennison et al., 2016) and so a shift in identity may better enable the EP role to be broad, systemic, and flexible. Therefore, the MHST context itself, as well as the position EPs hold within teams, appear to impact the role and identity that EPs adopt.

### **Theoretical Framing of RQ2 and RQ3**

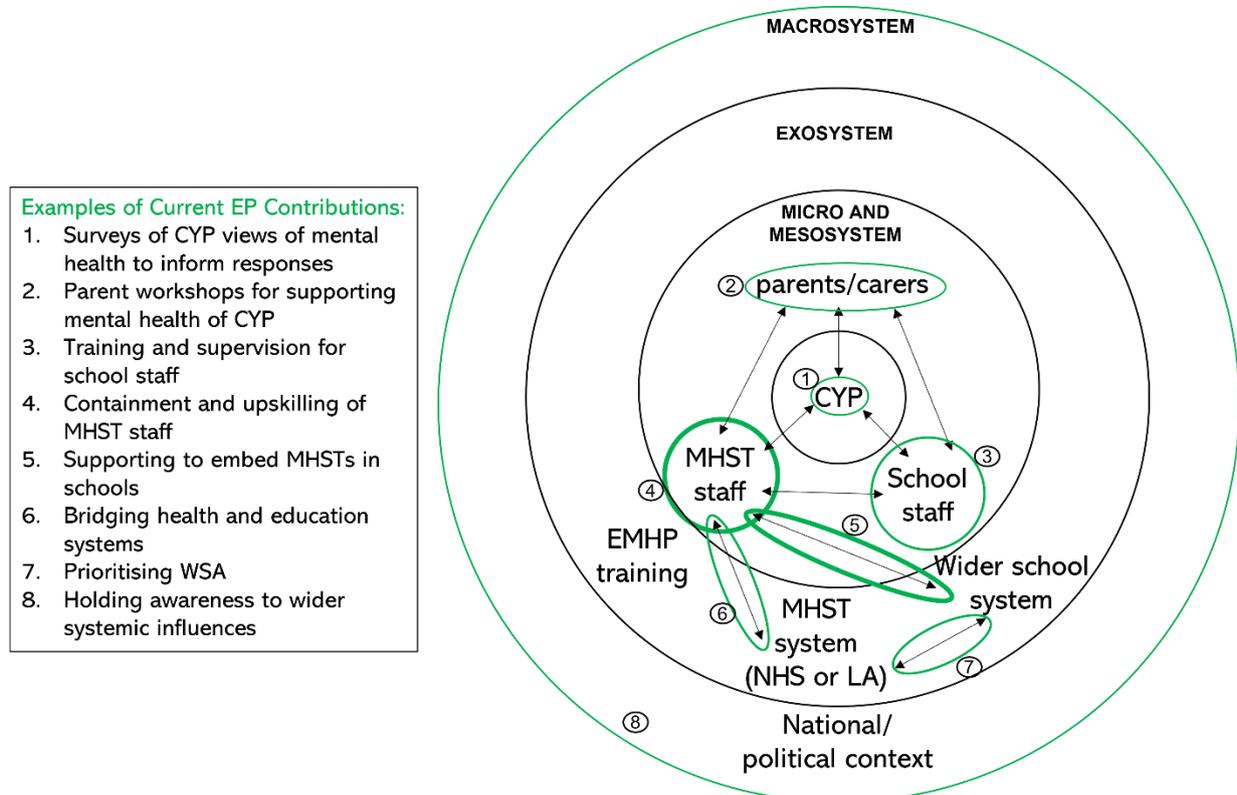
Following on from RQ1 which suggested that the prevalent role of EPs within MHSTs was to think systemically around CYP's mental health when supporting to drive a WSA, the findings further suggest that EPs current (RQ2) and future (RQ3) contributions to MHSTs can occur at several levels throughout the MHST system. As such, Bronfenbrenner's Ecological Systems Theory (1979) has been chosen to frame the following discussion relating to RQ2 and RQ3, with summaries presented in Figures 4 and 5 respectively. Bronfenbrenner's Ecological Systems Model (1979) recognises that child development (and thus their wellbeing) exists within a complex system of relational and contextual influences. This theoretical model complements study findings which identified EP current and future contributions to MHSTs span from direct involvement with CYP and schools (microsystem), through to holding an awareness of, and having the potential to inform, national policy and guidance regarding MHSTs (macrosystem). This model also aligns with the evidence base regarding a whole school approach for supporting CYP's mental health which recognises the importance of influencing the wider school system through supporting staff wellbeing (micro-

and mesosystem) and a shift in whole school ethos/culture (exo- and macrosystem) in order to benefit the wellbeing of CYP (Weare, 2015).

## RQ2: What are the current contributions of Educational Psychologists working within MHSTs?

In aiming to establish the current contributions of EPs working within the MHSTs explored, participants were asked to share positive examples of current EP practice within their MHST. Figure 4 provides a summary of the MHST system levels that this study identified EPs to be contributing to, as framed by Bronfenbrenner's Ecological Systems Theory (1979).

Contributions made at a micro and macrosystem level are discussed, with greater focus given to contributions made at a meso- and exosystem level given these appeared most prevalent within the themes presented in the findings.



**Figure 4.** Overview of current contributions of EPs working within MHSTs, framed using Bronfenbrenner's Ecological Systems Theory (1979)

### Supporting MHST professionals through supervision

Previous studies have identified that EPs contribute to supporting CYP's mental health within schools primarily at a microsystem level, through the provision of direct intervention with CYP (Atkinson et al., 2011) and supervision support for school staff (Hulusi & Maggs, 2015; Zafeiriou & Gulliford, 2020). Conversely, the current study found EPs' contributions to school staff supervision and training were minimal, and direct involvement with CYP was only

discussed in relation to gathering their views to inform systemic change within schools. Instead, EPs' contributions to CYP's mental health appeared to occur indirectly via MHSTs, with EPs applying consultation skills to support MHST professionals (e.g. EMHPs/CWPs) personal and professional development within supervision spaces. EP facilitation of supervision for EMHPs/CWPs aligns with a recognition that those working directly with CYP with mental health difficulties are likely to experience an emotional impact from their role in which supervision can provide support (Farouk, 2004). As such, EPs in the study could be described as contributing at a wider system level when supporting MHSTs given it is likely that the benefits to come from EPs' containment of MHST professionals (exosystem level) may filter down to the school staff and CYP that MHST professionals support (microsystem). Given that other studies exploring the role of EPs in CAMHS settings have also found EP contributions to be indirect in this way, supporting the systems around CYP, a shift away from direct work may be reflective of working in the MHST context itself. For example, the presence of EMHPs/CWPs who, as frontline staff, are more directly involved in supporting CYP and staff (microsystem), may enable the majority of EP time to instead focus on supporting the wider MHST professionals and system.

#### **Building MHST professional capacity through supervision**

Interestingly, differences emerged within this study when considering EPs' contributions to the supervision of MHST professionals, with perspectives differing between the context (LA or NHS MHST) and the profession of participants. For example, most EMHP/CWP participants and EP participants working in LA-based MHSTs were more likely to explicitly discuss supervision as having a containing effect compared to EP participants working in NHS MHSTs. However, the contribution of EP-facilitated supervision to the wellbeing and confidence building of MHST professionals was consistently identified by both EP and MHST professional participants across contexts. In particular, EPs' communication skills were identified as key in contributing to the containing nature of supervision spaces, reflective of skills typically applied in consultation (Wagner, 2017). Despite EPs commonly facilitating supervision when working to support mental health in schools (Annan & Moore, 2012) and when working systemically to support other multiagency services (Maxwell, 2013; Parnes, 2017), supervision has not typically been identified within the literature as one of the core functions of EP practice (Farrell et al., 2006; Purewal, 2020; Price 2017a). The prevalence and impact of EP-facilitated supervision, within the wider literature and within the present study, for supporting those working directly with CYP experiencing mental health difficulties suggest there may be some need for the core functions of EPs to be reviewed to incorporate this. It is recognised however that these findings are context-specific, with most EPs

interviewed holding leadership roles which included a responsibility to supervise, and so contributions of EPs working in different positions within MHSTs may differ.

### **Developing MHST professional knowledge through psychoeducation**

A unique finding of this study was that EPs intentionally contributed to MHST systems by supporting the professional development of EMHPs/CWPs, through the sharing of knowledge and building of professional confidence. In addition to facilitating supervision, participants identified that EPs contributed to MHST professional development through providing training/psychoeducation. This acknowledges previous study findings which suggest that feelings of professional confidence and competence are key for effective delivery of mental health intervention in schools and can be achieved through access to ongoing training and upskilling of frontline professionals (Dunsmuir & Cobbald, 2017; Forman & Bakarar, 2011). Where previous literature has focused on the provision of psychoeducation to school staff as part of a WSA to supporting CYP's mental health (Weare, 2015), this study found EPs frequently supported at a wider system level by upskilling and aiding the knowledge development of MHST professionals. This was once again with a view that sharing EP knowledge at an exosystem level could filter down through the system via MHST professionals' direct involvement with schools and CYP. EP participants' sharing of knowledge was described by MHST professionals to align more with a traditional perception of the EP role, such as providing training to address knowledge and practice gaps within the MHST regarding support for CYP with SEND (Fallon et al., 2010). EP delivery of psychoeducation workshops to parents and school staff (microsystem level) were also identified by EP and MHST participants alike as providing opportunities to model practice to EMHPs by demonstrating effective training delivery for impact (e.g. interactive, empowering, reflective), further strengthening the MHST workforce to have a sustainable and systemic impact when delivering training themselves. However, skills in effective training delivery were often attributed to EPs' previous teaching backgrounds so there is question whether this may be less prevalent amongst EPs who have trained without a teaching background or whether this was a misattribution on the part of the participants.

### **Building bridges between health and education systems**

While RQ1 highlighted that there was some question from EMHP/CWP participants in this study as to whether EPs contributed anything unique to MHSTs, compared to Clinical Psychologists, participants consistently identified EPs' knowledge of school systems as a valued contribution for improving MHST professional practice. This finding aligns with the wider literature which has previously suggested that EPs are well placed to work in mental health fields given they facilitate a link between education and wellbeing (Andrews, 2017; Fee, 2012). Specifically, EPs within this study were frequently described as 'bridging' health

and education systems. These contributions were particularly valued in NHS-based MHSTs where a clinical model of service delivery benefitted from EPs facilitating a holistic, systemic, and school-focused shift in language. This was identified to also contribute to a shift in MHST practice and, as such, supported MHSTs to align more with the educational settings they were working within. Therefore, the contributions of EPs to MHSTs within this study appeared to address some of the barriers typically experienced by MHSTs nationally, particularly regarding challenges overcoming school system barriers which often limited opportunity to facilitate a holistic WSA (Ellins et al., 2023).

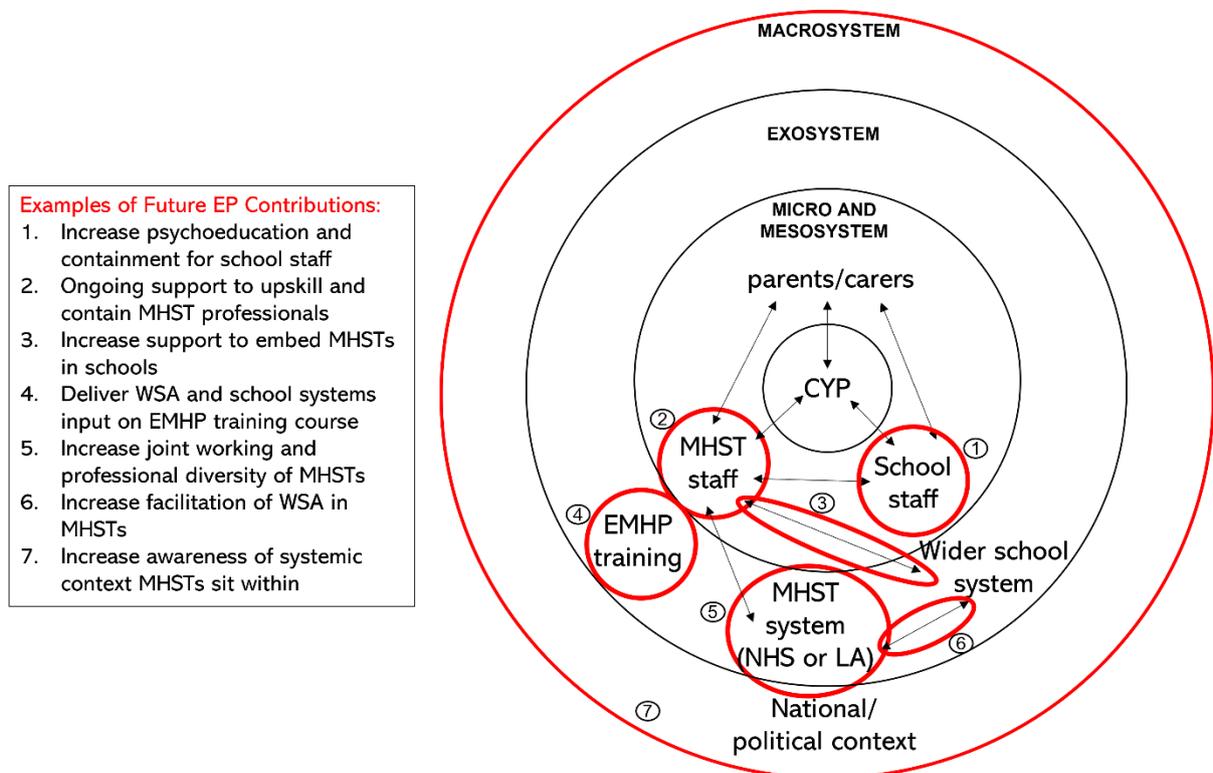
### **Facilitating relationships between schools and MHSTs**

Another key contribution identified within this study was that EPs were supporting MHSTs to embed themselves within schools, as such facilitating a challenge seen nationally for MHSTs regarding difficulty recruiting schools (Ellins et al., 2023). Overall, several enabling factors were identified including EPs' communication and relationship building skills, their knowledge of school systems, and the positive perceptions that school staff held of EPs. While EPs have typically moved away from a view of their role as 'expert' (Ashton & Roberts, 2006), findings from this study suggest that in some instances EPs can utilise a perceived position of power, or a respected title, to support CYP to access valuable mental health support. For example, EPs facilitated relationship building within the MHST itself and between school staff and MHSTs, with the benefits of this seen as schools appeared to be more open to MHST involvement. This aligns with previous findings which recognise that quality relationships are a consistent predictor of positive change in educational contexts (Norcross & Lambert, 2019; Kratochwill et al., 2014). Interestingly, only EPs based in LA MHSTs explicitly discussed their contributions to MHSTs to include the prioritising of relationship building with schools, as such aligning with evidence to suggest that building of relationships between service (e.g. MHST) and client (e.g. schools) is key for supporting positive outcomes for CYP's mental health (Shirk, Harver & Brown, 2011). Meanwhile, NHS-based EPs focused more on building relationships between health and education systems with recognition that clinical models of service delivery can be more within-child driven, an orientation which appears to clash with the WSA aims of MHSTs (Ellins et al., 2023). These findings highlight that EPs involved in the study were able to adapt their contributions via relationship building (mesosystem level) to the specific needs of the MHST context they were working within.

### **RQ3: What could future involvement of Educational Psychologists working within MHSTs look like?**

In seeking to determine what the future involvement of EPs within MHSTs may involve, participants were asked to imagine their dream MHST and consider ways in which EPs

could contribute to this. A commonality in their hopes for the future were for there to be greater equal access to MHSTs within each locality, aligning with recognition that less than 35% of CYP nationally have access to MHSTs currently (Ellins et al., 2023). Possible future involvement of EPs was consistently discussed across all themes, suggesting potential for EPs to contribute across various levels of the wider system that MHSTs sit within to provide a systemic approach to supporting CYP's mental health. Therefore, Bronfenbrenner's Ecological Systems Theory (1979) was chosen to frame findings regarding the future contributions EPs could make to MHSTs, as summarised in Figure 5. While the findings discussed are specific to the MHST contexts of each case involved in this study, their alignment with WSA principles (Public Health England, 2015) and areas for national MHST development, as outlined by the recent evaluation of trailblazer sites (Ellins et al., 2023), suggest a transferability to MHSTs more widely.



**Figure 5.** Overview of potential future contributions of EPs working within MHSTs, framed using Bronfenbrenner's Ecological Systems Theory (1979)

### Sustainable roles for EPs within MHSTs

A narrative which emerged when considering future EP contributions to MHSTs was that there was scope for EPs to take a more direct role in supporting school staff (microsystem level). EP and MHST professionals suggested that EPs could support school staff further by providing emotional containment (supervision) and through delivering training which focused on the importance of wellbeing for education. EPs contributing to MHST delivery in such

ways were suggested as having potential to support the wider development of school culture/ethos and WSAs in a way that prioritised CYP's mental health (PHfE, 2015). This aligns with previous findings in which school staff identified that more training and workshops from MHSTs would aid their WSAs (Ellins et al., 2023). In addition, the literature reviewed prior to commencing this study suggested that EPs are well placed to support MHST practice in this way in the future given they frequently support school staff through facilitating supervision spaces (Annan & Moore, 2012; Muchenje & Kelly, 2021) and through providing psychoeducation (Quinn et al., 2021; Sharpe et al., 2016). However, EP participants also highlighted that their contributions to MHSTs needed to be sustainable in the future with recognition that EP time is limited, especially when working in leadership positions. Maintenance and development of the existing EP role in upskilling and empowering MHST professionals (at an exosystem level) was recognised as valuable in the future for enabling MHST professionals to then provide support and training for school staff. As such, there was a recognised aim to filter EP knowledge and practice down through the MHST system in alignment with Public Health for England's guidance (2015) which suggests supporting staff development can facilitate a WSA to supporting CYP's mental health. Participants particularly emphasised a need to ensure WSAs remained embedded in MHSTs in the future through ensuring a WSA became the responsibility of all MHST professionals, not just EPs. As such, there was recognition that EPs may, in future, provide training for MHST professionals which focuses on supporting their knowledge and skill in aiding WSAs.

#### **Earlier intervention to upskill MHST professionals**

EPs involved in the study tended to take a systemic approach to thinking about their potential contributions to MHSTs. As a result, several suggested that EP contributions to upskilling MHST professionals, particularly EMHPs, could be provided at an earlier stage through involvement in the teaching delivered on the EMHP training course. The findings of this study suggest that EPs working within MHSTs are already making contributions to address gaps in EMHP knowledge (e.g. supporting pupils with SEND, understanding school systems) which has previously been identified as clear knowledge gaps nationally in MHSTs (Woodley, 2020; Ellins et al., 2021; 2023). While there were anecdotal examples mentioned by participants of EPs contributing to EMHP training courses in some areas of the country, this is currently predominantly delivered by clinical professionals only. Therefore, EP knowledge of learning needs, school systems, and WSAs were all identified as areas in which EPs could contribute to EMHP training courses in future (exosystem level).

