

Appendix A: Stage I Supporting documents

Contents

- Literature Search processes
- Advisory group
- Correspondence
- Assent form
- Topic guide
- Images of raw focus group data
- Example of focus group analysis using Microsoft Excel

Literature Search Processes

- **Principal electronic databases used to review the literature**

ASSIA
British Education Index
British Nursing Index
Cinahl
Cochrane Library database of systematic reviews
Embase
Medline
PsychINFO
Sociology Abstracts

- **Principal journals used in the review of the literature**

Adolescence
American Journal of Public Health
BMJ.com/British Medical Journal
British Journal of General Practice

British Journal of School Nursing
Child and Adolescent Mental Health
Child: Care, Health and Development
Cochrane Database of Systematic Reviews
European Child & Adolescent Psychiatry
Family Practice
Health & Social Care in the Community
Health Technology Assessment
JAMA: Journal of the American Medical Association
Journal of Adolescence
Journal of Adolescent Health
Journal of Advanced Nursing
Journal of School Health
Journal of the American Academy of Child and Adolescent Psychiatry
Pediatrics
Primary Healthcare Research and Development

• **Principle categories of interrogated literature**

Several mental health and children's charities had libraries of research and other reports that were searched electronically by topic. They included:

1. Mental Health Foundation
2. Young Minds
3. Sainsbury Centre for Mental Health,
4. The National Children's Bureau

Grey literature research group websites, professional journals, textbooks, practice literature, library catalogues, internet search engines, and the mass media were interrogated to enhance understanding of relevant policy and discourses. In addition a number of

academics and clinicians were contacted personally.

- **Search terms**

MeSH terms were identified as a starting point for searches of electronic databases of health journals. The topics were divided into groups, for which key terms were identified. Examples are shown in the table below. For databases requiring different terms, alternative terms and phrases were used as illustrated in the table. Key terms were entered as text words, title words or abstract words and were used independently or in combinations.

- **Sample of search terms**

	Population	Intervention	Outcomes	Setting	Methods
MeSH Terms	Children, Adolescen\$, minors	Psychotherapy and behaviour therapy, cognitive therapy, self-management and self-care, depression, anxiety	Anxiety, anxiety disorder\$, depressive disorder\$ and affective symptom.	Education, school health services,	Focus groups, methods, ethics, data collection, interviews as topic,
Alternative terms	Young people Young adults Teens Teenagers Youth Students Schoolchildren Pastoral Special educational needs Teaching assistant Learning mentor	Guided self help Supported self help Cognitive behaviour therapy Psychological therapy Emotional health Emotional wellbeing Mental health promotion Peer support School connectedness	Stress Low mood Emotional wellbeing Emotional health Emotional resilience Emotional literacy Emotional competence Emotional	School High school Healthy schools	Mixed methods, qualitative analysis, implementation,

• Sample search result

Search terms: * denotes MeSH term/.tw denotes text word search/\$ denotes word stem search)						
		Populati on*	Intervention	Outcomes	Setti ng	Total
Search engine and parameters:	OVID 1996 to May Week 2 2006 combined "AND"; (limitations 1996-2006;English language)	Adolescent\$* Child\$	cognitive therapy* psychotherapy* behavio\$ therapy* psychological therapy.tw self- care* guided self help.tw self-management* Guided self help.tw Supported self help.tw	anxiety disorder\$* Anxiety* depressive disorder\$* affective symptom* wellbeing.tw emotional wellbeing.tw	scho ol.tw scho ol healt h.tw high scho ol.tw	
Datab ase						
	Medline	518055	23650	96724	38553	125
	Cinahl	120693	15311	35826	25157	70
	Embase	307177	33003	95715	86447	232
	BNI	7964	2078	4173	2354	0
	JSTOR					
						Combined school AND adolescents AND limitations as above : 108
	Cochrane Library http://www.york.ac.uk/inst/crd/crddatabases.htm	-	-	-	-	Child* AND depression, in abstract 1996-2006: 23
	DH research registers ReFer	Child AND mental				45
	Abstracts and dissertations database- scholarly	Adolescent AND mental AND school				33

Advisory Group Members

- Educational psychologist
- Lecturer, child and adolescent mental health nursing
- Pastoral manager, high school
- Professor of Children's Nursing,
- Professor of mental health research, clinical background
- Research Fellow, Community Medicine
- Research supervisor, clinical background
- School nurse
- Young person (Key Stage 4)
- Young person (Key Stage 4)

Correspondence

• Letter to Head teachers

Dear (Head teacher)

Re: 'Guided self-help for teenagers' project for schools

My name is Sarah Kendal. I am a PhD student at Manchester University, under the supervision of Peter Callery, who is Professor of Children's Nursing, and Dr Phil Keeley from primary care. I am currently setting up a new project to help teenagers with their problems and worries.

