Promoting the mental health and well-being of first-generation immigrants, asylum seekers and refugee young people in schools: a participatory action research study

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF BOXES

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DECLARATION OF ORIGINALITY – CONDUCT OF ASSESSED WORK

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In presenting this thesis I declare that I have read and understood the University Policy on Academic Misconduct and that: -

1. this work is my own
2. the work of others used in its completion has been duly acknowledged
3. I have been granted the appropriate level of ethical approval for my research.

Signature of candidate: Eve Allen Date: 23rd may 2021

ABSTRACT

Background: There is a dearth of literature that reports on what first-generation immigrants, asylum seekers and refugee young people see as effective self-help tools in matters relating to mental health. Some 50 million first-generation migrant children and young people may have experienced violence, loss and displacement. This can lead to young migrants suffering with negative psychological and social impacts, and support can be lacking. Government policy may fail to elicit and act on young people's concerns and needs. Therefore, schools are a key focus for providing support, but there is little evidence to guide policy and practice. This thesis details the first stage of a comprehensive systematic enquiry that was designed to address this matter by developing participatory action research (PAR) methods to engage young people directly on the matter of self-help.

Aim: To develop an accessible self-help tool to improve the mental well-being of young, first-generation immigrants, asylum-seekers and refugees in the United Kingdom.

Methods: Participatory action research was undertaken with 11 young migrants from Iran, Iraq, Mexico, Poland, Romania, Russia, Syria and Ukraine. A community of inquiry and critical pedagogy was adopted to plan, implement, and evaluate participatory action research activities to facilitate meaningful engagement with young people, so that further insight into young people's understanding of mental health and self-help could be discovered. Following focus groups, interviews and workshops, six-phase thematic analysis was applied.

Findings: Significant anxiety was prompted as students struggled to fit in to new environments, with ongoing feelings of stress, social isolation, and discrimination. The priorities were to support young people with language, "welcome with a smile", embrace cultures, break down barriers, and end isolation and discrimination. These were addressed through a peer-to-peer programme developed by the young people.

Conclusion: This whole-school approach established a strategy and a process by which migrant young people were facilitated to express their support needs and preferences. This resulted in a culturally acceptable peer-support programme that supported the mental well-being of students: "Smile's Bounce-Up".

Implications for Health and Social Policy: Through participatory methods, schools can demonstrate to young people that they are key stakeholders and have the capacity to contribute to their own mental health and well-being. This study adds to the evidence base for national and local policy to be founded on the expressed preferences of migrant young people in improving their mental wellbeing.

CHAPTER 1

INTRODUCTION

INTRODUCTION

Informed by the philosophical assumptions of community of inquiry pedagogy (Lipman 2003) and critical pedagogy (Freire 1970), this study provides a critical observation of the development and implementation of a school-based approach to support the mental health of first-generation immigrant, refugee, and asylum-seeking young people. By facilitating a series of participatory action research events, this study analysed the way in which a school in the North West of England set out to work with young people to develop a project that was called ‘Smile’s Bounce Up’, which aimed to ensure that resilience, strength, and mental health awareness was being acknowledged and welcomed.

The study explained that without a specific focus on participatory action, some schools may miss a meaningful opportunity to consult young people, minimise co-production strategies to promote mental health and well-being, and struggle to realise the objectives of central government policy on mental health in schools. By building opportunities for social, emotional, cultural, and functional capital within schools, this study will show how young people are able to work alongside teachers and community-based mental health champions to challenge pedagogic traditions and to devise meaningful whole school approaches and peer led support for mental health.

This study adds evidence to the suggestion that education systems can use participatory action research (PAR) to develop a philosophy of community inquiry and critical pedagogy in order to overcome epistemic injustice and to create opportunities for social justice with improved mental health and well-being. The study was designed to respond to a key challenge framed in the ‘Transforming Children and Young People’s Mental Health Provision’ Green Paper (Department of Health (DH) & Department for Education (DfE) 2017) and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020). The challenge was to discover how schools could promote the mental health and well-being of first-generation immigrant, refugee, and asylum seeker young people.

As the first chapter in this thesis, the aim of this introduction is to highlight core challenges associated with migration for young people and their families, clarifying the meaning of the terms immigrant, refugee and asylum seeker, and arguing that unique and specific challenges faced by these populations in their new countries highlight the need for additional support in schools and in the community. It foregrounds the importance of enhancing young people's knowledge and developing their skills in understanding themselves through sharing experiences and self-help. The limitations of knowledge concerning attitudes held by first generation immigrants, asylum seekers and refugee young people towards using self-help for mental health or personal difficulties are also identified.

MIGRATION AS A PROBLEM

Migration involves many different people globally. Economically marginalised populations are drawn to improve opportunities, to seek new lives in less challenging environments (Segal 2019). However, within this movement there are language differences as well as variance in beliefs and values (Mazoni & Rolfe 2019; Resnyansky 2016). These variances can, at times, become a barrier for young people and families when navigating, engaging and confronting the structures, systems and institutions such as education establishments in the new country (Kapoor & Tomar 2017; Vostanis 2014). Families and young people may feel isolated and experience a difficult period of re-adjustment in their new country (Keles, Friborg, Idsøe, Sirin & Oppedal 2018; Mazoni & Rolfe 2019; Vostanis 2016).

Isolation and difficult transition are not new phenomena. Across the centuries, war has been a major driving force behind mass migration (Hodes, Anagnostopoulos & Skokauskas 2018). There was the migration of the post-industrial migrants, asylum seekers, and refugees (King 2002). The second world war saw many flee the fighting in Europe. Now, the civil war in Syria has created millions of refugees, in addition to others who are internally displaced within their country of origin (Hodes et al 2018). According to the United Nations, over 3% of the global population or 232 million people live outside their country of birth (UNCHR 2018). An unprecedented 65.6 million people around the world have been forced from home. Among them are nearly 22.5 million refugees, over half of whom are under the age of 18 (UNHCR 2018). UNCHR further states that 20 people are forcibly displaced every

minute because of conflict or persecution. Refugee families and children face multi-faceted difficulties pre and post migration (Bhugra et al 2010, Vostanis 2016).

According to the Refugee Council (2018), at the end of 2018 around 70.8 million people were forcibly displaced across the world. Of these, 25.9 million were refugees, whilst 41.3 million were internally displaced. Over 6.7 million people have fled conflict in Syria. More than half of the Syrian population lived in displacement in 2016, either displaced across borders or within their own country (UNCHR 2018). The Refugee Council (2018) also shows that by the end of 2018 the UK had resettled 13,961 Syrian refugees.

Refugee and Asylum Seeker

The United Nations High Commissioner for Refugees (UNCHR 2018: 2) defines an asylum seeker as ‘someone whose request for sanctuary in another country has yet to be processed’, so the asylum-seeking process pertains to ‘someone who has applied for asylum and is awaiting a decision on whether they will be granted refugee status’ (UNCHR 2018: 3). To gain refugee status a person is recognised as ‘someone who has been forced to flee his or her country because of persecution, war, or violence’ (UNHCR 2018: 3). The 1951 Refugee Convention, further defines refugees as:

> *‘Those with a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion’. (UNHCR 2018: 3)*

The fear of persecution and the forced nature of diaspora makes this population particularly vulnerable and has a direct impact on the lives and development of children as they grow up (Bhugra, Craig, & Bhui 2010). The refugee population is also one of the youngest with over half being children (United Nations International Children's Emergency Fund (UNICEF 2018). Globally nearly 1 in every 200 children is a refugee (UNHCR 2018). Within Europe, the number of asylum applications is increasing. This increase has been partly, but not wholly, driven by the refugee crisis arising from the Syrian civil war (UNICEF 2018a). UNCHR (2018) argues that that resettlement activities that support mental health and well-being are crucial

components of international solidarity. Alupi & Gerke (2018) propose that this offers refugees the possibility of rebuilding their lives.

One process that supports the rebuilding of the lives of displaced people in England is overseen by the Home Office which selects vulnerable refugees from a pool identified by the UNHCR and offers targeted support. In selecting families that qualify for state protection, the Home Office (2017) considers factors including threat to life, torture, and health before families are moved to England by the International Organisation for Migration and received by local authorities (UNHCR 2020).

Within England, the Vulnerable Person Resettlement Scheme (VPRS) was set up in 2014 and accounted for over three-quarters (n=4,408) of those resettled in the UK in 2019. Since it began, 19,353 people (mainly Syrian nationals) have been resettled under the scheme (Office for National Statistics (ONS) 2020). The objective of the resettlement scheme is to seek to accommodate and to support the most vulnerable refugees, as defined and agreed by the UNCHR, and for whom resettlement to England is considered to be the most durable solution. The hope from the UNCHR is that the scheme will continue to 2021. Supporting young people and families not only through the resettlement scheme but through policy, education and training is, therefore, fundamental. Supporting immediate outcomes for young people also supports ongoing economic and positive futures in England (Mazoni & Rolfe 2019).

In summary, children and young people living with the label ‘refugee, or ‘asylum seeker’ migrate mainly to escape difficult situations at home rather than because of what they may find in their countries of destination (Human Rights Watch 2015).

Economic Migrants

Since the expansion of the European Union in 2004, many migrant workers from Eastern Europe have relocated their families to the UK mostly to seek prosperity and better futures rather than fleeing persecution and war (Parutis 2014). In this thesis the term ‘immigrant young people’ refers to children from such families.

Whatever the reason for migration, it is important that the needs of the young people and their families are addressed (Milorancevic et al 2018). Media coverage in the UK has placed war in Syria and Iraq at the forefront, with pictures of children and young people fleeing persecution in the most horrific contexts. The tragedy of the death of

Alan Kurdi, the three-year-old Syrian boy who drowned in the Mediterranean Sea, received worldwide media coverage, shifting attention to the role of children in Europe's migration crisis. This prompted the UK to agree to take in 4,000 Syrian refugees per year (Ibrahim 2018).

The separation of United Kingdom (UK) from European Union in 2016 impacts on the well-being of immigrants, refugees and asylum seekers who may already be going through uncertainty (Bhui 2016; Mazoni & Rolfe 2019). Moreover, the Integrated Communities Strategy Green Paper (2018) recognised the role of meaningful social mixing with other young people from various cultures and backgrounds in preparing young people for life; an opportunity that may be damaged by the withdrawal from the European Union.

A VIEW OF THE CHALLENGES

The lives of first-generation immigrants, refugee and asylum-seeking young people are complex, and they may have witnessed violence, and experienced loss and displacement (UNICEF 2018b). For this reason, Alipui & Gerke (2018) propose that support for such populations should be provided to ensure that both children and parents or carers maintain health and well-being. Vostanis (2016) also argues that unique and specific challenges faced by these populations in their new countries highlight the need for additional support in schools and in the community. Mazoni & Rolfe (2019) and Vostanis (2016) agree with Bhugra, Craig & Bhui (2010) and propose that exposure to pre- and post-migration as well as resettlement stressors have been widely recognised to trigger mental health problems. However, even though millions of children, young people and their families experience displacement, there seems to be limited research on early help and promotion of their emotional well-being in schools, and invisibility of such populations in data and policy (Biggeri & Santi 2012; Rickwood, Mazzer &Telford 2015, Rickwood et al 2015).

The gap in research that is pursued in this thesis is recognised by Aspinall (2014) and the Global Migration Data Analysis Centre (GMDAC 2017). This clearly problematises the extent to which policy and education need to prepare to assess need and design support networks for children and young people. The GMDAC (2017) also notes that different organisations use different definitions and methods to

count children. There is no systematic collection of data that can then be usefully disseminated to provide the evidence needed for coherent policymaking.

In the light of this, it could be difficult to ascertain what mental health support packages need to be in place for children and young people. However, even though evidence points to difficulties in collating data to support policy development and community or education support for this population, these developments still need to take place (Milovancevic, Klasen & Anagnostopoulas 2018). Even though statistical data may not be accurate, government policy and education systems must continue supporting young people to ensure that their mental well-being is promoted, alongside integration to their new communities (Oxford University 2016).

This argument is also mirrored by Bhugra et al (2010), Vostanis (2016), and Milovancevic et al (2018) who see the crucial need for developments in research and policy to ensure ongoing mental health support for first generation immigrant, refugee and asylum-seeking young people in schools. Research into the mental health experiences of European migrant young people considered the impact of settling into a new country, a new school, and a new community, noting that these experiences could lead to anxiety or depression, contributing to difficulties with mental well-being (Bhui 2016).

Although first-generation European immigrants may not have the same experiences of conflict and war as asylum seeking, or refugee young people, Madden, Harris, Blickem, Harrison & Timpson (2017) agree with Bhui (2016), noting that they face health challenges which are exacerbated by a lack of research to inform practice. Though Madden et al acknowledge huge gaps in research, they conclude that there is evidence that European migrants in the UK are at higher risk of certain physical health conditions such as heart attacks, strokes, HIV, and alcohol use, and have poorer mental health. This, they add, is compounded by poor or insecure housing, low pay, isolation and prejudice (Madden et al 2017). The same research found additional challenges of health care, social care and education, with more research needed to promote the importance of self-help and early intervention.

These psychosocial challenges also mirror findings by Vostanis (2016) in the context of asylum seekers and refugees when settling in a new country. In addition, research by Chiarenza, Dauvrin, Chiesa, Baatout, & Verrept (2019) draws attention to

challenges during phases of the migration trajectory: arrival, transit and destination. These challenges are then compounded by lack of accessible healthcare services and institutional racism. The authors argue that because access to child and adolescent mental health services is particularly limited, fragmented and chaotic, and compounded by socioeconomic exclusion, many young people can live and suffer with enduring mental health difficulties (Chiarenza et al 2019). Levecque & Van Rossem (2015) also confirms that European migrants show high levels of depression.

This study, then, included European migrant young people as well as refugee and asylum-seeking young people. Although European net migration has fallen over the last few years (2017-20), as fewer EU citizens move to the UK (ONS 2020), there are still more EU citizens travelling to the UK than leaving. The reason for this numerical decline may be due to the vote in June 2016 by the British electorate to leave the EU in 2020, but it might also be associated with improved socioeconomic opportunity elsewhere. Whatever the reason, Simons (2016) explains that the 'Brexit' referendum has resulted in an unprecedented time of legal and policy change in the UK. Although the UK's decision to leave the EU is likely to reduce future migration from European countries, the resultant departure has led to more frequent and widespread examples of discrimination and hate speech toward migrants, which adds to their feelings of isolation and fear of political repression (Bhui 2016). The challenges facing all first-generation immigrants, asylum seekers and refugee young people show that ongoing support is urgently needed to enable individuals, families and communities to feel safe (Kearns & Whitley 2015); to feel that they are included, supported and belong to a community which welcomes them (Strom 2009; Valentine, Sporton & Nielsen 2009; Kearns & Whitley 2015).

ONGOING SUPPORT, MENTAL HEALTH, AND SELF-HELP IN SCHOOLS

Most adolescents with mental health problems are reluctant to seek help from others, including from professional services (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Moreover, untreated mental health problems can exert negative impact on transition from adolescence to adulthood (Ojio et al 2021). For young people, understanding mental health and mental health problems can be the first step in addressing or seeking support (Kok Wai, Wen Huey, Kai Shuen, Sew Kim, Chee Seng, Poi Kee,

2019). Rickwood & Bradford (2012) concur and consider that enhancing young people's knowledge and developing their skills in understanding themselves can promote self-awareness of their physical and mental health and aid improvements in self-care and management. Rickwood et al (2005) promote schools as places to educate young people in mental health support. Ojio et al (2021) further note that schools can improve mental health for young people in schools through mental health literacy (MHL). This enables young people to attach words and meanings to their feelings which supports mental health promotion, prevention, and care (Oji et al 2021). This education then can empower young people and aid self-help activities (Stunden et al 2020).

If schools are intrinsic in supporting mental health, then it is implicit that the staff who support young people feel sufficiently confident and knowledgeable to guide and implement these activities. Moreover, supporting staff on what they need to know and how to implement activities is as vital as recognising that this needs to happen. Understanding how the developing adolescent brain can adapt and learn to establish behaviours important for mental well-being is central to this (Turner-Cobb 2014). However, it is also crucial that professionals have the necessary understanding of how the adolescent brain can be vulnerable to maladaptive responses to stress (Stewart 2011). Understanding of how symptoms develop, possible prevention and alleviation is crucial for the young person and professionals for appreciation of ways forward in managing mental well-being (Stewart 2011). Professionals in schools are key in connecting and supporting young people with their mental health (Rickwood et al 2005). Unfortunately, many children with mental health problems do not receive adequate support and there are often extensive waiting lists for child and adolescent mental health services (CAMHS) (Young Minds 2019). To aid young people in enrolling in mental health support, early intervention strategies such as self-help can be beneficial, delivered simplistically and with limited cost through books or online, with or without support from an adult (Xu, Huang, Kösters, Staiger, Becker, Thornicroft, Rüsch, 2018).

Schools have a vital role in supporting self-help through giving support, advice, tools and techniques to young people, so that they can feel empowered to take control of their life (Rickwood et al 2005). Despite the rapidly expanding research and intervention focus on help-seeking, it remains a complex construct that has nuanced

definition in diverse applications. In the context of the current study, Rickwood and Thomas (2012:180) define self-help as follows:

> *"In the mental health context, help-seeking is an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern".*

The adaptive nature of the coping process indicates that the enablement of choice in mental health care, such as low-intensity interventions like self-help activities, is vital (Stunden et al 2020). Giving young people choices about how to obtain external assistance enables them to make informed decisions which in turn promotes independence and power in selecting the support that they believe can be most effective (Rickwood and Thomas 2012). According to Bennett et al (2019), any opportunity to promote independence and power can be especially helpful when young people are on waiting lists for treatments or need support to make sense of a mental health concern.

An area of growth that can support young people to make decisions and be part of their decision-making through informed practices and guidance from professionals within schools is through the internet Young people navigate the internet to find information on health issues and gain insight or escape from everyday problems (Yuen et al 2016). Crutzen, de Nooijer, Brouwer, Oenema, Brug, de Vries, (2008) also explain how self-help interventions for adolescents via the internet appear to be acknowledged as a suitable resource for supporting mental health. However, further research is needed to ascertain whether this opportunity through digital technology is the best way forward (Bennett 2019).

Bennett et al (2019) explain how self-help techniques and general lifestyle changes whether through the internet or other processes can help to manage the symptoms of many mental health problems. Rickwood & Bradford (2012) add that self-help activities may also help to prevent some problems from developing or getting worse. Self-help and self-help activities require young people to be self-guided rather than professionally guided, supporting their own efforts to cope with life problems (Bennett et al 2019; Rickwood & Bradford 2012).

Self-help can be empowering, allow independence and choice (Bennett et al 2019), it can also be a process of sharing a common experience, challenge or concern. It is participatory in nature, and involves receiving help, giving help, and learning to manage independently, as well as sharing knowledge and experience (Rickwood & Bradford 2012). When considering this sharing of experience and linking with schools, peer support should be considered (Stewart 2011). This in turn enhances young people's knowledge and develops their skills in understanding themselves as well as others (Rickwood & Bradford 2012).

Meeting the needs of adolescent mental health is a critical challenge worldwide (Patel, Fisher, Hetrick, & McGorry, 2007). Schools are at the heart of support as they may be one of the first community networks with which the young person and family engage (Bhugra, Craig and Bhui 2010). In addition, caregivers of the young people may also be dealing with their own mental health difficulties (Stewart 2011). For some young people and families this transition may not be seamless and finding ways to cope with the change is needed (Bhugra et al 2010).

The Anna Freud National Centre for Children and Families promotes help for families and young people in need of mental health support through schools and sees self-help approaches as key to supporting the mental health of young people. Self-help is defined as supporting young people through self or community approaches (Anna Freud Learning network 2021). The World Health Organisation (WHO 2009) also asserts that informal community care and self-help are necessary to meet the full spectrum of mental health needs.

Rickwood and Thomas (2012:180) definition of self-help was incorporated in this study to guide and inform a research strategy that prioritised participatory engagement with young people. In other words, the assumption that help-seeking is an adaptive coping process that young people may engage to deal with a mental health concern highlighted the need to better understand how first-generation immigrants, asylum seekers and refugee young people understand and manage their own mental health at school. As shown by Stewart (2011), having access to self-help support within school setting is key enabling first-generation immigrants, asylum seekers and refugee young people deal with a mental health concern.

SUPPORT FOR FIRST-GENERATION IMMIGRANTS, ASYLUM SEEKERS AND REFUGEE YOUNG PEOPLE IN SCHOOLS

Leavey, Hollins, King, Barnes, Papadopoulos & Grayson (2004) and Moskal & Tyrell (2016) show that the transition of moving to a new country can be particularly difficult for first-generation immigrants, asylum seekers and refugee young people. The need to form new relationships in school, learning a new culture, possibly a new language, and entering a new education system can be particularly difficult (Leavey et al 2004). The correlation between mental health, well-being and academic achievement for young people is particularly strong in this population (Fazel 2015). As transition can be difficult for any young person, schools have a duty under the 'Transforming Children and Young People's Mental Health Provision' Green Paper (DH & DfE 2017) and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 to promote the mental health needs of first-generation immigrants, asylum seekers and refugee young people. The challenge faced by schools is seeking to fulfil this duty since lack of evidence-based guidance hinders their achievement of this (de Anstiss & Ziani 2010).

Self-help interventions, such as Internet-based websites or mobile applications, offer opportunities to increase access to evidence-based interventions in a cost-effective and convenient manner (Yuen et al 2016). However, products developed for adolescents and children pose unique problems, as a user's experience may be affected by developmental factors (education, reading/writing level, attention span, and relatability of the material). Users' experiences become increasingly important to assess self-help applications targeting first generation immigrants, asylum seekers and refugee young people (Yuen et al 2016). Little is known concerning the attitudes held by such young people towards using self-help if they experienced mental health or personal difficulties. Such understanding would be useful with respect to informing service development and hence influencing the extent to which such interventions should be adopted (Stewart 2011). Consequently, further research was needed on how schools can promote the mental health and wellbeing of those children affected by displacement and diaspora. That was the purpose of this study.

RESEARCH OBJECTIVES

The primary aim of this study was to consider how schools could promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people. The following objectives were set to explore different aspects of this aim.

1. To develop an understanding of the meaning and significance of mental health and well-being from the perspective of first-generation immigrant, refugee, and asylum seeker young people.
2. To explore the relevance of self-help strategies in participants' quest to improve their own mental health and well-being.
3. To support a participatory action research (PAR) study that could enable first-generation immigrant, refugee, asylum seeker young people to engage in the social construction of opportunities for self-help and peer support. Thus, encouraging methodological innovation in the promotion of mental health and well-being in schools.
4. To develop new understandings of how first-generation immigrant, refugee, asylum seeker young people can develop activities of self-help to reconcile the challenges that they and other newly arrived young people can face in school.
5. To articulate implications for policy and practice in mental health and well-being interventions in schools.

SUMMARY OF THE STUDY AND ITS CONTRIBUTION TO KNOWLEDGE

Initially the study explored the validity of government initiatives to implement digital self-help tools as a part of mental health recovery in schools. By highlighting key findings obtained from a series of focus group interviews it revealed that any mental health support through self-help initiatives government policy can fail to account for the perspectives of first-generation immigrants, asylum seekers and refugee young people. Reflecting on this early finding, participatory action research was used to enable the young people to design, plan, and implement a school-based study called 'Smile's Bounce Up'.

The study appeared to enable the young people who took part in this study to learn new skills. Their reported new knowledge of other cultures and new ways of

communication suggested that each young person was enabled to develop a powerful and meaningful understanding of the mental health and well-being of others. Drawing on their own lived experiences, they were able to use their knowledge and empathy toward others to develop their own coping strategies.

Each young person explained that being part of the ‘Smile’s Bounce Up’ study provided them with an opportunity to learn to be brave, to share their own experiences and develop new ways of coping with their mental health through the safety and support of the peer group and a wider sense of inclusive community. Helping themselves by helping others, ‘Smile’s Bounce Up’ became a study that began to practice random and planned acts of kindness that developed within each person a sense of hope about the present and the future. Since its implementation, ‘Smile’s Bounce Up’ has continued to grow as more and more young people benefit and contribute towards its aim of promoting mental health and well-being in school.

This study was designed to make an original contribution to knowledge by developing an understanding of how schools could promote the mental health and well-being of first-generation immigrants, asylum seekers and refugees better. The original contribution of this study has the potential to impact positively on child health and education policies locally and nationally, the findings will contribute to ongoing research in child mental health and the development of participatory action research. Little literature reports on how schools could promote the mental health and well-being of first-generation immigrants, asylum seekers and refugee young people (Gadeberg & Norredam 2016). The community of inquiry and critical pedagogy that was adopted to plan, implement and evaluate participatory action research activities could facilitate meaningful engagement with young people in the future, enabling further insight into young people’s understanding of mental health and self-help.

STRUCTURE OF THE THESIS

Chapter 2 lays the foundation for an understanding of the potential use of self-help tools with first-generation immigrants, asylum seekers and refugee young people. It shows how the research questions emerged as a product of the literature review and how they presented an opportunity to offer a unique contribution to knowledge. The chapter shows that because there had been limited research with these groups of young people regarding mental health, the research would support national efforts to

improve mental health and wellbeing in schools by enabling further insight into policy planning and the possible dissemination of a self-help tool designed and implemented by young people.

Chapter 3 provides the epistemological and theoretical justification of the study. It highlights the relevance and advantages of applying PAR to the study of mental health and self-help tools used by the target population. It achieved this by evaluating the potential application of positivism, post positivism, critical multiplism, grounded theory, phenomenology and participatory action research (PAR).

Chapter 4 provides an account of the methods used to conduct the PAR process, it identifies the paradigms and methods used in this study and describes those used to inform the approach to data collection and analysis.

Chapters 5, 6, 7 and 8, are the findings chapters. Consistent with the assumptions of PAR, chapter 5 supplies an overview of the ways in which the young people, supported by mental health champions and a teacher, described how they made sense of mental health and well-being. This first discussion and subsequent understanding provided an opportunity for PAR in the school as it began to establish the opportunity for critical reflection, evaluation and action.

Chapter 6 presents the findings from a second focus group discussion that debated the value of an internet-based self-help application. The participants debated the use of a specific self-help tool and the benefits and limitations of being addressed as a group differently from mainstream colleagues. They also reviewed contextual factors in the application of such tools. This chapter presents a thematic summary of these discussions, plans and describes how the young people decided to promote mental health and well-being within their school by helping others to feel safe, secure, included and valued.

Chapter 7 focusses on the experiences of the young people of moving to the UK with associated anxiety as they struggled to fit in. With support from the school and the mental health champions, they considered new and innovative ways to promote mental health themselves. Despite the advantages of the self-help app, the chapter will show that the main aim of the young people who took part in this study was to develop opportunities for peer support that could welcome other young people with a

Smile and break down barriers to end isolation and discrimination through a study called ‘Smile’s Bounce Up’.

Chapter 8 explains how the development of ‘Smile’s Bounce Up’ was enabled with the support of the school’s senior management team and reinforced by delegates at a national conference who appeared to confirm to the designated teacher that the approach to peer-support was worthwhile. ‘Smile’s Bounce Up’ was able to achieve changes to the contextual conditions needed to promote mental health and well-being verified by the socially constructed conditions that each young person described. The mental health and well-being of young people could be promoted when the contextual and socially constructed conditions were met.

Chapter 9 details a summary of the research objectives and promotes the key messages that schools can offer stability and support to young people. The key messages show that by offering a mechanism that can enable peer support, community engagement, designated mental health provision and an ability to enable young people to lead the services that they feel are best suited to them is a way forward for educational systems. The chapter includes specific implications for schools and policy planners.

Chapter 10 concludes the thesis and produces the unique contribution this thesis has made to knowledge.

Organisation of the four findings chapters

As chapter 3 explains, participatory action research (PAR) differs from ‘traditional’ social research in that the young people and their teachers, who would otherwise only be sources of data are involved in the research process directly contributed to decision-making and project planning (Kendal et al 2017). The notion of incorporating young people into the research process alongside a higher degree research student can be traced back to the work of social psychologist Kurt Lewin (1946), who first wrote about involving participants in a circle of planning, action and fact-finding.

The involvement of teachers and young people in the development of this study, means that the four findings chapters differs from conventional research in three ways.

Firstly, each chapter focuses on a discrete research question which had a purpose to enable action. Action was achieved through a reflective cycle, whereby the teachers and the students considered how the school could promote mental health before determining what action should follow. The resultant action was then further researched and an iterative reflective cycle perpetuated data collection, analysis and action over time. For this reason, each findings chapter is representative of a 'moment in time' and as such analysed in isolation. Representative of evolving knowledge each findings chapter contains a discrete analysis and discussion section as recommended by Kendal et al (2017), O'Reily & Parker (2014) and Murray (2015).

Secondly, PAR pays careful attention to power relationships, advocating for power to be deliberately shared between the researcher and the researched, blurring the line between them until the researched become the researchers (O'Reily & Parker 2014; Murray 2015). The teachers and young people who took part in this study ceased to be objects and became partners in the whole research process: including deciding what action should happen as a result of the research findings as they evolved. This approach to collaboration also meant that each stage of the research presented in chapters 5, 6, 7 and 8, represent standalone but evolving units of knowledge and have been written to reflect this process.

Thirdly, PAR contrasts with less dynamic approaches that remove data and information from their contexts (Kendal et al 2017; O'Reily & Parker 2014; Murray 2015). Most mental health research involves people, even if only as passive participants, as "subjects" or "respondents" (Shamrova & Cummings 2017). PAR advocates that those being researched should be involved in the process actively. For this reason, each of the findings chapters is presented with discrete analysis because of the context within which the data, and subsequent action, was developed over the two years within which the PAR study operated.

CONCLUSION

This chapter provides the introduction to a study that analysed data collected from eleven first-generation immigrant, refugee, asylum seeker young people, five mental health champions and a designated teacher. It has provided a brief outline of how this study will add to the ongoing debate that education systems can use PAR to develop a philosophy of community inquiry and critical pedagogy to overcome

epistemic injustice and create opportunities for social justice, improved mental health and well-being. Additionally, this opening chapter has explained how the findings could be used to advance the application of PAR within education systems and develop practices that could promote the mental health and well-being of all newly arrived young people in the way that best reflects their needs.

Chapter 2

LITERATURE REVIEW

INTRODUCTION

This chapter is the outcome of a rapid, structured evidence assessment of policy and practice related to mental health, school support, and self-help strategies for first-generation immigrants, asylum seekers and refugee young people. Rapid evidence assessments provide rigorous synthesis of the literature relevant to policy, usually completed within six months (Department for International Development 2017). The purpose is to offer a robust working understanding of the state of knowledge in a sometimes rapidly changing context in order to inform policy or practice development. While the search for literature is robust, it is necessarily time-limited, but the approach allows for inclusion of a wide range of evidence types, and sometimes of ongoing or incomplete evidence (Crawford, Boyd, Jain, Khorson & Jonas 2015).

Historical overview of socio-political drivers of diaspora is not included, but this has been achieved to significant effect elsewhere (Dragostinova 2016). Similarly, legal aspects of migration; and matters related to trauma, unaccompanied children, refugee camps, clinical interventions or therapy are excluded in order to retain a sharper focus in central issues of this theses: self-help (including digital self-help applications), and mental health support in schools with refugee, asylum seeker and migrant young people.

While the review presented here was completed before the study commenced, further, ongoing review of the literature was undertaken both continuously throughout the duration of the study in order to keep up-to-date with new evidence, but also particularly during the period of data analysis and synthesis in response to developing findings (Aveyard, Payne, & Preston 2016; Gough & Thomas 2012).

SEARCH STRATEGY

Search Question

An initial search revealed little in the way of empirical research, with most of the literature being qualitative or policy-related in nature. A Population - Experience - Outcome (PEO) framework is used widely to formulate a review question in the absence of interventional research (Moule & Hek 2011).