#### **Supporting school understanding and openness to MHSTs**

Another challenge found amongst MHSTs nationally was difficulty recruiting schools for MHSTs to become embedded within. A lack of school understanding of what MHSTs might

offer and EMHP difficulties in building school-based relationships were recognised as contributing factors to such challenges (Ellins et al., 2023). Study participants suggested that EPs' skill in effectively communicating the importance of wellbeing for education, as well as their ability to build positive relationships between schools and MHSTs (mesosystem level), were key contributions that EPs should continue to make in the future to increase school openness to MHSTs, and thus increase CYP's access to support. In particular, the positioning of EP participants within MHSTs and their ability to build relationships with school leaders were recognised as valuable for future MHST practice, with recognition of the importance of school leadership investment in facilitating a WSA to supporting CYP's mental health (PHfE, 2015). For EPs to have the time and presence to work across system levels to support both schools and MHSTs in the ways discussed, participants emphasised the need for there to be more EPs working in MHSTs in the future. In response, EP participants suggested that greater diversity in Trainee EP placements would be valuable for allowing the future EP workforce opportunities to gain experience in applying EP skills to the diverse contexts which they increasingly find themselves within, such as MHSTs or CAMHS (Milletti, 2022). However, there are questions surrounding the practicality of this, particularly considering that funding for EP training is provided with the intent of providing a Local Authority EPS workforce, with recognition that recruitment into this context is already a challenge (DfE, 2019). As such, training outside of LA contexts may not be plausible, although secondments into MHSTs may be.

### **A need for diversity in the MHST workforce**

In addition to recognising the valuable contributions EPs could make to MHSTs, MHST participants also emphasised a need for MHST workforces to be increasingly diverse in the future. This theme was particularly prevalent within the MHSTs explored which consisted of EP and EMHP professionals only. While guidance suggests that the MHST workforce can be flexible and diverse in response to local need (DoHSC & DfE, 2018), this has been identified to risk MHST workforces being dominated by a single profession depending on the wider system they sit within (e.g. NHS or LA; Ellins et al., 2023). Instead, MHST professional participants in this study emphasised a value in the future for both clinical and educational professionals to be represented in MHSTs to support both the WSA and intervention aims of MHSTs. Participants highlighted a key future role for EPs, particularly those in management positions, to think about how greater diversity can be brought to MHSTs to ensure the workforce reflects the education/health boundary they sit within. For example, this could be achieved by increasing EP presence in teams currently without an EP and increasing clinical presence in LA-based MHSTs.

### **Utilising research and practice-based evidence for national impact**

With final consideration to future contributions of EPs within MHSTs, EP participants working within NHS-based MHSTs emphasised a role for them to apply their research skills to develop both an evidence-base regarding MHST delivery and impact in line with MHST aims (DoHSC & DfE, 2018). This was identified as an opportunity in future for EPs to support MHST development at a mesosystem level. In thinking about each MHST context as unique, EPs suggested greater scope, if time and positioning allowed it, to apply their skills of practice-based evidence (implementation science; Kelly, 2017) to support service delivery to be evidence-based while also appropriate to the needs and contexts of individual schools. However, EPs skills as ‘scientist practitioners’, with abilities to carry out research and evaluate intervention and WSA impact, were also recognised by participants as opportunities for EPs to contribute to MHSTs at a national level, by contributing to the wider evidence base and future developments of MHST guidance and implementation (macrosystem). Once again, EP positioning in leadership roles within MHSTs was identified as a potentially enabling factor for EPs to have greater systemic impact in the future. EP and MHST professional participants also discussed national systemic issues that were considered outside of EPs’ remit to address, such as concerns regarding future MHST funding, opportunities for professionals to progress, and staff retention (Ellins et al., 2021; 2023). Nonetheless, there was recognition that EPs in future, particularly in leadership positions, would need to hold awareness to the wider political context in which MHSTs are situated within.

### **Implications for Practice**

The epistemological position and case study methodology used to approach this study has meant that findings are recognised as being contextually situated and so, some tentativeness is taken when suggesting implications for wider EP and MHST practice. However, despite the contextual differences seen between the services involved in the presented study, the similarities identified through cross-case analysis suggest that findings can be transferable to offer professional guidance for MHSTs that have similar contexts to those explored (e.g. LA- or NHS-based MHSTs with EPs employed in leadership positions). Further adding weight to the generalisability of implications for practice is recognition that EP practice within the MHSTs included in this study unintentionally addressed several of the identified barriers or challenges currently faced by MHSTs nationally (Ellins et al., 2021; 2023). As such, several implications can be suggested regarding the practice of EPs, MHSTs, and EP services more widely.

### **Implications for MHSTs with existing EP involvement**

In considering implications for the practice of EPs who are already working within MHSTs, the findings discussed in relation to the future role of EPs (RQ3) highlight pragmatic ways in which existing skills and knowledge of EPs may be utilised to support MHSTs. To summarise, EPs were identified as having potential to support both MHST and school systems in their efforts to improve CYP's mental health through the provision of psychoeducation training, supervision for staff wellbeing, and through support to embed MHSTs within existing and newly recruited schools. While the findings of this study suggest that EPs typically think systemically about the services and contexts they are working within, there is scope for EPs to bring systemic thinking and organisational psychology more explicitly into their roles to support positive change in MHSTs. With recognition that group function impacts the effectiveness of organisations (Richards, 2017, BPS 2016), EPs working within MHSTs may seek to consciously plan and map areas of potential impact throughout MHST systems (e.g. using Bronfenbrenner's Ecological Systems Model; 1979). Similarly, EPs may be encouraged to apply organisational change frameworks (e.g. Appreciative Inquiry) to the multiagency systems they are working within to facilitate team discussions around future goals and development to maximise impact within MHSTs. This implication for practice acknowledges that EPs are considered well placed to apply psychology to aid organisational change (Brooks & Kakabadse, 2014) and recognises that participants within this study frequently reported that the interview space, framed using Appreciative Inquiry principles, facilitated within service reflections, helpful for identifying service-specific next steps. Findings from this study may also support EPs who are already working within MHSTs to be more explicit about what the current and possible contributions of their role are both to support the understanding of other MHST professionals and support the contracting and embedding of EPs within additional MHSTs.

### **Implications for MHSTs without current EP involvement**

EPs within this study were identified as providing support to overcome several areas of difficulty faced by MHSTs nationally, including barriers to embedding MHSTs in schools and concerns regarding adequate training of the MHST workforce to be able to work with school systems and pupils with SEND (Ellins et al., 2023). As such, MHSTs across the country may be encouraged to consider employing EPs to support with addressing these challenges, or to have discussions with their local EPS to explore how services may better work alongside one another. The findings of this study may offer some guidance or initial indication regarding the areas that EPs could contribute to existing MHSTs (e.g. bridging education and health services), or support with the setup of new MHSTs (e.g. embedding MHSTs in schools). In considering how MHSTs may utilise the role of EPs, it is recognised that EPs do

not need to be in leadership roles within MHSTs to have an impact. For example, this study identified that supervisory roles also enabled EPs to support EMHPs' wellbeing and professional development and were considered valuable roles given the filtering down effect that EMHP development can have on the school staff and systems they are working with. However, if services seek to recruit EPs with the aim of aiding the MHST's whole school approach to supporting CYP's mental health, findings of this study suggest EPs will likely need to be in a position of seniority within the team to enable them to have systemic impact. Findings did suggest management roles can be restrictive of EP time given additional demands and so the potential of the EP role may be best utilised when working as 'Whole School Approach Lead' rather than 'Service Manager' within MHSTs, for example. This is recognised as particularly important for enabling EPs to apply their skills flexibility in a way that they identify as most appropriate for the service context, utilising their systemic approaches to practice.

### **Implications for wider EP practice**

With acknowledgement that, like many government-driven mental health initiatives, there is no guarantee that MHSTs will be available long term, it is also important to draw conclusions from this research regarding implications for EP and EPS practice more widely. Key implications include recognition that EPs have the knowledge and skill to work as Applied Psychologists across increasingly diverse teams and areas of practice. This includes a value in recognising that EP ability to apply consultation, supervision, and training can be used to support other services and organisations more systemically to contribute to CYP's mental health indirectly. With recognition that EPs in this study were actively seeking opportunities to be flexible and autonomous in their roles (e.g. through involvement with systemic practice), there is an implication that EP services should aim to offer greater opportunities for EPs to work in these ways to aid staff motivation and retention. This may include identifying within-service opportunities to work systemically, particularly through opportunities to supervise school staff or other LA professionals. Other opportunities may include EPs being commissioned to work part-time within other services with recognition that EPs feel more able to have greater impact and be effective in their roles when embedded within services rather than working alongside (Warwick, 2021; Gaskell & Leadbetter, 2009). With final considerations to implications for practice, this study emphasises that an EP role in prioritising relationship-first approaches and the wellbeing of service professionals is valued when supporting the wider systems that CYP are situated within. This aligns with wider research findings that recognises quality relationships are a consistent predictor of positive change in educational contexts (Norcross & Lambert, 2019; Kratochwill et al., 2014). As such, there may be space to reconceptualise the EP role when thinking about how they may

work more broadly and systemically to support CYP's mental health, such as supporting the wider systems that CYP and schools are situated within (e.g. supporting multiagency mental health teams).

### **Limitations and Future Research**

This section considers the potential limitations of the present study and the implications these may have for informing future research directions. In conjunction with a common limitation seen across qualitative doctoral thesis studies, the participant sample of this study (19 participants across 5 cases, including 8 EPs) can be considered small and thus may reduce transferability of findings to wider populations. However, this limitation is likely to be mediated given that this study explored the EP role across 5 localities and 2 broad contexts (NHS and LA MHSTs), allowing a greater level of transferability to a variety of MHST contexts. This is recognised as a unique contribution of the present research given that previous studies exploring the EP role in mental health have typically only explored EPs experiences within single LA contexts. A further limitation relating to the transferability of findings is that it is not known how representative the participant sample is of the wider EP workforce within MHSTs given that the number of EPs working within MHSTs nationally is not known. This limitation highlights an opportunity for future research to strengthen the wider understanding of current EP contributions within MHSTs through identifying how many EPs are working within MHSTs nationally. This could be achieved using a mixed methods approach to research, including the use of a survey of the MHST workforce across the country.

An additional limitation identified is that the purposive sampling technique used may have resulted in a sample group that is not representative of the wider EP workforce within MHSTs. While purposive sampling is considered effective in a small scale, qualitative study for identifying appropriate participants, it is noted that most EPs contacted to take part in this study held either a management role or led on the services WSA and so findings may not be representative of EPs working within MHSTs in non-leadership roles. Similarly, EPs contacted who were working within MHSTs, but in non-leadership roles, may have not considered their contributions to MHSTs to be as significant and so may have chosen not to take part for these reasons. Once again, this points to value in future research seeking to gain a wider national perspective of the prevalence and nature of EP involvement within MHSTs. Equally, the prevalence within this study of EPs holding leadership roles outside of EPS contexts suggests a need for more research within the literature to support a greater understanding and guidance of how EP practice may be applied in leadership positions. This is with recognition that there is currently very limited evidence and guidance regarding EPs

in leadership roles (Booker, 2013; Hardy et al., 2020) despite the growing diversity of the EP role.

While the present research intended to build on previous studies by gaining the perspectives of a broader range of professionals regarding the EP role in multiagency mental health initiatives, the final participant sample was not as clinically diverse as had been hoped (e.g. absence of Clinical Psychologists or Therapists). While CWP and EMHP participants had received clinically-oriented training (e.g. CBT intervention delivery), they mainly self-identified as a school-based, educational workforce, despite working in the area of mental health. The lack of participant diversity amongst MHST professionals may have been a result of the research focus exploring EP roles which may not have been of personal interest to clinical staff working within MHSTs. Alternatively, a lack of participant diversity may have indicated that the MHSTs involved in this study had less clinical staff employed given that there was instead EP presence at a leadership level or given the locating of the MHST within LAs where clinical staff are typically less prevalent. As such, questions remain about how clinical professionals may view the role of EPs within MHSTs. This remains a key area to explore given that previous research suggested some conflict regarding professional identities and role boundaries between EPs and clinical professionals when EPs work in the field of mental health (Miller, 2016; Erasmus, 2013). However, in gaining the voices of CWPs/EMHPs, the findings of this study are recognised as valuable for developing an understanding of the EP role within MHSTs given that CWPs/EMHPs make up the majority of the MHST frontline workforce and so are a representative sample. A further limitation resulting from the exploratory nature of this study meant that comparisons could not be made between teams with and without EP presence to consider whether EPs may offer anything different or additional to clinically-led MHSTs. While MHST professionals interviewed were able to theorise about this to some extent, they could not be certain having not had experienced an MHST without EP presence. As such, the researcher proposes there is future scope for comparative research to explore how EP contributions to MHSTs may differ or align with the contributions made by clinical staff, such as Clinical Psychologists.

In considering limitations in the current research, a final thought is given to researcher subjectivity. While Braun & Clarke (2022) suggest that the subjectivity involved in reflexive thematic analysis is not limiting, the impact of the researcher's individual interpretations on research rigour and transferability cannot be ignored. Consideration is particularly given to the researcher's own identity as Trainee EP and the influence of subjectivity that may have then been present when interpreting data regarding the role of EPs in MHSTs. In recognition of this, steps were taken to remain reflexive throughout and are discussed in the Reflective

Paper which accompanies this study. Furthermore, the triangulation approach taken to data collection and analysis, through gathering the voices of multiple professionals in each service, and looking across cases for themes, is likely to add strength to the rigour and transferability of present findings.

### **Concluding Comments**

This research aimed to address a previously under-researched area by exploring the current and developing role of EPs within MHSTs. This was with acknowledgement that MHSTs are the latest school-based initiative aiming to address the ongoing rise in mental health concerns amongst CYP in the UK, and with awareness that the EP role has increasingly involved supporting SEMH needs within school settings. Through exploring the perspectives of EP and MHST professionals, this study has provided an initial understanding about the current contributions that the EP role offers to newly developed MHSTs, and the contributions they could make in future to further aid MHST impact. As such, findings have the potential to inform developments for both EP and MHST professional practice, as well as guiding future research directions. Specifically, the findings indicate that EP contributions are already addressing several of the barriers seen nationally within MHSTs (e.g. a lack of WSA focus, gaps in EMHP knowledge and development, and difficulties embedding MHSTs in schools). The main identified contribution of EPs within the MHSTs explored was in providing support at a systemic level to better equip the MHST professionals working directly with schools and CYP, thus EP contributions to supporting the mental health of CYP were identified as being indirect. Acknowledgement was also given to the impact of contextual factors on the scope of the EP role within MHSTs. As such, EPs were identified as having capacity to support MHSTs more systemically in the future if appropriately positioned within the services. Overall, these findings suggest a valuable and ongoing role for EPs, alongside clinical professionals, within MHSTs moving forwards. While this research is not without limitations, it provides a unique insight into the existing contributions EPs are making in MHSTs and identifies several areas for future practice, considering how EPs may best be utilised to respond to current challenges and aims within MHSTs.

## Paper Three: Reflective Chapter

### Introduction

*“[EPs] bring in different kind[s] of evidence base [and] act as scientist practitioner and I think that's the real skill... what is the evidence?... what does that look like in this unique situation?” – Service Manager, Case 4*

Mirroring a subtheme finding within the presented empirical paper, one of the contributions Educational Psychologists (EP) can make within their roles is as ‘scientist practitioners’, learning from, and contributing to, research to support evidence-based practice (Boyle & Kelly, 2017). For both ethical and methodological reasons, there is value and importance in reflecting on the research process, particularly when aiming to apply research to real world contexts, which are likely to differ from the contexts in which research has taken place (Kelly, 2017). An ethical obligation to be self-reflective (BPS, 2021) also aligns with a critical realist epistemology and reflexive thematic analysis approach to maintain awareness of the influence the researcher’s own context (as well as that of participants) can have on the generation and interpretation of data (Braun & Clarke, 2022; Madill et al., 2000). As such, the production of this reflective chapter aligns comfortably with the epistemological and methodological approaches utilised in the empirical chapter by providing space to reflect on what may have been gained or lost from decision making throughout the research process, with acknowledgment that evidence is not neutral but impacted by the researcher’s beliefs, values, and knowledge (Hattie, Rogers, & Swaminathan, 2014).

While the process of producing qualitative research was familiar to me, taking a reflexive approach to research was less so, however the EP training experience helped to instil a cycle of reflective practice which facilitated a self-reflective approach when applied to research. My personal approach to reflection tends to be emotion-driven, with feelings of discomfort or uncertainty being a signal for me to reflect. As such, I have found Gibbs reflective cycle (1988), with its acknowledgement to feelings, to be useful for guiding me to reflect on decision making processes both within research and in my TEP practice. Using this approach, this chapter aims to provide a reflective account of my research journey, from identifying a research project in line with my personal and professional values, to designing, delivering, and evaluating a study of quality, aiming to make valuable contributions to the field of educational psychology. This chapter will move systematically through the stages of the research journey, considering key reflections and challenges faced at each time point, before considering the next steps for my research, including plans for dissemination, and implications for my wider practice as an EP.