I have worked with counsellors and therapists in xxx for many years and am familiar with the types of support that are currently available. I have visited a large number of xxx schools and have personal and professional experience of young people. I am an experienced mental health nurse with up-to-date, enhanced CRB clearance. I am contacting you because of the well developed PHSE programme in your school.

I would like to invite your students to take part in a consultation on a new way of helping young people learn better ways to:

- manage their worries, anxieties and relationships,
- understand their problems,
- think more positively, and
- address difficulties with behaviour.

The project aims to take an established method that helps adults manage similar difficulties, and adapt it for young people.

The first stage is to find out more about children's own perspectives and perceived needs through group discussions. I would like to come to school during spring term of 2006, and facilitate discussions with two groups of students: Years 7, 8 and 9, and Years 10 and 11. There would be two discussions in total, each lasting from 30 to 60 minutes. I would be the group facilitator. I would describe the method as it is now, and ask for the views of students on how best to adapt it.

I have discussed these proposals with a number of relevant professional groups, including teachers, learning mentors, school nurses, and the child and adolescent mental health commissioning service. I am specifically contacting you because your school has a reputation in xxx for providing good mental health support for your students.

I would be happy to arrange to come into school to talk about this in more detail. I will call you in two weeks' time when you have had an opportunity to consider the proposal with relevant colleagues. Yours sincerely,

Project summary for Head Teachers

MENTAL HEALTH PROJECT FOR HIGH SCHOOLS

Introduction

The research aims to test the implementation of a 'guided self-help' model for mild to moderate mental health problems in Yrs 7-11 high school students, and evaluate its effectiveness and acceptability.

Background

Emotional disorders can have a long term impact on the emotional, social, physical, cognitive and educational development of children and young people .All services for children and young people have a mental health role (Audit Commission, 1999).

Prevalence of mental health difficulties in the 11-15 age group is estimated at 13% for boys and 10% for girls (Office of National Statistics, 2004). It is often unrecognised and may be as high as 20% (Bower et al, 2003).

Young people need better mental health services (Audit Commission, 1999). Current provision is patchy, with resources generally directed towards more severe diagnoses (DH, 2002).

Gaps between supply and demand exist in both adult and child services. In adult services, a 'guided self-help' model for mild to moderate mental health problems in adults has been proposed (NICE 2004). I have experience of setting up a successful service to deliver this model to adults in a health trust in Manchester, where it visibly filled a gap in services for mild to moderate mental health difficulties, using a very small resource of time, money and staff skills.

Guided Self Help in schools

Guided self help is a model that has been developed from traditional Cognitive Behaviour Therapy. Participants have a short assessment of 20-30 minutes and are then encouraged to identify a goal that is relevant to them (i.e. not chosen for them) and to use selected self

help materials to try out techniques to help them to work on their goals between sessions.

Follow up sessions of 15 minutes are offered, in which progress is discussed, praise and advice is given, and the goals are reviewed.

This project will adapt the model for use in high schools. Some of its key features might be very helpful in a school context: Students can learn how to recognise problems before they grow and will have techniques to deal with them in the future. It is efficient, requiring much less face-to-face contact than traditional CBT or other psychological therapies; this enables a small resource to reach more people. A system of self referral encourages difficulties that have not been noticed by others to be addressed. Access to the service is facilitated by its flexibility- telephone, email and text contacts are feasible alternatives to face-to-face meetings.

There is developing evidence for the utility of this model (Richards et al, 2003), which does not need to be delivered by mental health specialists. Evidence so far has shown equivalent clinical outcomes to traditional psychological therapy (Lovell et al 2003). It is possible that that the guided self-help model could help to close the gap between demand and supply in child and adolescent mental health services. If successful in a high school setting, students will be better equipped to manage their psychological and emotional difficulties in the future.