For refugee, asylum seeker and migrant young people (**P**), what self-help behaviours or interventions (**E**) promote positive mental health and wellbeing (**O**)?

Databases

Seven electronic databases were accessed via the library at the University of Salford. These were Medline, SCOPUS, World Health Organisation, Psycinfo/Ovid, CINHAL, ERIC, and E-Book. To promote consistency, the same search strategy was applied to each database. Appendix 1 provides a summary of the information from the electronic databases that yielded results according to the search terms used.

Search Terms

Table 1: Search terms with Boolean operators

Refugee child*	**And**	**And**	**And**
	Mental health	Self-help	School
OR	**OR**	**OR**	**OR**
Refugee adolescent	Mental well-being	Help seeking	Education
OR	**OR**	**OR**	
Refugee young people	Resilience	e-Health	
OR	**OR**	**OR**	
Asylum seeker child*	Emotional health	Digital self help	
OR-Asylum seeker adolescent	**OR**	**OR**	
	Emotional wel*being	Digital app*	
OR		**OR**-Technology	
Asylum seeker young person*			
OR			
Immigrant child*			
OR			
Immigrant adolescent			
OR			
Immigrant young person*			

Table 1 shows the search terms used. Each term was based on the main concepts of interest: children and young people; mental health; immigrants, asylum seekers and

refugees; and self-help. Additional terms related to these concepts were included to help to refine the returns listed in Appendix 1: emotional well-being; mental well-being, resilience, digital self-help, technology, e-health, help-seeking and schools.

Boolean operators (AND, OR) were applied to combine terms, together with truncation functions (*) to capture alternative spellings. The search terms were not limited to a specific date, and the application of broad search terms such as ‘Asylum Seeker’ and ‘Refugee’ enabled literature to be identified across many disciplines. These included health, social work, education, and housing. However, when the search terms were limited to specific phrases, such as ‘mental health’ or ‘self-help’, there appeared to be a paucity of materials related to the specific area of focus.

Inclusion and Exclusion Criteria

To be included in the review, items needed to meet all the inclusion criteria. Of those meeting all the inclusion criteria, any items which met any of the exclusion criteria were discarded.

Table 2: Inclusion and exclusion criteria

INCLUSION CRITERIA	EXCLUSION CRITERIA
Focused on children or young people	Focused primarily on legal or political status
Focused on immigrants, refuges or asylum-seekers	Focused on health generally and mental health data cannot be extricated
Focused on mental health	
Published in English	
Full text available	
Research of any design, or policy document	

Screening and selection

The screening process from the Preferred Reporting of Systematic Reviews and Meta-Analyses (PRISMA) was adopted for enhanced rigour. In the identification phase, a total of 14,288 items were identified from the initial search, including 185 identified through additional sources which were mostly grey literature from web site searches. Once duplicates were removed, 2589 items remained for screening.

These items were then screened for relevance by review of title and abstract, removing a further 1685 items. Most items were discarded because they were not specific to the population of interest.

A total of 904 items were then processed through eligibility checks against inclusion and exclusion criteria. A further 785 items failed to meet the criteria, particularly through non-relevance to self-help.

The final number of studies included in the rapid evidence assessment was 119: 114 of these being qualitative studies or policy documents, and the remaining five were reports of empirical studies. The focus of these articles was a on a mixture of refugee, immigrant and asylum-seeking children, acknowledging their mental health needs and establishing how these needs may be met most effectively. They also addressed self-help in schools, psycho-social approaches, resilience, early intervention approaches, digital support, and participatory action research.

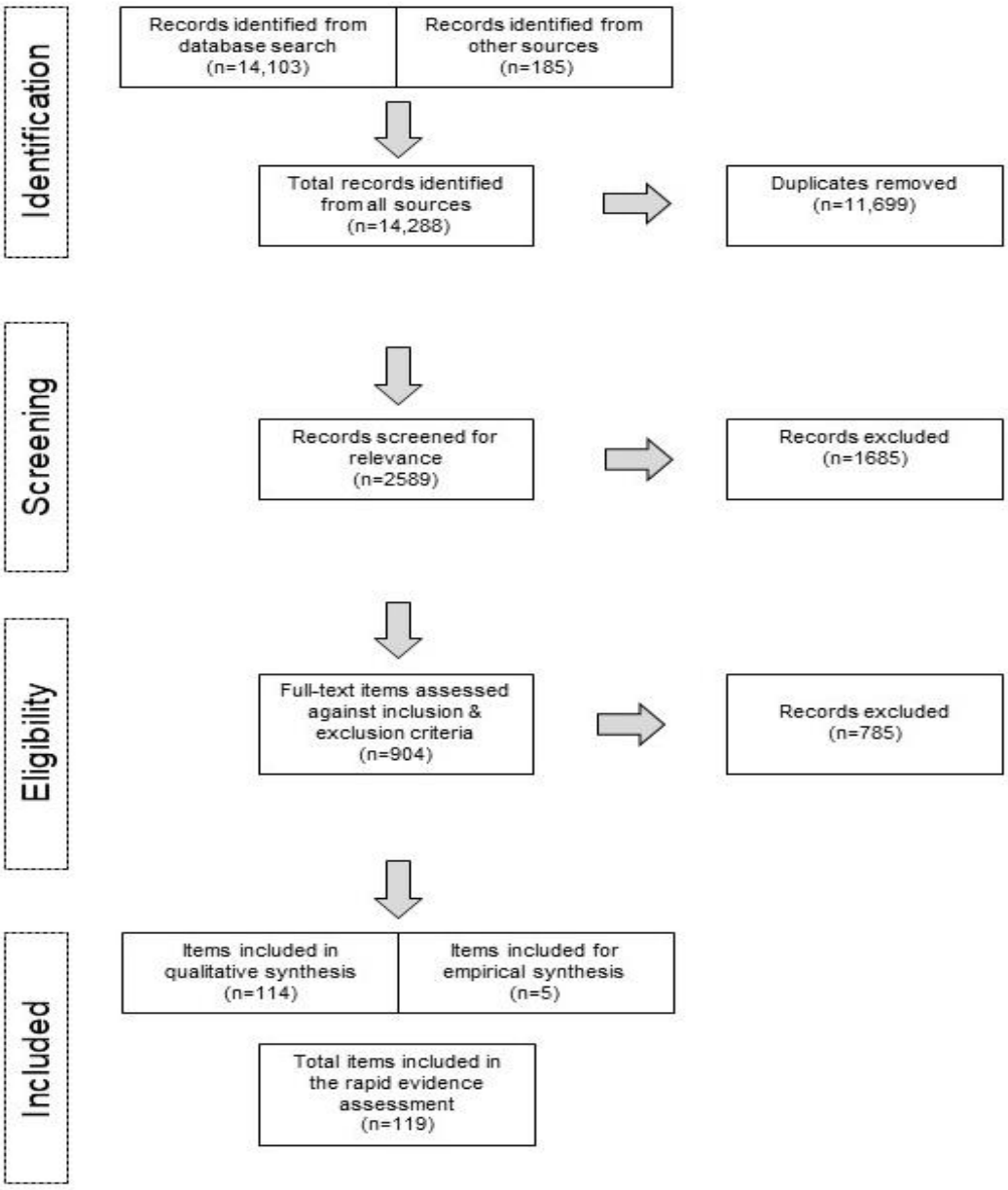


Figure 1: PRISMA flow chart of the screening process

APPRAISAL OF THE EVIDENCE

Each of the 119 selected articles was appraised using the relevant tools from the Critical Appraisal Skills Programme (CASP) (https://casp-uk-net/).

In the qualitative studies, it is crucial to understand the trustworthiness of the paper (Elo, Kääriäinen, Kanste, Pölkki, Utriainen, & Kyngäs 2014). Within quantitative research validity and credibility can be measured (Heale & Twycross 2015). However, qualitative research is subjective, and this concept is more obscure (Aveyard et al 2016). Since qualitative researchers do not use instruments with established metrics about validity

and reliability, it is pertinent to address how qualitative researchers establish that the research study's findings are credible and transferable (Elo et al 2014). To support the appraisal the CASP appraisal tool was used alongside contemporary literature to support the credibility, transferability and trustworthiness of the papers being appraised (Long, French & Brooks 2020). The CASP tool has various elements that support both qualitative and quantitative methods (Long et al 2015). A brief, general appraisal was collated to show strengths and limitations within the research papers and studies.

The qualitative studies within this review mostly used semi-structured interviews or focus groups. The use of semi-structured interviews is a well-used method in qualitative research (DeJonckheere & Vaughn 2019). The overall purpose of using semi structured interviews for data collection is to gather information from key informants who have personal experiences, attitudes, perceptions and beliefs related to the topic of interest (Whiting 2008). Semi-structured interviews therefore are the most frequent qualitative data used in health services research (DeJonckheere & Vaughn 2019). This method allows the researcher to collect open -ended data, it is flexible and supports the exploration of feelings and beliefs from the participants (O'Reily & Parker 2014). DeJonckhee & Vaughn (2019) promote how semi-structured interviews add robustness to a study as they take planning, ethical issues have to be considered, trust and rapport have to be established, skills are needed for interviews, ability to reflect and analysis of data is needed, this they argue demonstrates trustworthiness of the research. However, it is vital that researchers take into consideration how intimidating and challenging this can be for both the researchers and participants (Whiting 2008). Moreover, to elicit challenges DeJonckhee & Vaughn (2019) contribute how a skills sets can be learnt to support this method and how this method can be conducted in multiple ways such as face to face, telephone, individual or in groups. The papers reviewed in this process used a variety of methods such as telephone and face to face interviews. All showed planning and analysis, though not always discussions on how they build trusting relationships.

However, the qualitative papers appraised in this review used member checking or further observations to validate findings. Therefore, this approach allows young people and professionals working with them to speak and explore feelings and beliefs in a safe way that is analysed and supported by a trusted method (Birt, Scott, Cavers, Campbell & Walter 2016). However, it is vital that active listening, having a well-developed

interview guide and able to ask sensitive questions is key within adding trustworthiness and rigor to a paper (Birt et al 2016). Also, understanding the resources required to recruit, interview, transcribe and analyse is fundamental in planning and organisation (DeJonckheere & Vaughn 2019).The papers appraised within this review demonstrate the importance of trusting relationships and organisation by using pilot interviews to guide them in going forward within the research. Using pilot studies enforces rigor and trustworthiness within a paper (Kim 2010). Additionally, pilot studies can provide unique opportunities to improve skills of a qualitative researcher in conducting semi-structured interviews including the management of participants, understanding challenges that may occur, selecting an appropriate venue for interview, conducting an in-depth interview, and seizing opportunities for probing emerging topics in the interview process (Janghorban, Roudsari & Taghipour 2013). It seems therefore that designing and conducting a pilot study with clear objectives enhances the rigour and validity of qualitative research. Not only does it support the data collection it can also support the data analysis and any challenges that may occur in the design process (Kim 2010).

When considering the data collection methods some studies used focus groups. Focus groups again like semi-structured interviews, are frequently used as a qualitative approach to gain an in-depth understanding of social issues (O'Reily & Parker 2014). This fits in with the research used in this review as the papers are looking at obtaining data from a purposely selected group rather than from a statistically representative sample of a broader population (Austin, Smart, Yearley, Irvine & White 2010). All these reports highlighted the numbers in the focus groups which ranged from 5-10 participants in a group. However, some did not report the number of focus group discussions and some did not provide a rationale for this technique. Even though there were gaps in the rationale and technique Kruger & Casey (2002) promote that 6-8 participants are sufficient, most of the papers adhered to this number. Wibeck (2011) argues that one drawback with focus groups are that there is lack of guarantee who will turn up and for this reason researchers tend to over recruit (Tobias, Wilson, Derrick & Mukherjee 2018). Kruger & Casey (2002) contributes that for a paper to use focus groups in a safe trustworthy manner adding credibility is to use no more than 10 participants in a group, this allows for balanced discussions and is small enough not to become disorganised or fragmented. This evidence shows that the papers used in this review have considered the use of focus groups in a safe manner. Some of the papers have reported observing

the focus groups to add credibility and rigor to their research (Berry & Kincheloe 2004) This has involved observing non-verbal interactions and the impact of the group dynamics and documenting the general content of discussions Tobias et al (2018) adds how this supports the trustworthiness of the data by providing a thicker description and interpretation of the data rather than using verbal data in isolation. Equally, they note how important it is to consider the participants and duration of meetings. Moreover, that participants may suffer from tiredness, short attention spans, especially when young people are involved (O'Reily & Parker 2014). Although not many of the researchers discussed these issues, they did, however, explain the data analysis, which reported on the observations and discussed the indigenous knowledge. However, it was not always clear how the groups were recruited. Therefore, some weaknesses were found in focus group techniques. Even though this was found, some papers acknowledge the challenges and limitations within this method but noted how this method offered a different platform for differing worldviews (Guba & Lincoln 1994).

Even though focus groups and semi-structured interviews were chosen methods within the research other papers chose to take a more creative approach. Some added recording by video, used writing workshops or photographs to illustrate and explore feelings and thoughts. This approach can support potential barriers to effective and meaningful participation (O'Reily & Parker 2014). It can approach innovative approaches that can help better understand on how people experience health services and can be used within a participatory framework (Mitchell & Clarke 2018). Therefore, creative methods can be used with young people to engage in research where regular methods such as interviews and focus groups may have acted as a barrier due to stigma or shame (Mitchell & Clarke 2018). Rainford (2021) empasised how creative methods can enhance interviews or prompt discussions. To add rigor to the papers the researchers chose to write journals and observations to support their analysis (Konicki 2019). Konicki (2019) adds that this practical concept is useful to make sense of people's lives. Furthermore, as researchers this approach of analysing photographs or artifacts or stories etc is compassionate and can help interpret meaning, furthermore, inspire new interpretations. Janesick (2015) adds to ensure to the credibility or trustworthiness of this research reflection is vital. The papers involved in this method did highlight the reflective components in their research adding to their analytical content of discovery.

Whilst formulating thoughts on the analysis of the qualitative papers in general the papers have indicated recording of the data and corroboration to minimise faulty observations and conclusions (Houghton, Murphy, Meehan, Thomas, Brooker & Casey 2016). The use of analysis tools such as NVIVO, HyperReserach software alongside member checking has enabled the researchers to code and cross analyse to identify themes that emerged across participants (Ishak & Bakar 2012; Hesse-Biber, & Dupuis 2000.). The use of such tools alongside member checking enhance the papers credibility, it involves the participants, it supports any potential bias or personal motivations of the researcher (Ishak & Bakar 2012).

Through the appraisal potential opportunities to support rigour within the papers were noted to have been missed. For example, peer debriefing is known to be a helpful tool in achieving trustworthiness in qualitative research, supports maintenance of impartiality and allowing for concerns to be raised within a study (Given 2008). Moreover, it highlights areas that need further investigation or exploration (Fig, Wenrick, Youker, Heilman, Schneider 2010). Fig et al (2010) promote how negative case analysis can improve rigor in qualitative research, it means that the researchers look for any deviant data that does not support the explanation for any behaviour, situation or event. It supports making more logical conclusions and reliability of the research (Given 2008) However, even though these areas were not reported in the papers appraised, the areas that were considered above support the rigor and trustworthiness of the papers appraised (DeJonckhee & Vaughn 2019).

Issues such as sample sizes within the papers have also been appraised, these vary, even though they vary from 8-100 participants, the numbers do not correspond to the lack of credibility to the papers (Morse 2010). The papers with low participants did not want to only address the numbers, they were representative of the population or the participants encountered similar experiences which could be transferable to other studies (O'Reily & Parker 2014). Participants were not always refugee, asylum seekers or immigrants, however, transferability of associated experiences such as young people living in the care system, young people who have suffered loss or difficult transitions in their life were part of the research that was appraised.

The five empirical items all used abstracts that provided brief summaries of their research and developed a hypothesis, this is an expectation from an empirical study

(Moule & Hek 2012). Variants in qualitative and quantitative methods were used to support the outcomes. These methods supported observation and scientific data (O'Reily & Parker 2014). Little evidence supported the challenges that European migrants face, therefore this highlights a huge gap in research literature for this population. All data showed small samples of refugee and asylum seeking young people being acknowledged within the research, even though there was some validated instruments and tools used to measure mental well-being and quality of life through evidenced based practices such as digital well-being tools and strengths and difficulties questionnaires (Deighton et al 2013). However, there was a deficit of ranges within ages of the young people and some used findings from young people 18 and over which was not an overall finding of young people who range from 11-25 (O'Reily & Parker). In addition, there was lack of the authenticity of the YP's voice. First-hand evidence from refugee, asylum seekers and immigrants were lost within the research. Therefore, it was clear that further empirical research holding the voice of refugee, asylum seeker and European migrants is needed to build upon policy and practice.

Once the evidence had been appraised it was grouped into predominant themes from across the literature and with regard to the review question, these themes are displayed as: Challenges faced by these young people; National and international policy issues; The crucial role of schools and communities; Voice; Resilience and self-help.

CHALLENGES FACED BY YOUNG PEOPLE

In 2019, the UK offered protection in the form of asylum, humanitarian protection, alternative forms of leave to remain, and resettlement to 20,703 people, 2,883 of which were children (Office for National Statistics 2020). According to the UNCHR (2018), to seek asylum in the United Kingdom individuals and families must provide verifiable evidence that they have or might experience persecution on account of race, religion, nationality, political belief or membership of a particular social group if they were to return to their home country. A successful application then leads to refugee status. Although these two groups are distinct, there can be overlap, with economic migrants seeking employment in another country.

Among refugees, asylum seekers and economic migrants there are many differences in terms of culture, ethnicity, race, religion, exposure to trauma, family composition, and

resettlement experiences and status. However, a shared experience of mental health difficulties raises a public health concern.

An expanding volume of research across different countries and situations has led to fairly consistent findings of an increased prevalence among refugee groups of all ages of, predominantly, post-traumatic stress disorder (PTSD), depression and anxiety, but also of other psychiatric disorders; comorbidity; physical ill health such as malnutrition; and continuation of symptoms and impairment (Vostanis 2014: 176).

Although this evidence highlights the complex impact of diaspora and displacement, interpretations of the causes of mental health problems must not be oversimplified. Intersectional factors of war, conflict, natural disasters, family loss, different types of violence, abuse and sexual exploitation, socioeconomic adversity, adjustment to a new society and isolation must be recognised. For Williams & Thompson (2011), it is the combination of adverse events before, during and after the forced or economic migration that should influence the development of interventions and services.

The experiences of first-generation immigrant, asylum-seeking and refugee young people often include encounters with war, conflict, murder, loss of family members, financial difficulties, communication difficulties, discrimination, and isolation (Vostanis 2016; Madden, Harris, Blickmen, Harrison, & Timpson 2017). As shown by the Refugee Support Network (RSN 2018), many of these young people live with enduring and undiagnosed mental health difficulties that can impact significantly on life expectancy and ability to cope with the hardships associated with diaspora and displacement. For this reason, Venterogel, Schinina, Strong & Hansen (2015) propose that services must take time to listen to the voices of young people before designing services that are valuable to them. Exposure to harm, grief, separation, and loss along with stressors and strains associated with post-migration racism can place young people at an increased risk of harm (Venterogel et al 2015).

For this reason, Milovrancevic, Klasen & Anagnostopoulas (2018) argue that a westernised or homogenised approach to mental health may be insufficient when working to support first-generation immigrant, asylum-seeking and refugee young people. Although the authors accept that the opportunity to work in partnership with children and young people is a partial solution to a complex problem, they also recognise Fazel's (2015) advice that the needs of these young people should be

included in specific mental health promotion, policy, design and potential action through working in partnership with relevant professionals. Milorancevic et al (2018) show that even though some first-generation immigrant, asylum-seeking and refugee young people do not experience severe mental health difficulties, chiefly because they display great resilience, they can experience additional risks such as increased rates of depression, somatic disorders, anxiety, disruptive coping strategies, low self-worth, and poor social adjustment.

Despite the adversity that may have been endured, research finds persistently that the experience of settling into a new country can be particularly difficult. Challenges include limited access to housing, finance, health support, and education (PHE 2015), and feelings of shame associated with the experience of alienation, racism, and stigma (Rickwood, Frank, Corali & Ciarrochi 2005; European Commission's Education, Audio-visual and Culture Executive Agency (EACEA) & Eurydice 2019). Regardless of stance on individual resilience, all authors agree that specific support to promote the mental health of first-generation immigrant, asylum-seeking and refugee young people is essential.

The Care Quality Commission's (CQC 2018) independent review into the systems and services that support children and young people's mental health in ten health and well-being board areas in England found that children, young people, their parents, families, and carers have to reach a crisis point before being allowed to access help. Early help was reported as being crucial in developing support for young people's mental health, especially with long waiting lists for specialist services. Some local areas had invested in prevention and early intervention, with some schools already seeing a reduction in referrals to mental health services while they were trialling a whole-school approach to building pupils' emotional resilience and mental health.

The review by Nakeyar et al 2017, although concentrated on refugee and asylum seeker young people, offers insight into the population of immigrant young people who, as Masten, Liebkind & Henander (2012) explain, might also experience difficulties with inclusion due to culture difference and language barriers.

NATIONAL AND INTERNATIONAL POLICY ISSUES

The mental health needs of immigrant, asylum seeker and refugee young people is a global concern (WHO 2013). While government policies increasingly address the physical and mental health of the majority, less attention is paid to the complex and intersectional needs of immigrant, asylum seeker and refugee young people. Although limited concentrated policy efforts have been made to support the development of interventions and services for refugees, asylum seekers and economic migrant children, the WHO (2013; 2016; 2019) and Betancourt, Abdi, Lilienthal, Agalab, & Ellis (2015) acknowledge that greater investment in services in needed that seek to enhance protective factors relating to safety, family, social support, integration, cultural identity, faith and coping strategies that moderate vulnerability.

UK government policy to promote the mental health of young people who have been affected by diaspora and displacement is encompassed in the 'Five Year Forward View for Mental Health' (DH 2017). This embraces advancements in technology seeking to tackle inequalities caused by poor mental health through peer support or digital methods of communication. The aim is to utilise technology to promote preventative and supportive approaches to mental health through self-help. For economic immigrant, asylum seeker and refugee young people, this policy development should enable opportunities for health advice and information to be readily available and accessible via the Internet. The importance of engaging children and young people living with mental health difficulties in the design and development of self-help tools is recognised. However, this review highlights the paucity of evidence to support the development of self-help tools especially for this population.

In addition to the lack of evidence to inform a systemic move to self-help for immigrant, asylum seeker or refugee young people, there are also two main limitations within the DH policy guidance. First, the consultation method in the development of self-help tools was vague and ill-defined. Targeted consultation projects focussed on looked after or adopted children, care leavers, victims of abuse or exploitation, young people with long-term conditions or disabilities, or those involved with the justice system, it make no reference to immigrants, asylum seekers or refugees. Second, the risk of excluding young people who have first-hand experience of war conflict, natural disasters, family loss, different types of violence, abuse and sexual exploitation, socioeconomic adversity, adjustment to a new society or isolation means that self-help tools could fail to represent the needs of many of those who might access them. The DH strategy,

though revealing the scale and nature of mental health difficulties in the UK generally, strayed into doing what Vostanis (2014) warned against: neglecting social context in understanding the difficulties faced by immigrant, asylum seeker and refugee young people, including the kinds of services that they need.

If a focussed approach to representing diversity and difference is not factored into the consultation process, the self-help tools that are developed are likely to homogenise mental health and the young people living and suffering from those experiences. Yet, the House of Commons Select Committee's (2018) report on the Green Paper 'Transforming Children and Young People's Mental Health Provision' (DH 2017) highlights ongoing failings adequately to connect service delivery to other relevant policies, for example opportunity areas and social mobility, and misses opportunities to address fragmented service provision.

In addition to these concerns, the National Audit Office (NAO 2018) accused the government of being unable to achieve any of the developments that were promised in the Five Year Forward View for Mental Health strategy. According to a Public Accounts Committee (PAC 2019) report, scheduled to investigate the claims made by NAO, the UK government needed to move faster to evidence its pledge to improve the mental health of all young people. Primarily, PAC highlighted the need for research to develop evidence-informed approaches that could be implemented and enforced under relevant legislation to promote the well-being of young people.

One proposed means by which to achieve the ambitions set out in the Five Year Forward View for Mental Health strategy is in the same, much criticised Green Paper (2017). For example, the Green Paper provides assurances that by 2025 a designated mental health lead will be working in every school and college in England, with responsibility for promoting self-help, mental health and well-being in schools. Supported by the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020), a statutory document designed to amend the Education Act 2002 and the Academies Act 2010, the government is now formalising the statutory duty under these Acts of all schools to promote the mental health and well-being of their pupils. Although the Green Paper and the Bill do not seek to address the existing, growing pressures faced by teachers, the financial strain experienced by schools, or the lack of focus on child and adolescent mental health in teacher training and professional development that Moskell

& Tyrell (2016) describe, they remain central to the ambition to promote the mental health and well-being of all children.

The Green Paper and the Bill may, at least, offer an opportunity for mental health leads to support senior management teams to develop new, inclusive ways to promote mental health in schools. Promising the supply of service at the times and in the places where they are needed most, the two documents emphasise early intervention and prevention. Fazel (2015) notes that the voice of the young person is paramount in such endeavours. Although an exercise in consultation was undertaken in development of the Green paper and the Bill, this listening exercise did not actively include immigrant, asylum seeker and refugee young people. This is why both the NAO (2018) and PAC (2018) regret that the proposed policy does not go far enough to meet the diverse and changing needs of contemporary society.

The impact of such narrow consultation perpetuates the development of models and communities of practice to support young people based on a majority view of health. For example, in 2014, The Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust developed a conceptual framework called THRIVE©. This was designed to reflect the policy concordats and NHS long-term plan for mental health support by considering the known social determinates of health alongside medical diagnosis. Although the framework offers a person-centred, needs-led approach to delivering mental health services for children, young people and their families, Shaheen & Miles (2017) suggest that this model cannot be transferred easily to meet the mental health needs of immigrant, asylum seeker and refugee young people. Due to their experiences, it could be difficult for the young people and their families to engage (Shaheen & Miles 2017).

However, the community of practice model is extending across traditional NHS boundaries (NHS England 2019). It has become part of the NHS 10-year plan for future growth, acknowledging that a paradigm shift is needed to support the mental health of children and young people. Although the model emphasises the importance of ‘getting help’, ‘getting advice’ which includes the opportunity for young people to adjust to new life circumstances, it also places emphasis on strengthening communities (Wolpert et al 2019). This approach might be lost to first-generation immigrant, asylum seeker and refugee young people if the infrastructure and acknowledgement from the services and

professionals are not in place to ensure availability of appropriate care to meet their needs (Shaheen & Miles 2017). A community of practice model acknowledges the strengths within a community, aiming to find solutions and evaluate best practice (Wolpert et al 2019). This approach to inclusion and strengths is a positive step forward, however, further evidence is needed in how to engage communities in this model (Li, Grimshaw, Nielsen, Judd, Coyte & Graham 2009). Moreover, training and support for services is needed if this model is to be placed in areas such as schools (Wolpert et al 2019). Fazel (2015) warns that the school environment may not be ready, and professionals working in schools may not consider the model as a priority.

The World Health Organisation (2013) policy 'Health 2020' drew attention to the complex topic of migration and health, along with other issues related to population vulnerability and human rights. As far as any policy document can achieve, it provides a comprehensive framework that seeks to drive and direct action in public health work. Considered alongside the Public Health Aspects of Migration in Europe [PHAME] project (WHO 2015; UNCHR 2019), it is possible to see how schools could work together to tackle the social determinants of health, reduce health inequities and promote the well-being of first-generation immigrant, asylum seeker and refugee people. These international policies agree that the most fundamental needs of this population can be met if the young people first are enabled to feel welcomed, safe, secure, and valued. This is also compounded in a European Commission (2016) policy report and the European Commission EACEA/Eurydice (2019) research on outcomes in 16 countries. Both incorporate the variance of people's positions and experiences, and illustrate how the social and emotional needs of immigrant, asylum seeker and refugee young people are of upmost importance. The research shows that when an individual feels that they belong, and feel accepted and valued by their peers, they are more likely to experience positive mental health.

THE CRUCIAL ROLE OF SCHOOLS AND COMMUNITIES

School-based, Home-based, or Combined Support for Mental Health

Reflecting on the suggestion that mental health operates across a continuum of need, Milovrancevic et al (2018) argue that more work is needed to engage both the child and the family. However, implying that home-based support might impose on the right to family life unless justified through child protection or clinical process, Vostanis (2016)

and de Anstiss & Ziani (2010) suggest that schools might be better placed to work in partnership with first-generation immigrant, asylum-seeking and refugee young people and their families. There is, as yet, little research evidence to allow evaluation of this recommendation.

As shown by the Green Paper and the Bill, schools are highlighted in government policy as a place to promote mental health, so mental health and school support should be viewed in tandem. However, schools do not always agree that they have a role in supporting the mental health of young people (O'Reily, Barry, Neary, Lane & O'Keeffe 2016). Indeed health, education and social care all have a place in supporting young people. From a systematic review, Callaghan, Fellin & Warner-Gale (2017) point to the fundamental view that early intervention is paramount to support the mental health of young people, and attention needs to concentrate on socio-economic contexts in which young people are situated. They add that services need to be mindful of the potential health inequalities that young people may endure and what support is needed to grow their communities.

Gaulter & Green (2015) highlight the importance of school inclusion for first-generation immigrant, asylum seeker or refugee young people. Analysing qualitative interview data from teachers in a primary school in Slovakia, the authors found that young people enjoyed going to school if they felt included. Mirroring Fazel's (2015) findings, the teachers explained that although refugee children experienced some vulnerability, positive relations with the teaching staff helped them to overcome feelings of isolation or marginalisation. The study outcomes were positive, but no detailed research was undertaken with the young people themselves. It seems important when measuring school inclusion that a research study should include the young people about whom it makes recommendations (Evans et al 2014). There now is significant requirement by the National Institute for Health Research (NIHR) for public involvement (including children and young people). The review by Evans et al (2014) concluded that public involvement has had a positive effect on the public, on researchers, on participants and on the wider community. Surprisingly, Evans et al also concluded that due to ethical, legal and financial implications it can be difficult to obtain the voice of a young person under the age of 18yrs. Review of NIHR-funded studies suggests that this is not the case at all.

An example of positive school inclusion (Dutton 2012), detailed the implementation and process evaluation of The Haven project, set up in 2003 to work with refugee children and young people in schools across Liverpool, providing therapeutic support based on art psychotherapy, psychodrama and horticulture. Dutton observed that the success of the project depended heavily on the support of local schools, particularly in enabling the young people to access child and adolescent mental health services if needed. This partnership working represents an approach to school inclusion that Allan & Catts (2014); Fazel (2015); Eames, Shippen & Sharp (2016); Vostanis (2016); UNHCR (2019); and DfE (2015, 2016, 2017) each saw as being intrinsic to early intervention and multi-agency working that is needed to support the mental health of first-generation immigrant, asylum seeker and refugee young people.

In addition to the benefits that school inclusion can offer, Mazoni & Rolfe (2019) found that the inclusion of different cultures, languages, and religions can also enrich the school and the lives of others. They interviewed 52 participants teachers, head teachers, specialists in English as an additional language, school governors, parent ambassadors and parents: together with 92 young people in focus groups and interviews. It was found that staff members were happy with the enrichment brought by migrant young people and families to their school. Several examples were presented of the ways in which non-migrant pupils benefit from being educated alongside migrant pupils. The report was unequivocal that school inclusion can promote social capital, but also warned that schools should not assume that inclusion is the panacea to all challenges. Indeed, Mazoni & Rolfe explain that as a prerequisite, first-generation immigrant, asylum seeker and refugee young people should always be individually assessed and given tailored support where needed. In support of Vostanis (2014), who explained that such young people must not be treated identically, Mazoni & Rolfe highlighted the importance of supporting and including each child on an individual basis.