## Choosing a Research Focus

*“There is something about the intertwined nature of who we are as people and who we are as EPs” – EP, Case 3*

Scientist practitioners aim to develop research evidence which is applicable to real-world contexts and practice (Kelly, 2017) and so it is not then surprising that an individual’s practice experiences, interests, and values (research subjectivity) are intertwined and influential right from the start of the research process when identifying a research topic (Braun & Clarke, 2022). In considering how I reached my initial research focus, I initially explored several other directions of interest (including the use of Video Interactive Guidance to support CYP with communication needs, and the impact of EP service delivery models on therapeutic alliances with SENCos) and retrospectively reflected that there were two key interests/values underlying these areas of research that I was seeking to explore. These areas were combined in my final decision to explore the role and contributions of EPs in MHSTs. Firstly, there was an interest in the importance of positive relationships within education systems for supporting CYP’s overall wellbeing and engagement. This aligned with my professional experiences of working in support assistant roles within schools, and previously researching teacher-child relationships through play, with recognition of the importance that early relationships within school can have for the short- and long-term wellbeing and development of CYP (Pianta & Stuhlman, 2004). These experiences helped shape the values and guiding psychological theories I bring to my Trainee EP practice, prioritising relational-first approaches with recognition that a positive and secure relationship can support CYP to feel a sense of safety (Bowlby, 1969; Maslow, 1943) and help to contain staff who may be directly supporting CYP’s wellbeing (Hulusi & Maggs, 2015). Secondly, underlying my research considerations was a seeking to further understand the potential scope of the EP role. It is common across the EP profession to question what is unique about what EPs can contribute given the evolving nature of their role in response to the wider socio-political context (Birchall, 2021). However, I was curious about why this felt particularly important to me personally to explore, particularly when I recognised that the following quote heard while interviewing EPs struck an emotive reaction:

*“EPs are always on the search: ‘what’s our unique contribution? What is it that makes EPs unique working within certain places?’” – EP, Case 5*

Upon reflection, I recognised that this related to a personal need to understand how I could construct my future EP role and identity to feel meaningful and impactful beyond what was beginning to feel like a statutory-heavy role, with the goal of experiencing motivation and job satisfaction within the EP profession (Self-Determination Theory; Ryan, 2009). It was in

discussion with a previous EMHP that I was made aware that some MHSTs were employing EPs, which sparked questions for me about what the EP role might look like in a service that was based in schools but typically made up of clinical professionals (Ellins et al., 2021). Having previously been interested in both the educational and clinical psychology training routes, this research focus aligned with a long-term interest of mine in understanding how psychology can be used to support the wellbeing of CYP in schools, particularly those whose behaviours are often internalised and thus overlooked (Hackett et al., 2010). As a result, I had particular interest in whether there may be differences between EP and Clinical Psychologists contributions. I was also curious about whether there was a risk of EPs stepping on the toes of other professionals by working in MHSTs given that previous literature had suggested both EP and clinical professionals had questioned the appropriateness of EP involvement in supporting CYP's mental health more broadly (Miller, 2016; Davies, 2020). As such, a reflexive thematic analysis approach to interpreting research was essential for acknowledging my own personal agenda, perceptions, and subjectivity involved when embarking on this research journey. This felt pertinent given the notable mirroring I experienced between the EPs I interviewed, who were seeking to understand their own evolving EP identities and contributions while working within a new context, and my own exploration of the EP role as part of my TEP journey (Braun & Clarke, 2022).

### **Reviewing the Literature and Refining Research Questions**

Identifying a broad area of research focus occurred early on for me during the research journey, with my personal interests aligning with what I was noticing within my local professional context. For example, I was aware of Covid having a noticeable impact on the wellbeing of so many of the young people I was working with, as well as the national context of the government initiative to support rising concerns about CYP's mental health through introducing the role out of MHSTs to support within school settings (DoH & DfE, 2017). Where the challenge lay was in developing research questions that would offer something meaningful to EP and MHST professional practice given there was very little evidence-base regarding MHSTs generally, let alone the EP role within this. Given my previous research experiences, reviewing the existing literature was a place I felt most comfortable during the research journey, with the biggest challenge being in shifting from a systematic to a thematic review approach to better align with the epistemological and qualitative approach I was taking. A limitation of the inductive nature of my study meant that several areas of literature, relevant to study findings, were not explored during the initial literature search, particularly the role of EPs in leadership positions and EPs supporting organisational change of services. However, a retrospective exploration of this literature highlighted that evidence in

both areas was limited, particularly regarding the role of EPs in leadership positions outside of EP services (Hardy et al., 2020). This instead highlighted a value of the current research in exploring a previously under-researched area, as well as justifying the decision to draw on literature regarding EP involvement in multiagency practice and mental health initiatives more broadly. It may have been valuable to consider literature regarding School Psychologists involvement in mental health teams globally where contextual and professional similarities to MHSTs may exist, although this was justifiably not explored given the MHST government-agenda was specific to the UK context.

In line with producing research relevant to real-world contexts (evidence-based practice; Boyle & Kelly, 2017), I did not solely rely on a literature review to inform the development of research questions but also considered what was happening, anecdotally, in response to current MHST contexts when developing research questions and making methodological decisions. Initially I had limited knowledge of the wider functioning of MHSTs, with questions of whether EPs had anything to offer or whether there was an existing presence of EPs within teams. In response, I utilised my specialist placement in my second year of training to spend time with my local MHST (who did not have an EP attached) as well as reaching out to a small number of EP contacts who had previously worked as EPs in MHSTs (it should be noted that these contacts/services were not included in the presented research). This scoping phase (Morris & Atkinson, 2018) was important for gaining an initial sense of the participant population that may be available and the contexts in which EPs were working within MHSTs to help guide research recruitment and methodology. As such, my research questions and methodological approaches went on a cyclic journey from considering an action research approach, related to developing EP-MHST relationships within my local context, to using exploratory methodology to consider what is currently facilitative or enabling of EPs already embedded in MHSTs. While this initial exploration felt essential for being able to move forwards with the study, it does highlight an additional level of prior knowledge and subjectiveness I brought to collecting and analysing data, in which reflexivity, both independently and within a supervision space, were key to managing subjectivity (Braun & Clarke, 2022). This highlights the importance of both a reflexive approach to analysis as well as the importance of taking a pragmatic, critical realist approach to this study, recognising that my experiences as researcher, as well as the contexts and experiences of participants, can influence interpretations made within the empirical chapter.

### **Identifying an Epistemological Position**

The epistemological position of critical realism recognises that multiple interpretations of reality exist resulting from individuals varying experiences, beliefs, and contexts (Gray,

2013). As such, a critical realist approach is considered to create coherence between evidence produced and the application of this to variable practice contexts, thus aligning with a scientist practitioner approach to research (Kelly & Woolfson, 2017). A critical realist approach was applied to the empirical study and used to inform methodological decision making, however upon looking back at my reflective research diary, I repeatedly questioned whether a critical realist perspective was the most appropriate for the questions I was seeking to answer. My doubt was somewhat justified given that I was using solution-oriented approaches which typically better align with a social constructionism epistemology (Gray, 2013; Harker et al., 2017). However, a solution-oriented approach (using principles of Appreciative Inquiry; AI; Cooperrider et al., 2008) aligned with a pragmatic epistemology given that AI principles translated directly onto the research questions explored. This approach also aligned with a critical realist position by seeking to contribute practical implications, transferable to wider EP and MHST practice (Kelly & Woolfson, 2017). Furthermore, a critical realist epistemological stance acknowledged that all participants had a shared experience of the EP role working within MHSTs but that the socio-political contexts and MHST systems themselves were likely to impact the experiences and views of individuals (Scotland, 2012). More likely, the ongoing doubt I experienced was personal, firstly in relation to epistemology being something I had not known or understood prior to training. This is a common issue identified within qualitative psychology research more broadly, with consequences for reflective and ethical research (Teo, 2009). Secondly, awareness that the philosophical underpinnings chosen are important for guiding the 'line of inquiry' (Rogers, 2009) contributed to an experience of self-constructed pressure to 'get it right' when choosing an epistemological stance given potential implications for methodological decisions made to approach the research questions.

Questions regarding epistemological positioning were primarily due to self-doubt; however this was enabling for encouraging me to reflect on the appropriateness of my epistemological positioning. As such, I was able to consider what impact an alternative position may have had on methodology, and to consider how my research could have been developed to strengthen the critical realist thread. Had a social constructionism approach been taken throughout this research journey, data collection methods would have been unlikely to change, although data analysis may have focused on exploring individual experiences, using Interpretative Phenomenological Analysis (IPA) for example, as opposed to seeking to understand a shared reality through cross-case analysis, which arguably offers more real-world transferability of findings for practice (Gray, 2013; Kelly & Woolfson, 2017). In line with case study methodology and critical realist principles (Willig, 2013), triangulation of information occurred at several instances within my study, including the bringing together

of multiple voices within each MHST service and of themes from each service involved through cross-case analysis. While a mixed methodological approach of first quantitatively exploring the prevalence of EPs working in MHSTs nationally, via a survey for example, would have also aligned with a critical realist approach, by providing greater contextual situating of the current study's findings (Scotland, 2012), this offers space for future research to explore further. A mixed methodological approach was instead achieved by gathering demographic information, alongside qualitative interviews, to understand the contextual and structural reality of each service, in which participants experiences were situated. Furthermore, in considering the additional philosophical underpinning of axiology, which asks to what extent personal values shape how research is produced, the utilisation of critical realism aligned most with my personal beliefs about the construction of knowledge and reality, thus bringing an authenticity to the decision-making process and reflexivity involved within this research (Teo, 2009; Kysh, 2021).

### **Ethical Issues: Anonymity and Subjectivity**

Given the professional population of my study sample, ethical issues were relatively small and manageable overall. One area I gave particular attention to, but that required continued revisiting throughout the data collection and write-up process, related to participant anonymity. In line with ethical research and practice guidance (BPS, 2021; HCPC, 2016) and the Data Protection Act (2018), participants had a right to confidentiality and anonymity to protect them from being identifiable and to protect from any implications that could come of this. Consideration was first given to within-service anonymity because joint interviews and focus groups were used with MHST professionals within each service meaning information shared would be heard by other interviewees/colleagues. As such clarifying the group nature of the interview process via the participant information sheets (Appendix 2), with transparency regarding confidentiality and right to withdraw, was key for ensuring informed consent. Further enabling some degree of within-service anonymity was the separation of EP and MHST professional interviews/focus groups. This was predominantly arranged to manage power dynamics and allow both EPs and MHST professionals to talk more freely and openly about the EP role in MHSTs, for a complete picture of each case (Yin, 2018). However, it also aided confidentiality in that EPs were not aware of who or what was discussed regarding their role within the MHST professionals focus groups (and vice versa). While I was already conscious that there was only a small number of MHST services with EPs working within them, thus requiring greater consideration to maintaining the anonymity of services involved, the importance of this was raised when several participants further questioned how service anonymity would be ensured. Utilising discussion within quality research supervision, as one of the key processes that facilitate reflexive research

(Braun & Clarke, 2022), several steps were identified to maximise service anonymity and to provide a sense of containment and reassurance to participants regarding their data. This included removing any service- or location-specific information from interview transcripts and giving participants the option to further review their transcripts to highlight any other identifiable information. In addition, I also approached the write up process with a vagueness when describing MHST professionals job titles and service locations. While this conflicted somewhat with the critical realist and case study methodology which sought to contextually-situate findings, ethical research and thus, anonymity, was recognised as priority (BPS, 2021).

As discussed throughout this reflective chapter, both the critical realist positioning and reflexive thematic analysis approach taken to the empirical study meant researcher subjectivity and context were continually considered while carrying out the research. This aligns with the recognition that the process of interpreting data can be an ethical challenge given interpretations of data can have implications for participants, depending on how they are presented (Willig, 2017). One approach to managing this was to remain consciously aware of researcher subjectivity when coding data and generating themes, achieved through reflexive methods of engagement, questioning within research supervision and documented within my reflective research diary (see Appendix 10 for samples; Braun & Clarke, 2022; Nowell et al., 2017). In the interest of remaining transparent about researcher subjectivity, in line with a reflexive thematic analysis approach, several areas of subjectivity which emerged during the analysis stage are discussed here. My dual role as TEP and researcher was important to acknowledge in the interest of considering the impact researcher positioning can have on interpretations of data (Rogers, 2009). The dual role had a notable influence during interviews, with conscious management required to maintain the role of interviewer, and not fall too much into an EP tendency to work in collaborative, consultative ways (Wagner, 2017) of summarising and interpreting participants comments which may have influenced participants later responses. I noticed that both interviewing EPs and making meaning of data when reviewing transcripts of LA-based EP participants felt easier, with acknowledgment that my own experiences of working in an LA may have meant I could relate more to their contextual experiences, compared to interviewing and analysing transcripts from NHS-based MHSTs. However, this may equally have reflected that EPs working in LA-based MHSTs faced less complexity in trying to understand their own roles than those adapting to NHS-based MHSTs, highlighting that both participant and researcher contexts can impact interpretation of data (Braun & Clarke, 2022). Another subjectivity I explored through supervision related to a potential finding of participants' role perceptions being influenced by the EP's gender. In familiarising myself with the data (phase 1 of

reflexive thematic analysis; Braun & Clarke, 2022), I noticed that MHST professionals were more likely to attribute confidence and personality to the successful contributions of male EPs, and attribute knowledge and training experience to the successful contributions of female EPs to MHSTs. This gender-based pattern made me reflect that of the 4 services involved in which an EP was in a leadership position (this was not the case for 1 service in the study), 2 of these were male (50%) despite men only making up 20% of the EP workforce nationally (DfE, 2019), thus bringing questions around gender balance in leadership positions. While reflections regarding the potential influence of gender on presence and interpretation of the EP role within MHSTs were of interest, awareness to my own gender and potential bias, and acknowledgement that participants were not asked to self-identify their gender, meant that such theme was not included within the findings given the level of subjectivity involved. Furthermore, the small sample of EPs involved in the study meant this finding would also be inappropriate to generalise.

Another approach taken to minimise harm was to try to stay true to participants voices while also interpreting data through the researchers own lens of wider knowledge within both the research area and chosen analysis methods (Braun & Clarke, 2022). Minimising harm in interpretations was important in aiming to represent a balanced view of the EP role within MHSTs, without being detrimental to the current or potential role of EPs, or to MHST functioning (Willig, 2017). Where possible, interpretations were situated within the existing evidence base, such as Ellins et al's (2021; 2023) evaluations of trailblazer MHSTs. One way in which participant voices were acknowledged, without seeking to just repeat their words, was through 'member reflecting' (Tracey, 2010). At the end of each section of the interview, participants were asked to reflect on the key themes they had discussed (e.g. in relation to current positive examples of the EP role or hopes for the future of the EP role; see Appendix 11 for example). Unlike 'member checking', often used to check the validity of findings (Braun & Clarke, 2022), I did not use participants reflections as part of the analysis process as this would have aligned more with a positivist epistemological stance. Instead, I looked back at member reflections after themes had been generated to ensure participants voices had not been lost in my interpretations of their contributions to data. Upon reflection, the collection of participants interpretations of themes could have risked falling into a positivist epistemology, however my use of these interpretations in a way that did not seek to validate, but instead to avoid inappropriate interpretations of data, aligned with both a critical realist and ethical approach to research (Willig, 2017).

## Recruitment and Data Collection

I initially had concerns regarding recruitment of EPs working within MHSTs, with a lack of certainty that many EPs were working in this way. However, a staggered approach to recruitment using existing contacts, and developing new contacts along the way, made the overall recruitment process relatively straightforward. Unsurprisingly, emails sent directly/personally to EPs had a much higher response rate, and slightly higher success rate, in terms of recruitment to the final sample than emails sent to MHST services more generally. Limits of the purposive sampling approach used are acknowledged within the empirical paper. Despite recruitment being relatively straightforward, I did find the process of recruiting via EPs, as gatekeepers to the other MHST professionals, to be a personal challenge as it removed a sense of agency and control, adding an additional anxiety to the recruitment process (Self-Determination Theory; Ryan, 2009). I questioned whether this may have contributed to the limited diversity amongst the MHST professionals who consented to take part in the study (e.g. primarily EMHPs/CWPs) and wondered whether recruitment without the use of gatekeepers may have allowed me greater agency to 'push' for a sample that included more clinical staff within MHSTs. However, in gathering demographic information about each service, I recognised that the sample group recruited to this study was representative of the wider MHST service population within the cases (primarily EMHPs). This enabled a more homogenous sample group within the focus group component of data collection, aligning with methodological requirements (Cohen et al., 2017). Given the relative uniqueness of EPs working within MHSTs, a sense of flexibility and pragmatism was needed when approaching recruitment, with an 'ideal' sample aimed for but with willingness to adapt depending on the sample available. This flexibility also extended to identifying appropriate cases. Ideally, I had hoped to recruit an NHS, LA, and charity-based MHST to the study to ensure case variability when looking to consider contextual impact on the shared phenomena of the 'EP role in MHSTs' (Yin, 2018), however a charity-based MHST could not be found in which EPs were working. A pragmatic resolution was provided in the form of recruiting NHS- and LA-based MHSTs which varied in context to maintain case variability, with EP job title, service size, and service structure differing between cases.

Data collection methods were another area that I reflected on the appropriateness of with regards to epistemological positioning and sample size, particularly regarding the use of focus groups and a solution-oriented approach informed by Appreciative Inquiry principles (Cooperrider et al., 2008). A question I kept returning to was whether I could appropriately refer to the data collection method as 'focus group' or not given the small size of 2 to 3 participants. While focus groups had been appropriately identified in line with a critical realist approach to triangulate the views of a homogenous group of MHST professionals (Cohen et

al., 2017), limitations during the recruitment process had meant group sizes were smaller than had been anticipated so the labelling as 'focus group' was questionable. Researching the difference between focus groups and group interviews highlighted an emphasis on focus groups as allowing for participants to build on one another's answers and to jointly construct responses, with the researcher acting as moderator rather than interviewer (Thomas, 2011). As such, to align with a critical realist approach of aiming to identify collective meaning making from MHST professionals regarding the EP role in MHSTs, I ensured the mini-groups reflected focus group methodology by encouraging participants to build on one another's answers and to ask each other questions where appropriate. A moderator role was also valuable for managing any differences in power dynamics and to support balanced opportunities to contribute during data collection (Teo, 2009). In line with case study methodology which seeks to provide a complete picture of each case (Yin, 2018), I had concerns that the use of Appreciative Inquiry principles to frame data collection may produce a positively skewed perception of the EP role in MHSTs. While a solution-oriented approach had been intentional, given recognition previous research regarding the EP role in multiagency teams tended to be quite barrier-focused, when using CHAT methodology for example (see literature review chapter), I was equally wary of generating data that was too skewed the other way. However, with recognition that solution-oriented approaches enable participants to keep one foot in the problem and another in the possibility (O'Hanlon, 2013), I reflected that the interview process allowed for a relatively balanced and realistic view of the EP role. For example, EPs discussed tensions in their roles and EMHPs questioning the appropriateness of EPs working within MHSTs in addition to the overall focus on what is working well. This suggests that solution-oriented principles offered a balanced methodological approach to exploring research questions in organisational contexts.

### **Analysing the Data**

Despite having used thematic analysis (TA; Braun & Clarke, 2006) in previous research I had carried out, I found data analysis to be the most challenging part of the research process. I have several hypotheses for why this difficulty occurred, the first being that my previous familiarity with thematic analysis may have meant I initially approached the task with what could be best described as an unconscious incompetence (Burch, 1970).