Need for this research

Although guided self help might be very practical and helpful to young people in schools, it is not yet clear how the method can best be adapted for this age group and a school setting.

Further details

When? The first two terms of the 2006-2007 academic year.

By whom? Discussions with schools will shape the final design of the research. It is proposed that the guided self-help model will be delivered by school nurses, learning mentors or other suitable staff willing to be trained in guided self help. This will depend on individual schools.

In some high schools, learning mentors are providing a range of support, including emotional and psychological, but their role varies considerably between schools.

School nurses in local high schools are also likely to be skilled in emotional support, and are open to developing that part of their role (Wayne L, 2005), but competing priorities means that they have little time for mental health work.

Some SENCO staff may feel this would be a useful method for them if they are doing general supportive emotional work with students.

Time commitment?

The training is designed to be convenient for staff and can be delivered in two days or broken up into very short blocks of time.

Benefit to you?

Any young person accessing the service will be able to learn techniques to manage their emotional and mental health better.

Limitations?

At this stage, the model is not being adapted for students with learning difficulties. School protocols on behaviour, risk and confidentiality will be incorporated into the research protocol.

And afterwards?

It is anticipated that, increased levels of skill amongst the staff will continue to benefit the students after the research project is finished. It is hoped to run a small number of focus groups afterwards to explore opinions about the service. Research results showing effectiveness and acceptability will be communicated to the school in any appropriate mode identified through discussions, such as by letter and report, through open evenings; posters; classroom sessions or assembly.

Dear (School Nurse Clinical Lead)

In advance of attending your school nurses' forum, I am sending you this copy of a letter I have sent out to some schools, including xx and xx. Mrs x, deputy head at x has already agreed to allow me into the school next term for the first phase of the project, which is outlined below. I have revised the project and as you will see the first stage does not require any input from health staff as it is a consultation with young people.

Following on from this I am planning to adapt the model and then implement it, possibly with the help of either school nurses or learning mentors, depending on available resources. It is not clear at this stage which sites will be hosting the project; this depends again on the individual school and people involved. I hope that the consultation process will identify the best sites for the implementation phase of the project.

I am looking forward to meeting you on December 15th. Please be reassured that I am very aware of time restrictions on school nurses and am not assuming that they would be able to get involved in this.

Best wishes,

Sarah Kendal

Assent form (focus groups)

Dear Student

Thank you for agreeing to take part in this group. We are hoping that you will share some of your ideas and thoughts about a project that is being designed for schools, to make them more supportive to the students.

There are going to be about 50 high school students across Manchester taking part in this project. We are not going to talk about anyone here personally, or anyone's private business.

Provided that everyone agrees, we would like to tape record the group today. Everything that is said in the group will be made anonymous, so that no one will be able to tell who said what.

For anything that we do at the university we have to make sure that people are willing to take part. So please remember that you can change your mind at any time and you are free to leave if you wish to. If you do leave, you will have to return to your class.

If you understand and agree with this, please would you put your signature at the bottom of this paper. It would also help if you could tell us whether you are male or female, and your age.

Thank you

- ☐ I agree to take part in this group today.
- ☐ I do/do not agree to having the tape recorder on (please say which)
- ☐ I understand that I can change my mind at any time and if I leave the group I will go back to my class.

Sign here please.....

I am : (please tick) ☐ Male

☐ Female

My age is:.....

Topic Guide sample (focus group)

A has just moved to the area from a town 100 miles away. S/he is going to start at new school. S/he doesn't know what the school is like and feeling worried. Things at home are difficult at the moment as well.

What type of problems or worries might a person have in this situation?

In the new school there is a person whose job it is to help the students with problems and difficulties that make them feel upset.

What sort of problems would you advise A to take to this person at school, to get some help and advice?

A goes to see the person in school, the staff member. After they have talked for a bit, the staff member wants to suggest some things that might help.