Madzivaa & Thondhlana (2017) explored how to support Syrian refugees. Focusing on the school as one important element of the wider ecological network that operated around the families, the authors examined how eight families described their transition to England. Combining these testimonies with data collected in 26 interviews with schoolteachers, local authority officers, and representatives of faith-based and migrant support organisations, the study found that the school stood for the hub of social capital. Incorporating a social justice approach which builds on Allan & Catts (2014) earlier

work, the authors incorporated Tikly's (2011, 2016) discussion on human rights to show that because schools could help the young people and their families to learn the English language, the school was key to the opportunity for them to form new friendships and relationships. Madzivaa & Thondlana conceptualised how schools need to embrace an ecological perspective. This adds a new dimension to supporting young people in schools and is consistent with the work of Fazel (2015) and Allan & Catts (2014), who found that the school played a huge part in supporting integration, academic achievement and mental health.

Pinson & Arnot's (2010) example of what works for first-generation immigrant, asylum seeker and refugee young people highlight the integration of the school within the wider community. Including a holistic approach to supporting mental health that was also demonstrated later by Madzivaa & Thondhlana (2017) and which was the focus of Crawley's (2006) policy paper 'Child first, migrant second: Ensuring that every child matters', Pinson & Arnot (2010) demonstrate that the mental health of these young people can be promoted when the school engages in programmes of outreach and community development. Wade's (2011) work on community development mirrors the findings of Pinson & Arnot (2010), adding that work to support young people and their families to learn English also enables them to express their feelings. Through supporting young people to learn English, schools can help communities to access housing, employment and other social support networks that can help to strengthen their mental health.

Alienation, Inclusion and Integration in Schools

The Refugee Support Network (RSN 2018) examined the relationship between mental health and education. Although the report was specific to refugee and asylum seeker young people, it could also transfer to other migrant young people who may share the same experiences of dislocation, grief, separation and loss. Drawing findings from in-depth interviews and focus groups with 86 young people, RSN explained how alienation and marginalisation in school can present a significant barrier to mental health. The need for schools to recognise the importance of mental health support that is provided in collaboration with health care professionals and the voluntary and charity sector was highlighted. Peer mentoring could contribute to creative self-help approaches that were vital to the well-being of young people. The RSN argued that policy makers and local

authorities should seek to capitalise on and raise awareness of existing good practice by creating improved networking and information-sharing opportunities for professionals working to support this population.

Australian scholars de Anstiss & Ziaian (2010) considered how schools could best support first-generation immigrant, asylum-seeking and refugee young people and their families. Analysing 13 focus groups held with 85 refugee young people, the authors found that a school could be most effective if it could support the young people to integrate in society, develop their social networks, and help them to access health and social care services as required. Consistent with these findings and those of Vostanis (2016), the RSN also found that the school could facilitate opportunities for integration and extended health and social support only if they were able to build and maintain trusting relationships.

In addition to the often-traumatic experiences associated with their life before arriving in a new county, first-generation immigrant, asylum seeker and refugee young people often struggle to feel that they belong in their new local community (Moskell & Tyrell 2016). For this reason, Allan & Catts (2014) studied how schools can offer a unique opportunity for young people to develop their sense of social capital. They explain the concept of social capital is fundamentally engaging with peers, and that social integration is supportive of building social capital. For Allan & Catts (2014) the safe spaces that schools can provide can also support the mental health of first-generation immigrant, asylum-seeking and refugee young people. Conducted in Scotland and funded by the Scottish government to reduce the examples of disadvantage that have been described above, the overall aim of the study was to identify opportunities to improve academic outcomes, enhance well-being, reduce conflict, and promote democracy. Although Fazel (2015) argues that diversity and the identification of first-generation immigrant, asylum-seeking and refugee young people can sometimes bring discomfort and isolation in the school setting, Allan & Catts (2014) explain that social integration can be promoted when diversity is presented as a positive impact on the school community. Fazel's work has been instrumental to those opportunities to develop the mental health needs of refugees, but her explanation of diversity as a barrier to mental health requires further contextualisation.

Fazel (2015) explains that the inclusion of this group of young people in activities within school such as football or contributing to assemblies are vital to becoming part of the school community. She adds that to know that they belong and that they are respected is critical to their social and emotional development. Whilst their identity is important, Fazel's first recommendation is that schools are the best environments to support mental health. Schools should that ensure their environment is welcoming, other young people should help with this connectedness, and the result is an approach to inclusion and anti-discrimination that is natural and not engineered.

Partnership Working with Young People

Public Health England (PHE 2015) specifically acknowledges the need to facilitate opportunities for first-generation immigrant, asylum seeker and refugee young people to feel that they belong too. Advocating for a whole school approach, it recognises that schools must be at the forefront of mental health promotion. However, according to Mohammed &Thomas (2017), the ambition of PHE to promote emotional health and resilience of young people requires great consideration and partnership working to ensure that services meet the local and national need. Evidence provided by Fazel (2015) suggests that schools can promote the mental health of first-generation immigrant, asylum seeker and refugee young people but only if they include and involve the young people in the design, delivery and evaluation of the services that are provided.

Highlighting the strengths of co-produced services, Gardner & Stephens-Pisecco (2019) explain why it is fundamental that schools involve young people in their strategic approach to mental health. Dryden-Peterson, Adelman, Bellino & Chopra (2019) also suggest that schools must be responsible for ensuring the emotional, intellectual, and physical development of all children and that their participation in programmes of support is paramount. However, there are occasions when young people experience mental health difficulties associated with feelings of ongoing uncertainty, including rapid economic and social changes through migration or immigration status which may impact on their participation. Accordingly, Gardner & Stephens-Pisecco (2019) argue that schools must also understand the importance of mental health and ways to support early intervention practices though the use of self-help tools that are also recommended in governmental strategy (DH 2016). This argument is further supported by Millet &

Tapper (2013); Kizel (2016); Care Quality Commission (CQC 2018) and Dryden-Peterson et al (2019).

The Evidence About Strategies That Can Work in Schools

A systematic review of the literature conducted by Nakeyar, Esses & Reid (2017) further promotes the significance of supporting the mental health of young people in schools. The review addressed a gap in understanding of the needs of refugee children and young people aged between 5 and 18 years. Reviewing eighteen peer-reviewed journal articles, the authors explained that the emotional and support needs expressed by refugee children and young people were found primarily in the domains of social support, security, culture, and education. Several school-based strategies were identified as facilitating their integration. These included mentorship programmes, well-being events, specially designed breakrooms, and a tailored support to help the young people to plan their route into higher education. The qualitative data indicated that peer support was especially important in providing an opportunity for young people to feel that they could belong.

Despite the advantage of the school support that Nakeyar et al (2017) describe, they also review and explain that young refugee and asylum seekers can find it particularly hard to create and maintain social support networks. Cultural differences and language barriers can be exacerbated by schools that are underfunded and by teachers who are not specifically trained. Another key finding was the need for a whole school approach to ensure that mental health needs were being addressed by all in the school setting (Nakeyar et al 2017).

Nakeyar et al's review builds on Allan & Catts (2014) study which suggested that a school can represent an effective bridge between first-generation immigrant, asylum-seeking and refugee young people and their new social context. Allan & Catts (2014) argue that by accepting and celebrating differences, schools can provide the context and socially constructed conditions necessary to build social capital, engage with diversity and facilitate opportunities for young people, teachers, and the wider community to grow and prosper together.

Peer Support or Mentoring

Allan & Catts also promoted the use of peer support within the school setting. However, like Nakeyar et al (2017), Allan & Catts (2014) suggested that a school can also be a place of misery and bring a sense of isolation to some first-generation immigrant, asylum-seeking and refugee young people.

The importance of peer relationships is highlighted in Department for Education (DfE 2017) research looking at 'Peer support and children and young people's mental health'. The research shares how and why peer support is important and vital in the school environment. Accordingly, the DfE (2017) also recognised in their 'Supporting mental health in schools and colleges' recognised that schools and Colleges need to be a place of safety that can foster inclusion and provide a supportive environment where young people can learn, it also adds the importance that young people feel supported by their peers. The DfE and recent research carried out by Brown & Carr (2019) conclude that where programmes of peer support are established, young people can experience improved mental health, self-esteem, confidence, emotional resilience, social skills and relationships.

Highlighting the steps to success, DfE (2017) supplied a series of case studies demonstrating how peer support can be effective in different schools and in different contexts. However, consistent with the observations presented above, none of these case studies made refence to first-generation immigrant, asylum seeker or refugee young people. Despite advocating for staff training, motivation for change, and support from teachers and senior leaders within the school, specific attention to supporting this vulnerable set of young people was not provided. The absence of this sub-population from the policy further supports the conclusion that the empirical evidence base needed to inform practice is either undeveloped or ignored by service leads in England (Chiumento, Nelki, Dutton& Hughes 2011).

More specific good practice to inform peer support can be found. According to National Association for Language Development in the Curriculum (NALDIC 2018), effective peer support can promote the importance of a structured whole school approach that seeks to foster the ethos of inclusion. Based on this evidence, the European Commission (EACEA and Eurydice 2019) promotes the need for peer support to aid in developing trusting relationships and for supplying information to aid inclusion and the promotion of well-being (NALDIC 2018). The United Nations High Commission for Refugees

(UNCHR 2019) further adds to the recommendations of the European Commission by explaining how peer support can represent good examples of mental health support for first-generation immigrant, asylum seeker or refugee young people.

Together the DfE (2017) and the UNHCR (2019) show how peer support can promote mental health and well-being but, they argue that young people need to be included in the planning, implementation and design of how schools offer this support. Allowing young people to voice opinions about how school systems might be improved is vital to the peer support process (UNHCR 2019). As Fazel (2015) explains, powerful interventions to promote mental health and well-being lay within schools, but sometimes they are invisible to school staff. By working to include the perspective of the young people, teachers can begin to realise the untapped potential that exists all around them (Gaulter & Green 2015).

In the previous section, peer mentorship programmes were recognised as a tool to aid integration, including extra curriculum activities, supporting language and benefiting all pupils in knowledge of diversity. However, Mazoni & Rolfe (2019) explain that peer support is likely to fail unless teachers are provided with accredited training on how to support these specific groups of young people in and out of the classroom.

Challenges to Schools' Achievements

Osaden & Reid (2016) highlight the importance of inclusion, referring to the European Commission (2009) report presented earlier which suggests measures to foster inclusion in schools and the larger community. In England, a similar policy exists in the form of the 'National Curriculum Statutory Guidance' (DfE 2014). This requires teachers to consider the needs of pupils whose first language is not English. However, according to Osaden & Reid (2016) this policy recommendation is far from being realised. One challenge to the inclusion that the DfE (2014) stipulates is evidenced in the many reports that schools and communities have been overwhelmed by the numbers of refugees and immigrants that have settled in England (see Gidley & Jayaweera 2010). This has led to fragmented levels of support from schools and communities (Osaden & Reid 2016) which suffer from political direction that has been weak and unresponsive to need (Pinson & Arnot 2010).

Osaden & Reid (2016) and Rickwood, Frank, Corali & Ciarrochi (2015) also acknowledge that for first-generation immigrant, asylum seeker and refugee young people to succeed, schools need to connect to the wider community such as voluntary organisations, charities, churches, faith-based organisations, families, community centres, and youth groups to enable community cohesion. However, ongoing pressures to create efficiencies within the sector can couple with postmodern approaches to education to mean that the opportunity for community development is not always the priority of the school senior leadership teams (Day & Sammons 2016). When acknowledging this review by Day and Sammons who promote successful school leadership, an array of growing areas was recognised, one of which stipulated the building of relationships in and out of the school. However, it is acknowledged in the review that measurable outcomes such as student progress and achievement are key indicators of effectiveness, although Fazel (2015) would consider as well as Day & Sammons (2016) that they are insufficient to ensure success. Not only do schools need to support progress, they must strive to educate students by promoting positive values and fostering citizenship (Fazel 2015). Furthermore, schools also need to support economic and social capabilities (Madzivaa & Thondhlana 2017).

Cullen (2016) promotes that a revised approach to education is needed. Taking an ecological perspective, Lipman (2003) describes moving away from the power imbalances within the education system to a ‘pedagogy of searching’. This has developed subsequently and expanded by a second generation of practitioners and theorists such as Cam (2006); Fisher (2013) and Haynes (2014). This approach to education expands on enquiry-based pedagogy, in that working with the young people collaboratively supports their intellectual, social and emotional development (McGonigle-Chalmers 2015). When considering young people and their learning processes, social constructivist theory sees that learning is an active rather than a passive process (Fisher 2013). Passive learning, in which young people are fed information is not how social constructivists see high-quality thinking and learning (McGonigle-Chalmers 2015). Constructivism states that learners construct meaning through engagement with the world, where language-based social interaction supports the mental health of young people. For example, Vygotsky (1978) states that cognitive development stems from social interactions from guided learning within the child/young person and their partner's co-construct knowledge together. High quality thinking skills

are therefore more likely to follow from a pedagogy which maximises rather than restricts meaningful engagement. Dewey (1966), Freire (2005), and others suggest that learning thinking skills is essential for meaningful participatory citizenship in democratic societies. Acknowledging Lipman (2003) and Fazel (2015) who see school as instrumental in creating the society and community of the future, it is clear that future policy in child and adolescent mental health needs to consider not only the well-being of young people, but the understandings of how the services that engage with young people can support and foster meaningful engagement to enhance their cognitive functioning and improve their academic resilience.

Whole-School Approaches

The Green Paper (DH and DfE 2017) 'Transforming children and young people's mental health provision' holds that the school environment is best suited to the progression of children's mental health, where early identification and interventions can be addressed. It is perhaps worth stating however that, the Green Paper seeks to:

'…support local areas to adopt an ambitious new collaborative approach to provide children and young people with an unprecedented level of support to tackle early signs of mental health issues.' (DH and DfE 2017 p4).

Reflecting on the ambition to tackle the early signs of mental health issues, Cleary, West, Foong, McLean & Kornhaber (2019) draw on the literature to suggest the importance of school as a place of primary intervention but also as a player in creative, sophisticated, multimodal, integrative services. Although Cleary et al (2019) reviewed young people in detention centres, they also explained that there is little research in the area of mental health promotion in schools for first generation, immigrants, refugee and asylum seeker young people. They imply that the implication for future practice among health care professionals is to understand the key role that schooling can play in facilitating mental health and to advocate for programmes and services to work collaboratively with schools to achieve greater access for young people.

This highlights the need for mental health services, voluntary services and other community networks to work with schools and young people in a co-operative approach, to produce evidence-based strategies, and to support young people in identifying and managing their mental health needs (Cox & McDonald 2018). The DfE's (2017) survey

of mental health support in schools and colleges identified the extent to which schools and colleges are already actively taking whole systems approaches to mental health, with action spanning promotion of mental health, early identification, and referral to and joint working with specialist support. The evidence base on how to deliver the various elements of the whole school approach is still developing, but wider activity is helping to develop practice in key areas such as identifying and responding to need, teacher training, teaching about mental health, and engaging parents, carers and pupils (DfE 2017).

According to DfE (2017), there are several important factors that relate to how mental health support is delivered in schools which influences the extent to which it is effective. First, getting the whole school to participate is vital. Second, support from senior leadership teams and parents is key. Third, the ability to deliver support in a flexible way must be supported through the provision of high-quality well-trained staff training and supervision. Fourth, there should be routine monitoring of outcomes.

Taking these four steps into consideration, Rickwood (2015) believes that if the whole school is participating, delivering support, engaging with parents, and training staff then this approach will be visible to the young people and will give an outlook that the school is caring and that young people are important to them. Eames et al (2016) agrees with Rickwood et al (2005) and adds that it is important that school's approach mental health in a non-stigmatising way. Being more personal and culturally appropriate will help promote mental health and build resilience (Cox & McDonald 2018). This, in turn, will build a school ethos of working together to enhance best practice and to ensure that mental health is a priority (DH & DfE 2017). Cleary et al (2019) further support the whole school approach but acknowledge that schools should also facilitate peer relationships, provide a secure base, and develop a sense of identity.

The CQC (2018) emphasised that it is essential to listen and gather feedback from young people and their families so that services can improve. However, Hopkins et al (2016) state that schools are already under too much pressure and may see that opportunities for mental health promotion is just another area to add to their long list of responsibilities that continue to take priority over academic achievement. The authors add that even though the government Green Paper makes some steps forward in mental health promotion, staff certainly feel under pressure in an already highly

monitored profession, where league tables and grading of schools by Ofsted seems to take precedence over mental health of students. Taking these and other wider concerns into account, NHS England (2015) acknowledged that it is important that schools are recognised for their work in promoting mental health and building resilience in children and young people.

A report by Johnson, Beard & Evans (2017) - 'Caring for Refugee Youth in the School Setting' - reinforced the importance of school nurses supporting schools so that staff do not feel so pressured in managing education as well as mental well-being. It considered how the school nurse could support the integration of services, contribute to the provision of holistic care, and support successful acculturation. Although it highlighted the positive contributions of the school nurse in America, this is an area that school health in the UK could recognise as a support network, that school nurses could support relevant signposting to staff and children. However, Bohenkamp, Hoover, Halsted-Connors, Wissow,, Bobo, & Mazyck (2019), consider that school nurses will need extra training to engage in mental health support, they highlighted that the training would need to include mental health assessments positive therapeutic interventions, evidence-based practices and referral mapping. This training is seen to support the collaboration with education and health as part of the coordinated school mental health team (Bohenkamp et al 2019). Conversely, some of the findings from Bohenkamp et al (2019) encapsulated how some school nurses found that they did not feel confident or did not feel it was their role to offer mental health intervention. In addition, school nurses felt that expectations on them are high, they often work in isolation and work across a broad base of need, cover large caseloads and have limited resources (Bohenkamp et al 2019). Previous to this study, Ravenna & Clever (2016) acknowledged the same barriers to school nurses and supporting mental health in schools, however, they also acknowledged that school nurses do want to contribute to the mental well-being of children and young people and when they are involved, it is conducive to positive outcomes for the young person. Therefore, continued training is essential for the school nurse to continue to support the mental health teams in schools and essentially be a champion to support ongoing community action (Bohenkamp et al 2019).

The CQC (2018) recommended that Ofsted should strengthen its assessments of schools and academies to consider how effectively they respond to pupils' mental health. Moreover, it stated that schools must embed mental health promotion and

mental well-being into every aspect of school life, learning from good practice and guidance (Kendal, Callery & Keeley 2011). Schools are at the forefront of early mental health promotion as they will be one of the first new environments that first-generation immigrants, asylum seekers and refugee young people experience (Eames 2016). School can be a fearful experience for any young person. Adolescence is already considered to be a time of stress (Turner-Cobb 2016). The ongoing contributions to the journey of adolescence within the school context and transitions include areas such as; peer pressure, academic pressure, new environment, new teachers, different cultures, and new expectations (Rickwood, et al 2015). For first generation immigrant, asylum seekers and refugee young people, Vostanis (2016) reports that the possibility of grief and trauma needs to be added to the list. It is clear therefore that early intervention and support for young people in schools is needed to support not only to recognise their own growth and development, but to ensure that their transitions and potential barriers are recognised by the adults surrounding them (Turner-Cobb 2016).In turn that ongoing community networks are acknowledged alongside the significance of cultural diversity and difference to support the mental health of young people (Cox & McDonald 2018).

Kendal et al (2017) conclude through participatory research that for support to be initiated in schools, a stronger evidence base is needed. While based on a small sample of mostly female participants, it recognised the importance of working with “experts-by-experience” and showed that working alongside young people improves their mental health just by being part of the research process.

Murray’s (2018) research agrees with findings by Kendal et al (2017b) and states that schools, specialist services and health professionals play a fundamental role in promoting mental health for young people. It provides an important rationale why first-generation immigrant; asylum seekers and refugees need support for their mental health through a whole-school approach. Recurring adverse childhood events (ACE) such as physical, psychological, and sexual abuse; neglect; trauma; loss; and household dysfunction (substance abuse, mental illness, and criminal behaviour) are associated with a significant increase in serious illnesses during adulthood. Murray (2018) relates this toxic stress (frequent and persistent adverse events) to Syrian refugees. For this reason, he relays the importance of working within a whole-school approach by strengthening community bonds, working with community organisations, involving all adults who support young people to support resilience, to build buffers for

toxic stress. Not only do the adults and organisations surrounding young people need to be part of the whole-school approach, but so do the young people, Murray (2018) states that young people need to be implicit in the school negotiations, that the adults surrounding them need to acknowledge that their voices matter in what supports them.

VOICE, RESILIENCE AND SELF-HELP

In relation to negative experiences of integration, the research of Reicharrdt (2016), stands out as being important. Although the study was not specific to first-generation immigrants, asylum seekers and refugee young people, the findings complement those of Allan & Catts (2014); Fazel (2015); and Nakeyar et al (2017). Reicharrdt (2016) shows the importance of schools, space and peer relationships when promoting mental health. The author highlights the principle argument that bringing young people together to promote positive perspectives on diversity can build everlasting relationships and social inclusion. Where the opportunities are lost or minimised, he suggests that the feelings of misery and isolation illustrated by Allan & Catts (2014) can be magnified. Social inclusion can support individuals to learn, and build their resilience, self-esteem, and self-confidence. On the other hand, social exclusion, isolation and institutional racism can act to undermine mental health and emotional well-being and threaten individual aspirations (Reicharrdt 2016).

Voice Through Connections

In 2016, UNICEF issued ‘An agenda for action on children, migration and displacement’ which highlighted the importance of young people being central in decision making. UNICEF UK’s mission constantly hails the importance of upholding the rights of young people (UNICEF 1989). Ensuring young people’s rights and working together is fundamental to promoting young peoples’ voices and views, foremost that services need to hear young peoples’ voices so that appropriate changes in service delivery can be made (Gladwell & Chetwynd 2018).

Using personal construct theory in a study of six asylum-seeking and refugee individuals from sub-Saharan Africa, Thommessen, Corcoran & Todd (2017) emphasised the importance of including the voice of people in research. This study was designed to determine how young people could have a more positive experience after migration, specifically social support, integration and well-being. The method using a

personal construct theory (Kelly 1955, 1991) recognises an individual's theories about the world around them, our social experiences and the emphasis on uniqueness of an individual (Thommessen et al 2017). This method was aiming to produce the viewpoints of everyone considering their own unique viewpoints and giving a variance of experience to produce richness in data (Thommessen et al 2017). This production of sharing with one another considered how individuals undergoing a range of challenges can have commonalities particular to their status. Through their conversations in group sessions, individual assessments, and as seen through meaningful engagement the importance of social support and social connectedness was emphasised within the study (Thommessen et al 2017).

Keles, Friborg, Idsøe, Sirin & Oppedal (2018) and Shaheen & Miles (2017) try to balance the body of literature that might add to the victimisation of first-generation immigrant, asylum-seeking and refugee young people by highlighting how resilient some children and families can be. Recognising the significant trauma that some children and families have faced in their home countries, Keles et al (2018) argue that the hardship that they have endured means that they may not need ongoing mental health support from a professional who seeks to profess empathy towards their lived experience. Recognising that traumatic experiences can still impact on the thoughts, feelings and behaviour of some young people Sleijpen, Haagen, Mooren & Kleber (2016), Shaheen & Miles (2017) support the premise of Keles et al (2018) thesis, but also explain that resilience should be viewed as a possible protective factor rather than as the principle defence against mental health problems.

Despite the hardship experienced at an early stage of life by the participants, the findings illustrate remarkable strength and the aspiration to move forward and achieve individual goals (Thommessen et al 2017). They had hopes for the future, education and families were high on their priorities. This paper contributes to research that focuses on voice and meaningful research that is encapsulating individual experiences, but also contributes to the coming together with other young people who may have similar experiences, to allow the building of trust and engagement with new adults and peers (Grieg et al 2013). Thommessen et al (2017) also confirm that communication, social connectedness, working together in education, and building relationships with adults and peers promotes futures and positive mental health and well-being.

Daniel (2019) study also promotes listening to young people's voices through narratives. Her research with refugee young people stipulates the fundamental change towards futures and well-being. She adds that research should aim to move away from the victimisation of refugee young people and move instead to celebrate their achievements, and look towards their futures, their hopes and achievements. Research can disempower young people and reinforce a label that can be hard to challenge. Daniel clarifies that allowing young people to write for themselves, to include their own identities, and to share their stories provides insight that enables the emergence of their future selves. She supports the notion of working in partnership with schools and recommends community programmes that give a sense of belonging. She calls for schools to offer support that enables young people to achieve academically and thrive psychologically. This acknowledges the crucial importance of voice and emphasises responsive pedagogies and mobile methods of inquiry.

These narratives argued by Daniel (2019) shape identities, they recognise that young people are changing both physically and mentally, not only is this growth through physical and mental development occurring for young people, but their life experiences also impact on their identities and social construction in relation to others and the world. That agency involves not only a response to one's past and current worlds, but also a vision for one's future. Daniel (2019) saw young people as change agents whose contributions will bring benefits both to themselves and to society. Listening to their voice and exploring their visions instead of focusing on the past can help communities to acknowledge them as individuals. The past and the unique challenges that young people can experience are crucial, but Daniel asserts that acknowledging each young person's capacity to achieve and to become involved in their futures has just as much worth. Furthermore, challenging deficit discourses within education can illuminate not only past experiences but future mental well-being, too (Daniel 2019).

Building Resilience Through Self-Help

This literature review has considered how communities, schools and professionals are key to developing the mental health of young people. But the consideration of how young people can support themselves (self-help) has not been measured in the same way. The barriers and solutions for young people seeking to promote their mental health and support their future well-being are considered here. To ensure that young people

can continue to support their own mental health, the skill set to acknowledge resilience-based activities to promote their mental health and well-being is needed.

Pieloch, McCullough & Marks (2016) study recognises as the refugee population increases, it is becoming more important to understand factors that promote and foster resilience among refugee young people. The review examines resilience research with refugee children to identify individual, family, school, community, and societal factors fostering resilience. The global interest is growing in resilience-based research (Pieloch et al 2016). Notwithstanding, Masten et al (2012) has long engaged with the philosophy of looking at refugee lives through not only risk but through a lens of recovery and resilience, this lens of recovery and resilience supports a fuller picture of the lives of refugee young people. When considering resilience Pieloch et al (2016) consider all aspects of a young person's life, attachment styles, family life, community, peer relationships and society as a whole. For this reason, the review looks at promotion in all areas, looking through a multilevel lens, this is seen valuable for first generation immigrant, asylum seeker and refugee young people due to them possibly experiencing multiple transitions through migration. Pieloch et al (2016) also contribute how vital it is that research is carried out as there is such a large growth of refugee and asylum seekers population around the world. Moreover, this added exposure for first generation immigrants, refugee and asylum seeker young people developmental transitions may interrupt normal processes. It is therefore crucial that their resilience characteristics are recognised so that services and adults can offer support. Pieloch et al (2016) found that allowing the empowerment of young people, engaging them in community activities which honoured their voice and contributions supported their adjustment through building trust and forming new relationships. Having a self-driven perspective, positive outlook, being hopeful and aspiring, supported by ways to support and help themselves was considered effective. The conclusions from the review push the importance of listening to the young person's voice and for services to view children and young people from a strengths-based perspective (Pieloch et al 2016).

In a systematic review, Hodes & Vostanis (2019) also acknowledged the importance of voice and working together to build resilience. The authors integrated research into the risk and protective factors for refugee young people argue that caution is needed in generalising groups. As, Pieloch et al (2016) Hodes & Vostanis (2019) also showed that many refugee children show resilience and function well, even in the face of substantial

adversities. The standout features of the research presented by Hodes & Vostanis (2019) included the notion of stepped care approaches, with self-help strategies such as Cognitive Behaviour Therapy (CBT) and narrative therapies that can support mental health difficulties such as depression and anxiety. Eruyar, Maltby & Vostanis (2018) further supported the crucial nature of a sociological approach alongside integrated resilience strategies and appropriate training for staff in schools, in development of positive mental health.

With a more focused coordination towards prevention and crisis intervention, Bouras (2017) and Pennant et al (2014) pointed out that suicide and depression were increasing and that support via new technologies and self-help via information technology was needed in the global development of mental health support. Both studies argued that self-help could provide a significant opportunity to support resilience and well-being in young people, particularly if they feel stigmatised or ashamed. Prescott, Hanley & Ujhelyi (2017) also suggested that self-help approaches allow for flexibility in time and place of delivery, and it can be especially beneficial for young people who cannot easily access face-to-face services.

Reflecting on the positive impact of self-help, Prescott et al (2017) and Horgan & Sweeney (2010) advocated for digital self-help approaches because they avoid many of the barriers that affect access to traditional face-to-face treatment services. The authors believed that they could also provide an important alternative means of increasing access to effective interventions. In further support of the wider development of self-help, Kirk & Pryjmachuk (2016) concluded that self-help strategies that include physical as well as mental health support are likely to be particularly attractive for young people. That ensuring both their physical and mental well-being are supported during their development transitions, acknowledging their own independence, is crucial during self-help approaches.

Other champions for self-help include Raviv & Wadsworth (2010); Bennett (2018) and Burck & Hughes (2018). Together they agreed that self-help can create independence, individual coping mechanisms, and resilience. They also agreed that self-help could create a culture in which every child will be part of a resilience network, where children and young people learn coping skills are supported to help themselves and are informed about mental well-being. This resilience-based approach to mental well-being

is then individualised, so that young people will be able to problem solve, better understand their emotions and management of those emotions, thus in turn support emotional regulation and build on cognitive restructuring and positive thinking.

Using Self-Help with Caution

The difficulty in accepting self-help as the panacea to mental health promotion is in its application with first-generation immigrants, refugees, and asylum seeker young people. The opportunities for self-help are likely to be problematised by the challenging socio-political context within which newly arrived young people and their families find themselves. Seeking asylum, refugee status, employment, housing, education, food, and a sense of familiarity with a new country are key priorities (Kapoor & Tomar 2017; Vostanis 2014). When arriving in a new country, they are likely to feel isolated and go through a difficult period of re-adjustment (Keles et al 2018; Mazoni & Rolfe 2019; Vostanis 2016), but to suggest that young people could navigate this situation though self-help (Raviv & Wadsworth 2010; Bennett 2018; Burck & Hughes 2018) is too optimistic.

Certainly, there is evidence that self-help can enable independence, the learning of new coping skills and resilience-building, but Vostanis (2016); Suarez-Orozco, Onaga & de Lardemelle (2010) and d'Abreu, Castro-Olivo, & Ura (2019) who use Bronfenbrenner's (1998) ecological theory have shown that mental health must first be promoted through a network of support systems. This ecological perspective frames how practices and interventions can support the mental health of immigrant, refugee and asylum-seeking young people as a first step that can then, and probably over time, enable the approach to self-help that has been described. If the young person is unable to experience the network of social support that many others take for granted, the value of self-help will be lost.

In support of the conclusion that social support is a key prerequisite in any health promotion activity, Eruyar et al (2018) conducted a literature review of evidence published between 2004 and 2017 focussed on the experiences of first-generation immigrants, refugees, and asylum seeker young people who were under the age of 18. They sought to highlight vulnerability and protective factors before, during and after migration. From eighty-two research reports, Eruyar et al identified that a series of complex risk factors characterised the experience of the young people that could be

mitigated only when the support provided to them focussed on building resilience through ecologically based practice. In response to the concern over the growing number of first-generation immigrants, refugees, and asylum seeker young people throughout the world as voiced earlier by Pieloch et al (2016) the authors highlighted epidemiological factors to explain that more support is needed to promote mental health, together with feelings of safety and security at every level of society. Although the authors acknowledged that a psychosocial model of resilience-building for these young people was important, they were clear that this approach could come only if schools and communities are able to include them within society. More significantly, the review concluded by arguing that more effort is needed to listen to the voices of young people who are likely to feel isolated and go through a difficult period of re-adjustment in their new country. Only by learning from their indigenous knowledge, as the most valuable source of evidence-informed practice, can mental health service facilitate opportunities for people to access the support where and when it is needed.