However, reviewing Braun & Clarke's updated stages of TA (2022) prior to undertaking any analysis helped to raise my awareness of the added complexity that reflexive thematic analysis involved, and ensured I allowed the time needed to learn and apply this approach (Braun & Clarke, 2023). I also reflected that over the course of the research journey, I was simultaneously experiencing the stages of a change/grief cycle (Kubler-Ross & Kessler, 2005), due of personal circumstances, in which the impact of my emotional stage notably

influenced my productivity within the research process. As a result, data analysis often felt overwhelming and lacking clarity, including moments of feeling disengaged or avoidant of data and so research supervision was essential for validation, containment, and enabling progress during this time (Hulusi & Maggs, 2015). Fortunately, the reflexive approach I took to data analysis acknowledges that feeling stuck and losing perspective is all part of the process (reflexive thematic analysis; Braun & Clarke, 2022) and recommends that taking time (and taking time away) is needed to immerse, familiarise, and process data (Trainor & Bundon, 2020). As such, the process of following the 6 phases of thematic analysis outlined by Braun & Clarke (2006; 2022) took place over several months to allow time to distance myself from the data while acknowledging my emotional responses (Nowell et al., 2017) and adapting my approach to data accordingly. For example, at points when data analysis felt cognitively overwhelming and I was noticing increased avoidance, I switched to generating themes by hand and visual methods with recognition that the physical movement involved reduced the cognitive load of the task (Sweller, 2011).

A further challenge I faced during the data analysis process was in not jumping ahead to the next phase. This remained a temptation throughout given that the anxiety created by time pressures to complete a thesis conflicted with the methodological and emotional need to take time away from the data (Braun & Clarke, 2022). However, the staged approach of thematic analysis, while not linear, supported me to manage this. Given the clear involvement of my own emotional and cognitive state within the data analysis process, the decision to take a critical realist approach and use reflexive thematic analysis became even more justified as both acknowledge the involvement of researcher subjectivity in the interpretation of data (Gray, 2013; Braun & Clarke, 2022). Furthermore, recognising the impact my own lens could have on data interpretation has facilitated my understanding of the influence participants' contextual, political, and personal experiences were likely to have on their interpretations of the EP role within MHSTs. This emphasised to me the value of a critical realist positioning for acknowledging individuals' experiences and a cross-case analysis approach for situating findings contextually (Yin, 2018). For example, political uncertainty due to a change of Prime Minister during the interview period (October 2022) contributed to participants discussions of fears regarding job security. Similarly, contextual factors, such as MHSTs actively recruiting new supervisors, contributed to discussions that EP-only MHSTs risked being 'insular' and individual factors, such as being new to the EP in MHST role, contributed to discussions around the importance of expanding EP presence in MHSTs to enable peer support. Overall, the challenges faced within the process of data analysis offered valuable learning experiences for me in terms of the importance of reflexive research, with recognition of the subjectivity brought by all involved, and the implications this

can have for generalisability (Braun & Clarke, 2022). Generalisability felt particularly important to recognise within a critical realist lens which aims to consider practical implications for real-world contexts (Kelly, 2017).

### **Contributions to Professional Development**

While implications of my findings for wider EP and MHST service development are primarily considered within the empirical chapter, the research experience also offered several professional development opportunities for me personally to take into EP practice, particularly regarding my consultation experience. Prior to my third year of doctoral training, consultation was an area of competency (in line with BPS & HCPC standards) that I felt I needed to develop considerably, with recognition that this is an increasingly dominant method of EP practice (Wagner, 2017) but one where opportunities were limited within my placement EPS. However, the application of a solution-oriented, Appreciative Inquiry framework (AI; Cooperrider et al., 2008) had unintended benefits for my consultative development, particularly through providing an opportunity to explain, apply, and evaluate a consultation framework in practice. Consultation skills applied and developed when interacting with participants prior to data collection included contracting and rapport building, and skills developed within the data collection process included active listening, facilitating co-construction, and managing power balances within the discussion space (Apter, 2014). An additional learning opportunity to arise from the application of AI principles was in recognising the value that facilitating consultation using this framework can have for organisational change, aiding EP opportunity to be agents of change (Dunsmuir & Kratochwill, 2013).

In seeking participants reflections on the interview process, I was surprised about the amount of positive reflection and change in thinking that had occurred, despite only applying the Define and Dream stages of the AI principles, where the Design and Deliver stages typically align more with enabling change (Cooperrider et al., 2008). For example, participants shared that involvement had offered them a reflective space to identify, understand, and appreciate the EP role within their teams better, as well as providing them with the opportunity to think about applying steps to achieve their hopes for MHSTs (see Appendix 12 for feedback examples). This provided an interesting mirroring with study findings regarding EPs' role in facilitating reflective spaces for professional development of MHST professionals. While I did not apply AI principles with the intent for organisational change, this is not uncommon when using solution-oriented approaches which are theoretically rooted in aiming to support system change (Harker et al., 2017). As such, the benefits recognised from using this methodology offered me a sense of reassurance that the

research was being 'done with' rather than 'done to' participants, facilitating ethical practice (BPS, 2021). Furthermore, this provided reassurance that the methodology used was a good fit in line with a critical realism epistemology for having practical implications for practice (Kelly, 2017) and was not just used because solution-oriented principles align with my preferred approach to practice. From utilising elements of AI in this way, I now have an additional framework in my EP toolkit which I recognise as particularly valuable for consultation spaces or facilitation of organisational change opportunities. I also question whether EPs within MHSTs may be able to utilise this framework to further support the contributions they make to, and the wider development of, MHST services.

Another key area of professional development that I have reflected on, particularly through the process of writing this reflective chapter and considering epistemological justification and my positioning as researcher, is the learning that has occurred regarding the importance of considering context within wider EP practice. Holistic and systemic thinking typically frames my, and wider, EP practice and is highlighted in study findings regarding what the EP role contributes to MHSTs. However, the engagement with this research process has further emphasised to me the importance of taking an implementation science approach when producing and interpreting research and applying this in response to a practice situation and context (Kelly, 2017). The active process of acknowledging the impact my own subjectivity, experiences, and lens (as well as that of research participants) brought to the data collection and analysis process further strengthens the importance of holding a contextual awareness when supporting parents, schools, and CYP within EP practice. With first-hand acknowledgment to the impact wellbeing can have on perception and interpretation, this further emphasised the impact parent and teacher stress can have on the way they perceive and experience CYP's needs (Zafeiriou & Gulliford, 2020). In terms of implications for personal practice, this learning highlights the importance of containment of parents and staff within the EP role (Hulusi & Maggs, 2015), thus mirroring findings of the empirical paper regarding EP containment of MHST staff. Also highlighted was the importance of triangulating and co-constructing when gathering information to inform hypotheses about CYP (Wagner, 2017).

### **Dissemination of Findings**

With acknowledgement to the limited evidence-base regarding MHSTs, particularly from a qualitative perspective (Ellins et al., 2021; 2023), there is value in sharing the findings of the empirical paper more widely to support the professional practice of both EPs and MHSTs. This is with recognition that sharing knowledge widely, and where relevant, is a key aspect of supporting practice-based evidence (Sedgwick & Stothard, 2019). In alignment with a

critical realist positioning which recognises that reality is complex and findings are contextually-dependent (Robson, 2002), a priority lies with disseminating research findings directly with the MHST services involved within the study. Given that all participants requested to have findings shared with them via the consent form, I aim to share the wider cross-case findings with each service involved, through the sharing of the empirical paper, or an executive summary. With acknowledgement to the unintended benefits of applying Appreciative Inquiry principles (Cooperrider et al., 2008) to data collection, in supporting participants to further understand one another's roles and develop a shared dream for the future of their MHST (Appendix 12), there is also potential value in sharing case-specific themes with each service involved to support implementation of findings, particularly in guiding future EP contributions and service development (implementation science; Kelly, 2017). In line with a critical realist approach, case-specific theme maps (see Appendix 7) were generated from triangulating codes and themes from EP interviews and MHST professional focus groups within each case, thus providing a collective view of EPs' current contributions and potential future contributions. As EP participants will be unaware of the discussions had with MHST professional participants, and vice versa, there is value in sharing a summary of collective themes given the potential to guide and inform organisational practice and development in line with both appreciative inquiry and critical realism aims (Cooperrider et al., 2008; Kelly, 2017). In line with ethical principles of anonymity (BPS, 2021) caution will need to be taken in ensuring case-specific themes shared cannot be linked to individual participants, or even groups of participants (e.g. EMHPs).

With consideration to the implications for practice discussed in the empirical chapter, particularly with EP (or Applied Psychologist) contributions recognised as having potential to address several of the challenges seen within MHSTs nationally (Ellins et al., 2021; 2023), there is importance in the findings being shared with both the EP and MHST profession more widely. At a local level, dissemination will consist of a verbal presentation of research findings to my placement EPS. In the interest of supporting evidence-based practice and implementation of findings, there is value in adapting information shared to be of relevance to the intended audience (Kelly, 2017). With recognition that at a local level EPs are working alongside, rather than within, an NHS-based MHST, sharing the potential contributions of the EP role to MHSTs within an NHS-specific context will be of interest, although generalising findings to wider EP practice (as discussed in implications for practice) will be of more relevance. In aiming to share findings more widely with the EP and MHST profession, there will be value in seeking to publish the findings of this study. The empirical study focuses on the EP role and contributions to a government initiative which has implications for CYP's

mental health and so will align with the evidence-base typically published in EP practice journals. However, there is question whether such journals would also be accessed by the other intended audience of MHST professionals. As such, part of my dissemination plan will also need to include careful consideration of an appropriate journal for submission that will have interest in the topic of research, while also having reach to inform both EP and MHST professionals to aid impact.

### **Conclusion**

Aligning with a scientist practitioner approach to research, and the reflexive thematic analysis and critical realist stance applied within the empirical chapter, this reflective chapter has aimed to provide rationality for decisions made throughout the research journey, as well as contextually situating myself within the research through transparency about researcher subjectivity. Reflecting on the decisions made and challenges faced throughout the research journey has enabled me to recognise that, despite difficulties faced, both engaging with the reflexive research process and interpreting findings of my study have provided me with several learning opportunities. I hope to take such learning forward in my professional development as I construct my own space, identity, and role within the EP profession.

## Appendices

### Appendix 1. Participant Recruitment Email

**Subject line:** Research recruitment: Exploring the role of Educational Psychologists working in Mental Health Support Teams

Hello,

I am a Trainee Educational Psychologist at the University of East Anglia. I am currently recruiting for my thesis study which aims to explore the current and developing role of educational psychologists within mental health support teams. I am seeking to gather the views of both educational psychologists and other professionals within MHSTs.

I am reaching out to you directly to ask if you have any EPs in your service who are currently working with/within a MHST who might be interested in taking part?

**What is involved?** EPs taking part will be asked to complete a brief questionnaire about their current role and the MHST they are working with and will then take part in a single virtual interview on Microsoft teams (lasting approx. 90 minutes) to explore their current and future involvement in a MHST.

**What are the potential benefits?** The interviews take a solution-oriented approach to questions and so offer participants the opportunity to reflect positively on their current experiences and consider what the future of their role and service could look like, providing a reflective space for potential development.

**Requirements to take part:**

The EP must have worked with/within the MHST for approximately 6 months or more

At least 2 other professionals working within the MHST must also consent to taking part in the study (details of this can be discussed further after initial interest is expressed).

More information about what this study involves can be found [link to PIS] and initial interest can be expressed using [link to consent form]. I would also love to speak further with anyone who may be interested in taking part but would like further information or would like to discuss practicalities further.

I would really appreciate it if you could please share this email with any EPs within your service (or elsewhere) who are currently working with/within MHSTs.

Thank you and best wishes,

Kayleigh Skene

Trainee Educational Psychologist

## Appendix 2. Participant Information Sheet

The following information sheet was provided to prospective EP participants. Adaptations made for MHST professionals are shown in red.

*Kayleigh Skene*

*Trainee Educational Psychologist  
and Postgraduate Researcher*

01.04.22

**Faculty of Social Sciences**

**School of Education and Lifelong Learning**

University of East Anglia

Norwich Research Park

Norwich NR4 7TJ

United Kingdom

### *Exploring the role of Educational Psychologists in Mental Health Support Teams*

#### **PARTICIPANT INFORMATION SHEET**

##### **(1) What is this study about?**

You are invited to take part in a research study about your experience of being an [working alongside an] Educational Psychologist working within a Mental Health Support Team. I am interested in exploring the current and future roles and contributions of Educational Psychologists who are currently working within Mental Health Support Teams from the perspectives of the wider Mental Health Support Team. You have been invited to participate in this study because you are understood to be an Educational Psychologist working within, or closely with, a Mental Health Support Team [working within a Mental Health Support Team and to work closely with an Educational Psychologist(s)]. This Participant Information Sheet tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you do not understand or would like to know more about.

Participation in this research study is voluntary. By giving consent to take part in this study you are telling me that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.
- ✓ You have received a copy of this Participant Information Sheet to keep.

##### **(2) Who is running the study?**

The study is being carried out by the following researcher: Kayleigh Skene, Postgraduate Researcher, School of Education and Lifelong Learning, University of East Anglia, [k.skene@uea.ac.uk](mailto:k.skene@uea.ac.uk).

The researcher, Kayleigh Skene, is also a Trainee Educational Psychologist currently on placement with Suffolk Psychology and Therapeutic Services.

This study will take place under the supervision of Course Director and Associate Professor, Dr Andrea Honess, [A.Honess@uea.ac.uk](mailto:A.Honess@uea.ac.uk).

### **(3) What will the study involve for me?**

Your participation will involve taking part in a single interview [focus group] with me which will take place over Microsoft Teams at a time that is convenient to you. With your agreement, the interview [focus group] will be video recorded, with the option for you to turn off your camera if you wish for the recording to be audio-only. This interview will include only you, unless you work within a team which employs more than one Educational Psychologist within the Mental Health Support Team. If other Educational Psychologists within your team consent to take part, the interview will take a focus group format instead. [This focus group will include you and at least 2 other colleagues working within your Mental Health Support Team and as such requires others within your service to also consent to taking part (practicalities of this can be further discussed after you have expressed an interest in the study).]

The interview [focus group] will be facilitated by an appreciative inquiry approach, using the 'discover' and 'dream' stages, and so you will be asked questions about your [the EPs] current role within a Mental Health Support Team, examples of positive contributions your [the EPs] role offers to the team, and what positive changes you feel would benefit the future of your [the EPs] role and contributions. At the end of the interview, you will be asked to reflect on the key themes that came out during your discussion. You will be able to review the transcript of your interview if you wish, to ensure it is an accurate reflection of the discussion.

In addition, you will be asked to complete a brief online survey which will ask about the context of the team you work within and your contact details but will not gather any additional identifiable information.

### **(4) How much of my time will the study take?**

It is expected that the interview [focus group] will take about 90 minutes and if you choose to review your transcript, this will take a similar amount of time. If a group interview takes place instead, this may take up to 120 minutes.

It is expected that answering the online survey will take about 5 minutes to complete.

### **(5) Do I have to be in the study? Can I withdraw from the study once I have started?**

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researcher or anyone else at the University of East Anglia or Suffolk Psychology and Therapeutic Services now or in the future.

If you decide to take part in the study, you can withdraw your consent at any point up until data is pseudonymised. You can do this by sending an email to me at [k.skene@uea.ac.uk](mailto:k.skene@uea.ac.uk).

### **(6) What are the consequences if I withdraw from the study?**

During the interview itself, you are free to stop the interview/ focus group at any time and any recordings will be erased meaning the information you have provided will not be included in the study results. If you decide post-interview to withdraw from the study, your information will be removed from our records and will not be included in any results, up to the point where I have analysed and published the results, and this would include the submission of the thesis for assessment purposes.

If you take part in a group interview/focus group, you are free to stop participating at any stage or to refuse to answer any of the questions. However, it will not be possible to withdraw your individual comments from our records once the group has started, given it is a group discussion. However, following transcription of the interview, your comments could be removed and replaced with a summary of your contributions upon your request.

**(7) Are there any risks or costs associated with being in the study?**

Aside from giving up your time, it is not expected that there will be any risks or costs associated with taking part in this study. Should discussing your professional role and identity, in a mental health profession, bring up issues of concern or discomfort, I am able to stop the interview. If this does occur, you will be encouraged to discuss your concerns further within your supervision space.

**(8) Are there any benefits associated with being in the study?**

With the interviews [focus groups] taking a solution-oriented approach, I would hope that the interview itself will be a positive experience, providing you with space to reflect on your positive experiences and contributions while working within a Mental Health Support Team and an opportunity to identify positive next steps for your role and your service/team.

It is expected that this study will also have indirect benefits with the findings being used to support future improvements and development of the role of Educational Psychologists within Mental Health Support Teams and the area of mental health more broadly.

**(9) What will happen to information provided by me and data collected during the study?**

Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's [Research Data Management Policy](#).

The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be identified in these publications if you decide to participate in this study.

**(10) What if I would like further information about the study?**

When you have read this information, I will be available to discuss it with you further and answer any questions you may have about the study. You can contact me at [k.skene@uea.ac.uk](mailto:k.skene@uea.ac.uk).

**(11) Will I be told the results of the study?**

You have a right to receive feedback about the overall results of this study.

You can tell me if you wish to receive feedback when completing the [online consent form](#). This feedback will be in the form of a brief summary document that will be emailed to you. This feedback will be provided after July 2023.

**(12) What if I have a complaint or any concerns about the study?**

If there is a problem please let me know. You can contact me via the University at the following address:

Kayleigh Skene

School of Education and Lifelong Learning

University of East Anglia

NORWICH NR4 7TJ

[k.skene@uea.ac.uk](mailto:k.skene@uea.ac.uk)

If you would like to speak to someone else, you can contact my supervisor: Dr Andrea Honess, [A.Honess@uea.ac.uk](mailto:A.Honess@uea.ac.uk).

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Head of the School of Education and Lifelong Learning, Professor Yann Lebeau, School of Education and Lifelong Learning, [y.lebeau@uea.ac.uk](mailto:y.lebeau@uea.ac.uk), 01603 592757.

**(13) How do I know that this study has been approved to take place?**

To protect your safety, rights, wellbeing and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

**(14) What is the general data protection information I need to be informed about?**

According to data protection legislation, I am required to inform you that the legal basis for processing your data is as listed in Article 6(1) of the UK GDPR because this allows the processing of personal data when it is necessary to perform our public tasks as a University.

In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at [dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk)
- You can also find out more about your data protection rights at the [Information Commissioner's Office \(ICO\)](#).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at [dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk) in the first instance.

**(15) OK, I want to take part – what do I do next?**

If you are happy and consent to take part in this study, please fill in the online consent form accessible [here](#) or contact me directly to discuss further ([k.skene@uea.ac.uk](mailto:k.skene@uea.ac.uk)). Please keep this information sheet for your information.

**(16) Further information**

This information was last updated on 1.4.22. If there are changes to the information provided, you will be notified by email.

## Appendix 3. Participant Consent Form

### Exploring the role of Educational Psychologists in MHSTs: Consent Form

This consent form accompanies the Participant Information Sheet that has been shared with you. Following submission of the consent form, the lead researcher will contact you directly regarding further involvement.