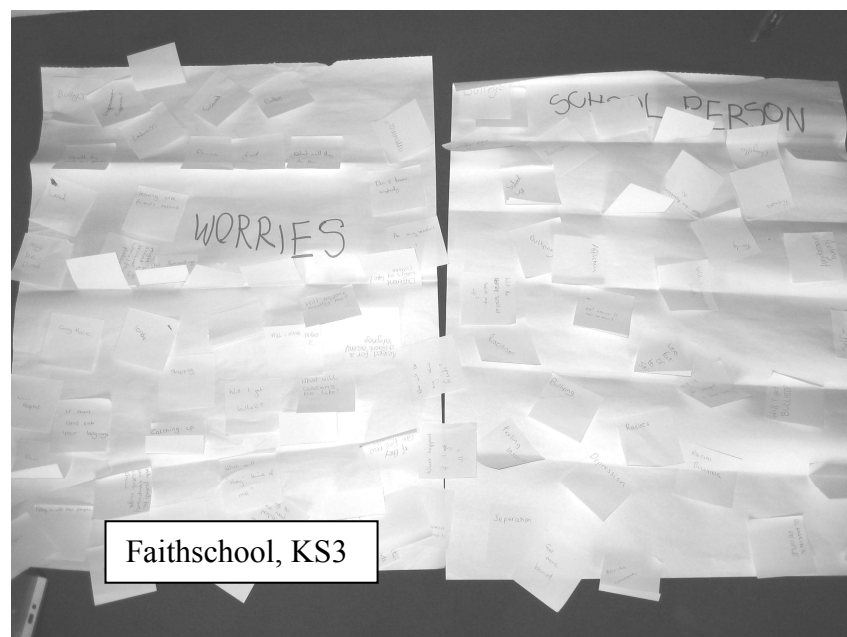
What sort of help is going to be the most useful to A?

Focus group data

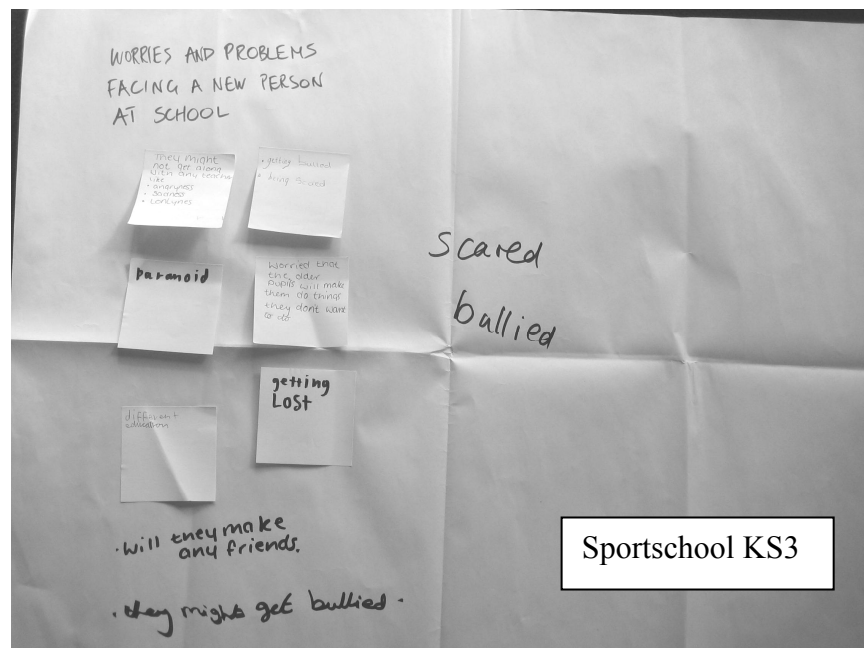
- Flipchart - range of problems likely to be encountered by a fellow student