Centralising the voice of first-generation immigrants, refugees, and asylum seeker young people in service model planning, delivery and review is a clear priority for Fennig & Denov (2019). These authors explained how social workers can be dominated by the bio-medical model when working with this population. Drawing on a range of international literature and Foucault's (1965) concept of power, truth, and discourse, Fennig & Denov suggested that social workers and other professionals need to move away from the bio-medical model to incorporate the multiple and unique cultures and contexts that exist. They argue that professionals need to be better at using socioecological models of psycho-social service delivery and expanding on opportunities for community intervention over trauma-based therapy. For Miller & Rasmussen (2016) community intervention involves respecting young people's capacity and knowledge and creating safe environments so that they can engage actively in the design and provision of services that they receive. Supporting the work of Suarez-Orozco et al (2010); Miller & Rasmussen (2016); Vostanis (2016); Eruyar et al (2018), and d'Abreu et al (2019), Fennig & Denov (2019) acknowledge the value of the bio-medical modelled practice, but argue that to fully incorporate the multi-needs of first-generation immigrants, refugees, and asylum seekers the ecological perspectives of the biopsychosocial model as supported by Turner-Cobb (2016) is crucial in the development of services and support.

Furthermore, Eruyar et al (2018) and Fennig & Denov (2019) explain that the ecologically based principles of practice can engage actively young people in changing their futures and improve their well-being. Whilst ecologically based practice and self-help can sit in tandem, acknowledging that young people can start bringing about social changes and developing resilience as a result Vostanis (2016), it is perhaps useful to consider self-help as being more than the sum of its parts.

As shown by Rickwood & Bradford (2012), self-help can be analysed as having three constituent parts. General self-help approaches are those that address a broad-spectrum of practical daily living concerns. It can provide guidelines for general well-being that might include seeking out opportunities to receive additional social support. Problem-focused self-help approaches tend to target a specific disorder, such as anxiety or depression. Finally, technique-focused self-help approaches are used by young people seeking opportunities to learn how to cope with a problem that they are experiencing. Building on problem-focussed self-help that might enable young people to learn more about their thoughts, feelings and behaviour, technique-focused self-help can provide access to a specific technique that may be useful in multiple situations, such as cognitive behaviour therapies, mindfulness or relaxation. Problem- and technique-focused approaches are informed by empirical evidence specifically designed to create positive cognitive, behavioural, and emotional changes, while general self-help is likely to be more individualistic.

First-generation immigrants, asylum seekers and refugees may find the elements of self-help interventions proposed by Rickwood & Bradford (2012) to be a useful framework to promote their mental health. So long as general self-help approaches are supported, and people are enabled to access housing, education and employment as rudimentary factors of support, any problem-based or technique-based examples of self-help may be easier to attain. Professional help may be needed at times, but general self-help-based activities have a place in maintaining positive mental health and preventing crisis intervention (Ali et al 2015). Through the advances of general self-help, advice, and support, the young people can be provided with an opportunity to develop their sense of autonomy whilst learning new skills, developing social capital and learning about what works for them.

The development of general self-help, problem-focused self-help, and technique-focused self-help reported in the literature is not without controversy. In 2017, for instance, the House of Commons Education, Health and Social Care Committees (2017) proposed that priority should be given to supporting young people to understand resilience, helping them to manage risk, and learning early signs of mental health difficulties was the way forward. The conclusion that the Committees offered was that self-help has some value, but professional help, at least early in the treatment and support of mental health difficulties or illness must continue to be the priority.

The general self-help strategies used by this population have been explored by Majumder, O'Reilly, Karim & Vostanis (2015). Although this study was limited to male adolescents, mostly from Afghanistan, and draws upon 15 interviews of young people engaged with mental health services in central England, the report explains that requests for general self-help suggest that young people have specific, practical needs. Although based on a relatively small sample size, the richness of the qualitative data presented shows that homogenised 'care' services which cannot support these specific, individual, practical needs are likely to be ineffective. In support of the ecological models described above, the authors argue that mental health services should seek to dismantle barriers in society that act as social determinant of health, rather than medicating young people to achieve a temporary resilience to the racism, explosion and sense of isolation that they can feel.

Digital Self-Help

The literature suggests, then, that young people can build resilience and support themselves through general self-help, problem-focused self-help, and technique-focused self-help strategies. Although scholars agree that traditional opportunities for self-help, and seeking out support and advice from others might not account for specific needs of first-generation immigrants, asylum seekers and refugees' young people effectively (Majumder et al 2015), there is a growing body of literature to suggest that digital self-help applications (apps) could be successful if they are designed and developed with these needs in mind.

For example, Wilson (2016) explains that digital tools, available through social network sites can provide enormous potential for all young people living with a mental health difficulty. Focusing specifically on the experiences of children living in state care, Wilson

shows how digital self-help that are accessed through social media platforms can support young people who are struggling to make sense of feelings associated with grief, separation, and loss. Clearly, for first-generation immigrants, asylum seekers and refugees the experience of grief, separation and loss can be a defining characteristic of their lives, too. This comparison suggests that the findings presented in Wilson's study might be transferable to other children and young people if the content of the self-help tool is sufficiently specific to individual needs and circumstances.

Wilsons (2016) work concentrated on the experience of Looked After children in Scotland. The interviews were creative with the use of audio and visual prompts focusing on a 'multi-sensorial' method that encouraged talking that may not have been possible through a structured interview. The conclusion was that although a digital self-help app is not a panacea, it can be used by the young people to overcome difficult circumstances in a non-threatening, non-judgemental and non-invasive way. The findings align to those of Majumder et al (2015) who argue that children and young people prefer to connect with technologies rather than named professionals to support their self-help.

Similarly, a literature review conducted by Boydell, Hodgins, Pignatiello, Teshima, Edwards, & Willis (2014) presented a thematic analysis of existing data to show that online self-help tools can also assist in the delivery of mental health services for children and young people. One example highlighted how cognitive behavioural therapies, could be accessed through an online programme that enables young people to begin to consider the relationship between their thoughts, feelings, and behaviour. In matters relating to depression, Boydell et al show that digital self-help tools can enable young people to keep mood diaries and promote an understanding of antecedents to depression independently. Some young people described how the experience of online self-help represented a significant step towards their recovery.

As matters relating to depression might also be important for first-generation immigrants, asylum seekers and refugees' young people (Boydell et al 2014; Majumder et al 2015), Anstiss & Davies (2015) show that the potential value of online self-help tools could be exploited by a text message system designed to support the mental health of young people. Although this research was not focussed specifically on the population considered in this thesis, they demonstrated that the act of sending text

messages to young people can support their sense of security, that having regular contact can support that young person to feel that they are important, that they are important enough to be thought of even when they are not physically with someone.

Another study that incorporated the benefits of text messages was based on 21 young people aged between 12 and 24 living with depression and anxiety symptoms (Anstiss and Davies 2015). At frequent intervals, the authors would send the young people positive affirmation texts and respond to examples of general, problem-focused, and technique-focused self-help. The evidence revealed that young people valued the opportunity to stay socially connected through their mobile phones. The authors found that act of sending and receiving text messages provided a connective presence despite distances created by space or time. In conclusion, Anstiss and Davies found that text messaging presented an effective opportunity for services and organisations to engage with young people and to aid both communication and the exploration of self-help strategies.

The value of digital self-help in relation to recovery was also explored in some detail by Kauer et al (2012) who found that mobile phone apps can offer early intervention programmes which are immediately accessible, portable and non-threatening. Whilst the advent of online applications and the widespread use of smartphones has highlighted the importance of online safety more recently Jensen, George, Russell & Odgers (2019); Kauer et al (2012) and Gowen, Deschaine, Gruttadara & Markey (2012) found that young people valued the anonymity and quick access to self-help strategies afforded by technology.

Like other young people living in the UK, most first-generation immigrant, asylum seeker and refugee young people enjoy the benefits of social media and mobile phone apps. In a study undertaken with eight refugee young people living in London, Wells (2011) found that social media could generate important emotional links to previous social connections which might have been lost. Consistent with Urry's (2007) theory of 'network capital' which shows how people who experience physical, social or emotional displacement can find comfort in familiar objects, individuals or communities, Wells argued that the obvious power of social media in the development of these networks can enable young people living with the label 'refugee' to feel (re)connected to a network of symbolic or social support. Although Wells' study did not discuss self-help

per se, Wells' recognised that social media and other forms of digital technology can be extremely useful to young people, as they can enable some people to feel connected to the material and appropriate cultural resources that can promote mental health and well-being.

The theme of feeling connected is echoed in a study by Jorm & Griffiths (2006) who demonstrated that self-help strategies could aid the health service by preventing additional burden on finite resources through the use of the internet and computer-based self-help tools. They concluded that although much research covers digital self-help, the opportunity for digital self-help in child and adolescent mental health has not been considered in equal depth. In support of Jorm & Griffiths, Grist, Porter & Stallard (2017) explain that further systematic inquiries are required to evaluate computer-based therapies including the benefits of online self-help tools for first-generation immigrant, asylum seeker and refugee young people.

Schools as a Basis for Self-Help

The intellectualisation of the relationship between self-help, supported help, ecologically modelled practice, schools, and mental health has been led by Lipman (2003). Lipman's research stems from the identified need to include young people in the way that the various structures of power cultivate their lives.

Kizel (2016: 78) usefully shows that one way to overcome the challenges that have been described in this chapter is to promote a 'philosophy with children'. This would focus on services and adults who care for young people providing an opportunity to support young people to be more creative and active in the decisions that affect them. Being creative is also about self-determination (Turner-Cobb 2016). Creativity, self-determination and human agency coalesce to promote emancipatory learning and social action (Lipman 2003). The social action that Kizel (2016) portrays as 'philosophy with children' adds to this literature review because it speaks directly to the notion of social action. It cultivates the appreciation that first-generation immigrant, asylum seeker and refugee young people must be encouraged to engage actively in philosophical thought. By enabling first-generation immigrant, asylum seeker and refugee young people to ask questions about why school and social support systems operate as they do, researchers and policy advisors can enable them to bring about their own philosophy of ideas as well (Cam 2013).

This philosophy with children concept is further enhanced by Lipman (2013: 34) who builds on Charles Peirce's ideal of the 'scientific community of inquiry'. Peirce was a philosopher of pragmatism. He is credited with developing a formal logic of inquiry that he believed could demonstrate that a distinguishing feature of science was its social nature, and that communication and community were key factors in scientific discoveries (Strand 2013). Pierce, however, was not alone in developing this philosophy. John Dewey educator, philosopher and social activist, extended Peirce's original scientific logic and applied it to a broader social context (Gibbon 2020). His thoughts were generated by a more balanced approach in education where teacher and students were given equal importance. His belief was that teachers should not be in the classroom to act simply as instructors but should adopt the role of facilitator and guide (Vaughn 2018).

This intrinsic idea that young people can learn by listening to one another's experiences, by building on ideas, challenging thoughts, and seeking new understandings can be better understood through the community of inquiry pedagogy. The community of inquiry theoretical framework is a process of engaging deep and meaningful learning experiences that can be achieved not only through teaching but in the constant development and redevelopment of social and life meanings (Vaughn 2018). Furthermore, the community of inquiry pedagogy is seen as a search for collaborative reasoning, allowing fresh perspectives from young people (Vaughn 2018). Read in conjunction with the literature presented in the previous chapter, the community of inquiry pedagogy stands out in opposition to the 'pedagogy of fear' that is so prevalent within traditional learning settings (Kizel 2016), and stands to define the experience of first-generation immigrant, asylum seeker and refugee young people.

Like Dewey, Freire was a philosopher in education. He was born in 1921, he lived among rural families and labourers, and he gained a deep understanding of their lives and the effects of socioeconomics on education. His critical pedagogy of literacy education involves not only reading the word but connecting the word to the world, encapsulating the understanding of experiences, and how they influence the knowledge of self (Yi-Huang 2018). His work involved the development of critical consciousness which is the formation of knowledge that allows people to question the nature of their historical and social situation, and which gives young people a deeper understanding of their lives (Fisherman 2010). If education and mental health are to sit as companions,

Freire implies that a dialogic exchange between teachers and students is needed so that both parties can learn, question, reflect, and take part in meaning-making discussions (Darder 2014). Freire continues to point out in his research, that teachers should not doubt children's abilities to philosophise. This working in partnership, developing trust, engaging with young people through critical pedagogy is a way forward in developing voice, and instilling well-being in young people (Chiang 2010; Darder 2014).

Combining Freire and Lipman's philosophies contributes to the need for young people to educate staff within education settings (Fisherman 2010). Not only do adults need to be supported in acknowledging young people's voices through the philosophy of a community of inquiry and critical pedagogy, they also need to acknowledge how their own fears can impact and obstruct the developments of philosophical thought in young people (Kizel 2016). First-generation immigrant, asylum seeker and refugee young people can feel trapped if a school projects an oppressive environment (Darder 2014). If teachers lack knowledge about this experience, Kizel (2016) predicts that the school will fail to promote the most fundamental opportunity to promote young people's mental well-being. If young people feel that they are simply an object to be educated, that they are not worthy of being listened to, that they are unimportant, or cannot philosophise, they will not thrive. Therefore, any lack of acceptance of the ability of the young person will likely cause stagnation, constrict their developments, and hinder their future self by stopping them from 'becoming someone'. They need to know that they are important, that they can grow through their own experiences, and have self-belief (Kizel 2016). Millett & Tapper's (2013) argument is persuasive that if the voice of children and young people are not heard by the school, the inability to listen must be acknowledged as structural prejudice. This is because the school system would be undermining the young people's abilities to make sense of their world and their understanding of it.

In summary, Lipman (2003: 103) sees the 'philosophical community of inquiry' as "a system of thought". Millet & Tapper (2013) confirm this system of thought as a progression of resilience, learning how to cope in the present time, and understanding its social significance. However, Fletcher & Sarkar (2013) suggest that the basis of resilience is further challenged by professionals and academics who criticise resilience theory and feel that it simplifies complex responses. Although some academics and professionals may criticise resilience theory, Hart et al's (2016) extensive research may

show how resilience mechanisms work in complex situations, and how resilience therapy works in real-life situation.

RESEARCH RATIONALE

Based on a critical analysis of the literature presented here, it is arguable that any study seeking to consider how to promote the mental health of first-generation immigrant, asylum seeker and refugee young people is schools must start from a strength's perspective. Until such time that qualitative modelling has been finessed, qualitative methodological approaches must focus on the opportunity to listen to the voices of first-generation immigrant, asylum seeker and refugee young people to better understand what interventions and support they think will promote their mental health. As opportunities to learn how to build resilience through self-help for first-generation immigrants, refugee and asylum-seeking young people has been largely missed within research (Pieloch et al 2016), it is clear to me that further work is needed to support participatory action and resilience-based research.

The findings of the review suggest that there is a pressing need to research how schools could promote the mental health of first-generation immigrants, refugee and asylum-seeking young people so that the recommendations of the Green Paper and the Bill can be supported by the evidence for which the National Audit Office and Public Accounts Committee have called.

To provide the evidence needed to inform a whole school approach to mental health, the literature presented above indicates that further evidence is needed to support the implementation of the *'Transforming Children and Young People's Mental Health Provision'* (2017) Green Paper and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020). Therefore, the primary research question used to underpin this study at the outset was: *How can schools promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people?*

Over time, and in direct consultation with young people and the school through the PAR process, the following questions emerged as being equally important:

- *How do first-generation immigrant, asylum seeker and refugee young people promote their own mental health?*
- *What self-help strategies do first-generation immigrant, asylum seeker and refugee young people use?*
- *Are existing digital mental health self-help tools appropriate for first-generation immigrant, asylum seeker and refugee young people?*
- *Can digital mental health self-help tools be adapted to enhance the support of first-generation immigrant, asylum seeker and refugee young people?*
- *What can schools do to promote the mental health of first-generation immigrant, asylum seeker and refugee young people?*
- *How successful have the school been in supporting the mental health and wellbeing of young people within the school?'*

CONCLUSION

This chapter has laid the foundation for an understanding of the potential use of self-help tools with first-generation immigrants, asylum seekers and refugee young people. The research questions emerged as a product of the literature review but also because they presented an opportunity to offer a unique contribution to knowledge.

As there has been limited research with first-generation immigrants, asylum seekers and refugees young people regarding mental health, it is my hope that the research questions will support the implementation of the *'Transforming Children and Young People's Mental Health Provision'* (2017) Green Paper and then by enabling further insight into policy planning and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020) , possible dissemination of a self-help tool designed by and implemented by young people.

The need to focus on the way that first-generation immigrants, asylum seekers and refugee young people make sense of mental health and then use self-help strategies suggests that the study could have been implemented in several different ways using various methodologies, sample groups, testimonial collection tools, and varying levels of

analysis. To demonstrate how the specific methodology was chosen, a more detailed rationale of the study's epistemological and theoretical strategy is needed. It is to this exact discussion that this thesis now turns.

Chapter 3

EPISTEMOLOGY AND THEORETICAL STRATEGY

INTRODUCTION

To respond to the research questions identified in chapter 2, this chapter details the decision-making processes used to inform the selection of a research strategy that was able to engage with the deficiencies identified through the review process. The aim of this chapter is to consider critically how epistemology shapes the possible methods, methodologies and theoretical positions that could have been used to underpin this systematic inquiry.

To provide epistemological context, the following sections provide a brief evaluation of the strengths and limitations associated with positivist and post-positivist paradigms. Intrinsic in this study was the considered exploration of potential research strategies that could have been used as an overall theoretical guide. Once the preferred contribution of post-positivism has been expounded, a discussion related to the research strategies that were evaluated against ethical methodological criteria which will be advanced. Taken together, this chapter will validate the use of Participatory Action Research (PAR) as the most suitable strategy to use in this study.

EPISTEMOLOGY AS A RESEARCH PARADIGM

Demonstrating epistemological clarity and alignment of the research paradigm to the research questions listed in the previous chapter is important because, as Jackson (2013) argues, illustrating that consistency between the broad aims of a research study; the research questions, the chosen methods, the personal philosophy of the researcher, the need to address potential gaps in knowledge are the essential underpinnings for any research study. Jackson (2013) also explains that before any decision on the research method can be made, an understanding of epistemology must first be explored and understood.

The methodological distinctions in any scientific enquiry tend to follow two broad philosophical assumptions (Dyson & Brown 2006). The first, commonly known as quantitative research, is centred upon positivist principles of objectivism, falsification, and empiricism (Issacs 2014). The aim of quantitative research is to take a scientific

approach by generating large-scale numerical data to predict trends (Grieg et al 2013). It often tests cause and effect or the relationship between variables (O'Reily & Parker 2014). Quantitative research is therefore based on a realist ontological position and an objectivist epistemology, as explained below.

The second broad philosophical assumption is known as qualitative research. Qualitative research centres upon post-positivist principles (Grieg, Taylor & Mackay 2013). Although qualitative research can take many forms the end goal is to develop relevant descriptors of constructivist or interpretive ontology (O'Reily & Parker 2014). Separate to quantitative research, qualitative research can embrace a critical realist, transformative and pragmatic paradigm (Olvitt 2017). To advance an understanding of the potential role of positivism and post positivism within this discussion will now provide a summary to demonstrate key decision-making strategies in the implementation of the selected approach and study design.

It is recognised that demonstrating transparent decision-making is important for reasons of an external review and for the rigour of a study. For some qualitative studies, this 'quality assurance' has been associated with internal validity and replicability (Hammaberg, Kirkman & Lacey 2016). According to Hammaberg et al (2016), critical review and appraisal of the available options that could be used to underpin and then guide the scientific enquiry are vital. In turn, this review of available options is designed to facilitate a reliable answer to the research questions set out in the chapter and enables a more robust research framework used to guide the study. This critical review also enables an exploration of the epistemological possibilities that can enhance the credibility and impact of the research study and ultimate outcomes (O'Reily & Parker 2014).

Positivism

Positivism adopts a quantitative approach when investigating phenomena, as opposed to post-positivist approaches, which aim to describe and explore phenomena from a qualitative perspective, in-depth and within context (Crossan 2003). Positivism assumes that knowledge about the world is derived from objective facts. It often draws on the principles of natural sciences to make its claims (James 2015).

For Auguste Comte (1853), a founding positivist thinker, all reliable knowledge can only be derived from the human observation and measurement of objective truths. Following positivist traditions, positivism requires me to apply data collection methods to accumulate only objective data that is discernible and scientifically measurable.

According to Bryman et al (2009: 13), Comte believed that the ‘social world closely resembles the natural physical world’ when he argued that there exists ‘a hierarchy of scientific subjects’ with sociology. In other words, both the social and natural worlds are made up of objective facts, which, independent of human interference, are waiting to be discovered (Dyson & Brown 2006).

Positivism seems to assume that only knowledge derived from logical, scientific, mathematical or objectively measurable phenomena can be valid. Put plainly, the rudimentary reasoning of positivism assumes that knowledge and truth about how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people exist in a way that is independent of human behaviour and is therefore not a creation of the human mind. According to Jaworsky (2019), the movement of epidemiology is arguably one such example of this relationship in positivist terms.

As in epidemiology, the general elements of positivist philosophy have many important implications for this research. These implications described in compelling detail by Bruce et al (2017) suggest that mental health research benefits from being quantitative in nature because true knowledge must be determined by objective criteria over human beliefs or experiences which are likely to be variable and therefore unpredictable. Whilst these philosophical assumptions relate well to research in engineering, astrophysics, drug development and aeronautical design, for example, and work to a degree when considering physiological measurement, various scanning techniques, and review of blood chemistry or haemodynamic monitoring cannot apply equally to understanding how to improve the mental health of individual children in schools.

A major criticism of this positivist approach is that it does not provide the means to examine human beings and their behaviours within the real context (Crossan 2003). As many humans possess the gift of self-determination, they are neither 'objects' of the world, as a rock or a unit of energy might be. Nor are human’s passive in their engagement and interpretation of the world, as say a flower or worm might be. Instead,

humans are viewed to be most successful when they make autonomous decisions because of the world and then adapt their behaviour, feelings, perceptions, and attitudes accordingly (Rabe 2003). The study of how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people, for example may be irrelevant to positive traditions as this type of enquiry could sit with the broader concepts of metaphysics or the abstract, and as such, demonstrate some distance from objective empiricism.

Further criticism of positivist traditions suggests that research conclusions can represent useful but only limited data (Johnson 2006; Playle 1995). Crossan (2003) also explains that because positivism assumes that all true knowledge can only come from an individual's observation of objective reality, the same observations cannot be free from misinterpretation, fabrication, falsification or bias. He goes on to suggest that only knowledge that is obtained through objective observable reality can be used to generate a hypothesis, and then go on to be tested through the scientific enquiry. For this reason, there is arguably no room in positivism to fully explain such phenomenon as trauma, poverty, discrimination, inequality or the social determinants of mental health. Whilst the positivist ambition to generate theory based upon a deductive approach might be suitable to physics, mathematics, biology and the exploration of casual relationships in medical sciences through an inductive strategy, it is important to consider the work of Crotty (2003) who argues that positivist traditions cannot easily or accurately predict or theorise those matters that are influenced and shaped through self-determination and subjectivity.

Though positivism has been important and influential in the study of physics, mathematics, biology and the exploration of casual relationships in medical sciences, Johnson (2006) argues that if this approach was used in isolation there would be a vacuum of knowledge for education, health and social care professionals who seek to adopt and demonstrate a humanistic understanding of person-centred and holistic care. Indeed, as Universities aspire to facilitate ways that enable teachers, health and social care professionals to demonstrate relationship-based practices, that first require the basic tenets of empathy, genuineness, mutual respect and joint participation (Fornari et al 2018), the importance of research that includes the variable lived experiences of first-generation immigrant, refugee, asylum seeker young people becomes clear.

As teachers, health and social care professions are becoming increasingly research-minded through the exploration of the social determinants of mental health (Dorgan 2018), including understanding how schools can be adapted to enhance the support of all young people, the potential scope or purist approaches to positivism appears to be somewhat limiting. As the human experience of living with the effects of displacement or diaspora or a mental health difficulty is not objective, but rather embodied in the behaviour, feelings and societal perceptions, which include the attitudes and lived influences which positivism can reject, positivism arguably loses validity when applied to the research question that has been listed above . What is required instead is an approach that can provide a richly detailed description of the experiences of first-generation immigrants, asylum seekers and refugee young people by analysis of their own subjective words, rather than by way of objective investigation. The paradigm that could be used to explore these perspectives is post-positivism.

Post-positivism

Post-positivism is a term given to an approach or paradigm with contrasting ontology and epistemology to positivism. Bryman et al (2009) explain that it includes the views of writers who are critical of a positivist approach to the study of the social world. According to Martin (2000), the emergence of post-positivism found expression in the advocacy of Weber (1947), who found value in the opportunity of '*Verstehen'*, literally an individual's understanding and articulation of the world in which they live.

Post-positivism provides an alternative explanation of the traditions and foundations used in positivism (Dyson & Brown 2006). For the post-positivist researcher, reality is not a rigid thing. Instead, reality is created in a reciprocal engagement between the individuals involved in the research and the researcher (Hamati-Ataya 2012). According to Wetherell & Mohanty (2010), post positivism is not rigid because 'reality' does not exist in a vacuum. Post-positivism assumes that another human's reality is a composition that is influenced and determined by a social context. As a result, and contrary to positivist assumptions, there are many different permutations of the way that 'reality' can be constructed. Wetherell & Mohanty (2010) suggests that among the various factors that influence an individual's construction of reality sit the intersection of influences that serve to shape the sense of self. These may include, but may not be limited to, gender, age, sexuality, religion, culture, ethnicity, poverty, discrimination,

wealth, socio-political influences and so on (Neto, Daponte, Xavier, Klut, Melo & Cardoso 2012).

As human experience and individuals' perception of the body and the world within which they live is changeable, post-positivism accepts the fact that research is not always perfect, generalisable or replicable (Dyson & Brown 2006). When considering how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people, this post positivist position, condensed to an apparent willingness to submit to the various rigours of positivist evaluation, does not imply empirical weakness, but it does imply limitation.

Qualitative research assumes that a researcher should acknowledge and accept that their own biases may influence what they observe and what they report (O'Reily & Parker 2014). The researcher must also, as far as possible, pursue objectivity by recognising and seeking opportunities to eliminate bias. In the context of the current study, for example, a post-positivist study that considers how school can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people can only speculate transferable findings based upon what was found, not against the postulation of theories uncovered through precise scientific methods. For this important reason, Dyson & Brown (2006) state that post-positivism can never claim to be empirically perfect. However, I have shown that traditional scientific research cannot be perfect either. One of the tenets of qualitative research is falsifiability – that a claim should not be made to have found new knowledge if the same is not given to testing or proven to be wrong.

The main limitations of the post-positivist approach relate to the interactive and participatory nature of qualitative research methods and the close (or subjective) proximity that a researcher has toward the investigation (Parahoo 2006). Plack (2005) argues that post-positivist research is also largely anecdotal because the findings will be predominantly based on my personal impressions that are, as already suggested, contaminated by my human agency bias. In another way, though, this critique is also the strength. If validity is about measuring (or assessing) what is thought to be measured (or assessed), which, in this case is how to promote mental health in schools, then stripping away context from a phenomenon, knowledge of schools and mental health, as is done in a randomised controlled trial, removes both context and an

essential part of the phenomenon. Deliberately ignoring part of a phenomenon, either mental health or schools, may be just as biased as including unintended or un-noticed aspects of it.

On reflection of the two paradigms that have been described, it appears to that the unifying purpose of all research is to create new knowledge, and in my case an original contribution to knowledge. The paradigms included above reflect a spectrum of philosophical positions that debate the theoretical essence of the scientific enquiry and essential the most credible way to produce knowledge. Whilst the assumptions and values of the paradigms are very different, it is not certain that they are immiscible. In practice, the availability of mixed methods shows that the distinctions between positivism and post-positivism can in fact blur.

Critical multiplism

Given the position and limitations of both positivism and post-positivism, it seems that a theoretical impasse could be created in the identification, application and substantiation of the most appropriate paradigm to use. If positivism lacks the ability to consider the social determinants of mental health, because of the variability of lived experience, and post-positivism is unable to produce credible and generalisable findings to all schools, it could be argued that an alternative solution is needed. According to Letourneau & Allen (2001), this solution is present in Guba & Lincoln's (1998) conceptualisation of critical multiplism.

Critical multiplism is formed by two important factors. Consistent with positivism assumptions, the word 'critical' implies that all research needs to demonstrate rigour, precision, logical reasoning and attention to evidence (Letourneau et al 2001). Unlike positivism, however, knowledge is not confined to what can be physically observed (Guba & Lincoln 1998). The term 'multiplism' refers to the fact that research should generally be approached from several different perspectives that can be used to define research aims and objectives, questions, methods, and process for analysis.

In relation to the present study, critical multiplism could become useful. If positivism dominates research in child and adolescent mental health, many findings may continue to separate the influence of social determinants and self-determination from individual well-being (Katz 2016). Equally, an uncritical focus on post-positivist approaches may

only be able to generate new knowledge regarding very specific situations and demonstrate a low impact on national practice and broader social policy (Neto et al 2012). There is, therefore, a developing argument that this study should incorporate positivism to measure the biological and physical perspective of mental health, perhaps in a longitudinal pre/post event study, but then develop this knowledge with a nuanced post-positivist understanding of multiple perspectives including psychological and social viewpoints of first-generation immigrants, asylum seekers and refugee young people themselves. For Katz (2016), the combination of positivist and post-positivist assumption is often more conveniently discussed as a mixed method approach.

By focusing on how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people using a mixed methods approach, a broader view is required to understand how social variables intersect with biological, psychological and physical aspects of human growth and development (Chilisa & Tsheko 2014). The purpose of using a mixed methods approach would therefore be to capitalise on the strengths of positivism and post-positivism.

Although critical multiplism or a mixed methods approach might enable this study to focus more scientifically on how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people, it was not seen to provide a panacea. The scope of the potential methodological pluralism was seen to offer additional challenges (random versus non-random sampling, ethics, data handling, sharing agreements) that could not be accounted for as carefully or systematically as ideally required for this study. Whilst the spirit of critical multiplism appeared to demonstrate much strength, the pragmatic application of it to this study began to highlight several concerns when viewed against the research questions. After some careful reflection on sample size, heterogeneity, variable ages, experiences and drivers for diaspora I began to lose confidence in the mixed methods approach. Whilst a positivist or mixed methods approach may not be suitable in the context of the present study, it could be said that elements of critical multiplism could allow enhancements in the quality of a post-doctoral study.

THE SELECTED APPROACH

Kivunja & Kuyini (2017) suggests that the diverse range of research paradigms available to the scientific enquiry can present a philosophical conundrum that the

researcher is required to negotiate. Usefully, my research question, identified through extant literature provided some indication about which paradigm may be most appropriate.

The drivers for this research are the '*Transforming Children and Young People's Mental Health Provision'* (2017) Green Paper and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020). Together, these policy concordats reinforce the ambition to make every school a healthy school and this objective serves to raise the further epistemological questions that are important to consider: to whom is mental health promotion accountable and for what? In answering this question, it is important to consider that if the research strategy were to comply with criteria of positivist research for conducting research into how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people, it might be possible to win the debate within that scientific paradigm, but at the same time lose the opportunity to develop a relationship with the communities whose mental health this research aims to foster.

Natural science positivist research has been outstandingly successful in pursuit of many important questions but is clearly limited in its ability to understand the human experience. Therefore, based upon the exploration of the research paradigms, and an ontological belief that mental health promotion is accountable to those people who receive it, post-positivism is the most appropriate theory to use as it aligns most closely to research question that was identified in chapter 2. Post-positivism also supports the policy concordat ambition to make every school a healthy school by ensuring that schools can become a unique setting for promoting mental health and well-being and establishing healthy behaviours that will contribute to a lifetime of health promotion.