1.Full name

2.Job title/role within Mental Health Support Team

3.Contact email

I agree to take part in this research study. In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Sheet, which I may keep, for my records, and have been able to discuss my involvement in the study with the researcher if I wished to do so.
- The researcher has answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researcher or anyone else at the University of East Anglia or Suffolk Psychology and Therapeutic Services now or in the future.
- I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study results. I also understand that I may refuse to answer any questions I don't wish to answer.
- I understand that if I take part in a group interview/focus group, I may leave at any time if I do not wish to continue. I also understand that it will not be possible to withdraw my comments once the group has started, as it is a group discussion.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study will be used for a thesis assessment and may be published but that the thesis and any publications will not contain my name or any identifiable information about me.

4.I consent to:

Yes No

Completing a questionnaire

Audio-recording during interview/focus group

Video-recording during interview/focus group

Reviewing my transcripts

5. Would you like to receive feedback about the overall results of this study?

Yes

No

## Appendix 4. Interview/Focus Group Schedule

The following schedule of questions was used when interviewing EP participants. Adaptations made when interviewing MHST professionals are shown in red.

### Introduction/information (5 mins)

#### a. Introduce research

- exploring the current and developing role of EPs in MHSTs
- gathering views of both EPs and other MHST professionals who work in teams where EPs already working. Very much about hearing your experiences from working in the current MHST.
- know developing role in services so looking forward to what could be, what could help etc.
- reminder of right to withdraw, check consent for recording

#### b. Introduce AI

The interview is based around a strength-based approach called appreciative inquiry. This approach has been developed with organisations and positive change in mind and aims to focus on 'what works' and using these successes/strengths to inform future development. Appreciative inquiry can be defined as a) to appreciate – to look at the best, the strengths, and successes in an organisation and b) to inquire – to explore potentials and possibilities (Cooperrider et al., 2008).

When appreciative inquiry cycles are used for organisational change, there are 4 stages; discover, dream, design, deliver. As the purpose here is not to change your service but to better understand the EP role within this and potential developments, we will only be looking at the discover and dream stages. This will be explored through putting questions to the group to discuss further based on your own experiences.

At the end of each stage I'll ask if any key themes, topics, or feelings stood out to you from our discussion.

-any questions?

### Section 1 (5-10 mins) [MHST professionals instead asked to outline what their role involved]

Information about you as an EP and the service if that's okay before we go into the more discussion based interview:

how many years have you been working as an EP?

How long have you worked with the MHST?

How many days per week?

Do you hold an additional EP role outside of the MHST? (e.g. LA)

Is your time commissioned to MHST?

Which organisation does the MHST sit within? (NHS, LA, charity such as mind, or other)

What year was this MHST set up?

Can you give me a summary of the structure?

EP or clinical lead?

How many EPs, EMHPs, seniors?

Any additional roles held?

## Section 2 – define (20 mins)

This is an unofficial stage of appreciative inquiry, it feeds into the discovery section but it focuses on first defining the EP role

- How would you define or describe your [the EP] role working within the MHST?
- What do you understand the EP role to be within the MHST you currently work in?
- What type of work are you [EPs in your team] typically involved with?
- what might have been the purpose/goals for having an EP in the team?
  - skillset?
  - Knowledge?

From the defining stage we've just explored, what themes stood out?

## Section 3 – discover (20-30 mins) by 2.40

So now we move onto the next stage which is discovery, and really aligns with the 'appreciate' part of AI. I'm particularly interested in what is currently positive and working well.

I'd like to ask you to share a success story or positive example where you've felt your [the EP] role or involvement within the MHST has been valuable. It might be working with a child, supporting a school, or more in a leadership role within the MHST itself. Would you like a few minutes to think about this?

- What felt valuable? Positive?
- How do you know this was successful or positive?
- What do you think helped make this positive?
- What skills did you bring to this? [what impact did this have on you?]
- What did you [EP] contribute that may have been absent without your [their] involvement? What was gained from EP involvement?
- What facilitated this to take place?
- More generally: What has helped/enabled the EP role in your team/service? helped to embed? Impact?

What themes or common threads did you notice in the discussion we've just had?

## Section 4 – dream (20 – 30 mins) by 3.10

Reminder that this stage aims to envision what could be in the future if there were no limits and what might be an aim to achieve, so that "inquiring" about possibilities.

Miracle question: If capacity was no issue, and there were no limits, what would you hope for the future of the MHST in 5 years time? what would the EP role look like within this?

### Thinking time

- Tell me about what you envision for the future of the MHST? Hopes? Impact?
- What would EPs be doing or offering? role look like?
- What impact would this have on you? The MHST? On young people/schools?
- What would be different? How would you know things were better?
- What might help make this possible? What else might be needed to help?
- What initial steps might be needed to make this possible?
- What is already happening in this direction?

Reach end of dream stage – themes noticed?

### **Endings (5 mins)**

-Opportunities to add/ ask questions

-final reflections on how the process has been

-thank for time

## Appendix 5. Sample of EP Interview Coded Transcript

I = Interviewer; EP = Educational Psychologist

	approach or bringing in parents and staff and changing organizations... that that might be something they're a bit more avoidant of as well. And so it's how to be persuasive and supportive and skill up. And also to think organisationally around these different barriers.
I	I was just wondering what that looks like in terms of, with both roles, like last year and this year, is there quite a lot of um, is there like supervision with EMHP or in schools? Or is it... a further step back level than that? Who are you kind of working with most directly would you say?
EP	Yeah, that's really good question. And that's... that's kind of my question I'm trying to work out in the new role the moment um, how best to get contact and to do the kind of friendly constructive challenge role that have. Um, last year, based in a team, it was attendance at specific team meetings, at the group clinical skills supervision, at the referral meetings. And then me personally, with the senior mental health lead in the schools, I'd just do that work with the schools myself. In the role this year, with the EP's, who are being recruited as well, I think it's gonna be for EPs to be attending separate teams meetings and to focus on advocating for whole school approaches or multisystemic approaches and to ask um, supportive but challenging questions that bring in wider systems into the EMHPs formulations. And lots of... lots of informal contact in established MHST structures, the supervision groups, referral meetings. And also some tools as well. So we have the audit tools that we use. One is with schools, we're thinking in consultation with an EP around whole school approaches. That targets the eight areas of the Public Health England framework. And I see that as a task for EPs to do separate from MHSTs. I think it needs the conversation. Um, and we also have a tool for the team leads... The MHST leads to do, which talks about, how embedded they are or how far along their whole school approach work is with individual schools. And that's just again to start a conversation. It's the conversation that I can have with the lead or an EP can have with the lead about... What are some of the barriers getting into this organization or working in the whole school level with the organization? Um, My hope is just having... having that as the kind of baseline or a scaffold for that conversation. Makes things might otherwise be forgotten about explicit and just gives you something to hang your conversation on... trying to be supportive.
I	You might... you kind of touched on it a little bit then. Um, and it might be different in your previous last year compared to this year, but how much, I guess, contact and overlap are you having with maybe the more clinical leads, the clinical psychologists that are involved with the with the team? How does your role kind of sit alongside there's?
EP	There's a lot. I mean I... Part of it is I think cause it's a new service within X and there's this rapid expansion, but there's lots and lots of meetings um, between leads, between supervisors and leads. And, um, in a lot of these meetings as an EP with the EP hat on. So again it's... There's lots of opportunity to bring the EP voice to these meetings. Which, from observation so far are quite clinical in their language and I think there's strength in just having these two different languages... Three or four different languages if you include school language and kind of government, bureaucratic or admin language. Um, I think an EP is well situated to notice the different language people are using and to take that kind of social constructivist approach and try and get shared understanding of what we're talking about and to challenge when a particular set of terms is leading us down a particular type of service delivery model. Um, makes sense?
I	Yeah, definitely. Ohh.
EP	Um, lots of overlap and we have different voices and I think EP's are well situated to try and find common language or be explicit about the difference in the language that's being used.
I	Yeah, yeah, definitely. And it sounds like a lot of your work that you typically involved in is that I just say more of that like organizational level that... lots of meetings with... with the other leads. Is there any other work that you're typically involved in maybe at a more school or even individual child level or does it tend to stay at that [visually indicated top level]?
EP	I mean this... this year in the new role, I think it's... its organisational as you say. I've kind of set out what I think the EP role is this year. I've said there's three tasks so there's a within MHST task that's the advocating, its the shared language, it's the challenging questions, it's the um audit and evaluation of whole school approach. And it's kind of training and skilling up through supervision and consultation. That's within service and that's making sure everyone is more confident and competent and aware of whole school approach work. The next function is, delivery to schools. And this is where the more direct contact comes in. At the moment, thinking myself and the EP's we're

Kayleigh Skene
✎ ...

Evolution of EP role (from direct school work to organisational level/whole school focus)

@mention or reply

Kayleigh Skene
✎ ...

EP role to develop practice of MHST professionals

@mention or reply

Kayleigh Skene
✎ ...

Applying EP skill in building relationships within MHST organisation

@mention or reply

Kayleigh Skene
✎ ...

Whole school approach seen as unique to EP role

@mention or reply

Kayleigh Skene
✎ ...

EP role in having/starting challenging conversations for change

@mention or reply

Kayleigh Skene
✎ ...

EP bringing systemic questions to facilitate change in schools

@mention or reply

Kayleigh Skene
✎ ...

Bringing EP voice to multiagency discussion

@mention or reply

Kayleigh Skene
✎ ...

Tension between education and clinical systems re. language used

@mention or reply

	<p>recruiting will offer a kind of really small set of more EP specific activities to MHST schools. So that there is a kind of minimum offer for MHST schools that his whole school approach. That includes, I'm thinking, Group supervision for senior mental health needs and SENCos, um there's a few trainings I think are best delivered by EP. So we have compassionate schools leader project, emotion coaching and EBSNA which are quite psychologically rich. They are whole school approach and the EPs are well situated to deliver and then embed into a school as well. I think also something around consultation for... for more complex cases as well, maybe something like bookable consultation, um, that's the kind of or consistent across MHSTs in X offer, but it's also my hope that EP's whilst embedding themselves into the different localities, the different teams, commission their own work as well. For example, an EP going into X MHST might join the referral discussion, hear about a young person at risk of permanent exclusion, go with the supervisor to the school to speak to the SENCo or senior mental health lead, find out that it's heart, the challenging behavior is a communication of unmet needs around developmental trauma, perhaps, and that would lead to commissioning trauma training or maybe solution focused approaches with a team of adults who work with the young person. So inclusion and understanding of what that behavior is communicating. So I think that there's lots of EP contact with schools. But you know there's.. there's a consistent core offer, but I'm more keen to provide this differentiated, responsive, led by schools and young person need in different areas. I'm probably going to have less to do to do with that but its what I'm advocating for the EPs in the teams. Yeah, the third function is... is ad hoc work with schools for me. So every so often there's kind of news in X of schools that are requiring improvement or is struggling with a particular... particular social, emotional, mental health need. In one of our schools at the moment, there's a really high amount of self harm, year 10 and 11 girls. And that's something that maybe I can take part of it as a team around the school or something if there's a collaboration between health and education services. um, there is a bit of ad hoc, Mercenary EP work, which I think I'm well situated because I can bridge health and education.</p>
I	No, it all sounds really interesting and it's that sense of like working much more at a bigger level of organization, but also responding to the need within... within schools as it as it arises as well. I know a lot of this is kind of like the hope for the next year, but sounds great.
EP	It's there though, like the the work is there.
I	Yeah, yeah.
EP	I think one of the tensions at the moment is, um, its almost like time allocation for myself. I started a week ago with a blank diary it's just working out how much time to spend in meetings, and how much time to fill up working with individual schools. I'm not even sure how to characterize this tension yet, but there's something about... meetings maybe at times feel very productive, but there's not actually contact with school or families or communities. There's not so much organizational change. But you know you can reach some key people and change language or kind of a consultative-ness and then... the direct work with schools also, there's really high need, it's really gratifying and it's the kind of work that I'm used to and I enjoy but there's an issue of equity, you know, going to this school when there's 400 schools in X. Is that the role? So something I'm trying to tackle.
I	Yeah, it sounds like a bit of a balance to strike, especially in terms of like... I think there's value in still being on the ground sometimes to actually remember why.. why you're doing this like that kind of thing. So that that balance as well. Um, I was just wondering in terms of like you originally coming into the mental health support team and that and initially being commissioned, do you get a sense of like what the goal was for having an EP in the team? Was there certain skill sets and knowledge that was like they, yeah, that was to contribute?
EP	Yes, I mean in the X MHST the rationale was to tick that whole school approach function from the Green Paper. EPs were brought in to facilitate whole school approaches in schools. And it was recognized that supervisors, which had come from a clinical background mainly, and the EMHPs who were trained in within-child approaches, had less experience doing that... more clinically focused. Um, Yeah, that's.. EPs, whole school approach and I guess with that, kind of trialled last year, and it was felt to have gone well and I think what's also been recognized that maybe wasn't as.. as known, was just our knowledge of school systems and our experience in working with different people in schools or understanding some of the dynamics that happened with busy teachers or senior leadership teams. Yeah, it's a whole school approach and application of psychology for whole school approach change was the stated and then the kind of added bonus was just our experience being in schools.
I	Yeah, yeah, yeah. Sounds like there was like, a set goal, but kind of having many people kind of allowed for 'this is what else can be offered as well' And this is what what other knowledge is being brought to and that kind of brings

- 13
Kayleigh Skene
✎ ...

View of EPs as well-placed to deliver whole school approaches/training (protective)

@mention or reply
- 13
Kayleigh Skene
✎ ...

EP role in supporting more complex cases

@mention or reply
- 13
Kayleigh Skene
✎ ...

Sense of agency/protectiveness over EP work

@mention or reply
- 13
Kayleigh Skene
✎ ...

EP role in complex cases; relationships, identifying need, providing intervention

@mention or reply
- 13
Kayleigh Skene
✎ ...

Advocating for direct work to be responsive to need

@mention or reply
- 13
Kayleigh Skene
✎ ...

Manager/organisation role limits direct work

@mention or reply
- 13
Kayleigh Skene
✎ ...

EP as bridge between health and education

@mention or reply
- 13
Kayleigh Skene
✎ ...

Autonomy of EP: managing time (challenge)

@mention or reply
- 13
Kayleigh Skene
✎ ...

Ongoing question/trying to define role

@mention or reply

## Appendix 6. Sample of MHST Focus Group Coded Transcript

I = Interviewer; E = EMHP; C = CWP

	hope the mental health support team would look like within five <u>years time</u> and then we can think later about the EP role in that. But yeah, your dream for the future of your team eventually in terms of the impact and young people and you other service as well. <u>Its a big one so take your time.</u>
E	I think we would be in all schools in [LA] like all local authority schools in [LA], we <u>we</u> would be linked with where we're very slowly getting to that point. But there are still patches here and there where we're not connected to a certain school or you know, not involved in their work. In that sense, I think we would, we would cover the entirety of the borough in terms of sort of those schools would be one of the things that we would be doing.
C	Yeah, I think it's an actually... Yeah, all schools would be <u>good</u> and I guess this kind of we're trying to... To do it anyway, but maybe five <u>years time</u> if the whole school really knew who we were as a practitioner, so every teacher knew you were almost very much part of the school rather than someone coming into the school. You would just embed in that culture and then the culture is much more focused on delivering... You know, supporting children's well-being, emotional well-being and <u>and</u> the whole school, I guess it understands the impact that that has on attainment as well, you know, appreciating how important is to have good well-being in order for them to <u>to get good grades or to develop socially and and yeah, fantasy land isn't it.</u>
E	Yeah. I guess building on that would be really nice for schools to <u>actually</u> . Yeah, I guess you <u>you</u> kind of said it, C, but just to almost support you with it. I <u>I</u> really would love schools to actually value the importance of mental health care and the impact that it has on education because I think even now with schools that we've been well established in for, you know, a while, there's still barriers in place that make it or they're still doing things within the school structure that have quite a significant impact on the well-being of their pupils and the well-being of their staff members as well. <u>ay</u> , maybe just having like a wider understanding of, like how to support mental health whilst in educational settings.
C	Yeah. And we're doing a lot of work about, aren't we? There's a lot of work which we <u>have to</u> push in a sense, that person getting a getting a foothold in their school, delivering interventions, getting teachers to know if there's a who we are, how to refer into us. So that's like it takes a lot of work, but I think where we're at now is that teachers still don't have a great understanding of mental health and they don't have a great understanding of what types of referrals we take. Umm, that's what identified children with mental health difficulties so we're either getting more atypical referrals or children are being missed, I think. And so if <u>if</u> it was really understood across the school about mental health, just make this a lot easier firstly, but then obviously we're talking about cultural change of the school. Like, that's the sort of the <u>dream</u> , if you like, everyone really had a good understanding. <u>So</u> no kids, miss. No <u>childs</u> missed. <u>yeah</u> , it just takes. As I say, there's a lot of work that we're having to drive <u>at the moment</u> and E put it perfectly like the barriers that that are there. There's so many barriers <u>to...</u> to change.
E	I admit this is more of a <u>a</u> personal feeling. I would like to be appreciated more by the schools that were we work in. I don't think they appreciate us enough. We are a completely free service. The only thing they <u>have to</u> give us is their time and their room. <u>And</u> I sometimes do feel like we are devalued for services which they pay for. <u>Obviously</u> , that makes complete sense, they want to get the most out of the money because funding is so hard and educational settings, but at the same time I find it very infuriating when it feels like our service, which is very important and offers such an opportunity to schools and the young people that attend there, it just, yeah, it just really irritates me. I feel a lot of the schools don't value us enough <u>to what we what we can provide them.</u>
C	Um Yeah. Like it feels... some schools better than others, some schools are great. But <u>yeah</u> , on <u>on</u> the whole and some are, some are like we're that sort of tick box <u>exercise</u> or we've got mental support and school great a child's identified as being a bit disruptive in the class. Let's just... They're in our... sending off the mental support team without any real thought. Yeah, I mean that just needs to change. I mean, not just because it'd be nice for us, but that there's a lot of problems with that, just sort of identifying pupils who misbehaving and then shipping them off to the Mental health support team, in terms of their well-being it's not great. Teachers need a bit more understanding. <u>I think is really important over the next five years.</u>
I	I think it's very interesting what E you <u>talking</u> about round feeling valued. <u>Actually</u> feels like it ties into what C was saying about that cultural shift, because actually schools recognize the... The value in the service and the importance on that will help. Then they would probably value your <u>your</u> role that bit more and...
E	And they'd appreciate it because it's <u>like</u> , it's completely free. It's a free service. And you know, I <u>I</u> sometimes, especially with primary schools because they have less capacity from us. Secondary schools have a full day and <u>primary schools, have half a day, understandably so. Secondary schools are usually a lot bigger, but I find that with</u>

@ Kayleigh Skene ✎ ...

Dream: for MHST to be in all schools in LA

@ Kayleigh Skene ✎ ...

Dream: MHST/EMHP as embedded/known by everyone in school

@ Kayleigh Skene ✎ ...

Dream: whole school culture/understanding of importance of wellbeing for learning/attainment

@ Kayleigh Skene ✎ ...