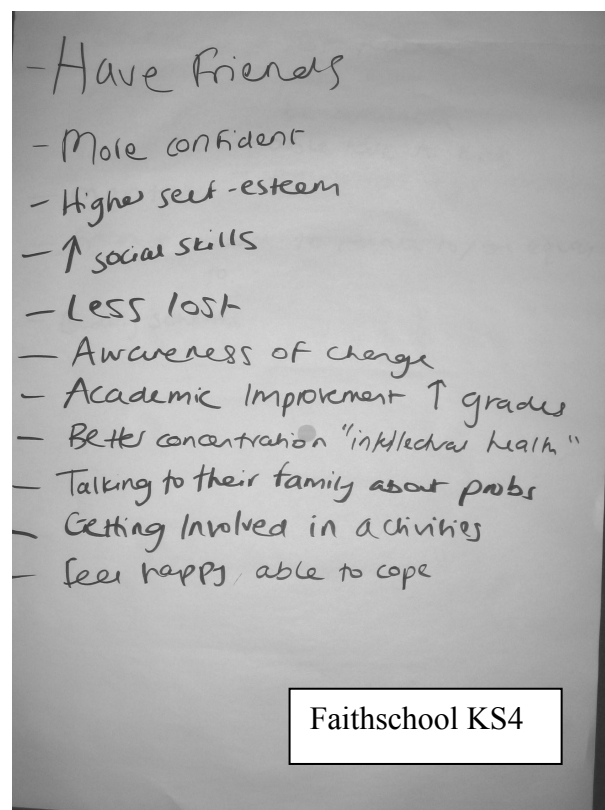
- Flipchart-use of sticky notes to make comments in group (Faithschool, KS3)- range of problems likely to be confronted by a fellow student (left); range of problems it is appropriate to take to formal help in school (right)



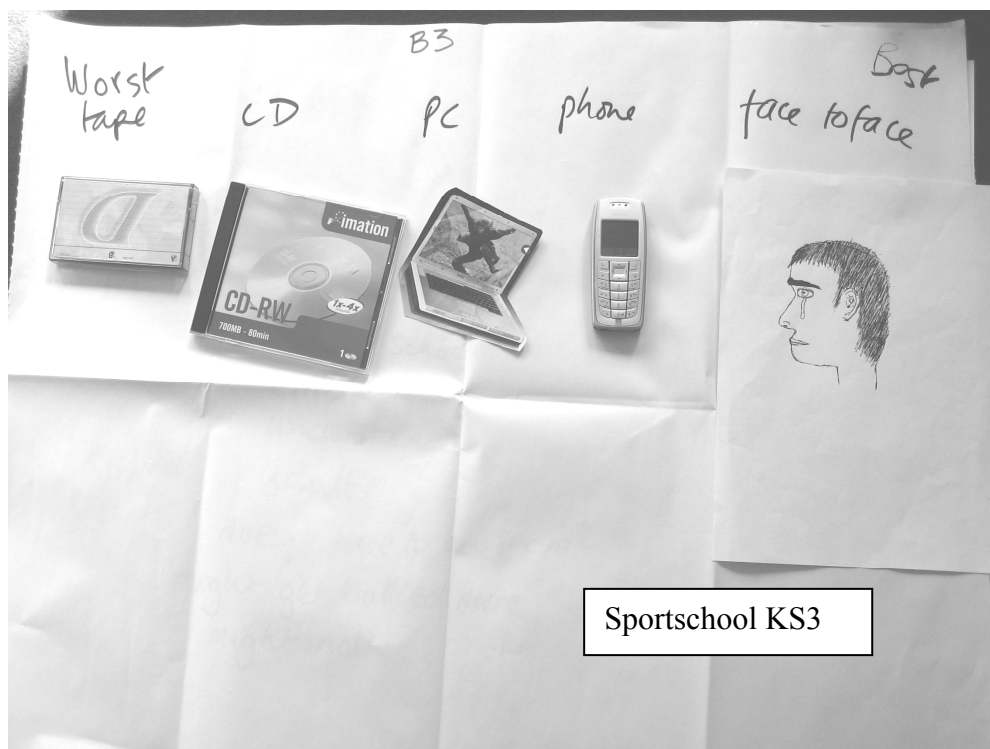
- Flip chart- range of problems likely to be confronted by a fellow student (vignette used)



- Flipchart- relevant outcomes of emotional wellbeing intervention



- Flipchart - evidence of discussion about use of media alternatives



Microsoft Excel sheet used in analysis of focus group data from Consultation Stage

<i>Topic guide theme</i>	<i>data sources</i>	<i>category</i>	<i>subcategory</i>	
1 difficulties	flip charts, post it comments, transcripts, observations, session notes			
		1.1 strategies and skills I need		
			social	
			communication	
			peer pressure	
			coping in class	
		1.2 difficult feelings		
			fear and anxiety	
			loneliness	
			anger	
			sadness	
			alienation	
		1.3 practical problems		
			being bullied	
			being pregnant	
			home problems	
			getting lost	
			drugs	
			school work	
			language	
			racism (as separate from bullying)	