THE RESEARCH STRATEGY

Once a research paradigm had been selected, the subsequent action involved the identification of an appropriate research strategy. The three research strategies evaluated in this study consisted of grounded theory (Glaser & Strauss 2011), phenomenology (Liberman 2017) and participatory action research (PAR) (Creswell 2007). At the outset, all three were considered to be potentially relevant to the study and the overarching paradigm given the collective aim to understand experience. However, after a process of critical reflection, the need to apply one strategy based on an

understanding of the strengths and limitations of each became clear. To make the processes that led to this decision transparent, the following sections will present a discussion regarding the decision to use participatory action research in preference to grounded theory or phenomenology.

Grounded Theory

Grounded theory is a method that has been used extensively across a variety of social science disciplines. The basic tenet of this approach is that a theory about the ways that schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people must emerge from the data, or in other words, a theory must be grounded in the data (Dyson & Brown 2006). There are many examples of research based on grounded theory in the health field, particularly from nursing and sociology, which incorporate an individual or psychological focus (Bradley, Curry, & Devers 2007; Coyne, Hallstrom& Soderback 2016; Chamberlin et al 1997; Devers 1999; Foley, Timonen & Hardiman 2014; Gilljam, Arvidsson, Nygren & Svedberg 2016; Uri 2015).

Glaser and Strauss developed classic grounded theory in the late 1960s as a reaction to positivist methods and doctrinaire approaches in the social sciences research arena (Allen 2010; Glaser & Strauss 2011). Glaser and Strauss rejected the idea of scientific truth reflecting an independent reality. Instead, they offered an empirical reality that emerged from the observations and the consensus of a community of participants (Blackshaw 2010). The methodology later developed by Corbin & Strauss, (2008) was influenced by two epistemologies or ways of knowing. These can be described as (a) the tradition of Chicago Symbolic Interactionism, which emphasised interpreting actions based on one's own meaning; and (b) the pragmatism of John Dewey and George Mead. Both Dewey (1925) and Mead (1934) believed that knowledge did not exist independent of the knower, that knowledge is created through action and interaction. Glaser & Strauss (1967) also maintained that the experiences of engaged inquirers were vital to the research thought processes.

A theoretical paper by Uri (2015) explains that the primary ambition of grounded theory is to develop theoretical conclusions that are based upon data, systematically obtained through 'social' research. Glaser & Strauss (1967) also explain that a core feature of grounded theory relates to sampling procedures. According to this framework, sampling

is not usually determined at the beginning of the study but is directed by an emerging theory that is discovered in the data. This is known as 'theoretical sampling', which supports the process of data collection for generating theory. In this case, grounded theory would require me to collect code and analyse data and then decide what data to collect next, and where to find it, and develop a theory on how schools could promote the mental health and well-being of first-generation migrant's asylum seekers and refuges as it emerged (Glaser 1998).

Like most other qualitative research methodologies, grounded theory requires several steps in application, including formation of a research question, selection of data, data collection, data analysis, and formation of a conclusion (Freeman 2018), Glaser & Strauss (1967) worked diligently to overcome the idea that qualitative research was less rigorous and less systematic than quantitative research. They accomplished this by requiring a strict focus on the data themselves, as well as by outlining a specific coding and categorizing process by which to analyse the data. By insisting that a theory must be formed from data, they also encouraged pragmatism and practicality (BJamest & Charmaz 2007). However, grounded theory, as an indisputably rigorous, systematic approach to qualitative research, eventually served as a catalyst for a major paradigm shift across academic disciplines (Freeman 2018). In other words, grounded theory proved qualitative research to be academically rigorous (Freeman 2018). According to Udod & Racine (2017) and Freeman (2018), grounded theory can provide an in-depth qualitative exploration and understanding of basic social processes.

Despite its reported advantages, there are fragments of grounded theory that are not so rigorous. Potential differences in methodologies, designs and constructs are often informed by a researcher's own ontological foundations (Cheng, Broome, Feng & Hu 2018).The challenge for a higher degree research student within grounded theory is to arrive with a set of reliable conclusions and recommendations without any prior hypothesis about what these conclusions or recommendations may or may not be. The journey of discovery that is required by grounded theory also appears to mean that it might be difficult to plan a research study any further than responding to individual testimonies that may or may not be collected along the way (Ibid.) This criticism suggests that where the study is required to align to rigid PhD timescales the duration of a grounded theory study could be become difficult to predict.

The implication of grounded theory to project management has been discussed by Glaser & Strauss (1967). They describe how the constant comparative approach in data analysis, the process of identifying the similarities and differences in the data, allowing coding, category development and ultimately concept development to be fluid and changeable, could propose a dichotomy for research studies that set out to answer a clearly defined research question. A further difficulty in using grounded theory within mental health research is that it does not produce a set of definitive findings, instead, it produces an ongoing conceptual theory, which could be troublesome in the context of the present study which aims to consider how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people (Dyson & Brown 2006).

In contrast to these methodological concerns, Mills, Chapman & Bonner (2007), suggest that grounded theory highlights the importance of constructivist approaches in mental health research. Mills et al (2007) show that because grounded theory centralises the experiences of patients, it highlights some of the ethical concerns about doing research by seeking to address power imbalances and the need to develop theory from the data provided by experts by experience. The work of Charmaz (2000) and (2006) supports Mills et al study as they seek to use grounded theory to achieve a sense of active collaboration between researcher and participant.

Although grounded theory has the potential to reposition the researcher away from a distant expert to a co-constructor, who can seek out meaning and knowledge in partnership with participants research participants (Charmaz 2000) and is conducive to the humanistic approaches used in health and social care practice (Cheng et al 2018), it is non-directive in how this approach to inclusion should be achieved. As grounded theory requires me to reconstruct data into a theory which is reflective of participant's words, it might not necessarily be representative of their true perspectives. Whilst the opportunity of member checking is available to all researchers, regardless of the paradigm, Mills et al (2007) make it clear that this opportunity may not be possible with undefined sample sizes, populations and groups. Also, where power imbalances do exist, even in the present study between me and the young people, power imbalances and notions of expertise may never be truly ameliorated. As debated by Cheng et al (2018) power imbalance is a challenge to any researcher and participant relationship

that can seriously undermine the effectiveness, credibility validity and generalisability of any grounded theory study.

In line with this critique, and with Dyson & Brown (2006) arguing that when grounded theory is used by early career researchers it might not always produce the set of definitive findings often required for the award of a higher degree, it was not considered to be a best fit for the research study. Despite the clear advantages that have been presented, this study required a methodology which allows first-generation immigrant, refugee, asylum-seeking young people to talk about mental health and well-being first, before explaining these situations through theoretical abstraction. Another consideration for this thesis then was that of phenomenology.

Phenomenology

Phenomenology is currently experiencing somewhat of a revival in the human and social sciences (Gros 2017). One of the phenomenologists that contributed most to the development of this strategy in health and social care related fields is Alfred Schutz. In effect, his theoretical study consists precisely in developing a Husserlian psychological-phenomenological foundation for the social sciences (Liberman 2017).

Arguing against naturalistic and deterministic accounts of human behaviour, phenomenology maintains that individual human interaction with social stimulus is essentially most meaningful to research (Dreher & Santos 2017). That is, far from being mechanically triggered by physicochemical stimuli or social structures, individuals are motivated, regulated, and orientated by their own interpretation of social phenomena. For this reason, Weber (1947) claims that to explain social phenomena, research must seek to understand the subjective meaning that people give to their own behaviour. de Beauvoir (1952) cited in Charlesworth, (2000: 15) explains that phenomenology is tuned into the assumption that research should seek to uncover the essence of a person's experience, and as far as possible, encourage a research participant to recall the detail of a significant event as if it were happening for the very first time. That human significance is important, that the body is not as important as the person.

Used as a research strategy within this study, phenomenology would see that the first-generation immigrant, refugee, asylum-seeking young people as humans, who can possess feelings and who make sense of the world in which they live and of the

experiences that they have endured. Consistent with some positivist assumptions, Giorgio (2008) explains that to truly engage with the lived experiences of others, researchers should attempt to 'bracket off' their own assumptions of what an experience may be like. Only by suspending per-suppositions in this way can phenomenology assist the researcher to report the lived experience of other with authenticity. As this study is concerned with the way that schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people there are several important factors that cannot be bracketed off. These include, for instance, school structures and contexts and the presence of structural discrimination and racism.

Even though phenomenology is a study of the lived experience, the method itself is complex. As shown by (Johnstone, Wallis, Oprescu & Gray 2017), it also has a variety of approaches. Given the existence of diverse philosophical traditions in phenomenology, it is a research strategy that needs great consideration, knowledge and expertise to ensure it has been carried out effectively (Carpenter & Steubert 2011).

Even though phenomenology can be complex, there have been researchers in education, health and social care who have been interested in the professional and practical orientation of it. In an article named *'Phenomenology of Practice'* Van Manen (2007) applies phenomenological approaches to scientific enquires that represent everyday life. He conceptualises phenomenology as a philosophic method for understanding the essential meaning of a certain phenomenon and warns against using it to answer, discover or draw on determinate conclusions. Given the research questions that have been identified through the literature review presented in chapter 2, it is arguable that phenomenology may not sit well with this study. As this study is focussing more on how schools can promote mental health, it is not going to focus on the lived experience of diaspora, trauma or mental health or ask them to re-live those experiences. Indeed, because the study is primarily orientated towards what schools might do, I did not choose phenomenology for this study.

PARTICIPATORY ACTION RESEARCH

In the mid-1940s Kurt Lewin constructed the first theory of action research. He argued that to understand and change certain social practices, social scientists should include experts by experience in all phases of inquiry. What most of the literature on action research ascertain is that it is a strategy that is rooted in a desire for social justice,

progress and change (Kendal et al 2017; O'Reily & Parker 2014; Murray 2015). For this reason, action research is democratic because its primary goal is the participation of all people (Alderson 2000; O'Reily & Parker 2014). It is equitable too because it acknowledges people's equality of worth and seeks to emancipate first-generation immigrant, refugee, asylum-seeking young people by providing them with the opportunity to emancipate themselves (Blackshaw 2010).

Orlando Fals Borda is often credited for inventing the term PAR as a reflection of his opinion that the duty of a post-positive researcher is not just to examine the social reality but to work towards remedying any injustices that they uncover (Shamrova & Cummings 2017). Since the 1960s, PAR has enabled education, health and social care researchers to develop a pioneering movement in the advancement of social pedagogues (Fricker 2007). In support of Freire's aetiology (2005), PAR has been reported as being a particularly successful in attaining heuristic justice in adult education. Put simply, PAR has enables teachers to become researchers who would develop new and innovative ways of teaching by collecting, analysing and then acting on the views, wishes and lived experience of students. By reinventing pedagogic approaches to teaching and learning, PAR became the strategy for problematising traditional schemes with postmodernist educational approaches. Most importantly, PAR was able to achieve pedagogic change by balancing the power and relationship differentials that exist, in the traditional sense, between the teacher and the student, to that of shared expertise, equality and active participation.

Key theoretical principles of PAR

PAR assumes a different, explicitly ideological ambition to create opportunities for social change, unlike, grounded theory and phenomenology, it takes a critical and political stance on knowledge production (Creswell 2007). PAR includes several liberal approaches to research. These include, for example, feminist, emancipatory, anticolonial, pragmatic and praxis-oriented research. By adopting activist approaches, PAR seeks to understand and improve the world by changing it. In simple terms, PAR adds new opportunities within research in facilitating participant's voice, especially to those who may be considered vulnerable, marginalised or socially excluded.

Reflecting on the importance of active participation, Fricker (2007) characterises the practice of ignoring the relevance of power and the unique insights and perspectives that

can be gathered by listening to the lived experiences of others as ‘epistemic injustice’. Arguing that research must promote and uphold the human rights of research subjects, Fricker (2007) outlines the reasons why PAR can be most usefully applied when the study aims to learn from and develop pre-existing structures by drawing on the existing knowledge and solutions presented by each person who takes part in a study. Adopting a humanistic function, PAR can transform personal meaning (views mental health in schools) into something that can be used to support and inform changes to practice and policy (Abme, Banks, Cook, Dias, Madsen, Springett & Wright 2019). Although PAR samples are quite often idiographic, Shamrova & Cummings (2017) argue that there is a responsibility on the part of the researcher to ensure that research is used to positive effect either in the society or the organisation in which it is undertaken.

At the centre of PAR is the concept of a collective and self-reflective inquiry that would require me to encourage young people to explain how their school could promote their mental health. The reflective process should be directly linked to action, influenced by understanding of history, culture, and local context and embedded in social relationships. As shown by Kelly (2005), a clear supporter of Freire (1970), the process of PAR should be empowering and lead to people having increased control over their lives.

Using PAR, then, research, learning, and action are purposely combined in a central process that aims to identify and address local problems in ways that link them to larger structural issues (Kemmis & McTaggart 2014). Contributing to the empowerment of the research participants and the redistribution of societal and (research) power and control are principal aims. To achieve this aim, transformative research uses social analysis and action to understand oppression and demystify expertise to acknowledge indigenous knowledge and creates new knowledge in partnership with research participants (Kemmis & McTaggart 2014). Applied to the research question listed in the previous chapter, research findings would be continuously used by participants in a process of collective action that includes the reflections of the researcher as data.

PAR recognises young people as knowledge holders and knowledge creators with valuable insights into their own learning (Kemmis & McTaggart 2014; Torre & Ayala 2009; Cammarota & Fine 2008). It represents an epistemological and methodological framework concerned with social justice and liberation from systems of oppression

(Litoselliti 2003). As the previous chapter acknowledged, first-generation immigrants, refugees and asylum seeker young people experience a range of very specific challenges. Accordingly, it is essential that policy and practice fully acknowledges and responds to these diverse needs. Whilst alternative research strategies, such as phenomenology, or grounded theory are available, PAR is arguably more suited to allow children and young people to identify problems that directly affect their lives and then provide opportunities for them to decide what action needs to be taken in the future (Campbell & Vanderhoven 2016; NHS confederation 2011). Rather than being the subjects of the research per se, PAR should protect the rights and autonomy to the child or young person by enabling them to direct or make an equal contribution to how the research process should be managed.

The use of PAR in schools

As highlighted in chapter 2, mental health is a growing concern in schools. Indeed, the need to promote positive mental health within schools and communities is becoming more and more central to policy concordat, PAR could be relevant to this study since meaningful engagement with young people is seen to enhance the validity and relevance of research findings (Kendal et al 2017). PAR not only allows young people to be involved in the research that is about them, it also supports them to be independent in developing their own solutions (O'Reilly & Parker 2014). Although the perception of young people as social actors and experts in their own experience is still an emerging concept in some areas of health research (Murray 2015), the use of PAR to develop self-help resources could help to nurture a sense of ownership that encourages uptake (Kendal et al 2017). The main reason for this sense of ownership is that PAR is based on five distinguishing qualities or principles: participation in the research by the people being studied; inclusion of popular knowledge, personal experiences, and other intuitive ways of knowing; a focus on empowerment and power relations; consciousness raising and education of the participants; and, collective action (MacDonald 2012).

Within research, these five distinguishing factors provide a notable shift in the traditions of positivism suggested above (Aldridge 2015). Identifying exclusion through consciousness raising and collective action form a key part of the PAR process. In the context of the current study, the importance of PAR is to give meaningful involvement, which recognises children and young people’s status as experts in their own lives, as

such support Shaw ,Brady &Davey (2011) who argue that they can also improve research materials and methodologies. Not only can young people be proactive in taking a leading role in the way that research is conducted, they can potentially learn transferable skills, gain self-confidence, knowledge, self-esteem and a sense of empowerment (Shaw et al 2011). As PAR is collaborative, pragmatic, usually solution-focused and aspires to effect change (Dunn & Mallor 2017), it can also build self-esteem and facilitate opportunities to conceptualise ideas such as democracy, social justice, citizenship, community involvement and school improvement.

The importance of working with young people using PAR in this study could encourage young people to have a voice, not only through adult constructivist interpretation, but by presenting an answer to the research questions through their 'own way of seeing' (Christensen 2004). For this reason, PAR could provide this study with the platform to share experiences, work alongside their peers and grow in their understandings of their 'self' mental health and well-being. As well as providing an original contribution to knowledge gained in the form of outcomes and findings, there are additional benefits gained from the process of the research, such as the relationships that could form with schools and students. As will be shown in due course, these relationships may be over and above what is learned from the research itself.

PAR and childhood studies

It is reported that Participatory Action Research is an effective strategy to use in childhood studies because it gives young people an opportunity to explore issues that impact their communities and matter to them (Cammarota & Fine 2008). However, how can PAR ensure the voices are truly heard? PAR offers young people the opportunity to identify heartfelt and real issues in their lives, their voices are heard through their designs and implementations of their ideas and thoughts (Walsh 2018). For first generation immigrants, refugees, and asylum seeker young people the cultural support and engagement produces analysis of their own and their peers' experiences (Walsh 2018). This social innovation unblocks the space where young people may feel unvalued within their school environments (Diane 2015). PAR enables and seeks to provide young people with the powerful tools to address solutions and outcomes that can support their mental well-being, giving them choices, real choices, not what the

adults surrounding them have chosen, but what the young people have chosen themselves (Dold & Chapman 2011).

PAR over the last 20 years has grown in childhood studies and shown that by working with young people, listening to their voices, whether through art, narrative, or verbal recordings, whether in a classroom or a community setting, PAR has shown and educated teachers and the public how to build positive relationships with the communities they live in (Dold & Chapman 2011). In addition, it has shown to reduce conflict and to build successful outcomes, whether through innovative mental health initiatives, working with parents, supporting marginalised groups or instilling policy change (Lind 2007). Through this process PAR moves from a theoretical position to emergence within practice (Dold & Chapman 2011). PAR, therefore, engages with the position of empowerment, giving young people more involvement, so voice is no longer just heard through art, narrative or verbal voice, but through a system change, treatment plans, policy and program development (Lind 2007). These developments capture how young people see themselves, moreover that they are accurately represented and understood (Dold & Chapman). Conceptually, the young people own their work, they are empowered and have ownership (Chen, Poland & Skinner 2007).

Considering empowerment and young people within childhood studies suggests young people as decision makers, making suggestions that instil change personal to them (Priestly 2020). Empowerment for young people involved in PAR can show individual action, it acknowledges the complex interplay of power emerging from social structures (Priestly 2020). Sharp (2014: 2) places this emphasis on empowerment and illustrates how the use of empowerment is linked to PAR, showing young people ‘are producers as well as products of social systems. Furthermore, this supports the theory of human agency, enabling reflection in young people, producing knowledge that they can change something about themselves or the community they live in, and feeling valued to do so (Sharp 2014). Linking empowerment with PAR and viewing one’s self as an agent may help a person cope effectively with life challenges, supporting their resilience and emotional well-being (Carr 2004). When considering child development and the emotional brain in adolescence, Turner-Cobb (2014) suggests that some young people may feel they have no power to affect their own lives and they may feel the adults surrounding them do not value or respect their judgements or thoughts. Schools have been criticised for not supporting their pupils to grow into critical and creative citizens

(Sharp 2014). Supporting young people through empowerment and involving them in PAR enables them to be part of a democratic society that believes in them as individuals and as contributors to communities (Mirra, Garcia, Morrell 2016). Sharp (2014) presents even though there are positive outcomes associated with empowerment and agency for young people, there is little research on enabling young people to perceive themselves as agents in their lives, despite many Local Authorities' and government initiatives projecting an increase in participation, voice, and influence in young people.

Sharp's research associates how adult or peer support can develop young people's perspectives on empowerment and ownership of thoughts and decisions. Sharp (2014) adds how the Zone of Proximal Development (ZPD Vygotsky 1978) supports the ability to reflect and empower, it considers sharing experiences with other young people who have similar goals. ZPD refers to the difference between what a young person can do without support and what he or she can achieve with guidance and encouragement from a positive role model (Sharp 2014). Bandura (2008) adds to the ZPD debate and argues that if young people are enabled through sharing experiences, being supported by the professionals surrounding them who believe in them, then the future trajectory of those young people will change for the better.

Certainly, the evidence concludes that the multiple benefits of engaging the perspectives of young people in childhood studies have served to challenge social exclusion, redistribute power within the research process and build the capacity of young people to analyse and transform their own lives and become partners in the building of more sound, democratic, communities (Cahill 2007).

PAR therefore has shown is value within this study. PAR is a valid approach due to its engagement with young people in research, its creative approaches and developments in new theoretical possibilities (Cahill 2007).

Participatory action research sampling assumptions

The focus on first-generation immigrant, refugee, asylum-seeking young people's ability to direct or make an equal contribution to how the research process highlighted a critical observation of the nomothetic enquiry (Byrne 2013). A nomothetic enquiry is one where data is collected, transformed and analysed in a manner which prevents the retrieval or

analysis of the individual who provided the data in the first place (Byrne 2013). This is typically the stance taken in positivist measurements, which include aggregation and inferential statistics, and which aim to turn social phenomena into numbers (Byrne 2013).

Traditional health and social care research used to, and to some extent still does, subscribe to the nomothetic enquiry (Black 2002), yet, both epistemological and practical considerations within PAR point towards a modification of this approach. Krauss (2005) argue that a crucial concern is how to improve the chances that research will be used, since if it is not, there is no point in doing it. Over the past two decades, education, health and social care research development have suggested that the nomothetic model can be inadequate since the facts do not speak for themselves (Black 2002). In these cases, where the findings of research do not bear a single obvious interpretation or contain vague implications for practice, they can be overlooked. If they are overlooked, they remain useless (Black 2002).

Since PAR is understood to be a useful tool to create opportunities for social change, the assumption is made that a collective experience is not really a property of one individual per se (Sendall, McCosker, Brodie, Hill & Crane 2018). However, in PAR it is held that young people could offer a personally unique perspective of their relationship too, or involvement in, their experience of mental health support and practices, thus speaking directly to health practitioners or other professionals included in their life (Robinson & Green 2011). Consequently, it could be argued that PAR is amenable to an idiographic approach which has important ramifications on the sample size and the tenets of generalisability. This is a point to that will be considered in more detail in chapter 4.

Ideography refers to those methods, which highlight the unique elements of the individual subjectivist phenomenon. PAR adopts an idiographic qualitative approach for theoretical sampling procedures, which attempt to understand the lived experiences of a small number of people rather than generating survey data from a large sample. On this basis, Zuber-Skerritt (1997) describes that PAR's commitment operates at two levels. First, there is a commitment to detail, and depth of analysis secondly is the focus on individuals. Here the aim of PAR is not to generalise about larger populations, but rather to develop specific studies of improvement based on a relatively small sample size

(Zuber-Skerritt 1997). Sendall et al, (2018) show that by using PAR this study could enable individuals to identify possibilities for change in such a way that enables the advancement of empirical evidence on the social action.

Studies that use PAR in mental health

Since PAR places emphasis on collaboration through the process of participation, community members become empowered to define problems and find solutions (Gillis & Jackson 2002), Minkler (2000), concludes that PAR can directly support the translation of knowledge into interventions development, implementation and evaluation. According to MacDonald (2012) PAR is suited for research in several disciplines, such as education, health, community development, adult education, organizational development, agriculture, industry, university-community development, and research with groups of oppressed or marginalized individuals. In the education, health and social care literature, PAR is seen as a transformative, empowering process that could enable me to work with first-generation immigrant, refugee, asylum-seeking young people to co-create knowledge while developing a sense of community, educating each other by negotiating meanings and raising consciousness (Fals- Borda 2001; Kemmis & Taggart 2003). This action supports movement in change, change in policy and practice. (Macdonald 2012).

One primary advantage of PAR is the potential for trustworthy and relevant findings (Liegghio, Nelson & Evans 2010; Dold et al 2012). The literature shows that PAR is best achieved where young people can steer all stages of a research study, from planning to evaluation, leading to co-produced, individually tailored designs with more chance of success (O'Reily & Parker 2014). For this reason, PAR research makes a positive contribution to knowledge (Cahill 2007a). It can address unhelpful power relations in education services (Cahill 2007a), enabling an enhanced sense of agency that may also help to build emotional resilience (Hart, Blincow & Thomas 2007). Thus, the methodology may itself have a role in promoting emotional well-being.

The WHO (2016) recently concluded that PAR is not embedded in national strategies. They argue that PAR is intrinsic in embedding research with young people into national strategies. This argument is supported by Torre & Ayala (2009), Cammarota & Fine (2008) who advocates for PAR to support meaningful youth involvement, active

engagement and contribution to the research process. O'Reily & Parker (2014) also support its links to exploring the mental health of young people.

Limitations of participatory action research

There are some significant issues with PAR. First, few PAR studies have full involvement of the participants in the entire research process. Data analysis is often done by the researcher without the involvement of research participants. There are several reasons why this might be the case, but for this study, which is being submitted for a higher degree, the work being submitted must be the authors own. If young people help to analyse the data, confidence over intellectual property may be undermined.

In addition, the key principle of PAR centres around the concept of 'critical pedagogy' (Smith & McLaren 2010). Applied to the systematic inquiry, critical pedagogy requires me to embody the values of those people who I research. As shown in Freire (2005), the original meaning of the word 'pedagogue' suggests that the word 'researcher' defines the person who accompanies the research subject. For Freire, a researcher also must be a learner.

The recommendation that I adopt the position of learner is not a new phenomenon. Neither is it specific to PAR. Arguably many scientific discoveries may not have been made unless the researcher was willing to learn. The inherent challenge with PAR in this study is that the driver for the research question: 'How can schools promote mental health of first-generation immigrants, refugee and asylum-seeking young people?' has not been defined by me the researcher but co-produced through the researcher subject dyad. What is more important, there are often many different people, each having a separate role, who might have a vested interest, with variable levels of commitment, involved in the PAR study. Whilst young people at school should been the primary focus of the PAR study, requiring each professional to passively acquiesce to the critical pedagogic positioning of 'learner' in theory, this approach to heuristic justice may not be consistently achieved in practice (Murray 2015). Despite the philosophical ambitions of PAR, Kelly's (2005) observations of its application schools suggests that it is an idealistic approach that is sometimes difficult to apply. Unless PAR can consider, explore, and reduce power imbalances between all involved, the success and legacy of any identified action is likely to be jeopardised (Hawkins 2015).

As a higher degree research thesis, a proportion of this report must demonstrate some development and refinement of theories in the advancement of original knowledge. In PAR studies, the rationale for the study is to bring about social change or to mobilise social action (McIntyre 2008). For this reason, a portion of this thesis will have to engage in some theory in potential departure form purist PAR assumptions. Whilst new theories may emerge from this study, the clear emphasis will be on how schools can promote the mental health and well-being of first-generation immigrant, refugee, asylum-seeking young people. Proving and measuring this improvement might create a tension for PAR as these conditions will be set by the research, due to University requirements (the three-year time limit for this degree), not by a first-generation immigrant, refugee, asylum-seeking young people themselves.

The final concern is that PAR is considered by some to be pseudo-research (Kindon, Pain & Kesby 2007) that does not fit conventional approaches to the academic process, report and the dissemination of findings. Cornwall & Jewkes (1995) warn that writing a PAR thesis can be difficult as students are required to navigate the often-competing expectations of research participants and the rules of academia.

In contrast to grounded theory and phenomenology, I believe that PAR was likely to offer a more detailed and nuanced analysis of how to promote the mental health and well-being of first-generation immigrant, refugee, asylum-seeking young people because the solutions presented would emerge from their own creations. Although a more constructivist approach was considered to push towards a conceptually explorative study based on a larger sample (Black 2002), confidence in the ability to develop the type of sample needed to validate this type of strategy was circumscribed. This concern stemmed from the fact that a large sample of first-generation immigrant, refugee, asylum-seeking young people could not be assured at the time of research design. The caveat associated with the choice of PAR, amongst a series of other criticisms that will be presented in due course, was that PAR was able to include a more constructivist approach, but only after analysis and critical reflection.

The use of reflection in par and the importance of my own philosophical position

Rabe (2003) emphasised that through attending to my position as a researcher, literally my human agency, critical reflexivity can reveal important information about how some things may have been highlighted, and others left out, in my approval of the

epistemological and strategic portions presented in this chapter. For this reason, this section provides an initial exploration of my own social positioning in relation to this study and research field, as a way of introducing my engagement with and recording of critical reflexivity.

My specific reasoning for selecting a post-positivist enquiry was that qualitative research allows me to explore individual experiences, beliefs and perceptions more freely than positivist traditions might (Letourneau & Allen 2001). As qualitative research is usually conducted with smaller sample sizes and is concerned with the detailed description of a lived experience rather by providing a scientific explanation of any causal relationships of mental health and well-being, I saw the opportunity to explore these research questions through this scientific inquiry. However, after introducing PAR, I recognised the importance of making my personal epistemological assumptions clearer.

As a CAMHS practitioner and researcher, the challenge in manging a PAR study became clear as I attempted to negotiate the contradictions and tensions that arose through the research process. One way in which I attempted to manage these contradictions and tensions was through ongoing and open critical engagement and reflexivity.

As a White female CAMHS practitioner and researcher, who was not a teacher, a first-generation immigrant, refugee or asylum-seeker, but who was researching schools and the mental health of young people who had experienced diaspora, dislocation and displacement, Rabe (2003) explains that I would do well to write about my own personal experiences and perspectives in my research report. My interpretation of Denzin & Lincoln (1994) also emphasised the opportunity for me to use my subjective knowledge of CAMHS as a resource and indicated that critical reflection is one way in which to do this.

The works of Bourdieu have been key to the development of my own personal and professional philosophical assumptions. I agree that the four forms of economic, social, symbolic and cultural capital all work together to generate social action. As a CAMHS professional, I have learned that social capital can be viewed as the social networks and relationships that individuals have, and the resources that are either embedded or missing from an individual's social system. Whilst some young people enjoy the opportunity to be engaged in family groups, peer relations, school and wider community

networks, I have seen first-hand how some first-generation immigrants, asylum seekers and refugee young people are isolated as the concept of capital has been taken away from them.

In addition to Bourdieu's (1984) work, I also support Putnam's (1993) thesis which describes economic, social, symbolic and cultural capital as exerting a positive effect on developing and sustaining social determinants of health. I hold, therefore, that the presence or absence of economic, social, symbolic and cultural capital should be a central concept when considering the mental health and well-being of this population. In contrast to the positivist assumption, my own understanding of mental health means that any scientific enquiry must enable individual young people to explain how they make sense of themselves and how their sense of self is influenced by the systems within which they move and live.

The belief that first-generational immigrant, refugee, asylum-seeking young people should guide and inform any research study that is conducted with or about them also means that I question the applicability of positivism. I firmly support Garoian's (1999) argument for the importance of encouraging wider debate, cultural exchange and the production of new understandings which can facilitate social change. For this reason, I also support the need for study design decisions to be informed by the people who the research is about. For this reason, and according to O'Reily & Parker (2014), the strategy for data collection must work best to include and enable the participation of young people themselves.

Reflecting on my own practice is central to the role of a CAMHS practitioner and researcher and through this action of critical reflexivity. Indeed, Fook & Gardner (2007) argue that it is only through my capacity to self-reflect and learn that I can understand my role as an active participant in human systems. Primavera & Brodsky (2004: 179) also emphasised the need for more PAR that looks at the tensions in the PAR process, to explicate the difficulties, and to be true to the research. Through revealing the difficulties "attention to these complex and sometimes messy process variables enriches rather than limits what we have to say and what we have to offer".

Reflecting on the potentially messy process of PAR, and the desire to articulate the challenges of CAMHS research, it is clear to me how a critical postmodern perspective on the PAR study could enable me to explore areas of the systematic enquiry that may

be traditionally left out of a thesis. By critically reflecting on the research process, I hope to provide a space to reveal and explore the challenges and the tensions associated with PAR, and my role in it. I also hope that that the exploration of process variables inherent in PAR may also pave the way towards establishing standards of best practice in promoting the mental health and well-being of all children in schools. As critical reflectivity, grounded in a postmodern epistemological perspective, can offer a way to explore the power relations that will be shown in this study, where otherwise they might have been ignored, I hope that my views as a CAMHS practitioner and researcher can influence social change.