Dream: for schools to value/understand mental health support for better education

@ Kayleigh Skene ✎ ...

Barriers in schools and structure impacting wellbeing of staff and pupils

@ Kayleigh Skene ✎ ...

MHST currently working hard to get into schools, develop staff understanding/use

@ Kayleigh Skene ✎ ...

Currently teachers not understanding how to use/refer to MHST (impact children missed)

@ Kayleigh Skene ✎ ...

Dream: supporting cultural change/understanding in school would ensure no child missed

	the primary schools they... for sometimes, I've got one particular primary school in mind, it feels like they feel a bit cheated by the fact that we're only offering them and like they just... Yeah, it's really difficult because they don't utilize as well but they want more of our support. And it just feels like such a clash.
I	I guess I'm wondering like if you were more valued, more embedded across and across wider schools, as I thought essentially if your dream came true, what would? What do you think that would make possible really go both in terms of four young people, but also for you as a service? Like what does? What would that dream make possible?
E	I'd like to see more interconnection amongst schools in [X]. I'd like them to use each other as an opportunity to learn and improve. We've got very, very different bases, very different types of schools in the [X] area, which have their own pros and cons, and some schools do one thing really well and other schools don't do that thing very well. And I think there's a real opportunity to learn from each other. And I think if we were across more schools and <del>and</del> were able to sort of be more connected and <del>and</del> had more engagement than maybe schools would be more willing to link up and sort of have this sort of multidisciplinary like across-schools mindset, maybe where they can learn from each other potentially. I mean, that's probably not realistic in in my lifetime, but...
C	Hmm. I think if... For children and young people at the school, um it's just so positive for their well-being and their and their futures. And you know, there's still such an emphasis. I mean, I guess rightly, you know, on attainment. So it's good to get good grades like it's really important but we know we've been noticing there is no, there's no balance really. And even these kind of... is... mental health is getting more acceptable to talk about. And children are aware of it, but still it just feels a bit more of a tick box exercise from schools at the moment. So, Yes, do you exams achieve and put yourself through so much stress, but make sure you go for that sort of 15 minute walk between revising because it's really important for your well-being and it's just the the amount of for us we received during those sorts of times in April and May specifically around exam stress is just shows, umm yeah, a real lack of understanding from the schools about pupil well-being and mental health. So yeah, I mean, if the dream did come true and there was just a real effective system school system in place. Which supports the attainment of peoples and it's doing but but having that... I don't know how it will look to be honest, but having that side where everyone really has a good understanding of emotional well-being and noticing the signs when it's tipping. And Just be optimal. You know students well-being and then they're growth in the future and and then there's us. I think it just be nice because we shouldn't be having to push this. I don't think you know... It still feels like we're pushing the service when everyone knows it's important that mental health is important, but it's strange that we're pushing it rather than it being like...
E	Yeah. I get up...
C	"We want this service", you know.
E	I guess I'll role would not, we wouldn't have to change attitudes anymore that would be seen, that would come away from our role.
I	It feels like a lot around kind of where the priority like lies within schools at the moment and kind of. The hope would be that she the priority would lie would now how fast or often secondary to the lining. But yeah, and I guess I'm wondering like, in terms of that dream, particularly in supporting that cultural shift within schools, do you get a sense of whether there is a role for, for your service in supporting that or the EP's in your service for supporting that?
E	Yeah, like qhh. One of the EP's in our team has been trying to sort of raise... I guess it's a whole school approach related, but it's like looking into student voice and student well-being and trying to prioritize. Umm, you know, getting schools to prioritize how students find their experience of being in school so much that there was an audit that was conducted over the last academic year, which C, you helped with the statistical side of that, didn't you? But I think there's definitely a real opportunity for EP's to kind of, to look into that and to conduct research and sort of provide, I think schools are very data-driven. From the sense that I get and I think actually it would be really useful for schools to almost have mental health data from their settings sent provided to them and say like, "look, this is an area that you're doing really well, but this is an area that could be improved upon. And these are kind of some of the action points that might be really useful to do so". So I think that I can see potentially being. I could really positive opportunity moving forward.
C	Yeah, yeah. Great. I can also see, Uh, I think the importance of an educational psychologist umm, presenting or arguing the case for uh, mental well-being, an effect that has on attainment, so how important it is to look after yes, student well-being, because if they're stressed, they'll do worse than their exams or they'll. Umm and there

Kayleigh Skene

Dream: interconnection amongst schools to learn from each other's successes around MH

@mention or reply

Kayleigh Skene

Dream: potential role for MHSTs to support link up/joint learning across different schools

@mention or reply

Kayleigh Skene

Mental health still feels like tick box in most schools with attainment as priority

@mention or reply

Kayleigh Skene

Seeing huge link between exam periods and referrals to MHST

@mention or reply

Kayleigh Skene

Dream: more effective school system for noticing and understanding wellbeing for future

@mention or reply

Kayleigh Skene

Sense of surprise that service is even having to push the importance of MH, should be known

@mention or reply

Kayleigh Skene

Dream: EMHPs wouldn't have to be changing attitudes (if cultural change occurred)

@mention or reply

Kayleigh Skene

EPs as facilitating whole school approach through gathering/prioritising student voice re. wellbeing

@mention or reply

## Appendix 7. Process of Reflexive Thematic Analysis

### 1. Familiarisation

An example of initial notes during familiarisation stage of thematic analysis

EP interview  
Thematic analysis – familiarisation

Step 1 – key reflections immediately after interview

- Value of pre-established relationships with schools “bridge”
- ‘feeling our way’ – journey/navigation
- In it together – value of peer supervision
- Conflict between flexibility and MHST restrictions
- Positive work/MHST environment as priority (filters down, systemic)
- Discomfort with inequity and lack of progress

Step 2 – familiarising with data	
Section 2 – define	
Section 3 – discover	

Kayleigh Skene (EDU - Postgraduate Researcher)

Reflections from interview:

- saw greater focus on political climate impact in this interview and conscious about interviews not occurring in isolation and being influenced by politics
- interview at point where government about to shift (just before Lis Truss left)
- interested to see if mentioned in next EP interview

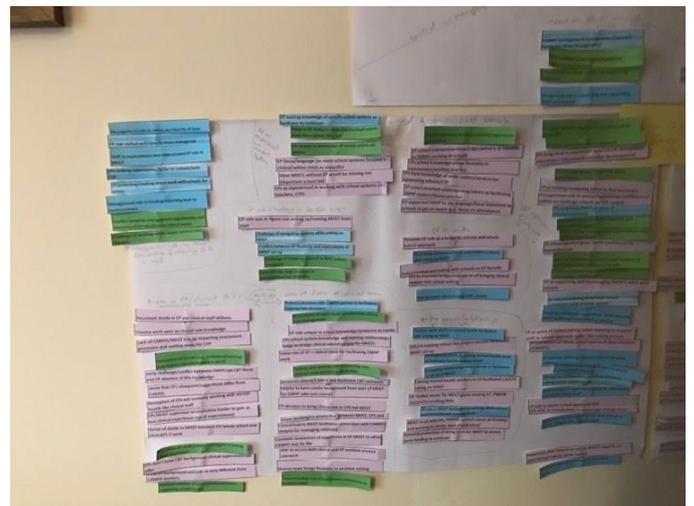
-also reflected on the general comfort/ease of interviewing EPs - everything is slow and discussion is reflective and paced

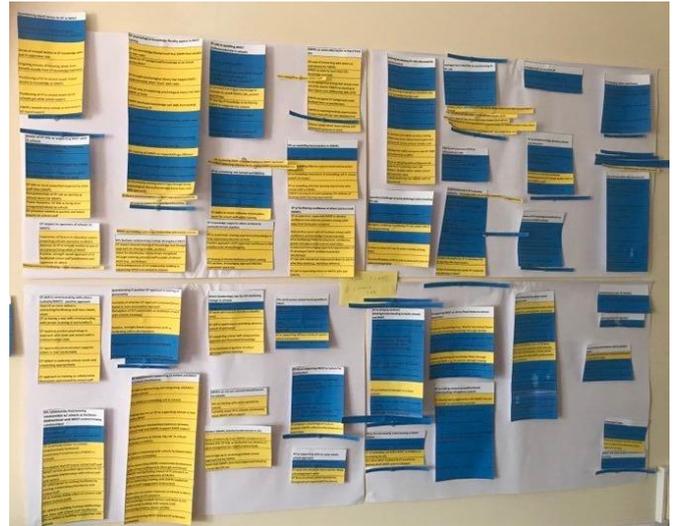
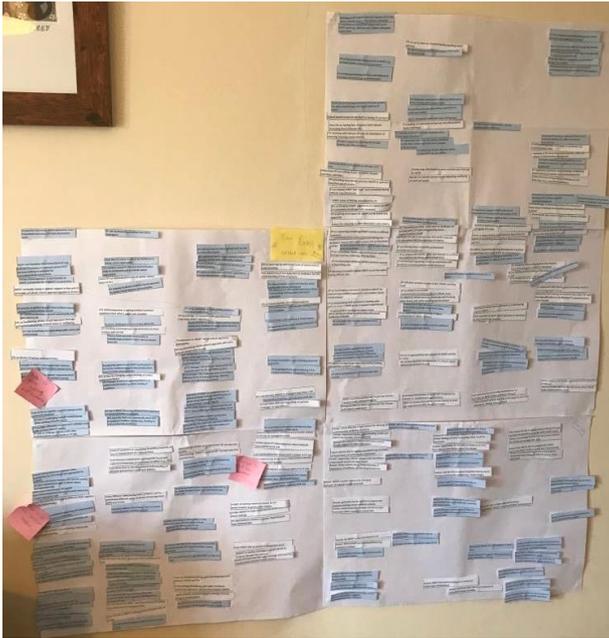
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@mention or reply

### 2. Coding (see Appendix 5 and 6)

### 3. Generating initial themes (examples)





#### 4. Developing and reviewing themes

Theme	Profession	Description of theme	Example quotes
A role for EPs across system levels, aiding understanding through accessible psychology	EP dominant 13	EPs support across system levels, particularly with schools, parents, and EMHPs by sharing psychology in a way and with language that is accessible and aids shared understanding of all	"parents really appreciated him coming in there and kind of showing them certain things like he did a lot of stuff on emotion coaching and how they should kind of respond to their children. And I think he did that for teachers as well. So I think that that he was really trying to bring in loads of whole school aspects and I think the school really appreciated it and I think that's why they really wanted him to keep doing what he was doing." EMHP "we have different voices and I think EP's are well situated to try and find common language or be explicit about the difference in the language that's being used." EP "I'm really mindful that now talking about me bringing psychology and disseminating it, which I think is an EP role." EP
EPs as valued resource to have within the team (EMHPs wanting to learn from)	EMHP dominant 8	EMHPs as admiring knowledge EPs have and valued impact within their team so wanted to take every opportunity to learn from them	"It's something that we all kind of witnessed and and try to learn from and and always kind of try to sponge everything that that would come out of his mouth in workshops or group conversations because he had all that theory and knowledge and he was so good at building those relationships and it kind of empowering people or motivating people." -EMHP "we kind of saw it from afar, but were wanting to tap into that a little bit more in terms of like supervision, he was there and he would contribute sometimes theory or things that he felt would be relevant or helpful to us and in for example setting up that workshop. He contributed a lot of theory that was relevant and helpful to us... I was like, we want to use you and learn from you" -EMHP
EPs as first supporting/ understanding MHST as a system for change to filter down to schools (top down, indirect impact)	Mixed 16	EP views their role as applying EP skills, questioning skills, whole school approach focus at an MHST level first, with EMHPs recognising the trickle-down effect this sharing of knowledge has (e.g., from EP to EMHP to parents)	"I think EPs can be effective in the school-facing work, but also the within...within the MHST work as one of the main strands of our work. Yeah, maps, organizational thinking and discussion and reflection, leadership, Consultation, supervision." EP "between supervisor and EMHP and leads and supervisors it's the same, can be the same template. I used to know more about this and maybe it's something I need to look into again, but. Transactional analysis. There's that idea of scripted interaction, and and playing out previous script interactions like child." EP "he would kind of give me ideas from his background. Like I think there was something called like blooms taxonomy And so it was really helpful because then I took that on myself and then I shared it and like the other EMHP's mine, I think it just helped me to kind of share his knowledge like across the team" EMHP

EPs as holding dual role in facilitating change in schools, directly through supporting school staff and indirectly through sharing knowledge of school systems with MHST	Mixed 18	EPs have a unique knowledge of school systems/contexts and constraints that allow them to support change both directly through advice/consult/ planning meetings with school staff and through supporting MHST understanding of schools	"they've got that knowledge on education and... and schools and how those systems work" EMHP "He did a lot in the schools that I worked with. So he umm, kind of was in charge of like organizing, like, referral meetings and making sure kind of everyone was getting together and talking about things." EMHP "Recognizing some of the kind of barriers or tensions, Schools are busy and They might feel more comfortable with someone coming and giving them something rather than the potential challenge that is felt by whole school discussion." EP "all psychology that can be shared language and knowledge amongst the whole organization. And then to embed and push for for genuine change to evaluate that as
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### 5. Refining, defining and naming themes

**NHS/CAMHS**

*- mixed view  
- EP dominant  
- EMHP dominant*

**Case 1 - EP within team**

- EP as bridging/challenging medical model
  - reason fitting role into NHS
  - challenging within-child / medicalised language (room for more in future)
  - sense of superiority > clinical?
- EP role as fluid/evolving w/in context
  - creativity/autonomy as enablers
  - role informed by service/context needs
  - shift to management as constraining?
  - ongoing question/clarity of EP role (greater clarity of role needed)
- EPs as facilitating embedding of MHSTs in schools
  - power/perception of EPs uncomfortable but facilitative (EMHPs face barriers w/out)
  - relationship - first approach
  - positive communication/personality
  - and school openness
  - still a need to ↑ school understanding / acceptance of MHSTs
- EPs as enabling/developing MHST professionals (+ school staff)
  - provide containing/reflective space
  - sharing/modelling best practice, school systems + psychological knowledge
  - building confidence of others
  - aiding relationship skills to develop
- EP working across system levels to drive/hold whole school approach
  - dual role: direct work w/ schools + via MHSTs (sharing psych knowledge)
  - top down approach: understand/support MHST system first
  - space/future goal to ↑ WSA across system (e.g. EMHP upskilled)
- Equitable access to EPs needed
  - indirect management role would enable
  - vs. fear loss of access to EP contact/knowledge
  - greater presence ACROSS system levels:
    - equity
    - can fail
    - train

*Future role too requiring EP presence*

**EP/SLA**

**Case 2 - management EPs**

- EP identity as Over-see-er, not 'EP'
  - challenge in identifying/defining EP role beyond management responsibility
  - value EP input but question what's unique
  - EP skills as aiding set up (consult)
  - management role demand (EPs seek time/creativity to think above role + WSA)
- A need for ↑ professional diversity & joint work in MHST
  - EP-only service as 'insular' (seen ↑ diversity)
  - conflicted view of EPs - MHST joint working opportunities
  - goal to ↑ joint work w/ CAMHS for early intervention + impact
- EP involvement aids school openness to MHSTs
  - MHSTs/EMHPs feeling uninvolved
  - perception of EPs aids openness
  - EP relationship - building practice w/ MHSTs in school (creative communication)
  - could aid goal of expansion/access
- EMHP training as restricting MHST work
  - training limited to 1:1 work
  - EPs as filling training gaps (SEA, WSA)
  - EPs as train/upskill / share knowledge via supervision
- Top-down approach to develop wider wellbeing + knowledge
  - EPs as modelling communication + relationship - building to MHST professionals
  - EPs prioritising MHST-wellbeing FIRST
  - EPs contain/reflective MHST in supervision
  - EPs share knowledge by upskill MHST
- EPs well-placed for systemic practice
  - school systems knowledge as facilitator
  - prioritising CYP voice to inform service delivery
  - naturally consider different systemic levels / influences (incl. national context)
  - work in collab. w/ schools for needs-led WSA
  - future goals to further support school culture shifts for wellbeing via:
    - voice to all system levels
    - develop schools policy & curricula

**EP/SLA**

*- mixed/shared  
- EP dominant  
- EMHP dominant*

**Case 3 - management EPs**

- Management role as enabling impact but limiting EP flexibility + identity
  - manager role allow EP impact to be systemic
  - indirect (seen as future role for EPs too)
  - wider system barriers/expectations (MHST guidelines) as limiting EP flexibility/creativity
  - EPs as growing lost identity & seeking out direct - worn opportunities
  - question what is EP skill & what is positive personality? chicken/egg
- EPs as providing & prioritising space for MHST professionals
  - psychological theory as guiding EP priority on holding/containing MHST
  - space to contain another, measure & build confidence of MHST
  - unique role in problem-solving, reflective space
- EPs as aiding professional learning/development throughout system
  - EPs skilled in delivering training/education to develop knowledge in schools
  - EPs aid EMHP learning/development via supervision space
  - contribute/develop SEND knowledge in MHST
  - and shift in thinking from rigid/clinical to child-centred/creativity
- EP skillset/contribution as sit alongside clinical professional contributions
  - diversity in MHST workforce valued
  - EP skillset/contribution differs from clinical professionals
  - future goal to ↑ overlap w/ mental health professionals to improve access for all to MHSTs/support
- EP as bridging different levels of system (aids MHST establishment + WSA) → enabling
  - EPs bridge MHST/health + education/school
  - systems knowledge helps drive WSA
  - school knowledge facilitates presence in schools
  - perceived power vs. relationship building as enablers?
- consciousness to political impact on functioning of MHST as system
  - uncertainty re. future job security vs. potential protection of EP/SLA contract
  - future sustainability depend on staff retention & progression opportunities

**NHS/CAMHS**

**Case 4 - EP within team (6 mths)**

EPs create containing spaces throughout system (contain containers)

- EPs sensitive communication contain/hold
- EMHP confidence
- and modelled for EMHP to learn/apply
- EPs create reflective space to empower MHST + school professionals
- future priority to support CYP wellbeing via staff/professional wellbeing

Dual role in LA/MHST as both developing & challenging EP role/identity

- dual role as enable + challenge EP
- EP role defined by both autonomy provided + goals/requirements of MHSTs
- MHST allows time for ↑ WSA/systemic work
- sense of isolation (value reflective space to co-develop role)

EP as holding/driving WSA goals (potential)

- EP 'digs deeper' to drive systemic thinking / WSA
- EPs as advocating for child/family voice to guide WSA (needs-led approach)
- future space to ↑ WSA/impact by having EPs present at different levels of system (more EPs) & upskill MHST re. future goal to work more w/ other WSA influencing systems (EPs, trainees)

EPs as bringing everyone together (bridge)

- EPs bridge health/education
- support shift in language (holistic) towards shared understandings
- aided by dual role in EPs
- skilled in bringing voices (e.g. consult)

Unique knowledge contribution as "scientist practitioners" to schools/MHSTs

- EP knowledge of school systems & psychology valued for bringing new lens to MHST
- seen as filling a knowledge/experience gap
- EPs bring research & evaluation skills to support evidence-based MHST (applying core skills)
- value/priority placed on embedding in systems
- EP embed in system aided by first develop understanding of MHST (sensitivity)
- EP in MHST aided by senior level commitment
- EP communication, school system knowledge & perception of EP as enabling school receptiveness (especially in tricky sit.)