As PAR requires the young people who take part in the PAR study to engage in the process of systematic reflection, it seems only equitable that I do the same. For this reason, my reflections on the various aspects of the PAR process appear interspersed throughout this thesis. Some of these reflections are directly quoted from my research journal and presented in Boxes. By including my reflections, I hope to guide the reader to understand more closely what happened in the PAR process and, by conveying some of the tensions as they occurred, this aims to bring the research process alive. Whilst reflection is presented alongside the analysis presented in chapters 5, 6, 7 and 8, I hope that the use of reflection boxes complements the analytical reflexive process that is employed as a methodological tool throughout the whole study.

CONCLUSION

This chapter has shown the relevance and advantages of applying PAR to the study of mental health and self-help tools used by a first-generation immigrant, refugee, asylum-seeking young people in a school. It achieved this, by evaluating the potential application of grounded theory and phenomenology and by providing substantiation why these alternative strategies were rejected in favour of PAR.

Integral to a post-positive perspective are the expression of values, and the chapter has considered explored the value of PAR in relation to an ontological perspective that has partly formed the basis of the methodological decisions that have been made. On reflection of these factors, it was decided that PAR would be the most appropriate research strategy to implement as it stays close to research question posed in chapter 2.

In the following chapter, the methods that were used will be outlined before introducing the organisation and individuals with whom the study involved. The preliminary methods used to engage participants will be described as well as the difficult process of identifying strategic planning as the vehicle to explore the primary aim of the research.

Chapter 4

RESEARCH METHODS

INTRODUCTION

The previous chapter provided a rationale for the choice of the philosophical framework, research strategy, and the broad analytical approach that was used throughout this systematic enquiry. This chapter will deal with the more pragmatic issues surrounding testimony collection and the process of analysis. The sections that follow provide an account of the methods used to conduct the PAR process, they identify the paradigms and methods used in this study and describes those used to inform the approach to data collection and analysis.

The discussion on the methods employed throughout this study will be guided with full consideration of ethical practice, including its relationship to research aims and objectives. As the drive for ethically sound research was seen to permeate all aspects of the methodology, consideration will be given to the guiding principles essential in sample development, confidentiality, representation and the inclusion of alternative testimonial collection methods. In setting out the overall methodology therefore, this chapter will give a detailed explanation of the process of analysis and the importance of critical reflection. It will define the way in which this study was able to move from an interview transcript to a position of action all within the tenets of ethical research practice.

Before describing the methods used to conduct this study, it may be helpful to restate the research question considering the developments outlined in the previous chapters. Based on the scoping review of extant literature, additional evidence is required to indicate how the recommendations of the *'Transforming Children and Young People's Mental Health Provision'* (2017) Green Paper and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020) can support the mental health of first generation immigrants, refugees and asylum seeker young people. Therefore, the primary research is: 'How can school promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people?'

The previous chapter made clear why PAR was applied as the most suitable strategy to engage with these objectives. However, as experience of mental health is seen to be

unique to everyone (Giddens 2008), great care was taken to ensure that the people who felt able to take part in this study did not experience harm because of it. Due to this principle, it should be made clear that ethical practice represented a centrally permeating concern throughout each stage of the systematic research process described in further detail below.

STUDY DESIGN

In Chapter 3, several specific features of PAR were listed. Specifically, the literature drew on MacDonald's (2012) summary to explain that PAR is based on five distinguishing qualities or principles. In the context of the current study, these principles mean that:

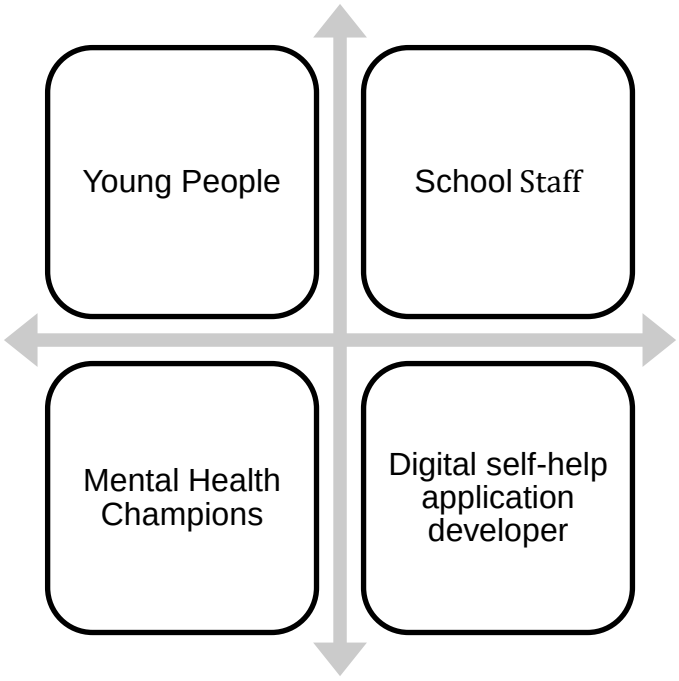
- first-generation immigrant, refugee, and asylum-seeking young people should participate in the research.
- the research should include popular knowledge, personal experiences, and other intuitive ways of knowing.
- the research should focus on empowerment and power relations.
- the research should focus on consciousness raising and education of the participants; and,
- the research should enable collective action.

Due to these overriding principles, it became clear that the study had to be designed to explore the way that first-generation immigrant, refugee, and asylum-seeking young people make sense of mental health promotion and self-help strategies. However, by reaching out to communities that rarely have a voice, it was important to recognise my own limitations as a post graduate researcher who had no formal networks within the first-generation immigrant, refugee and asylum-seeking community. As a post graduate researcher, I also understood that my positionality within PAR would be different than if I was a child and adolescent mental health (CAMHs) practitioner.

Approaching the task as a post graduate researcher not a CAMHs practitioner was initially hard for me. However, after a period of sustained reflection and systematic review of the literature, I decided that to answer the research questions using the

paradigm and strategy that has already been described, I would first need to develop a study that consisted of the four separate parties detailed in Figure 2:

Figure 2: Separate parties for PAR



Formulation of the basis of PAR

The rationale for formulating an initial plan was that the five distinguishing principles of the PAR study could be implemented at the start of the process and then reviewed and evaluated once the study began. It was my intention that the young people would be the centre of the study and occupy the central participatory place within. The mental health champions would include popular knowledge, first-hand experiences, and other intuitive ways of knowing about self-help and the school would focus on empowerment and power relations by seeking to understand the young person's perspective. The mental health self-help application design company would focus on consciousness raising and education of the young people about self-help too, the school and the champions, together with the young people would all enable collective action through the process of collaboration. Once I had the initial PhD PAR study plan in place, my next step was to recruit the parties to the study. The following section of this chapter describe that process and the methods used to implement the PAR study.

Working with a mental health self-help tool designer

In the first twelve months of the study, I developed a relationship with a mental health self-help app design company based in London. They shared my observation that most self-help apps might exclude first-generation immigrants, asylum seekers and refugee young people and agreed to be part of the PAR study. The company agreed that their involvement in the PAR study would entail meeting a group of first-generation immigrants, asylum seekers and refugee young people and a school to showcase their app and gain the perspective of the young people on it in a focus group interview that I would chair. If required, the mental health self-help app design company would then use information gathered from the consultation session with the young people to design and then pilot a self-help tool specifically for first-generation immigrants, asylum seekers and refugees.

Working with mental health champions

The research question: *How do first-generation immigrants, asylum seekers and refugee young people seek to promote their own mental health and well-being?* indicated to me that the young people might like to talk about popular themes in mental health, with other young people with first-hand experiences and learn about other intuitive ways of knowing the self. Whilst my identity as a CAMHS practitioner could have lent itself to this task, I was aware that my position as researcher required that I occupied a different position with the study. As a researcher, I saw my role as the privileged witness to social action. I did not see my role as intervening in matters related to mental health.

As PAR required the study to include popular knowledge, personal experiences, and other intuitive ways of knowing, I began to consider the literature that critiqued the role of peer support in mental health services, including that presented by Puschner et al (2019). This empirical evidence showed to me that the PAR study might do well to include people who could provide the young people within the school with peer support. After a period of detailed searching in the North West of England, I was unable to find a specific peer mental health support group for first-generation immigrants, asylum seekers and refugee young people. However, I was able to find a children's Charity, made up of a team of young people aged between 16 and 21 who were living with a mental health difficulty who were prepared to support first-generation immigrants,

asylum seekers and refugee young people. Although the young people from the children's voluntary service had no prior experience of diaspora, dislocation, or displacement, they were mental health champions who had been involved in the development of mental health self-help tools in the past. They also agreed to be part of the PAR study, providing consent (with parental consent as appropriate) to be involved in the study and to help facilitate focus group interviews (see appendix 3, 4 and 5) and support the ongoing growth of the study.

DEVELOPING A SAMPLE OF YOUNG PEOPLE

The accepted term for contacting people and inviting them to participate in research is known as sampling (Flick 2009). It refers to the practice of selecting people from a specific population for the purposes of research (Emmel 2013). In qualitative research, and in PAR, the sampling procedures are often determined by the paradigm and research strategies used to guide and inform the enquiry. The dominant sampling strategy for PAR is known as purposive sampling (Macdonald 2012).This method looks for people who can actively participate in a study within specific categories such as age, culture, and experience; it is not an approach that is thought to be random. Flick (2009) states that purposive sampling requires a deeper critical evaluation concerning population parameters that the study is interested in, and that sample cases are chosen carefully on this basis. Parahoo (2006) also shows that the decision to use purposive sampling generally influences the geographical locations in which information is collected.

The main advantage of purposive sampling is that it can remain flexible, developing as the study progresses, and continues, as with grounded theory, until a point where enough information has been gathered to answer the research question (Glaser 1998). Reflecting on this method, Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood (2013) suggests that it may therefore be impossible to specify the number of people required to achieve this aim at the outset of a study. The key feature of purposive sampling is that it requires the researcher to know where people may be contacted, yet, within the present study; this type of determination could not be guaranteed at the outset.

Given the research question, it was essential that I was able to develop a sample of first-generation immigrants, asylum seekers and refugee young people. As one of the

aims of this thesis was to consider how schools could promote and support the mental health and well-being of first-generation immigrants, asylum seekers and refugee young people, I also understood that the inclusion of the school in the study would also be essential.

Substantiating the need to include school in the study, research by Care Quality Commission (CQC 2018) has shown that there is a significant level of disconnect between schools and child and adolescent mental health services. I did not want to compound a situation where schools did not feel included, involved in, or informed about a child or young person's mental health. Also, because the same research reports a lack of engagement between Child and Adolescent Mental Health Service (CAMHS) professionals and school staff, I wanted the school to be an active equal partner in the PAR process. As research by the WHO (2019) also shows that some first-generation immigrants, asylum seekers and refugee young people and parents can perceive schools as unwilling to help by not engaging with CAMHS, by not authorising absence to attend treatments for example. I also wanted the young people and their parents to be reassured that some schools do seek to understand and promote mental health and well-being and not focus solely on behaviour. My first challenge therefore was gaining access to the young people through the various professional gatekeepers.

Networking with gatekeepers

In the first year of this study I spent a considerable amount of time attending forums and health and well-being boards to develop networks with local support agencies and health and social care teams that were involved in supporting first-generation migrants, refugee and asylum-seeking young people. In my opinion, developing these networks was vital in building trusting relationships with professionals. Even though I spent time establishing relationships, the practitioners remained apprehensive about allowing research to take place with the young people and their families. All the health and social care teams providing direct support to first-generation migrants, refugee and asylum-seeking young people were concerned that my study could consolidate the family's vulnerability and experiences of trauma.

After spending over seven months at the mental health forums a local authority in the North West of England invited me to meet with their Head of Children and Young People's Service. I had an opportunity to discuss my research and they agreed to reach

out to their social work team to support the recruitment. This was a great opportunity; however, when the communication about the research went out to key professionals, there was a general agreement from those working with first-generation immigrants, refugees and asylum seeker communities that the families and young people were not ready to get involved with the research. I was not given the chance to meet with the social workers or families to discuss the research.

As a child and adolescent mental health professional, I could empathise with the key professionals. I could understand their anxieties and their fears of possibly re-traumatisation of the young people. They were being protective, however, through this protection, it is arguable that without listening to the young people and families the body of evidence needed to support the implementation of the *'Transforming Children and Young People's Mental Health Provision'* (2017) Green Paper and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020),might be that much harder.

The first twelve months of the study were a frustrating time for me, the barriers to recruitment was a huge challenge. However, in 2018, my ongoing attendance at the various health and well-being forums across the region, led to an important relationship with a children's centre manager, who invited me to a coffee morning for parents and carers of young people who were refugees and asylum seekers. The manager was keen for me to talk about my research.

The centre had recently recruited a refugee woman to support the coffee mornings, she helped with translation as well as other tasks. Another support worker was on hand to guide the families through financial support, housing, and any other social matters that they needed. The centre was a safe, comfortable, non-threatening environment, where the community came together for support. This coffee morning was a place where they chatted, sang, and received ongoing support. With the support of the translator, I discussed the research study with the families, who then offered to help me to move the study forward. At last my research felt validated. Each parent saw the importance in giving their children a voice in what could support their mental well-being, they were happy for me to meet with their children, who all attended the same school, to ask them if they wanted to be involved in the study. The parents recommended that I should also speak to the schools English as an Additional Language Teaching Lead as that was also their point of contact within the school. They also said that they would be happy for

me to work with the young people, the school, the mental health champions, and mental health app design company without their involvement. All their children attended the school next door to the children's centre.

> *Journal extract: The first year was a time of uncertainty for me. As a PhD student I was under strict time constraints and the year spent trying to recruit young people to my study left me feeling under pressure. I remember presenting my work at a post graduate forum where one of the students voiced that the research would never be achieved. This made me feel even more determined, that my ontological positioning was to hear the young people's voices and that was what I was going to do!*

After meeting the parents at the coffee morning meeting, I contacted the school that their children attended and booked an appointment to see the English as an Additional Language Teaching Lead. During the meeting with the teacher I shared my research proposal, discussed the rationale, and aims and objectives of the study (Appendix 7) and described my vision of what the PAR study could look like. The teacher, having never heard of PAR, the '*Transforming Children and Young People's Mental Health Provision'* (2017) Green Paper, and Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020), self-help mental health tools, was enthusiastic to know how the school could work in collaboration with me and the young people to support the study and promote the mental health and well-being of students. During this visit, the teacher also gave me formal permission to work with the school and develop a special event that would enable the students, the school, the mental health champions, and the app design company to meet and develop the PAR.

During the first 12 months I was able to build key relationships with trusted mental health professionals and families. I am certain that without these networks, the study may not have been possible. Put plainly, this research could not have gone ahead using PAR if I was not able to recruit young people. As O'Reilly & Parker (2014) explain, there exists a high level of unmet need in child and adolescent mental health services which can be attributed to a limited body of evidence-based research that can be used to inform sampling and recruitment matters. Perhaps, for this reason, there is an

opportunity to develop my observations about the recruitment of first-generation immigrants, asylum seekers and refugee young people in a subsequent study.

The research proposal

Within this research process gatekeepers occupy an important role in maintaining the safety of young people and safeguarding their interests, but untimely they can decide whether research is able to commence or not (Dockett, Perry & Einarsdottir 2009). Whilst some gatekeepers are governed by set statutory or organisational frameworks, such as the National Research Ethics Service, others are governed by national policy (Campbell 2008). Clearly, the role of a Faculty Ethics Committee is very important in setting standards and in enforcing policy and legislation (Dockett et al 2009). Therefore, no research should go ahead without the approval of this group (Grieg et al 2013). This process and detail required much consideration when composing the research proposal. Timings and ethical consideration had to be reviewed to ensure completion of the research (Mirra et al 2016).

Meeting the young people for the first time

Following ethical approval, and with the consent and support of the school and the young people's parents, I met 4 students. 2 students were from Syria and 2 students from Iraq in October 2018. I introduced myself with the support of the teacher who acted as a translator when needed and spoke about the research. I explained that my primary aim was to talk to them about their thoughts and feelings about mental health. This meeting was important to develop early relationships (Mirra et al 2016). O'Reily & Parker (2014) state the importance of planning and establishing a rapport with the young people you are working with. However, Irwin and Johnson (2005) recommend being careful when meeting and developing relationships to be clear of boundaries and consider how the child/young person will react when you have finished the research.

These recommendations were considered, and the plan consisted of meeting with the young people once at a minimum, in the presence of parents or a teacher. This was to support their safety and build a rapport (Mirra et al 2016). The plan also considered anxiety of the young people being involved in the research, so ice-breaking activities were added to make the young people feel more comfortable (O'Reily & Parker 2014).Constant reviews and informing the young people at the beginning when I was

finishing the research was placed into the plan, so that once the research was finished the young people were prepared for my departure (Lindquist-Grantz & Abraczinskas 2020).

The initial meeting also enabled me to understand each young person's confidence in speaking (O'Reily & Parker 2014). During this introductory meeting, the students were polite, smiling, happy to talk and share their experiences. I felt reassured that as I had met their parents previously, they were aware and understood the reasons why I was asking them to be involved in the research study.

Journal extract: This was crucial in the development of the research study. The first meeting helped to establish a rapport with the young people and alleviate any concerns they had.

At the end of this introductory meeting, I gave the four young people an information pack that was addressed to their parents. The pack included a covering letter, a participant information sheet (Appendix 5) and consent form (Appendix 6). The provision of a participant information sheet was key to ensuring the informed consent that was gained (Mirra et al 2016). Written in accessible language, the sheet was given to the young people, their parents and carers and school staff. The information sheet covered matters such as a study overview, requirements of the participants, where the research would be conducted, freedom to withdraw at any point, confidentiality, recording of the interview, how the information will be used and the complains procedure (O'Reily and Parker 2014). It is fundamental to highlight ethical principles, contact details and age appropriate language when considering information for young people to take part in research activities (Shaw 2018).

The limits to confidentiality were also explained. Each person was told that if they were to indicate that they or someone else they knew was at significant risk of harm then I would be required by law to consider sharing that information with the police or school. I also explained that should any other behaviour be disclosed which does not present a risk to the participant or others, this will not be disclosed, and confidentiality maintained (Grieg et al 2013). Fundamentally, my aim was to ensure that safeguarding was seen to be a core component of the research, ensuring that the mental health of the young people was protected (O'Reily and Parker 2014). I tried to explain that from the

beginning the nature of the research might lead to disclosures of potential traumatic events. For this reason, I was also clear that safeguarding actions were in place which included a list of people for the young people to talk to, sign posting to support and information on relevant helplines for mental health charities.

To avoid passive acquiescence, I asked all the young people to discuss their involvement in the study with their parents or guardians at home. If after talking about the study the young people decided that they were interested in taking part, and with their parents or carers support, I asked them to return a signed consent form, in an enclosed envelope, to the school reception. Shaw (2018) promotes that young people deserve to have the opportunity to be involved in research, moreover that the young persons social/psychological maturation needs to be considered. When meeting the young people it was clear that a couple of the boys were young emotionally, maybe due to their experiences or maturity level (Shaw 2018).Therefore, consideration of the emotional age was thought of and recognised, this recognition addressed the rights of the child in making decisions regarding their own lives, ensuring the young people were not exploited for the benefits of others, fulfilling the principle of beneficence and with the principle of non-maleficence (O'Reily and Parker 2014). It was crucial that the parents were involved to support the safeguarding measures and to ensure the young people were able to exercise their right to withdraw if they wished (O'Reily and Parker 2014).

The consent procedure meant that apart from individual names, ages and other relevant information about the young person's nationality, I had no access to personal details of the young people who took part as per the University of Salford's ethics form (Appendix 6) and risk assessment (Appendix 9). Instead, the school agreed to organise opportunities for data collection on my behalf. As my first PAR study, handing over responsibility for managing the sample to the school meant that my perceived control over the study began to reduce. Although the study was being conducted in partnership, I quickly learnt that the success of the PAR study would be partly contingent upon the school and their promise to support me as a PhD researcher. With no contingency, formal contract or memorandum of understanding with the school, the power that the school required as study facilitator began to threaten the success of the PAR study on several occasions. Over the period of the subsequent 18 months, the limitations in partnership working began to threaten the principle and action of PAR. This is a point that I will return to in chapter 8. However, even though I had concerns about the

sustainability of the research, the four young people signed and returned their consent forms, with full parental support, to the school office the day after I facilitated the meeting with the young people.

Once the relevant paperwork had been completed, the next course of action was to liaise with the young people, the school, the mental health champions, and the mental health app design company to commence the PAR process. The following sections detail the process for data collection and analysis before moving on to consider the first phase of the study.

IDENTIFYING APPROPRIATE WAYS TO GATHER INFORMATION

The need to find an appropriate way of implementing PAR to consider how schools can promote the mental health and well-being of first-generation immigrant, refugee, and asylum-seeking young people began to shape the way that the overall aims of the study could be realised. I acknowledged Cahill's, (2007b) advice and knew that the young people needed to feel safe to talk freely about their experiences. Resultant consultation with extant literature, including Flewitt et al (2018) and Holland, Renold, Ross & Hillman (2010) also highlighted to me the importance of selecting testimonial collection methods that enabled flexibility and accessibility. Consequently, I recognised that it would be problematic and potentially disempowering if I assumed that a prior set of categories, or a fixed research schedule, could be used to cover all that was relevant to PAR. Similarly, as the PAR study was now drawing on the perception of the students, the mental health champions, the app design company and the school I decided to take Wilson & Yardley's (2004) suggestion that it may be potentially unethical to apply rigidly controlled methods to such a dynamic process. Instead, consultation with the literature on PAR with young people living with a mental health difficulty I recognised the need for a high degree of flexibility that could enable people to raise issues spontaneously, rather than through potential coercion as established by Flewitt et al (2018).

To enable the core assumptions of PAR, I decided that questionnaires should be avoided. As an alternative, I knew that the use of interviews would be the most favourable way to collect information as, when managed carefully, they could reflect a centralised value on orality as the preferred method of communication. Nevertheless, having chosen this avenue, a decision was needed concerning the type of interview that

would be used. This decision was jointly decided with the mental health champions, who also had some ideas for future workshops.

Given the potential number of people who would take part in the study, the students, the school, the mental health champions and the app design company, I knew that one to one interview would be unsuitable. If the opportunity to promote mental health and well-being in the school was to be fully considered, I knew that the students, the school, the mental health champions and the app design company had to work together. The need for collaboration clarified the need to implement focus group interviews. However, choosing the approach to the focus group interview that adheres to PAR framework, for instance, are differentiated either as unstructured, or semi-structured, (Holland et al 2010). For this reason, a critical evaluation of the potential variation between them both was required.

Unstructured focus groups

Wilson & Yardley, (2004) explain that the unstructured focus group interview is non-directed. Accordingly, it places no restriction on the questions to be asked and remains completely flexible in the interview process. Being unstructured, Flick (2009) points out that no formal interview schedule should be used as people must be encouraged to give as much, or as little detail as they wish in response to the questions that the interviewer asks. Black (2002) warns that the type of flexibility required to conduct an unstructured interview necessitates established and well-practised interviewing skills, as well as a core understanding of the topic being discussed. For Taylor, Bogdan & DeVault (2016), this core knowledge is essential to ensure that the interview remains focused on the task and does not digress from the primary research question. As Jamshed (2014) critical appraisal of the unstructured interviews suggested that this method may be too flexible for the researcher and the participants I decided that the focus on mental health and self-help could be lost unless I could manage the students, the school, the mental health champions and the app design company in the same interview effectively. Having no prior practical experience of PAR, the risks associated with unstructured focus groups led me to believe that this approach might not be suitable.

Semi-Structured focus groups

The semi-structured approach to interviews is, according to O'Reily & Parker (2014), a way of engaging people in PAR in ways that are self-conscious and partially structured. In other words, (Grieg 2013) pertains that semi-structured focus groups are as much to do with listening, paying attention to body language and creating a comfortable environment where people feel comfortable in sharing. According to Dyson & Brown (2006) the semi-structured interview offers flexibility in the way that issues are addressed. Being conversational and informal in tone allowing openness from the participants, I decided that this approach could enable the assumptions of PAR more specifically as I could enable the students, the school, the mental health champions and the app design company to stimulate conversation, but at the same time implement a framework around which the conversation could flow against a robust ethical framework (Cook & Krueger-Henney 2017).

ETHICAL ISSUES

To create a research study that was rigorous and ethical, Shaw's (2008) warning to avoid a superficial appeal to an existing code became very important to me. For him, general discourse regarding research ethics, such as those proposed by Butler (2002) and Dominelli & Holloway (2008) are guilty of implying an impression that ethical practice is essentialist, and as such, should only be applied to research in a standardised and prescriptive way. He suggests that many health and social care researchers are guilty of restrictive ethical rhetoric usually as a preface to the research task which becomes isolated within a separate subheading as an afterthought to a methods chapter. Shaw (2008: 401) therefore challenges this approach and asserts that ethical considerations can never be said to have been 'sorted and settled', by a tokenistic gesture. Instead, he argues, that the only way to deal with, and demonstrate ethical quality, is to ensure that ethical awareness is 'contextualised in distinct forms' throughout the whole methodology. In recognition of this recommendation, the ethical practice of this study was demonstrated as an entwining coalescence that informed each stage of this systematic enquiry, and ultimately, in my mind, enabled its success.

This research was designed to reach out to hear the voices of first-generation immigrant, refugee, and asylum-seeking young people. For this reason, each step of the research process meant that ethical consideration had to be of paramount importance

(O'Reilly & Parker 2014). The responsibility of ensuring that the young people's best interests were protected was first and foremost. Over the last few years there has been a gradual change in perceptions in giving young people the right to participate in research (Greig, Taylor & Mackay 2013). Although research is moving forward in participatory action and co-production it should also be recognised that young people have the right not to participate (Bradbury-Jones & Taylor 2015). Furthermore, it is important to recognise that research should be with them rather than something that is done to them (O'Reilly & Parker 2014).

PAR supports the ethical position of choice and given the specific orientation to critical pedagogy, considers the safety of the people who take part in research to be fundamental (Bradbury-Jones & Taylor 2015). Firstly, PAR assumes that informed consent should be sought from the young people and the significant adult and the ethical principles of autonomy, non-maleficence, beneficence and justice should be adhered to (O'Reilly & Parker 2014). In my considered opinion, the primary assumption of PAR communicates the ethical principle of autonomy and respect. That young people should be respected for their capacity for self-determination and that young people need to be afforded security against harm.

In line with the WHO (2020) this research study ensured respect throughout. The young people involved were given a choice to participate or not. Furthermore, relevant safeguarding processes were also in place to ensure that the young people had the freedom to express their views and opinions is a safe, supportive environment. In addition, my own reflective approach to research meant that the principles of autonomy and respect were always upheld. Within my reflective practices, for example, the thoughts of the young people were constantly clarified, verified and imagined.

The ethical obligation of 'beneficence' was also a guiding principle of this study. By engaging with the young people, their parents or carers and designated teacher, I was committed to ensure that the young people were supported, and they benefited from their participation in the research. Even though the research study was aimed at collective participatory action, that required me to capture their narratives, stories, and feelings, constant consideration was given to their emotional needs. Interviewing and data collection could possibly evoke an emotional reaction, it was important for me to understand this, accept this and be pre-pared and to review regularly. Long & Johnson

(2007) share that young people may not be taken seriously in research and there are moments where emotions may run high, even though this may happen, it is fundamental that young people are involved in research to ensure they are visible in policy.

The principle of beneficence, as shown by the WHO (2020), gives rise to PAR and proposes that whilst there may be risks in research, it is important to recognise how these are assessed, managed and reduced in the light of expected benefits. Ultimately, this guidance enabled me to ensure that the research design was sound, and that I attended all required training to ensure that I was competent both to conduct the research and to assure the well-being of the research subjects. Throughout the whole study my approach to research adhered to the non-maleficence (do no harm) which as indicated by the WHO (2020) holds a central position in medical ethics.

Research integrity

Using constant reflection and working in partnership with the young people, gatekeepers and families, the safety of all involved was constantly being considered and safeguards were implemented in the form of ethical processes to ensure that research integrity was paramount (Bradbury-Jones & Taylor 2015). My overarching aim was to facilitate opportunities for justice to prevail. As the young people who took part in this study were considered vulnerable (Campbell 2008), I knew that this study had to also consider the concept of 'justice' (O'Reilly & Parker 2014). In the data collection phases it was my overarching aim to give young people a voice through the application of robust ethical principles. Although the application of some of these principles presented me with a series of logistical and pedagogical conundrums, I know that they also provided the benefit of the mandatory safeguards key to developing safe research practices with young people.

One example of the safeguards that I instituted within this study is the early research meetings that I organised with key stakeholders. At these events, I provided information about the study, responded to questions, revised some of my methods and handed out consent forms. I also helped to support a coffee morning for the parents and carers and enlisted the support of local interpreters to aid the discussions. Once the parent and carers were satisfied with the proposed approach and had given me permission to

procced, I was able to meet the young people at the school, alongside their designated teacher to talk and to invite them to take part in the research.

It was important to me that that the young people, their parents and their carer's were aware of the implications of the research (Bradbury-Jones & Taylor 2015) and that they were able to give assent to participate in the study in addition to the consent provided by the person with parental responsibility (Greig et al 2013). In other words, as per the rudimentary assumption of PAR, I wanted the young people to recognise that they were volunteers. I wanted them to be informed about the process and wanted them to know that they had the right to withdraw their consent to participate at any time (Bradbury-Jones & Taylor 2015).

Dockett et al (2009) asserts the importance of informing young people about the research process, the nature of the study, what is going to happen, what will be expected of them, what will happen to the data and how the results will be used. Much of this information was contained within the information sheet given to the young people and families, however, because literacy and confidence to read written English was not assumed, I also employed the services of an interpreter one already known and trusted to them to help me communicate with the young people. Recognising that consent should also be sought on a continuing basis throughout the research process, such as before, and during the interview, I was also mindful of the need to ask young people if they agreed to their ongoing involvement in the study. Throughout the study, and in all focus group interviews the young people and adults were asked immediately before and during the interviews whether they were happy to proceed, and for this reason consent was therefore viewed as a continuous process (Greig et al 2013).

The provision of appropriate information to support informed consent was therefore crucial in the research process. At all times, I wanted the young people to understand what would happen to the data and that full anonymity would be upheld (Bradbury-Jones & Taylor 2015). I recognised that by taking steps to ensure anonymity in the analysis and reporting of the data, the focus group format precluded complete confidentiality and anonymity for those who took part (Greig et al 2013). As unequal attention is given to the potential ways that schools can promote the mental health and well-being of first-generation immigrant, refugee, and asylum-seeking young people, it might also be fairly easy to find out where the research has taken place (indeed, the

study resulted in three distinct products that identity the school, and the young people, but which might have been usefully included herein). For this reason, I have redacted some of the information presented in the appendix to ensure safety of the young people involved (Grieg et al 2013). For added protection, and for reasons of anonymity, all the names of the people who took part in this study have been changed.

At all times, I was aware of Berman, Hart, O'Mathuna, Matellone, Potts, O'Kane & Tanner (2016) review on ethical research practice as a dynamic constant process which needs to be monitored throughout the testimonial collection and analysis. Although this study achieved the maximum ethical standards required by the 'start-up criteria' of the University of Salford, it was also undertaken with sustained critical reflection, to ensure that it promoted the highest possible ethical standards.

PAR PLANNING

This research study planned to support young people to have a voice, particularly so that young people had a right in making their own decisions (Shaw 2018). Due to the school environment being the place chosen for the research, the activities such as focus groups, interviews and workshops needed to be planned around access to the school and school holidays. In addition, structuring the sessions so the young people did not miss too many lessons was a key attribute to planning the research (O'Reily and Parker). Throughout the planning stages the young people were consulted on what was appropriate timings for them (Shaw 2018). This was not only for the young people in school, but also for the mental health champions who were also studying at college and had deadlines for course work and exams, as well as being volunteers.

Being mindful of time and the impact on the young people informed the study and data collection. It also highlights how the study constantly considered young people's lives and how best to support them whilst respecting the young people involved and valuing their time (Mirra et al 2016). The hopes were the young people would continue to be involved if the study remained working with them (Cammarota & Fine 2008: Shaw 2018). Moreover, not only did the young people need to be considered, but also the teachers time, the appropriate space, the digital app team and follow up workshops and reviews of progress (Cammarota & Fine 2008).

To support the planning a diary was commenced to document the information such as discussions, events, feelings and thoughts during the study (O'Reily and Parker 2014). This diary was also to record the reflections of key decisions which are shown throughout the thesis. Reflection is fundamental throughout research studies to support emotions or highlight sensitive topics and consider the management of them. Not only management of emotions or sensitive topics, but also any bias or judgements that may become apparent throughout the study. Nadin and Cassell (2006) stipulate this as a crucial task to ensure trustworthiness and integrity of a study. Foremost, this process is supporting the quality process within qualitative research (O'Reily and Parker 2014). Being reflective can give the researcher a chance to challenge their thoughts, patterns may emerge which can be discussed with peers or supervisors which again can enhance the rigor of the study (Moule & Hek 2011).

Communication with the gatekeepers was crucial in the developments of the planning stages and of course the recruitment of the young people (O'Reily and Parker 2014). This was considered however, as stated previously, timing of this was not considered to be as lengthy as it was (1 year), the barriers and challenges from the stakeholders was a limitation in the recruitment of the participants.

Recruitment of the young people was not easy due to the gatekeepers being protective, as well as the research question being set to a particular group of young people. Planning needed to consider where to recruit from, location, screening, and consent (O'Reily and Parker 2014). Purposeful sampling was driven by accessing the right participants for the study, ensuring a richness in data for the purpose of the research (Moule and Hek 2011). The recruitment of the young people within this study was instigated by a manager of a family centre who sat on the health and well-being board that I attended. The manager invited me to meet with the families that attended the centre to talk about the study, this is where recruitment began, and the school was chosen from where the young people attended. Due to the longevity of finding participants no other schools were contacted and the study commenced with a small sample of participants.

Qualitative research does not necessarily need a large sample (Moule & Hek 2011), therefore the planning of the study did not need a large sample to support its credibility (Mirra et al 2016). There are no set numbers in qualitative research and small numbers are acceptable (O'Reily and Parker 2014). Consequently, a small sample was recruited

to the study and ongoing relationship building with appropriate professionals who then supported the recruitment process was formulated and hopes for further recruitment could be considered. Mirra et al (2016) promote the importance of building the rapport with the gatekeepers as they are essential to the recruitment process. This study planned to enhance the relationships through ongoing attendance on health and well-being boards, continued communication through emails and face to face meetings with professionals to keep the profile of the study in the local area and beyond.

Not only are the professionals key in the planning stages, but also the parents/carers, so careful consideration and thought was taken in meeting with the parents/carers, ensuring they felt informed and fully understood the research study (O'Reily and Parker 2014). Not only that they felt informed but were communicated clearly too within a safe place, where they were able to ask questions and feel comfortable in allowing their child to be part of the study, hence meeting them within a community setting surrounded by professionals they trust was key in supporting the study going forward (Willmott 2010).

Whilst planning the study and data collection communication was a huge factor which needed careful thought, not only with the parents/carers, but with the young people and the gatekeepers. The factors considered were introductions, so an advanced meeting to distinguish names, preferred names, assess cognitive ability, language, communicate and simplify the information related to the study was undertaken (O'Reily and Parker 2014). Benjamin & Mackinlay (2010) also support the planning of communication and guides to eliminate any problems that may occur later in the study. Willmott (2010) adds that this is a time where reassurances can take place to alleviate any anxiety associated with the study. Therefore, this process was intrinsic in the planning stages to ensure all parties involved felt listened too and decisions being made were not being made in a vacuum (O'Reily and Parker 2014). Consequently, communicating and planning supports the values and trustworthiness of a study, whether a young person, parent/carer or professional, communication was strongly considered throughout so that all parties felt valued and respected (McPherson 2010).

Timely, appropriate and informative communication was guided throughout the planning and ongoing positive relationships with the gatekeepers was structured to ensure the ongoing movement of the study (O'Reily and Parker 2014).

Meeting up for the first time

Once the 4 students, mental health champions, relevant guardians, the teacher and the mental health self-help company had given consent to take part in the study, a date was set and agreed by all parties to attend a one-day PAR event at the school.

In consultation with the school, the young people, the mental health champions and the self-help app design company it was agreed that the one-day event would be structured in 4 phases. These phases were chosen, phase 1 was to formulate an understanding of what first generation asylum seekers and refugees understood about mental health, what they did to keep their minds well and what activities or strategies they used to keep themselves mentally well. This first phase was more getting to know the group and understand their knowledge base on mental health. Within the first phase O'Reily and Parker (2014) stipulate to reassure young people that there are no right or wrong answers. Within the schedule icebreakers were introduced to help the young people feel comfortable and relaxed as possible (Mirra et al 2016). The seating in the first part was planned in a circle with no table as this may be seen as obtrusive (O'Reily and Parker 2014). The room within the school was chosen by the young people to carry out the focus group, as this was a place of sanctuary for them, a place where they felt safe within the school. Mirra et al (2016) engage with the environment being a key factor in where young people can freely speak, giving them the choice is beneficial, so that they feel free to speak.

The second focus group was planned in the research vehicle which was placed on the premises within the school. Again, still within their environment, but chosen so the young people could engage with the digital application and assess. This phase was to ascertain whether first generation refugee or asylum seeker young people would engage with an online application, whether they considered that this was helpful to support their mental health and whether a specific online self-help application specific to them was needed. Regular breaks were planned as concentration may be difficult after 30-60 minutes (O'Reily & Parker 2014).

After lunch, the plan was to allow the young people to reflect on the morning, allow all the professionals involved to leave and place the ownership back on the young people (Mirra et al 2016). This focus group was to allow them to use their knowledge and bring

about their own creative ideas on how they could promote mental health in their school. This was set up for them to take ownership (Cammarota & Fine 2008).

The final phase was to work in partnership and to gain the thoughts from the gatekeeper on the process of the day, to promote their reflections and the review of the process and ensure positive relations (Mirra et al 2016). These phases are detailed Box 1 below:

Box 1: A PAR schedule

1. 1000-1045 – Focus Group 1*. Mental Health and Well-being
    - How do first-generation immigrants, asylum seeker and refugee young people promote their own mental health?
    - What self-help strategies do first-generation immigrant, asylum seeker and refugee young people use?
2. 1045-1110 - Break
3. 1110-1230 – Focus Group 2. Evaluation the online self-help app**
    - Are existing digital mental health self-help tools appropriate for first-generation immigrants, asylum seekers and refugee young people?
    - Can digital mental health self-help tools be adapted to enhance the support of first-generation immigrants, asylum seekers and refugee young people?
4. 1230-1300 – Lunch
5. 1330 – 1500 Focus Group 3. How can school promote mental health and well-being?
6. 1530 – Young people go home
7. 1600-1700 – Implementation and process evaluation interview with the teacher

*To facilitate the PAR, process a private classroom, which the young people voiced was a safe place was booked at the school so that the students could meet the mental health champions and participate in a focus group. The researcher would arrange refreshments, snack, audio recording equipment, coloured pens and flipchart paper.

**The University of Salford's Mobile Research Laboratory was booked so that a self-help app could be tested out by the young people and the same safe room

was booked so that the students could meet the app designers and participate in focus group 2.

Even though the day had been planned with the school, the mental health champions and the app design company, and all parties had been met and given consent to take part, the day was peppered with challenges. I arrived at the school in the morning and met with the 4 students who I had met previously, the mental health champions, the digital app design team and the teacher. After setting up the private classroom for the first focus group, the teacher introduced me to another group of 4 other young people who I had not met before. The teacher told me that she felt these 4 added students would benefit from being part of the PAR study because they were European migrants. The teacher told me that she had taken the opportunity to photocopy the participation information sheets and consents forms, which I had given out at a previous event and got these been signed by the parents, so the new 4 young people were ready to take part in the day. This was a huge challenge to me. I was confronted with a conflict that challenged my position as a researcher in front of the group of 8 young people. I had not met with the 4 new young people previously and had not originally considered European migrants within the study. At this point, there seemed to be some power imbalance, that the teacher was leading but not fully understanding the impact of her actions.

Journal extract: As a student researcher, I became frustrated with PAR and with the teacher. I felt disempowered, not in control of the research. As the young people stood in front of me, apparently eager to be involved, I felt unable to take any other action than to welcome them to the study. Knowing they wanted to share was what initiated them becoming part of the research.

Although the action of the teacher presented me with an ethical dilemma, the presence of the additional 4 young people appeared to have a positive impact. Before I could introduce the 4 new people to the group they had already begun to mingle. The room booked to facilitate the day had a guitar and ping pong table in it. Without promoting or encouraging, one of the students who I had not met before picked up the guitar and started to play. Then, as if the whole thing had been rehearsed, all the other students

and the mental health champions began to sing, taking it in turns to play the instrument. After a few minutes everyone was singing, dancing and playing ping pong.

> *Journal extract: The sense of togetherness shown by the young people created a connection, enabled through music and play. This was enabled without my intervention or planning. Whilst I had an ice breaker planned, I knew that nothing could have been as good as the spontaneous singing and dancing. Language did not seem to matter, the Smile's, the relaxed postures, the relaxed atmosphere all gave me the sense that this room was their safe place. I could feel it, sense it. I knew that it was a precious moment.*

THE PAR PROCESS

Throughout the day, the students, the school, the mental health champions, and the self-help app design team worked together to talk about mental health, test the app, talk about the app and implement design ideas. In focus group 3, the group worked for 2 hours discussing, planning and designing a mental health self-help tool which could be used in school to promote the well-being of other students who were new to the school. By the end of the activity, the young people had been enabled to begin to design and plan something real and usable. They had decided not to use a digital tool but something that they felt was more humanistic. The content of the focus groups 1, 2, and 3 provided the basis of Chapters 5, 6 and 7 respectively. Once the solution detailed in chapter 7 had been applied, it was agreed, with parental and school consent, that a second follow up focus group interview and 1 face to face interview should be conducted, alongside a couple of workshops that were initiated by the mental health champions. These workshops were to support the decision and the implementation of the tool to be used in school.

Twelve months after the participatory action had begun it was agreed that the young people would be asked to reflect on their experience of engaging in the study, the mental health champions would be asked to reflect on their experience of engaging in the study and the teacher would contribute to the implementation and process

evaluation of the change that was enabled. Table 3 provides an illustration of the entire PAR process:

Table 3: Table illustrating the PAR process

PAR Day 1 Explore and Plan	12 months implementation	PAR Day 2 Evaluate
Focus Group 1 – What is mental health? (Chapter 5) Focus Group 2 – online self-help app. (Chapter 6) Interview with teacher – implementation and process evaluation. (Chapter 6) Focus Group 3 – How can school promote mental health? (Chapter 7)	Implementing participatory action: Peer support ('Smile's Bounce Up') Welcome Booklet Cartoon Mental health handbook, supported by the mental health champions	Focus Group 4 – Young People: What's worked? (Chapter 8) Interview with teacher - implementation and process evaluation (Chapter 8) Focus Group 5 – Mental Health Champions: Whats worked? (Chapter 8)

Challenge to the PAR Process

Further visits were planned to meet up with the young people to regularly review the process initially every 3-4 months (Mirra et al 2016). This was to ensure the young people were moving forward with the plans and that the school were supporting the young people to do so. However, this became highly challenging to organise with the teacher who was regularly despondent to setting up meetings. The barriers were indicative of her work commitments and of the young people's academic needs. When I did manage to set a date, the teacher was sometimes unavailable, or the young people were out on work experience.

PAR membership

Regarding sample size, the previous chapter has shown that the primary concern of this study is to consider how schools can promote the mental health and well-being of first-generation immigrants, refugees and asylum seeker young people in schools. The concern therefore is not given to the amount of people who took part in the study, rather the ability to work through the five stages of PAR. Acknowledging the complexity of human experience which has been described in detail by Giddens (2008), I have already established why this should be idiographic, concentrating on a small number of people. In the light of PARs focus on collective action, the sample size is considered as being appropriate for the research. A fuller indication of the people who agreed to take part in the first phase of the PAR study is detailed in Table 4.

Table 4: Information on the people who took part in the consultation and planning event

Name	Age	Gender	Role	Country of Origin	Length of time in the UK	Included in Focus Group 1	Included in Focus Group 2	Included in Focus Group 3	Included in Focus Group 4	Interview with the Teacher	Included in Focus Group 5
Fadel	12	Male	Student	Syria	1 year	Yes	Yes	Yes	Yes	No	No
Dabir	12	Male	Student	Iraq	1 year	Yes	Yes	Yes	Yes	No	No
Mustafa	14	Male	Student	Ukraine/Russia	2 years	Yes	Yes	Yes	Yes	No	No
Zamir	12	Male	Student	Syria	1 year	Yes	Yes	Yes	No	No	No
Abdul	15	Male	Student	Iraq	1 year	Yes	Yes	Yes	Yes	No	No
Zofia	13	Female	Student	Poland	6 months	Yes	Yes	Yes	No	No	No
Filip	16	Male	Student	Poland	6 months	Yes	Yes	Yes	No	No	No

Name	Age	Gender	Role	Country of Origin	Length of time in the UK	Included in Focus Group 1	Included in Focus Group 2	Included in Focus Group 3	Included in Focus Group 4	Interview with the Teacher	Included in Focus Group 5
Antoni	15	Male	Student	Poland	3 years	Yes	Yes	Yes	Yes	No	No
Sarah	17	Female	Mental Health Champion	England	17 years	Yes	Yes	No	No	No	Yes
Lucy	16	Female	Mental Health Champion	England	16 years	Yes	Yes	No	No	No	No
Paul	17	Male	Mental Health Champion	England	17 years	Yes	Yes	No	No	No	Yes
James	17	Male	Mental Health Champion	England	17 years	Yes	Yes	No	No	No	Yes

Name	Age	Gender	Role	Country of Origin	Length of time in the UK	Included in Focus Group 1	Included in Focus Group 2	Included in Focus Group 3	Included in Focus Group 4	Interview with the Teacher	Included in Focus Group 5
Pete	15	Male	Mental Health Champion	England	15 years	Yes	Yes	No	No	No	No
Hanif	13	Female	Student	Syria	8 months	No	No	No	Yes	No	No
Olga	11	Female	Student	Romania	6 months	No	No	No	Yes	No	No
Mica	12	Female	Student	Mexican	6 months	No	No	No	Yes	No	No
Teacher	60s	Female	Teacher	Poland	30+ years	Yes	Yes	Yes	Yes	Yes	No
Application Designer	40s	Female	App designer	England	40 + years	Yes	Yes	No	No	No	No
Total Number of participants in each focus group/interview						15	15	9	9	1	3

DATA ANALYSIS

As suggested in the previous chapter, the emergent nature of PAR involves a commitment to collective action and reflection to both understand social realities and engender change (Cammarota & Fine 2008). By bringing together the 8 students with the 5 mental health champions, the teacher and the self-help app designer to plan and implement an approach to promoting mental health and well-being, analysis for this study was not conceived to be a one-time activity necessary to prepare a research manuscript. Instead analysis was a multifaceted process where the 8 students with the 5 mental health champions, the teacher and the self-help app designer were required to understand what was being said, consider new ways of thinking about mental health and determine what collective action might be required. By engaging with the mental health champions, the teacher and the app designer, with my occasional support as a PAR facilitator, the 8 students were able to discuss the emerging findings and adapt action initiatives accordingly.

The findings presented in chapters 5, 6, 7, and 8 are structured in two parts. First, I provide an analytical reflection on what was said, the decisions that were made and the outcomes that were described. I do this without reference to extant research and present the findings as a record of the main themes that were spoken about in the focus group. The goal from the first part of chapters 5, 6, 7 and 8 is to provide a thematic analysis which could identify themes and patterns in the discussions that were important or interesting. It was also important that these themes were able to address the research question and the PAR process. Following the advice of (Apostolidou 2020; Thomassin, Bucsea, Chan & Carter 2019), my aim was to provide a good thematic analysis that could interpret and make sense of what the students agreed would be needed for collective action. Using a semi structured approach to the focus groups, I did not want the main interview questions to form the themes, instead I wanted to provide a credible summary of the themes that were discussed. The second part of each chapter provides a discussion based on triangulation to extant literature. The aim is contextualise the findings and add to the validity of the conclusions that were made.

Consistent with Clarke & Braun (2013), I adopted the following six-phase framework for producing a thematic analysis as shown in Box 2. The following sections provide a summary of how each step was achieved.

Box 2: Braun and Clarke's six-phase framework for doing a thematic analysis

- Step 1: Become familiar with the data
- Step 2: Generate initial codes
- Step 3: Search for themes
- Step 4: Review themes
- Step 5: Define themes
- Step 6: Write-up

Step 1: Become familiar with the data

The first step of thematic analysis required me to 'actively engage' with the transcripts. This process involved the repeated reading of transcribed interviews and regular reflection on the recorded interview. The aim of this process enabled me to become familiar with the speakers and understand how the narratives were being used to bind certain sections of the interview together. This close reading also facilitated an appreciation of how a sense of rapport and trust was building within the PAR study, thus highlighting the location of richer and more detailed sections, or indeed contradictions and paradoxes. This first stage also enabled me to reflect on my own interview techniques and consider how the general flow or rhythm may have contributed to the overall interview process to develop my skills for subsequent interviews.

Step 2: Generate initial codes

Step 2 was the most detailed and time-consuming aspect of analysis. I examined the semantic content and language used on an exploratory level. This required me to reflect on my own presuppositions whilst noting anything of interest within the transcript. This process ensured that I developed a growing familiarity with the transcript and began to identify a specific theme that the speakers would use to describe mental health.

Step 3: Search for themes

Although the interview transcript kept its principal place in terms of the human voice, the comprehensive exploratory commenting of stage 2 meant that the amount of information and analysis grew substantially. By searching for themes, I tried to reduce the volume in detail whilst maintaining complexity of the testimony by mapping the interrelationships, connections, and patterns that were seen to exist. For this reason, stage 3 involved an analytical shift to working primarily with initial notes rather than the transcript itself. However, the exploratory commenting completed in stage 2, enabled all notes to be closely tied to the original transcript.

In line with the advice of Black (2002), the main task of stage 3 was to turn notes into emergent themes. To achieve this stage further I expressed themes as phrases, which reflected essence of transcript by focusing on the need to capture what was crucial, not only to each specific part of the text, but in relation to the whole testimony.

Step 4: Review themes

By reaching stage 4, the analytical process established a set of themes within the transcript. Once established, these themes were ordered chronologically, that is in the order that they emerged from the transcript. The next stage of analysis involved the development charting and mapping of how I saw the themes fitting together. Reflecting on these themes, I attempted to identify any common links between them, and then re-order them in a more systematic way using ‘analytical and theoretical reflection’ described by Langdridge (2007:111). During this process, some themes, which closely followed the questions on the semi structures research schedule, appeared to cluster easily together, whilst others required additional review and consideration. In the case of the latter, themes that appeared to be subordinate, or subsuming others, were not cast aside, but used throughout the process of analysis to re-order and re-code themes. Stage 4 required me to reflect repeatedly on the original testimonial to check the emerging analysis and the accuracy of interpretation.

Step 5: Define themes

Once the transcript had been analysed, the next stage of analysis involved looking for patterns across all cases. This stage required me to reflect on the connections between the lists of themes identified in stage 4, including those that appeared to be the most

powerful. I believed that I achieved this by identifying the themes which could illuminate different cases. At this stage the research questions became useful to enable me to recognise, for example, themes which were relevant and representative

Step 6: Writing up

Primavera & Brodsky (2004) explain that the presentation of the research findings is by far the most important part of a PAR study. The concern in this stage was how to move from analyses to presentation in a compelling way. The attainment of this included, in part, the advice of Kelly (2005) who stresses that there is no division between analysis and writing up. For him, analysis continues throughout the entire research process.

Additional lessons were taken from MacDonald (2012) who encourage the results section to be much more substantial, and much more reflective, than the results of most typical qualitative reports. Substantiating this recommendation, she suggests that a true understanding of the PAR process depends solely on the reflections provided by the researcher. Consequently, MacDonald (2012) suggests that a large proportion of the findings should be constituted by the researcher's reflection, whilst the remainder should consist of detailed analytic interpretations of the text.

According to the PAR strategy described by Fals-Borda (2001), the purpose of the findings section is also pluralistic. This pluralism provides the rationale for the second part of each finding chapter. To achieve the assumption of PAR I attempted to give a true account of each focus group so to communicate a sense of what the PAR process looked like, before attempting to present a detailed interpretation of the findings within the context of extant literature.

To ensure reliability of this study, I ensured that the findings that I reported were a true representation of what was being said. To ensure validity I triangulated the themes to several sources that included the focus group interviews, journals, my own reflections, and emails with the school, mental health champions and the mental health self-help app designer so that the themes could be justified or problematised. Although this study did not lend itself to the participation of the students, the school, the mental health champion or the self-help app designer in member checking or analysis, the triangulation to extant literature presented in the second part of each findings chapter

was designed to contextualise the findings and add to the validity of the conclusions that were made.

As described in chapter 3, my own experiences, my values, and my assumptions guided this thesis. As the higher degree research student responsible for organising the PAR study and writing the final report of the study that the school, students and mental health champions carried out. It was important that I remained vigilant in representing the perspective of the students, the teacher and the mental health champions accurately and honestly.

In reporting the findings, the participants' contributions are prioritised, as a central principle of participatory action research, but, for clarity and for the reader's benefit, each key aspect of what they reported is followed immediately by commentary and reference to the context of existing literature.

PAR as a reflective process

The testimonies of the young people presented in this thesis are supplemented by my reflections as the researcher. Throughout the PhD learning journey, I kept a journal to document my experiences, making notes, personal reflections, and recommendations to support context and analysis of the findings. Where appropriate, (as I have done above) I present excerpts from this journal in 'reflection boxes' that appear throughout the findings chapters. These entries include my ontological position, reflections, descriptions, tensions, feelings. Whilst other research paradigms might see the inclusion of my ontological perspectives as a 'limitation' of the systematic inquiry (Flick, 2009), or label the inclusion of this analysis as a form of bias (Issacs 2014), it is important to recognise that the PAR process is the significant part of the study and for this reason my participation in data collection and analysis will be shown through the inclusion of my reflections.

Reflection is an important part of PAR. Key scholars who influenced the development of this research strategy such as Lewin (1946) and Freire (1970), emphasised the importance of action-reflection cycles and a critical consciousness respectively (Wallerstein & Duran 2010) throughout the research process. While reflections in PAR can take many forms (Gibbs 1988; Kolb 1984; Schön 1983; Marshall & Reason 2007) Marshall & Reason (2007) encourages a specific approach to a first-person inquiry that

uses the process of iterative cycles to examine personal meaning-making, assumptions, questioning, and understandings. They also contended that reflection is not a personal activity but rather a “life process” that requires me to examine and understand how my ontological position impacts in and out of the research process (Marshall & Reason 2007). I hope that by including the reflections in the way that is advised, I may be more able to illustrate the various way that I was required to navigate and document personal transformation and power struggles that became a significant barrier to the research process. The inclusion of my reflections alongside the detailed analysis is therefore designed to enrich the research process by enhancing awareness, understanding, and interpretation in the way that Marshall & Reason (2007) describes.

CONCLUSION

This chapter has identified the paradigms and methods used in this study. These included those used to contact people to take part, interview techniques, testimonial analysis which were all guided by the pursuit of ethical excellence within the wider framework of PAR. The following chapter will move from the research approach to the core focus of the study – How can schools promote the mental health and well-being of first-generation immigrants, asylum seekers and refugee young people. The following chapters present the key themes and components derived from PAR using quotations from each interview to support the interpretation.

Chapter 5

FINDINGS 1: UNDERSTANDING MENTAL HEALTH

INTRODUCTION

Consistent with the assumptions of PAR, this chapter supplies an overview of the ways in which the young people, supported by mental health champions and a teacher, described how they made sense of mental health and well-being.

This chapter presents the findings from the first focus group. The findings and discussions that I advance here underpin the later chapters of the thesis. Consistent with the assumptions of PAR, I provide an overview of the ways in which initially eight first generation immigrant, asylum seeker and refugee young people, supported by five mental health champions and a teacher, described the way in which they made sense of mental health and well-being. I show how this initial discussion and subsequent understanding provided an opportunity for PAR to be undertaken in a school setting, and established the opportunity for reflection, evaluation and action that will be presented in Chapters 6, 7 and 8.

Following the advice of O'Reilly & Parker (2014), this chapter is structured to provide an overview of the ways in which the young people spoke about and managed mental health and well-being. It was important that testimonies sustained in the foreground and not subordinated by my interpretations. With the key findings presented in this manner, I then declare my interpretation of these, presenting a critical examination of the main conclusions in the context of the literature.

TALKING ABOUT MENTAL HEALTH

The objective of this first focus group was to provide answers to the following questions:

- How do first-generation immigrant, asylum seeker and refugee young people promote their own mental health?
- What self-help strategies do first-generation immigrant, asylum seeker and refugee young people use?

Recognising that these research questions were likely to elicit some sensitive and personal responses, I followed the advice of Long & Johnson (2007) and tried to

facilitate the discussion in the most ethically sensitive way possible. In line with the philosophy of community of inquiry and critical pedagogy (Fisherman 2010), I organised the classroom with chairs in a large circle and asked the young people to sit next to a mental health champion. Once ready, the focus group interview began with the mental health champions engaging the young people on the topic of mental health.

To enable equal participation, each young person was asked to describe what they understood the term 'mental health' to mean. My primary hope was that having the mental health champions sitting with the students and making their own contributions would aid the development of conversation, help to alleviate worries of the other young people about speaking in public, and demonstrate active listening to other young people sharing their views. I thought that this would help the young people in the school to feel more comfortable. However, the formal commencement of the research, and the consequential use of the digital audio recorder seemed to have a negative impact on the group and its initial enthusiasm to participate.

Journal extract: Once the interview began, the atmosphere was much more formal than the previous exercise of gathering to meet and the spontaneous coming together to play and improvise music. What first began as a non-formal fun and laid-back occasion quickly became very formal. The starting of the digital audio recorder seemed to change the atmosphere and the willingness for the young people to take part. At the start is was extremely hard to distinguish if they were embarrassed, found it hard to articulate, had language barriers, or if they generally had a limited understanding of mental health, or mental health difficulties. I began to wonder whether the approach to research design was effective.

Recognising that the initial enthusiasm to participate may have been impeded by the formality of the focus group interview, I decided to facilitate an ice breaker exercise. I asked each person to think about a superhero and a specific superpower. By asking everyone to say which superhero they would be and what superpower they would like to have, the group appeared to relax. However, when I moved onto the first question of the research schedule '*What is your understanding of mental health'* the responses were limited with four of the eight young people making no contribution to the discussion at all:

Zamir: 'I understand what [mental health] is. Emotions...keeps my head well.'

Abdul: 'I know what mental health is too. It is when I feel bad. I talk to my friends, which makes me feel better. I don't know how else to explain.'

As shown in these two excerpts, there was some understanding about mental health in the group, but the apparent reluctance of the group to elaborate or participate suggested a general sense of uneasiness about the topic and the questions that was posed.

Journal extract: When Abdul said that he did not know how to explain mental health he looked very uncomfortable. His head was down, and he was looking at the floor. I wonder if he was feeling uncomfortable due to his language skills (not being able to articulate his answer in English) or if he did not want to talk about mental health in front of other young people. Although Abdul and Zamir spoke the most and looked uncomfortable (head down, giving no eye contact to others). I also noticed that all the young people presented in the same way. They spoke with low voices, gave limited monosyllabic answers, and did not give others in the group eye contact.

Recognising the sense of uneasiness in the group, I remembered that it is important to acknowledge non-verbal communication as important and as such tried to make detailed journal observations that would become crucial to the subsequent analysis. For example, Hall's (2001) analysis of communication through face-to-face interaction show that the intended meaning of the speaker and interpretation of meaning for the listener can be different. Although verbal tone and expression can help to convey intended meaning, Wharton (2009) shows that variability and inaccuracy in perceived meaning and understanding can be common. For this reason, It was important that I did not assume meaning (a limited understanding, a reluctance to participate or a withdrawal of consent) but considered how the tone of voice, the facial expressions and bodily gestures that the young people adopted whilst talking added new layers of meaning to the words that they shared.

Hall (2001) shows that the careful scientific analysis of body language can be used to explore how body posture can be correlated to positive and negative feelings. Although young people may not be aware of their non-verbal communication, Hall (2001) explains that the impact of these clues can be considerable. Attending to the focus group interview as a white woman socialised in the convention of westernised culture and British communication, I initially perceived the group's response to my question pessimistically. Observing the non-verbal communication of the group as an intrinsic part of communication (Bickmore 2004) I perceived the rigid posture of the young people to indicate that they were feeling tense, nervous, or bored. However, I also recognised that these non-verbal signals may also be subject to variability in meaning and may easily be misinterpreted (Wharton 2009).

As the interpretation of the observed gestures is highly conventionalised and culture specific, I was able to reflect on the many ways that the interpretation of communication is subjective. I was also able to reflect on how my management of and response to the communication of the young people should not ignore the perceived tension, or neglect the opportunity to verify the intended meaning of the non-verbal communication that was being displayed (Wharton 2009). For this reason, I considered the way that gender, age, language, ethnicity, culture and social mores coalesce as intersecting factors which can impact on nonverbal communication, feelings of embarrassment, shame and insecurity when asked to reflect on the meaning of the term 'mental health' in a formal focus group setting. Phutela (2015), for instance, shows that non-verbal communication and interpretation of meaning may differ according to the situation and context. For all of these reasons, I was sensitive to the possibility that different people have different yet distinct sets of nonverbal communication strategies and that, if the focus group was to be successful, I had to consider how cultural differences in the construction of meaning could be explored.

My first impression was that they either did not want to talk or were unable to talk about mental health was wrong. Instead, it became clear to me that the young people might not have wanted to talk about mental health in the public context of the focus group interview. Whilst close emphasis of ground rules might have encouraged more open and candid responses, it became clear that the focus on individual and private thoughts and feelings was the biggest challenge to inclusion.

Using a series of surveys to examine the impact of war and displacement on young people fleeing war and violence in Syria, Hassan, Maharoff, Abiddin & Ro'is (2016) explain that that young people carry negative connotations of mental health because a resilience toward suffering is commonly accepted as a normal part of life. To talk about mental health or matters related to it can often be seen privately and socially as an inability to cope. Applied to my own observations of the focus group, the findings advanced by Hassan et al (2016) suggest that the apparent reluctance to engage may not indicate a withdrawal of consent but rather an individual method of coping with experiences that I would consider to represent an extreme example of childhood adversity. The conclusion that I drew from this empirical evidence was that a continued focus on first-hand experiences and perceptions in the focus group would be unethical.

Wise (2000) and Gondek & Kirkbridge (2018), agree that age, gender, social stigma, shame and human growth and development can affect how young people respond and communicate in settings such as the school setting where I carried out the research. As the young people were in a group, they might have been worried about what others in the group thought about them. This worry could have hindered equal participation. As stated previously in the thesis adolescence is a time of 'storm' and 'stress', Wise (2000:68), that is characterised by experiences that impact on self-esteem, confidence and willingness to contribute to focus group discussions that can reflect personal and private matters. The conclusion that I drew was that I must also be considerate of every young person's individuality and identity by respecting their responses to the question and nor prompting or probing for more detailed responses. Instead, I realised the importance of allowing the young people to lead the discussion in the way that mattered most to them.