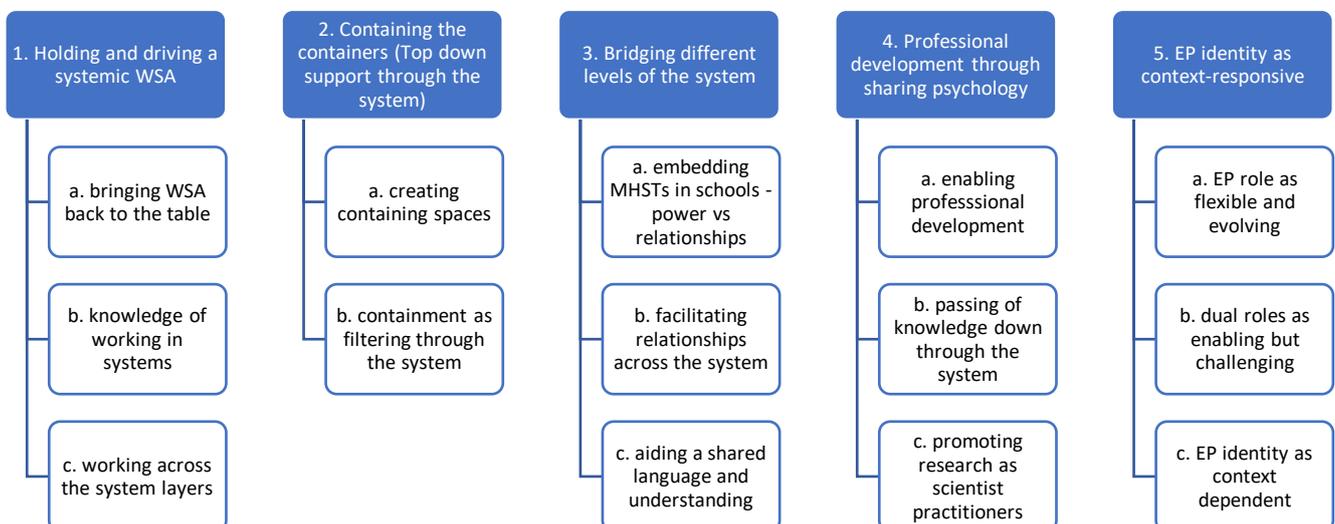
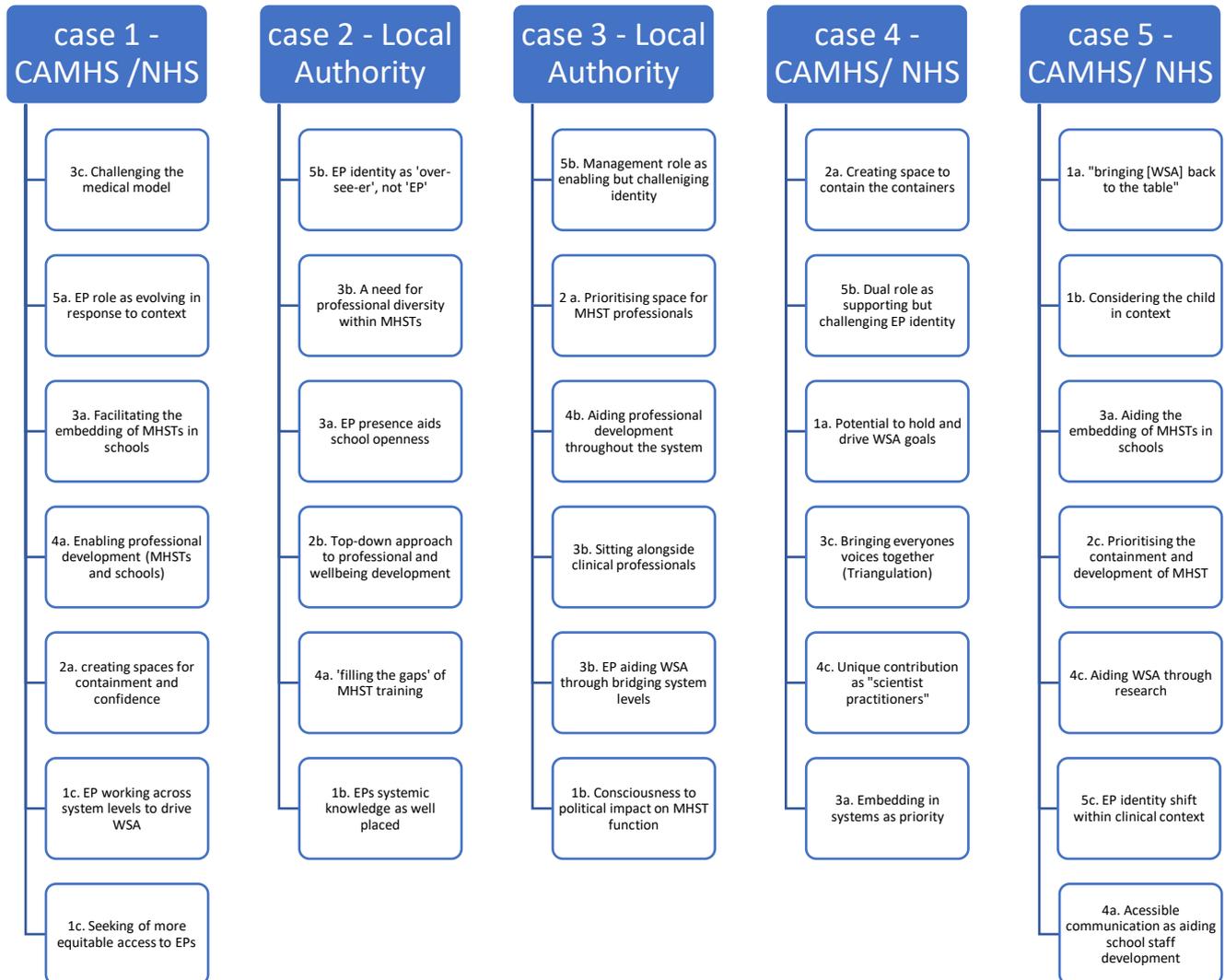
**NHS/CAMHS**

**Case 5 - management EPs**

- Management role as enabling EPs to 'bring WSA' back to the table
  - key role for EP in drive/encourage WSA
  - MHST/management allow shift in EP role away from 'traditional/stabular' to ↑ system
  - importance in future for EP leadership presence to drive WSA (EP responsibility)
- Unique contribution of considering child w/in system (unique to EP?)
  - recognition EP holistic thinking & school system knowledge as unique for considering CYP with context
  - EP cautious consideration to wider political/legislative influences on MHST
  - but question of if EP unique from clin. psychol. for example
- EPs as aiding presence/embedding of MHSTs in schools
  - knowledge/experience of overcoming barriers to working w/ school systems
  - question: power/perception OR relationship building skills?
  - future need to further support embedding in schools to aid existing MHST access
- EPs prioritise containment & development of MHST
  - wellbeing of MHST in busy system prioritised through support/containment in supervision spaces
  - reflective/communication skills enable MHST professional development
  - MHST value EP psychological contributions
  - in future: more upskilling of MHST for systemic impact/transference
- EPs aid WSA through research skills
  - EPs as using core skills (consult, research) to guide WSA through gathering pupil voice
  - skills in applying evidence-based to MHST practice & evaluating WSA
  - future goal for EP to ↑ researcher role in MHST
- EP role/identity guided by clinical context
  - supporting shift away from medicalised language in MHST
  - EP as bridging fields of health + education shift away from 'EP' identity given context
  - Effective communication as aiding school staff development (accessibility)
  - EP bringing experiential/adult learning knowledge aid MHST/psychol. to advocate through system
  - EP aids understanding of learning → wellbeing links (especially re. SEND) (space to develop in future)
  - future goal to ↑ upskill of school staff (incl. cultural shift)

## Appendix 8. Cross-case Theme Development

Cross-case themes were identified by grouping together similar themes that sat across individual cases (first figure below). Number/letter denotations were used to develop final cross-case themes (second figure below).



## Appendix 9. Ethics Application and Approval

### Ethics ETH2122-0178: Miss Kayleigh Skene

Date Created	04 Oct 2021
Date Submitted	14 Mar 2022
Date of last resubmission	01 Apr 2022
Date forwarded to	15 Mar 2022 committee
Researcher	Miss Kayleigh Skene
Category	PGR
Supervisor	Dr Andrea Honess
Faculty	Faculty of Social Sciences
Current status	Awaiting Supervisor decision

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### Ethics application

#### Applicant and research team

##### Principal Applicant

Name of Principal Applicant

Miss Kayleigh Skene

UEA account epq20tqu@uea.ac.uk

School/Department

School of Education and Lifelong Learning

Category

PGR

##### Primary Supervisor

##### Name of Primary Supervisor

[Dr Andrea Honess](#)

Primary Supervisor's school/department

School of Education and Lifelong Learning

##### Project details

##### Project title

Exploring the Current and Developing Role of Educational Psychologists within Mental Health Support Teams: A Solution-Oriented Multiple Case Study Approach

##### Project start date

01 May 2022

**Project end date**

01 Dec 2022

**Describe the scope and aims of the project in language understandable by a non-technical audience. Include any other relevant background which will allow the reviewers to contextualise the research.**

MHSTs were recently introduced (2018) across the UK following a government strategy (Department of Health and Department for Education, 2017) to improve children and young people's access to early intervention support for mild to moderate mental health needs. Unlike many previous mental health initiatives, MHSTs have been designed to work alongside and within schools, rather than in a clinical setting, with a particular focus on whole-school approaches (e.g. staff training/supervision).

At the same time, EPs have continued to be a key source of support for schools when concerns arise relating to children and young people's mental health, working at individual, group, and whole-school levels. This role appears only to have increased in recent years in response to growing mental health concerns, reflected by the introduction of 'social, emotional, and mental health (SEMH)' needs to the SEND Code of Practice (Department for Education, 2015) which guides EP practice.

The overlap of the EP role and newly introduced MHSTs creates a question as to what impact this may have on EP's existing involvement with supporting mental health in schools and whether there is scope for both services to work together. Given the flexible guidance about MHST structure, a number of teams across the country already have EPs working within, or leading their teams. However, currently there is an absence of research exploring MHSTs, and particularly the role of EPs within these teams.

As such, this project aims to explore this evolving role and existing gap in the literature by exploring what the role and contribution of Educational Psychologists (EP) may be when working within newly developed Mental Health Support Teams (MHST). It also aims to consider how they may better work together in the future, given that mental health concerns relating to children and young people continue to be on the rise.

**Provide a brief explanation of the research design (e.g. interview, experimental, observational, survey), questions, methodology, and data gathered/analysis. If relevant, include what the participants will be expected to do/experience.**

This study will take an exploratory, qualitative approach to address the following questions:

From the perspectives of EPs and other MHST professionals:

- 1) What are the current roles of EPs working within MHSTs?
- 2) What are the current contributions of EPs working within MHSTs?
- 3) What could future involvement of EPs working within MHSTs look like?

A multiple case study design will be used to address the research questions, with the 'case' defined as the 'role of the EP' within each MHST. Multiple case study has been identified as appropriate with recognition that MHST contexts differ (e.g. situated within NHS, charity organisations, local authorities).

To provide an overview of each case, a brief Microsoft Forms survey will be sent to the EP and Team Manager/Lead Clinician in each MHST to gather demographic information.

Semi-structured interviews and focus groups will be used to gather data via Microsoft Teams video calls. A single interview schedule will be used but focus groups will be used with non-EP MHST professionals while EPs will be interviewed separately. This separation is to support honest, open accounts and with awareness to previous literature which suggests EPs can experience threats to identity when working with other mental health professionals (§1.1; HCPC, 2016).

A solution-oriented framework, based on Appreciative Inquiry (Cooperrider & Srivastva, 2017), will inform this study. Using the first two stages of an appreciative inquiry cycle to guide the interview schedule, participants will be asked to reflect on and discuss what is currently working well regarding the current role and contributions of EPs within MHSTs (discovery stage) and to consider future potential and hopes for EP involvement (dream stage).

Inductive thematic analysis will be used to explore themes from interview and focus group data, guided by Braun & Clarke's six-phase framework for reflexive thematic analysis (2006; 2021).

**Detail how any adverse events arising in the course of the project will be reported in a timely manner.**

Should a potentially harmful event arise which was not anticipated when designing this study, the research applicant will report this event to the EDU ethics committee using Ethics Monitor, following consultation with the primary research supervisor (§35, BERA, 2018; §7.1, HCPC, 2016). If consultation with the primary research supervisor is not possible within 24 hours of the event/awareness of the event, the event will be reported via Ethics Monitor within said 24 hour period.

**Will you also be applying for Health Research Authority approval (HRA)?**

No

**Indicate if you are applying for approval for an experiment to be conducted in the School of Economics' Laboratory for Economic and Decision Research (LEDR).**

No

**Is the project?:** none of the options listed

**Does the project have external funding administered through the University's Research and Innovation Services (RIN)?** No

**Will the research take place outside of the UK?**

No

**Will any part of the project be carried out under the auspices of an external organisation, or involve collaboration between institutions?**

No

**Do you require or have you already gained approval from an ethics review body external to**

**UEA?**

No

**Does this new project relate to a project which already has ethics approval from UEA?**

No

### Research categories

**Will the project involve human participants?** Yes

**Will the project involve the use of live animals?**

No

**Will the project have the potential to affect the environment?**

No

**Will the project have the potential to affect culturally valuable, significant or sensitive objects or practices?**

No

**Will the project involve security sensitive research?**

No

### Human participants - selection and recruitment

**How many Participant Groups are there who will receive tailored participant information?:** Two

#### **Name of Participant Group 1.**

Educational Psychologists (professionals)

#### **Name of Participant Group 2, if applicable.**

Mental Health Support Team professionals

#### **How will the participants be selected/recruited?**

Purposive sampling will be used to identify and recruit participants, seeking first to identify MHSTs who have an EP working within their team. As such, publicly available service email addresses will be utilised to contact Principal EPs, MHST clinical leads, and MHST regional leads to identify MHSTs with an EP team member, and to act as an informal gatekeeper to others within the team (§11, BERA, 2018). Where there are existing connections with EPs or MHST leads, as a result of my professional role as a Trainee Educational Psychologist, contact will first be made with gatekeepers (EP and MHST service leads) to seek permission before making contact.

In addition, advertisement will be made to a wider audience of EPs and MHST professionals (particularly managers/clinical leads) using platforms commonly used by EPs and MHSTs (EPNET, FutureNHS, and Twitter).

The aim will be to identify up to 4 MHSTs to take part in this study, with at least 1 EP and 2-3 other MHST professionals within each team consenting to take part. As such approximately 12 - 16 participants will be recruited. Based on existing contacts with EPs and MHSTs, this number of participants is considered achievable.

#### **Will you be advertising the opportunity to take part in this project to?:**

None of the above (i.e. UEA's Student Insight Review Group (SIRG) does not need to be informed)

### **What are the characteristics of the participants?**

Inclusion criteria:

A MHST will meet the inclusion criteria if they have at least one consenting participant holding each of the following roles: EP, Education Mental Health Practitioner (EMHP) and/or EMHP Supervisor, Team Manager and/or Senior Clinician (indicative MHST structure). Some flexibility may be required where leadership roles are shared. With recognition that many teams are newly developed, while ensuring participants have had adequate time to understand the service context and EP role within this, individual participants will be required to have worked in a team for approximately 6 months.

Exclusion criteria:

An individual participant will not be included in a focus group if they have had less than 6 months experience of working within a MHST (this applies to EPs as well as other MHST professionals). A MHST will not be included in the research if they do not have an EP and at least 2 other professionals who consent to take part in the study.

### **Will the project require the cooperation of a gatekeeper for initial access to the individuals/groups to be recruited? Yes**

#### **Who will be your gatekeeper for accessing participants?**

Principal Educational Psychologists within Educational Psychology Services, and Mental Health Support Team Regional and Clinical Leads will be key gatekeepers for accessing participants.

#### **How and when will a gatekeeper permission be obtained?**

Gatekeepers will be recruited using the methods outlined previously regarding recruitment.

This will predominantly be via email, using existing contacts and publicly available service email addresses to first identify where EPs are working within a MHST with an EP team member and then explore interest in participation. Advertisement on platforms commonly used by EPs and MHSTs (EPNET, FutureNHS, and Twitter) may also allow further contact with gatekeepers. As open platforms, consent will not be needed to advertise via EPNET or Twitter. FutureNHS does not appear to be an open platform and so will only be used for advertisement if a platform organiser can first be identified to contact via email. If consent is provided, then the platform will be used to aid recruitment.

This stage of recruitment will take place shortly after ethical approval has been provided for this study.

#### **Provide any relevant documentation (letters of invite, emails etc).**

#### **How will you record a gatekeeper's permission?**

Copies of any gatekeeper emails providing permission will be made and stored securely in a password protected OneDrive file for record of which services have given consent for involvement.

#### **Is there any sense in which participants might be 'obliged' to participate?**

Yes

#### **If yes, provide details.**

As a result of having a professional relationship with a small number of EP and MHST professionals (3 individuals) who may fit the recruitment criteria for this study, these individuals may feel some obligation to participate as a result of previous, albeit limited, email communication with myself.

#### **What will you do to ensure participation is voluntary?**

To ensure participation is voluntary, recruitment contact will take place via gatekeepers (EP or MHST leads) so that individuals with existing professional relationships are not contacted directly, and so do not feel any obligation to participate on this basis.

Where there is an existing professional relationship with a gatekeeper (EP or MHST lead), the recruitment email will include an additional line, taken from the existing participant information sheets (Section 5), to re-iterate that:

"Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researcher or anyone else at the University of East Anglia or Suffolk Psychology and Therapeutic Services now or in the future."

**Will the project involve vulnerable groups?**

No

**Will payment or any other incentive be made to any participant?**

No

**How and when will participants receive this material?**

Initial contact with educational psychologists and service leads, using the proposed recruitment methods, will occur shortly after this project is approved by the ethics committee. This is anticipated as being prior to May 2022 to facilitate participant identification and recruitment ahead of July 2022.

**Include any other ethical considerations regarding participation.**

Focus group and case study methodology present additional ethical challenges that may not apply to typical interviews (Sim & Waterfield, 2019). While participants have a right to withdraw up until a defined point in time (§31, BERA, 2018), this is complicated by the group nature of data collection and so removal of individual data will not be possible until after interviews have been transcribed (Sim & Waterfield, 2019). Similarly, while individuals have the right to anonymity, privacy may not be fully achieved given other members of the focus group will be aware of participation (§41, BERA, 2018). As such, ensuring participants are fully informed of the ethical implications created by group interviews will be essential to ensure informed consent and to maintain respect for all participants involved (§9, BERA, 2018; §3.1, BPS, 2018). Transparency regarding this can be found in section 6 of the participant information sheets.

**Human participants - consent options**

**By which method(s) will consent to participate in the research be obtained?:**

Participant Information Sheet and Consent Form

**Human participants - information and consent**

**Participant Information and Consent**

**Will opt out consent for participation in the research be used?**

No

**You can generate a Participant Information Text and Consent Form for this application by completing information in the Participant Information Text and Consent Form Generator tab. Alternatively you can upload your Participant**

**Information Text and Participant Consent Form which you have already prepared.**

**Confirm below:**

Upload prepared Participant Information Text and Consent Form.

**Upload the Participant Information Text and Consent Form.**

---

**Enter participant group number and name.**

1. Educational Psychologists

**Enter participant group number and name.**

2. Mental Health Support Team Professionals

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**When will participants receive the participant information and consent request?**

Participant information sheets and consent forms will be shared as part of the recruitment adverts/emails via links to the relevant documents to ensure clear details about involvement and to allow informed consent are accessible right from the start of recruitment (§3.4, BPS, 2018). Once a MHST has been identified as appropriate for the study, participant information and consent forms will be shared within the team more widely.

**How will you record a participant's decision to take part in the research?**

Online consent forms will serve as a record of written consent and will include an explicit statement asking participants to confirm information has been understood and informed consent provided. To ensure personal data (names and contact emails) is stored securely and separately from linked data, consent forms will be saved under an unique code number assigned to each participant (pseudonymised) and stored within a password protected OneDrive folder (§4.11, BPS, 2021).

**Human participants - method**

**Which data collection methods will be used in the research?:**

Interview

Focus group

Non-anonymous questionnaire

**If your research involves any of the methods (including Other) listed above, upload supporting materials.**

**How have your characteristics, or those of the participants influenced the design of the study or how the research is experienced by participants?**

The exact characteristics of participants will not be known until recruitment has occurred. However, given that all participants will be professionals, working within educational psychology or mental health services, who have adapted to online working practices during the Covid context, the data collection methods using within this research should be accessible, as should question phrasing.

Due to my additional position as a Trainee Educational Psychologist, and my experience interacting with both groups of professionals regularly as part of my placement, I do not anticipate my position as a researcher to impact or compromise interactions (§19, BERA, 2018). However, should any impact be identified (e.g. as a result of holding a dual role, or concerns about personal competencies

in managing these interactions), I will be able to consult my supervisor for support given they have experience within the relevant areas of educational psychology, mental health support teams, and research (§3.2, BPS, 2018).

**Will the project involve transcripts? Yes**

**Select ONE option below:**

By hand

**If yes provide details.**

Microsoft Teams transcription software will be used to provide an initial transcription during interviews. However, given that transcription is an important part of the thematic analysis process in terms of familiarising myself with the data (Braun & Clarke, 2021), I will predominantly be transcribing interview/focus group data by hand.

**Will you be capturing photographs or video footage (digital assets) of individuals taken for University business? No**

**Is this research using visual/vocal methods where respondents may be identified? Yes**

**If yes, confirm if you have included safeguards to ensure that participants are not vulnerable or underage? Describe any safeguards included.**

All participants involved are adult professionals so will not be underage and are unlikely to be considered vulnerable. Participants are also informed in section 3 of the participant information sheet that interviews will be audio and video recorded and are asked to provide consent that they agree to audio recording at a minimum (§8, BERA, 2018).

**Will it be necessary for participants to take part in the study without their knowledge and consent at the time?**

No

**Will deception or incomplete disclosure be used?**

No

**Will the participants be debriefed?**

No

**Will substances be administered to the participants?**

No

**Will involvement in the project result in, or the risk of, discomfort, physical harm, psychological harm or intrusive procedures? No**

**Will the project involve prolonged or repetitive testing?**

No

**Will the project involve potentially sensitive topics?**

Yes

**If yes, provide details.**

It is expected that as participants will be talking about their professional roles, they will unlikely be asked about anything they would not typically discuss within their day to day normal working (§2.4, BPS, 2021). Therefore the risk involved is low although some individuals may find topics emotive, particularly in thinking about their own identity within a role or service. They may also reflect on events relating to their experiences working in the field of children's mental health which may also be emotionally difficult at times. To minimise the risk of harm during these discussions, a solution-oriented (positive) approach to interviews is taken (§6.1; HCPC 2016) and participants will be signposted to the supervision space which is offered to all EPs and MHST professionals as part of their role should emotive topics arise (§3, HCPC, 2016; §3.1, BPS 2018).

**Will the project involve elite interviews?**

No

**Will the project involve any incitement to, encouragement of, or participation, in an illegal act (by participant or researcher)?**

No

**Will the research involve an investigation of people engaged in or supporting activities that compromise computer security or other activities that may normally be considered harmful or unlawful? No****Does the research involve members of the public in participatory research where they are actively involved in undertaking research tasks?**

Yes

**If yes, provide details.**

As is common practice when using appreciative inquiry during interviews, at the end of each stage, participants will be asked to reflect on the main themes they noticed within their discussion (Cooperrider & Srivastva, 2017). These reflections will then be used to inform themes identified during data analysis.

**Does the research offer advice or guidance to people?**

No

**Is the research intended to benefit the participants, third parties or the local community?**

No

**Provide an explanation.**

The research does not intend to have a direct benefit for participants, however, the use of a solution oriented method of data collection (appreciative inquiry) may provide a positive experience for participants while reflecting on their working practices within their service/team and create the space for thinking about future service improvements.

**What procedures are in place for monitoring the research with respect to ethical compliance?** Monitoring of ethical compliance will be two-fold. Self-monitoring of ethical compliance will be ongoing throughout this study as guided by the following ethical guidance:

-BERA ethical guidelines for educational research (2018)

-BPS code of ethics and conduct (2018) and code of human research ethics (2014)

-HCPC standards of conduct, performance and ethics (2016)

-UEA research ethics policy (2021)

Ethical compliance will also be monitored and discussed in the form of regular meetings with the research supervisor.

Should an ethical breach occur, the principal applicant will seek advice from the research supervisor and take responsibility for reporting ethical breaches.

**Does the study involve the use of a clinical or non-clinical scale, questionnaire or inventory which has specific copyright permissions, reproduction or distribution restrictions or training requirements? No**

**Health and safety - participants**

**Is there a possibility that the health and safety of any of the participants in this project including a support person (e.g. a care giver, school teaching assistant) may be in question? Yes**

**If yes, describe the nature of any health and safety concerns to the participants and the steps you will take to minimise these.**

While participants will not be asked about anything they would not typically discuss within their day to day normal working (§2.4, BPS, 2021), they may discuss sensitive information regarding the children and young people they work with.

Professionals will likely already be working in a private and safe space due to the nature of their roles of working in the field of children's mental health. However, as an additional precaution, and with home-working in mind, participants will be asked to ensure they are in a private and safe working space (e.g. private room or using headphones) during the interviews/focus groups in case they or others share sensitive information, with an additional request that any work discussed is kept anonymous and unidentifiable (e.g. no children's names mentioned).

This will be communicated to participants in advance via email, when interviews/focus groups are arranged, and will be re-iterated at the start of interviews/focus groups as part of contracting the ground rules (see Focus group and interview schedule attached to methods section of this application).

**What procedures have been established for the care and protection of participants? n/a**

**Describe your safeguarding protocol. What procedures are in place for the appropriate referral of a participant who discloses an emotional, psychological, health, education or other issue during the course of the research or is identified by the researcher to have such a need?**

n/a

**What is the possible harm to the wider community from their participation or from the project as a whole? n/a**

**What precautions will you take to minimise any possible harm to the wider community?** n/a

**Health and safety - researcher(s)**

**Is there a possibility that the health and safety of any of the researcher(s) and that of any other people (as distinct from any participants) impacted by this project including research assistants/translators may be in question?**

No

**Risk assessment**

**Are there hazards associated with undertaking this project where a formal risk assessment will be required?**

No

**Data management**

**Will the project involve personal data (including pseudonymised data) not in the public domain?** Yes

**If yes, will the personal data collected be?:**

Pseudonymised

**If using anonymised or pseudonymised data, describe the measures that will be implemented to prevent de-anonymisation.**

Each MHST and each individual participant will be assigned a unique code number so that personal data (name, email address, service name/location) can be stored securely and separately from data gathered during interviews and focus groups. This will mean that research data will not be identifiable by anyone other than the lead researcher during the course of the study (§ 40 and §50, BERA, 2018). Identifiable data, code number keys, and research data will all be stored in separate OneDrive folders, all protected by different passwords.

Following transcription of the data, all identifiable data will be destroyed, aside from the contact emails of those who wish to be contacted about the studies findings.

**If not using anonymised or pseudonymised data, how will you maintain participant confidentiality and comply with data protection requirements?**

**Will you be using secondary personal data not in the public domain?**

No

**Will any personal data collected be processed by another organisation(s)?**

No

**Will the project rely on data supplied by others (internal or external sources)?**

No

**Will the project involve access to records of sensitive/confidential information?**

No

**Will the project involve access to confidential business data?**

No

**Will the project involve secure data that requires permission from the appropriate authorities before use?** No

**Will you be using publicly available data from the internet for your study?**

No

**Will the research data collected in this study be deposited in a repository to allow it to be made available for scholarly and educational purposes?**

No

**Provide details.**

The UEA School of Education do not have the facilities to store data in a repository.

**Who will have access to the data during and after the project?**

Data will only be accessible to the principal applicant and the research supervisor during and after the project. Upon request, participants may also access their own data during and after the project.

**Where/how do you intend to store the data during and after the project?**

All data will be stored in password protected OneDrive folders on a password protected laptop throughout the study and after the study is complete. Any identifiable data that is no longer required after the project is complete will be destroyed.

**How will you ensure the secure storage of the data during and after the project?**

As above.

**How long will research data be stored after the study has ended?**

10 years following publication

**How long will research data be accessible after the study has ended?**

10 years following publication

**How are you intending to destroy the project data when it is no longer required?**

Once research data has been transcribed, all identifiable data (participant names, emails, service name/location) will be permanently deleted from OneDrive files. This is with the exception of the list of email addresses of anyone who wishes to be contacted about the studies results although this list will be saved securely (password) and separately from research data and will no longer be linked to research data using a unique code number.

OneDrive files containing research data will be permanently deleted after 10 years have passed from submitting this research for publication.



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Email: [ethicsapproval@uea.ac.uk](mailto:ethicsapproval@uea.ac.uk)  
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**Study title:** Exploring the Current and Developing Role of Educational Psychologists within Mental Health Support Teams: A Solution-Oriented Multiple Case Study Approach

**Application ID:** ETH2122-0178

Dear Kayleigh,

Your application was considered on 5th April 2022 by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

This approval will expire on **1st December 2022**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer ([dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk)).

I would like to wish you every success with your project.

On behalf of the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee)

Yours sincerely,

Victoria Warburton

## Appendix 10. Reflective Diary Extracts

### a) Deciding on a research focus

**17.9.21:** I kept being drawn to VIG and HI as areas of past interest but with a niggling feeling that I wasn't really invested in this and was instead kept being drawn to my second option of relationships with EPs. The VIG option felt too anti-climactic: what was I actually wanting to look at or ask beyond an initial interest? The consultation/relationship option felt too big – I couldn't define to myself what I meant, let alone to others, and it felt more of a leftover question from my small scale project – while there is nothing wrong with this (in fact it could make a great lift-off platform), being in a different service with apparent better relations with schools, this no longer felt quite right either.

Having spoken to an assistant about her previous EMHP role, the 3<sup>rd</sup> idea of exploring the role of EPs in MHST emerged – this felt like something more tangible I could grab onto. It fit with my clear interest in relationships and organisational psychology while also drawing on my personal interest of mental health/anxiety within schools (overlapping with earlier ideas around VIG and HI/SM). So this is where I'm at now – having identified a vague area with lots of questions around what the existing role is, what the role could be, why is it necessary etc.

### b) Research supervision reflections

**5.11.21:** Had an opportunity to quickly unpick yesterday's thoughts with research supervisor and was reminded not to be swayed too easily by others thoughts! While MH leads would be interesting if exploring MHST input, that's not what my interest is and realistically MH leads experiences with EPs are unlike to have shifted.

Nonetheless this conversation was helpful in highlighting my own approach to thinking has been quite biased by my pre-assumptions e.g., role identity/boundaries and that actually the approach I'm taking to research is much more exploratory and solution oriented so need to shift thinking and focus to align with this – reworded research questions and research presentation accordingly to not be too bogged down in what's not working and to explore more what EP involvement could look like – focus on as a new role for EPs

What was most interesting from this supervision was in raising the link between solution oriented and the potential for appreciative inquiry, seem to have done a full circle back to thinking more in line with some degree of action research/participation with change in mind but not quite to extend of AR – highlight cyclic nature of research development and importance of exploring areas in detail and pragmatics of these to allow this cyclic journey – reminder to be prepared for this to be ongoing e.g., unlikely any decision is ever final

AI exploration brought me back to considering focus groups once more which conflicted with previous discussion about pragmatics and comfort of participants, and in exploring uses of AI in EP practice, returned back to idea of using to structure interviews as to take solution oriented, change focused approach for other services to use but with consideration to practicalities of interview process.

### c) Recruitment reflections

**27.7.22:** The active process of recruitment offered several points of reflection, including notes of potential limitations of the study:

- one issue included that often MHST that had EPs involved had an EP *in place* of clinically trained staff and so in terms of recruitment, variety in roles became limited with most participants being EPs or EMHPs. As such there were also some grey areas to consider e.g., EPs working in MHSTs but not in an EP role as such, e.g., acting clinical manager – need to discuss in research supervision
- another issue has been that while the goal has been to get a range of service types involved given the case study approach e.g., NHS, EPS, charity, it quickly became evident that finding MHSTs with EPs involved that weren't based in EP services would be trickier. Many NHS/charity based services which had previously aimed to recruit EPs had either had no luck, or EPs had left the service – although this is an important point for reflection that could be a future study e.g., why does this model not work?
  - Despite this risking a limited sample and reduced case variability, this was informative in itself in highlighting that where EPs are involved in MHSTs, this is primarily EP-led services rather than clinical or charities
  - One potential limitation with this regard is recruitment bias: while I reached out to an equal number of NHS and EP-based services (Charities were harder to find but were contacted), my role as TEP, and availability of more direct contacts for EP-led services (rather than more general emails sent to other teams) meant this may have biased access to services/ awareness of non-EP led services?
- Another note during the recruitment process was that EP-led services often meant the service make up was smaller and consisted of EPs + EMHPs, limiting the variability of professionals involved – while perhaps not ideal in line with goals of research, this was again of interest in the sense that this make up differed from my experiences of a clinical/NHS based team during my specialist placement

As a personal reflection, I was also surprised to find I had a real aversion to sending and following up on recruitment emails. I think this was for several reasons including not wanting to sabotage or jeopardise research through not coming across a certain way in emails, and also not wanting to pester potential participants given an already limited sample group.

#### **d) Interview reflections**

24.10.22: Interesting to see that while funding (Which is situated in political landscape) was theme throughout interviews, that this seemed to come up more so (particularly with EPs) in the last few interviews, which followed the rapidly shifting political landscape of another prime minister leaving and questions around the countries leadership

- Important reminder for me how intertwined this work in particular is with that wider political system level and the need to think about the theory associated with this (e.g. Bronfenbrenner, systems theory)
- Reminder of critical realist importance – individual experiences, and construct of politics, but all interacting to influence experiences

## Appendix 11. Examples of Member Reflections

In exploring the current roles of EPs working with MHSTs, participants identified the following key themes when asked to summarise their discussion of 'Defining' the EP role:

### **EP member reflections**

Multisystemic thinking, consultation, applying EP skillset, reflective practice, situating role to drive change, applying psychology to community, challenging medical model, interface between education and health, linking wellbeing and learning, knowledge of school systems, building relationships, working collaboratively, holding and guiding others

### **MHST professional member reflections**

Bridge between education and health, systemic focus, balancing medical and social model, drivers of WSA, wealth of knowledge, link with education, knowledge of schools, interest in universal support, figuring out role to make sure everyone benefits from EP, knowledge and skills to embed in schools, sharing knowledge with the MHST, getting everyone on the same page for MHST impact, are EPs well placed?

## Appendix 12. Examples of Participant Feedback Regarding Interview Process

*“it's been really helpful to talk this through because **it's not something that I've really thought about before** and it made me pick my brain as to **what the EP has done for our service and how actually that's been really helpful.**” EMHP, Case 1*

*“I think it's really **interesting thinking about some of the things that [EP] might have done that I didn't notice** or didn't know of directly or felt maybe some of the impact of but didn't think about the role that he played in that.” EMHP, Case 1*

*“It's been really, really helpful for me actually. I think because it's a new role and I have been reflecting on this quite a lot in my own supervision. So, **it's been really helpful to remind myself of... I guess the longer-term goals as well and the importance of the systemic thinking and what we can bring to the team.** It's very rare that we get to really talk about and think about those things.” EP, Case 4*

*“It's also been quite **interesting to try and unpick... have a bit of time to unpick what it is about the EP role that we bring to MHSTs.** That's been easy and difficult I suppose in the sense of that theme of being intertwined. But that's been... not necessarily a surprise, but quite **interesting to be able to have the time to reflect on what.**” EP, Case 3*

*“Really **good reflective space... It's like a chance to pause and have a think of the bigger picture,** because you can get lost in like the little details of the little cases and things, but kind of made me reflect on the bigger picture of the work we do and why we're doing it and where I'd like it to go.... it's kind of made me stop and think maybe I should have appreciated... **I think it's made me stop and think maybe I'm lucky to be with an EP rather than in a clinical setting.**” EMHP, Case 2*

*“I think **having this reflective space... where we can talk about what we have done and where we hope it will be in the future,** whether we're here or not, [having] an impact in the future is amazing and **also looking at how incredible our supervisors [EPs] are as well and how much they like impact us.**” EMHP, Case 2*

*“I have found it useful. More so because prior to sitting on this call with you, **I'd never really spent too much time thinking about the EP's role in our team.** I just kind of knew that they were there and thought about it more from like a management supervisory role **rather than the actual... title that they hold and the impact that that could have, so that was really useful, just more so from my understanding of the EP's and our team as well.**” EMHP, Case 5*

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