Although the young people were not detailed in their response to the first question, two young people did begin to associate the term 'mental health' with emotions. This association was welcomed, but it became clear to me that the group did not seek to articulate mental health through a continuum, or as Reinhardt, Horváth, Morgan & Kökönyei (2020) explain, as a position that can be both healthy and unhealthy. Instead, and possibly indicative that I might have done well to include a vignette as the basis of this initial discussion (Cleary et al 2019), the young people preferred instead to talk about mental health in relation to material things, social circumstances and people that made them feel happy. For each young person, talking about social support such as

sport, friends, family members and playing games, singing, or listening to music, became key features of the way in which they discussed mental health and well-being. Although Reinhardt et al (2020) suggest that a focus on social support might minimise the stigma associated with mental health. It could also be argued that the focus on social support provided a more inclusive way to talk about health amongst their peers (Burton, Pavord & Williams 2014).

By moving the conversation on from an individual understanding of mental health, I was able to spend some time talking about the importance of environment. The new focus on the association between being in parks, looking at the trees and feeling safe appeared to create an opportunity for the group to relax. Recognising Barton & Rogerson's (2017) advocacy for the inclusion of mindfulness in interviews relating to mental health, I recognised that a focus on space and environment could move the focus away from personal and private experiences and orientate the young people to begin to think about parks, sport and the importance of social networks. For Abdul and Mustafa, however, the focus on environment highlighted their experience of separation, loss and loneliness.

> *Abdul: 'I like to play football with my friends, but I do not have the same friends anymore.'*
>
> *Mustafa: 'It is hard as at school break times as well as we do not get to play football with the others.'*

The sense of loss, separation described in these two excerpts began to highlight the various ways in which important social networks are so fundamental to positive mental health. For when they are reduced or lost due to the experiences of diaspora. The experience of loss therefore confirms their need to feel belonging (Stewart 2011).

This response of wanting to feel belonging resonates with teenage development theorists. Burton et al (2014) used Erikson's (1998) theory of life course development to emphasise the role of peers and social factors as being crucial to adolescent development. In eight stages of development, one key element in the adolescent stage is to understand identity by integrating with others. The authors argue that peers and opportunities for socialising become increasingly important as young people navigate their identity and find their place in the world. Also considering Erikson's (1998) theory,

Coverdale & Long (2015) explain, in contrast to Rickwood et al (2015), that young people may turn to one another instead of their families as their first line of support during times of worry or upset. The emerging finding from the focus group discussion is that if first-generation immigrant, asylum seeker and refugee young people are denied a feeling of belonging and the associated network of peer relations, their sense of loss, separation and 'Othering' can have a detrimental impact on their mental health.

Whilst social support such as sport, hobbies, friends and family members became key factors in the way that the young people spoke about and made sense of mental health and well-being, they also began to consider how mental health and well-being can deteriorate if a person does not look after their own physical health.

> *Antoni: 'Mental health is like thinking inside, how things affect you. Some people don't look after themselves, like they are not strong mentally. They can feel like they are falling down and down. Becoming low. They need more strength.'*

The attention given to social support and the need to have 'more strength' to be 'mentally strong' in this extract highlights a further key element of the initial finding. Whilst the experiences of the young people relating to movement, adversity, displacement, war or threat to civil liberties and human rights were shared by each student who took part in the focus group discussion, the pathway to mental health and well-being could be recognised as being determined entirely by an individual's resilience.

Throughout the focus group, the young people did not speak about the physiological or neurological determinants of mental health and well-being, this area is often missed by young people as Leighton (2009) explains that young people have less experience to draw upon and less knowledge of recognising or understanding all the determinants of mental health or ill health.

Instead, the young people began to associate mental health and well-being with individual resilience. The focus on the individual's ability to cope with and overcome adversity did not extend explicitly to include biological or social determinants of health, but the importance of individual strength was exposed. In other words, the discussion in the focus group began to suggest that a young person who can cope with adversity is

physically and emotionally strong, while a young person who cannot cope is physically and emotionally weak. My impression was that this shared opinion was either reflective of the group's stoic attitude or a developing understanding of the physiology and neurology consequences of distress and trauma, however the true reason was not verified.

Regarding mental health education, Perkins, Ajee, Fadel & Saleh (2018) explains that many first-generation immigrant, asylum seeker and refugee young people cannot attend school in their home countries. For this reason, opportunities for conversations about mental health are often minimised by the need to cope. What is more, there is a limited body of evidence to explain how war and violence can affect the health and well-being of children living and suffering with those dangers on a day by day basis. Although schools that model pedagogic approaches on Western European methods of teaching are considering the potential physical and social determinants of mental health and well-being (DfE, DHSC 2017-2019), the focus on these topics may be new to first-generation immigrant, asylum seeker and refugee young people. In England, for example, the Department for Education & Department of Health and Social Care (DfE& DoH&SC) (2018) have both decided that children will be taught how to build resilience to the common 'challenges' facing English children, but the adverse childhood experiences of first-generation immigrant, asylum seeker and refugee young people are not being given a similar focus.

A further concern is that where government initiatives are in place to build resilience, Khan (2012) suggests that young people rarely learn about the impact of distress on their body, including the physiological symptoms of anxiety and depression on the one hand and mentally healthy habits on the other. In addition, young people are not consistently taught in school how to prevent anxiety and excessive negative stress, or how to work with and minimise these experiences if they arise (Khan 2012). It is arguable, therefore, that young people will make sense of mental health and well-being in a way that reflects their socialisation, including the ways in which mental health and well-being are perceived by their peers, their family and in populist discourse. For this reason, it became clear that although opportunities to experience positive mental health and well-being were made available through those broader social support networks that have already been described, the young people who took part in the focus group

frequently attributed mental health difficulties to people who ‘do not look after themselves’ consistent with broader social stereotypes.

The young people’s description of mental health, social networks and resilience provided a valuable foundation from which I hoped to build an opportunity to facilitate a conversation on the validity and usefulness of self-help tools that is discussed further in Chapter 6.

TALKING ABOUT SELF-HELP

The opportunity to coordinate a focus group interview on the validity and usefulness of existing self-help tools was enabled as each of the young people began to talk in more detail and more freely about what they do to keep well. In response to my question *‘What do you do to keep yourselves well?’* the young people began to speak a little more freely, not in great depth, but sharing their thoughts with others more easily.

Consistent with the resilience hypothesis, each young person agreed that they much preferred to seek solutions independently to any difficulties that they were having. In relation to mental health and well-being, each person agreed that they would seek professional help, but only after they had tried to help themselves first. As the following three excerpts show, being healthy, socialising with friends and family, relaxing, and practicing behaviours that are broadly consistent with mindfulness techniques (Coholic 2011) were given much greater value than the opportunity to seek out or receive professional support.

> *Zamir: ‘[I would support my mental health by] helping my brain and body. Playing a sport. Eat healthily. ‘*
>
> *Filip: ‘I would choose sport. It is also important to recognise when you need to ask someone for help. For me, I try to deal with things first.’*
>
> *Dabir: ‘Go for a walk, think about what you have done, and be aware of your surroundings. Go to the park, see the trees. This is very good because green is relaxing, relaxes you very good.’*

Together, these three extracts highlight the importance of physical activity, relaxation, and sports as key social determinants of mental health and well-being. Indeed, recognition of the link between physical health and mental health was clearly prioritised by each young person. Although the young people gave no indication that they recognised the correlation between physical activity, relaxation, sports and chemical reactions in the brain through the release of endorphins whilst exercising (Pascoe Bailey, Craike, Carter, Patten, Stepto & Parker 2020), they talked about strategies that could be attributed (unwittingly) to the concept of mindfulness (Burton et al 2014). It is noteworthy, however, that these views were representative only of what male members of the focus group said. The female members of the group did not share the perspective of males but highlighted the importance of friends, social support and talking.

> *Lucy: '[I prefer] using worry dolls - I would tell my dolls a worry.'*
>
> *Zofia: '[I prefer] talking to friends.'*
>
> *Sarah: 'Being with people that make you happy. Doing things that you like. Not shutting yourself away. Making yourself feel better.'*

The testimony from Zofia, the only female (first generation immigrant) in the group, was supported by the two female mental health champions (Lucy and Sarah), and shows a different perspective. In contrast to the males, who preferred to engage in sporting and other physical activities, Zofia, preferred sharing her thoughts and feelings with others. Burns & Rapee (2006) suggest possible explanations for this, indicating females seem naturally more intuitive than males in terms of emotional understanding. Furthermore, they point out that adolescent girls are more interested in intra and interpersonal issues than boys, which may indicate the possible differences in their responses.

Journal extract: When Zofia and the mental health champions began to talk about the importance of talking to friends, I started to wonder how gender and other intersecting factors have been considered in the development of mental health support. I wondered if gender, age, identity, culture, language, religion was significant and whether different people prefer different strategies, or coping mechanisms, and whether this 'preference' is learned or socialised, gender-specific behaviour.

Lucy, a mental health champion, suggested to the group that she preferred telling her *'worry dolls'* about how she was feeling. A worry doll is a small wooden doll, no larger than a postage stamp, that usually comes in a fabric bag. According to the instructions, the owner tells the worry doll the thing that they are most concerned about. They then put the worry doll under their pillow at night, and then, waking up in the morning, the worry doll has minimised the concern (Thomas 2009). Even though the worry doll is a specific and individual coping mechanism, Thomas (2009) recognised that everyone has diverse needs when it comes to coping with life's stressors. Some, she argued need quiet and soothing activities to calm them down, while others require more physical activities, as voiced by the males in the group. Jointly this the recognition of difference enabled the group to recognise the importance different strategies that the young people used to support resilience and self-help.

The observation that participants preferred to manage their own mental health and well-being themselves was an important indicator for further investigation, as was the suggestion that male and females may prefer to adopt contrasting methods. The contrasting preferences for self-determined mental health and well-being that were described underscored the tentative conclusion that self-help tools need to be designed to reflect the uniqueness of each person who might access them. This supports the reported limitations of the homogenised approach to self-help tool development described by Rothman (2008) and highlighted in the Future in Mind policy (DoH 2015). That the government's drive to promote a diverse range of strategies to promote mental health and well-being in schools is vital, foremost it is supported by the conclusions of this study.

The suggestion that young people actively seek out different self-help strategies; that young people prefer to seek out solutions independently before asking for professional support; and that males and females may use self-help strategies differently highlights the need for schools and health and social care services to invest in a range of self-help strategies that include these varying perspectives. Providing information that is accessible is a vital aspect of mental health and well-being services. Facilitating opportunities for young people to speak and to be heard, enabling participation in sport and leisure activities, promoting supported independence, and valuing the importance of social capital through safe and reliable social support networks ought to be central elements of any mental health self-help strategy, too.

Whilst section 78(1) of the Education Act 2002 states that a balanced and broadly-based school curriculum should promote the spiritual, moral, cultural, mental and physical development of pupils at the school and in society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life. The mental health champion who took part in this discussion and had previous experience in managing her own mental health suggested that they might require something more than this.

> *Sarah: 'Addressing issues, you know, going out with friends, being with people that make you happy, generally doing things that you like, going out for walks, stuff like that is the things that are important…not shutting yourself away, not [refusing] to talk about it. It's all about getting your thoughts and feelings out there, making yourself feel better.'*

The additional element described by Sarah suggest the need to reduce any paternalistic approaches to mental health and well-being advocated in the Education Act 2002 (unless a young person is in crisis) and to adopt a more person-centred and participatory approach to mental health. Based on the testimonies provided in this focus group, it appeared that the person-centred participatory approach to mental health and well-being should rephrase the need to 'promote the spiritual, moral, cultural, mental and physical development of pupils at school and in society' to a more enabling ambition that places the emphasis on how to empower young people to promote their own spiritual, moral, cultural, mental and physical development.

DISCUSSION

The findings from this first focus group led to three conclusions about how young people perceive mental health and self-help tools. In relation to the questions: *'How do first-generation immigrant, asylum seeker and refugee young people promote their own mental health?'* And *'What self-help strategies do first-generation immigrant, asylum seeker and refugee young people use?'* Following the careful analysis of interview transcripts, the following answers were given.

1. Young people prefer actively to seek out different self-help strategies themselves.

2. Young people prefer to seek out solutions independently before asking for professional support.

3. Males and females may use self-help strategies differently.

To triangulate these conclusions, the following sections present an overview of relevant literature as is custom and practice in PAR (Mirra, Antereo & Morrell 2016). The following discussion offers a critical consideration in the context of existing knowledge.

Mental health self-help and independence

There are varied reasons that could explain why young people describe the preference to seek help for their mental health independently. Salaheddin & Mason (2016), for instance, suggests that young people may feel that they must find their own way because of the stigma that is attached to mental health difficulties. The findings in this study resonate with Salaheddin & Mason suggestion that young people also have a general lack of understanding about the potential physiological and neurological determinants of mental health too. Coupled with a developing sense of emotional intelligence, as might be predicted against generalised psychological theories such as those advanced by Erickson (1998), Rickwood et al (2015) argue that young people are more likely to demonstrate a preference for self-reliance as part of their stage of life course development. Taken together, Rickwood et al and Salaheddin & Mason highlight the possibility that young people are more likely to communicate a preference for self-reliance and independence in matters related to mental health due to social stigma. As pathologising reactions often characterise the experiences of first-generation immigrant, asylum seeker and refugee young people, Salaheddin et al conclude that young people often seek to internalise or cover up their thoughts and feelings.

As discrimination toward first generation immigrant, asylum seeker and refugee young people fail to recognise or validate enduring mental health difficulties as serious illness, individuals are blamed by society for not having the necessary resilience needed to cope (Rickwood et al 2015). Indeed, the young people who took part in this study agreed that mental health and well-being is the responsibility of the individual. People who might be unwell are labelled as being irresponsible and blameworthy, thus driving a perceived need to locate mental health and well-being as a personal and private matter. For Salaheddin & Mason social perception and intolerance to mental health creates a

vacuum that is then occupied by a sense of shame in many young people. For Rickwood et al, a lack of education about the medical and social determinants of mental health can exacerbate shame which leads some young people to believe that there is something wrong with them. Rickwood et al (2015) contend, for young people to fix themselves they will then adopt or demonstrate a preference for self-reliance because of external social pressures. Most notably, and as seen in several public health policies (the Care Act 2014, for example), a key driver for self-help is the growing populist notion that to become successful and independent people should start taking responsibility for their own mental health and well-being.

In relation to human growth and development, Levey et al (2011) discuss self-reliance in matters related to mental health and well-being, but, like Rickwood et al (2015), attribute this preference to developmental milestones. In support of Erickson's (1998) theory, Levey et al draw on empirical and theoretical research to explain that as maturity sets in a more independent, autonomous and self-motivated aspect of an adolescent's development may allow for a more independent approach to seeking mental health support. Within the context of the findings that have been presented, it becomes clear that the young people who took part in the discussion felt that social support through shared activities and with family and friends became key features of their independence and, ipso facto, their mental health and well-being.

The conclusion that the young people who took part in this study preferred to seek solutions to any difficulties that they were having independently is supported further by Rickwood et al (2015) who propose that developmental milestones are crucially influential in how young people access self-help. The authors argue that as physical and biological maturation progress so does the need for independence. In relation to this study, each young person agreed that they would seek professional help if they were in crisis, but only after they had tried to help themselves first. However, human growth, development and maturation cannot be confined or predicted simply by age (Hochberg 2011). Arnett (2000), for example, found a substantial change in the stages of human growth and development among young people and adults of the same age. For this reason, it is vital that that any studies designed to enable self-help are targeted not only as part of an age-appropriate strategy that respects diverse perspectives but are also designed to provide support to young people who might prefer or need a more directive approach.

The main challenge associated with independence in matters related to mental health has been reported by Labouliere, Kleinman & Gould (2015) who claim that mental health and well-being can be undermined if first generation immigrant, asylum seeker and refugee young people have no contact with mental health services. According to the authors, a commonly reported reason for not seeking help is young people's perception that they should solve problems on their own. Drawing on data from young people, Labouliere et al conclude that extreme self-reliance can be associated with reduced help-seeking. They suggest that to be safe and effective self-help apps should encourage help-seeking too, so that the message that is reinforced is the acceptability of seeking help.

Even though young people can be a resistant group in accepting support, Martin & Atkinson (2018) see reluctance as an education issue, not only for staff to offer support or guidance, but to acknowledge young people's skill sets and that working with them supports their independence. Allowing young people to have some independence also supports the school culture and enlightens the staff to the support methods preferred by young people. For example, Atkinson et al (2019) suggest that young people are more likely to access targeted and intense levels of professional support if that support is matched to individual preference.

The process of engaging young people, allowing them their independence and instilling in the school culture an agreement that their voice should be heard and actioned, supports positive mental health through promoting self-efficacy (Weare 2015). The change of position from educator to facilitator acknowledges how young people can feel the need to be independent, but also that independence can sometimes be a barrier for them in accessing mental health support. However, understanding the perspective of young people, the negative associations with independence can become a positive factor. As Atkinson et al and Weare argue, listening to the ideas and understanding of young people can help to develop opportunities for support. The support then enables a sense of community that can reduce stigma, promote participation and a sense of well-being.

There is an increasingly convincing view that self-help in matters related to mental health and well-being is important, Hoek, Schuurmans, Koot & Cuijpers (2012); Huguet et al (2016); Kendal, Kirk, Elvey, Catchpole,& Pryjmachuk (2017b); Martorell-Poveda,

Martinez-Hernáez, Carceller-Maicas & Correa-Urquiza (2015), but it cannot be seen or used as a panacea. It needs to be seen alongside other strategies and supporting services. Indeed, Karakos (2014) contends that too much of a focus on self-reliance, independence and the benefits of peer influences could add to the broader concerns about mental health and well-being because other young people may not be the most appropriate guides to appropriate health care. This dichotomy that young people may not being the appropriate guides, alongside self-help not being placed as support on its own, is crucial to note when supporting and planning mental health care for young people.

Clearly self-help and independence has its place, but those using policy, education and health services need to use their knowledge and understanding to add to the young people's knowledge to support them in making positive choices. The Future in Mind Policy (DoH 2015) views adolescent independence as being potentially beneficial in the support of mental health and well-being, allowing as it does for peers to seek out and support one another. However, the assumption that young people will always seek opportunities to help themselves must not be the only driving discourse of public health strategy in this field. Moreover, welcoming independence and seeing young people as partners in creating new strategies, is key, alongside acknowledging the need to listen to young people to ensure policy and services are meeting their needs. Therefore, valuing young people's contributions, sharing of ideas, and understanding the variance of need, becomes the driving force for any policy and service supporting child and adolescent mental health.

In 2017, the Department of Health showed that when young people are experiencing mental health difficulties or concerns there should be a variety of routes of support available to them. It was agreed that the first choice of some young people is to discuss their thoughts and feelings with friends and peers, but as I have shown, in some situations these opportunities may be lost to first-generation immigrants, asylum seekers and refugees. It is key, therefore, that the communities and services in which the young people live have the knowledge and understanding of how and why it is important to recognise their voice. Furthermore, the adults surrounding the young people need to acknowledge and support social activities to align with their development, so they can access peers and welcome independence. This wider

knowledge and understanding will ensure appropriate mental health support and guidance to young people.

This awareness of support can be positioned within a school setting. Consideration of transitions to a new school for first generation immigrant, asylum seeker and refugee young people can be challenging (Stewart 2011). As highlighted above some opportunities are lost to first generation immigrant, asylum seeker and refugee young people, such as lack of friendships. This in turn can yield feelings such as scared, confused, loneliness and isolation (Fazel 2015; Stewart 2011).Feeling confused and scared, and often sharing a classroom with other young people who have not shared their adversity and loss or seen the atrocities that they have witnessed can add to the feelings of isolation. The feelings of isolation can lead to the uncertainty of where they fit in or who to turn to when they need support (Fazel et al 2009). Some young people are further alienated as they might not speak English as a first language or with confidence (Stewart 2011). Not only can first-generation immigrant, asylum seeker and refugee young people experience feelings of grief and separation as they seek to make sense of their experiences of diaspora, the opportunity to experience independence that taken for granted by young people of the same age, could also be lost to them (Fazel 2015). The sense of frustration or confusion as young people are denied the opportunity to become independent or self-reliant is a principal factor in relation to their mental health and well-being (Rickwood et al 2015). This again highlights the need for a range of services to be made available to them.

Within the range of services that are available sits the essential workings of early intervention in child mental health (Burton et al 2014). Early interventions are placed within child mental health to prevent problems from occurring or to support young people before problems get worse (Joslyn 2016). For this reason, the preventative impact on child mental health interventions is linked to personal strength and resilience (Ungar 2012).

Joslyn (2016) adds that resilience taps into young people’s vulnerabilities, and that recognising risk is part of the resilience process. Joslyn stipulates supporting young people to recognise this risk, enhancing their education and understanding in how they cope with the risk through assorted services and strategies, can help young people to learn problem-solving skills, build resourcefulness, and welcome opportunity for

independence. Ungar (2012) recognised that young first-generation immigrants, refugees, and asylum seekers may have acquired resilience through their exposure to risk. However, overexposure could be challenging, and become overpowering and can trigger alert responses, leading to thoughts of hopelessness or distress (Schoon 2006; Fergus & Zimmerman 2005). Therefore, planning and engaging young people in resilience-based activities needs to be acted upon sensitively (Stewart 2011). Richardson (2002) also welcomed the need to be sensitive and considered the insight that young people need to develop coping skills. This growth is acknowledged by Rutter (2000) who advises that to build resilience requires constructive interventions, that policies and practices need to support young people in acquiring coping skills. He adds that using personal qualities and resources that are socially positive and personally constructed through independence is key to positive mental health. Joslyn (2016) promotes Rutter's thoughts but adds that young people should be given choices in how they manage this through resilience-based, early intervention services that recognise hopes, better futures, altruism, affiliation, and emotional intelligence. Practically this approach can take many guises such as school-based programmes, self-help activities, mentoring or peer to peer programmes, family and community programmes, all of which can contribute to the mental well-being of young people (Burton et al 2014).

Finally, according to Mustafa & Thomas (2017), equipping young people with the knowledge through early intervention services, whether through health services, schools or communities, is a vital part of the process used to support and promote mental health. Ending stigma through education, working in partnership, allowing creativity, supporting voice, and promoting the social, emotional, and biological determinants of mental health allows young people to become independent and consider what supports them.

Mental health self-help before professional help

Professional help was not described as their first choice of support by the young people in this study. According to public health policy (DfE & DHSC 2017) the reported preference for self-help may not be consistent with national trends. Indeed, the findings in the Future in Mind report (DoH 2015) presented evidence of a crisis in child and adolescent mental health services in England as there were not enough professionals to assess and treat the mental health difficulties that young people were experiencing. The

reported concerns about service provision reflect broader debates about health care funding (DoH 2015). The Future in Mind report also showed that more young people were seeking professional support than ever before. Whilst the increased demand on child and adolescent mental health services is attributed to several social determinants, including, for instance, negative social media, family breakdown, bullying and perceived social expectations (DfE & DHSC 2017), the influence of these factors on first-generation immigrant, asylum seeker and refugee young people has not been studied in equal depth.

What is known, as reported in this study and by Rickwood et al (2015), is that after social peer to peer networks, young people prefer to confide in their family if they are experiencing unwanted or confusing thoughts and feelings. Eruyar et al (2018) argue that this population of young people prefers to speak to family members about their mental health and well-being because of emotional sympathy and a shared experience of adversity and trauma. Bhugra et al (2010) attributed a preference for interfamilial support in matters related to mental health to cultural mores. Until further research is carried out, it may be difficult to verify why family support in matters related to mental health and well-being is so important, particularly against competing evidence that reports mental health as a taboo subject in some first-generation immigrant, asylum seeker and refugee families (Shannon, Wieling, Simmelink-Mcleary & Becher 2015). What is pertinent to the present discussion, however, is a question about the availability and accessibility of support and education in matters related to mental health for such families more generally.

The findings presented by Rickwood et al (2015) suggest that some young people may seek help through peer support, however, when peer relationships are reduced or not available, both males and females are most likely to seek help and support in matters related to their mental health and well-being from their parents. Indeed, Honey, Fraser, Llewellyn, Hazell & Clarke (2013) drew on qualitative data taken from young people who had experienced a mental health difficulty to suggest that the younger the adolescent the more influential parents are likely to be in the help-seeking process. Capturing this finding is valuable, in relation to Erikson's (1998) stages of development discussed previously in the chapter, that adolescents seek independence. However, some of the young people in this study might not have reached this stage of independence. It is important therefore to recognise that young people will vary in maturity levels, as well as

note that their experiences may have affected their emotional development (Stewart 2011). This finding is fundamental when acknowledging service provision and young people's mental health needs. Emotionally, they may not be ready to access professional help or may not understand how that support can help them. Moreover, the young people may seek guidance or advice from family members as they are the people with whom they feel safest (Collins & Foley 2008)

An added perspective provided by Rickwood et al (2015) highlights the need to engage parents more in studies of mental health promotion, including self-help. According to Eruyar et al (2018), the engagement with family members on matters related to mental health and well-being could be a major influence on mental health promotion and self-help-based activities.

Reardon, Harvey, Baranowska, Smith & Creswell (2017) further contribute to the debate on the protective role of the family and consider the reasons why seeking self-help through the supportive network of the family is vital. Summarising a large epidemiological study, the authors argue that many young people experiencing significant mental health problems prefer to seek out family support because of the broader social stigma that exists to shape discriminatory views about mental health. What is more, Barker, Olukoya, & Aggelton (2005) explained that some young people prefer to seek out interfamilial support as there is lack of services for them. Not only has the lack of service provision been conveyed by the DoH (2015) but also through the Government response to the Consultation on *Transforming Children and Young People's Mental Health Provision*: A Green Paper, which proposed that mental health services and schools should develop closer relationships with families. That policy concordat agreed that the fostering of parent-child relationships further enhances parental and young people's mental health (Ramey 2015).

The finding that young people might prefer to seek out interfamilial support rather than professional support highlights the fundamental importance of early intervention and family support. Eruyar et al (2018) suggest that if first generation immigrant, asylum seeker and refugee young people are not supported to make sense of their experiences or to access support early, they can go on to develop difficulties emotionally, socially and physically, leading to ongoing health issues throughout life. For Herzog & Schmahl, (2018) this relation to ongoing health difficulties can be associated with unresolved or

untreated adverse childhood experiences that can continue to affect individuals long after childhood has ended. Therefore, if families are a key network of support for young people, support for families must be delivered.

Michelmore & Hindley (2012) propose that by assessing need, planning and implementing projects of family support to first generation immigrant, asylum seeker and refugee young people, professional interventions will enable and empower families and young people to access and develop self-help strategies. However, to provide family support in matters related to mental health, a whole system change may be required that questions the status quo and the need for eligibility criteria. In most families, the experiences that have led to diaspora could be enough to trigger early family support at the point of arrival. As shown by Rickwood et al (2015), support for such families and individuals should focus on improving mental health literacy, reducing stigma, and considering the desire of young people and their families to realise their right to self-reliance and independence, and to make choices about the support that is available to them.

To be successful, Fletcher (2016) explains that family support projects should develop stronger links with schools and mental health services so that if family support services do not trigger an initial response then school services can enable and facilitate that support. However, Cohen, Medlow, Kelk, Hickie & Whitwell (2009) explain that some first-generation immigrant, asylum seeker and refugee families may hold negative attitudes towards government officials or people in authority due to their previous experiences of adversity and trauma in their home countries, and that this reticence to seek professional support might act as a further social determinant of ill health. This means that it is important for services to be made as accessible as possible.

Gender-specific cultures in mental health self-help

The conclusion that young people prefer actively to seek out different self-help strategies mostly independently or with their family before asking for professional support was not the only finding of the first focus group. Based on the testimonies provided, there seemed to be indications of gender-specific attitudes towards self-help, too. Whilst the males spoke about the preference for physical activities as a strategy to build resilience, the females described their preference for talking, sharing problems and not being socially or emotionally isolated. Rickwood et al's (2015) paper is one of

the main sources to support this finding. Although theories of human growth and development are believed to influence the way that individuals seek out self-help in matters related to mental health, there appears otherwise to be a dearth of empirical research to address this hypothesis. There are no large-scale studies showing how gender affects approaches to self-help, nor is there any large-scale research to suggest how and why approaches to self-help change developmentally according to gender. This is clearly a matter that requires urgent attention.

Understanding the potential for gendered influences and preferences to affect the ways in which young people seeking self-help in matters related to mental health and well-being is critical if social policies are to determine effective pathways to care. Understanding how and why males and females might prefer different approaches to self-help is also important to ensure, or at least to raise confidence, that the help being provided to young people is both accessible and appropriate. Deeper understanding of the nature, context and extent to which gendered preferences are held is vital.

More specifically, it is widely reported that a certain level of emotional intelligence is needed before a young person will seek out self-help. Rickwood et al (2007) stipulates that poor mental health literacy amongst first generation immigrant, asylum seeker and refugee young people, particularly males, is a significant barrier to seeking professional help. When young people do not know how to name, describe, or manage their emotions in an effective and non-defensive manner, their opportunity to seek out and then use self-help can be impeded (Rickwood et al 2015). According to Van Droogenbroeck et al (2018) emotional intelligence and the ability to describe or manage emotions appears less developed in adolescent males compared to females. The causes of gender differences in mental health problems among adolescents are not fully understood, however, it was noted in the research that boys do tend not to acknowledge their emotions but will act out their difficulties, where as girls will share their emotions with others. The study could not formulise a concrete answer but noted that biological gender differences and societal expectations may effect the changes in management of emotions (Van Droogenbroeck et al 2018).

While the findings of this study concur with Van Droogenbroeck et al's (2018) conclusions, caution is needed in interpretation. This study was limited in the number of females that were first generation immigrants, asylum seekers or refugees. Only one

female was a student at the school the other females were mental health champions, who were older, and more emotionally mature than the males. In addition, the first language of the mental health champions was English. They may have been more practised and confident in articulating their feelings. However, even though the females had distinct differences in relation to culture, language, and age they all made a preference that talking about their thoughts and feelings were valuable. In contrast, the males of the group who were also variant in age and culture, they each chose sports and physical exercise as a way of keeping mentally well.

Badaura et al (2015) studied gender and the relationship between physical and creative activities in relation to mental health and well-being. They found that whilst physical activity was beneficial to both males and females, the relationship between sport and mental health and well-being was different. Although females experienced enjoyment from physical exercise, they were less competitive when it came to team sports than males and did not support this as being vitally important for mental health and well-being. In contrast, the males considered competition to be important and perceived sport as a natural part of their relationships with other males. Even though sporting activities were reported to have a positive impact on mental health and well-being of males and females, the study found that older adolescents females seemed to prefer to take part in art and creative activities.

Conversely, Van Droogenbrock et al (2018) found differences and similarities when considering self-help strategies for young males and females. Van Droogenbrock et al findings noted that males sometimes prefer physical activities over talking based therapies, but that some females prefer taking part in sports too. By way of solution, Van Droogenbrock et al propose that self-help should provide support and guidance to all young people about the range of different ways that they can stay or become well, highlighting the benefits of sport, physical activities, creative activities and talking therapies in relation to mental health and well-being. The study informs that gender-specific strategies should not be included.

The conclusion that self-help needs to be inclusive, regardless of gender or cisgender, problematises and refutes the earlier conclusion presented in Chapter 2 that females and males might approach self-help universally. Therefore, it is important that self-help tools do not reinforce gender stereotypes, or further alienate young people from

opportunities to explore self-help. Allowing all mental health strategies and promotions to be available to all irrespective of gender is fundamental. However, the way that these services are accessed requires consideration (Rickwood, Deane & Wilson 2007).

What young people do with information and support, and how they apply or use it, is entirely up to them. Rather than working within defined gender biases, more creativity in all approaches to promoting mental health and well-being is essential. Regardless of the methods that are used, it seems that the need to provide advice on how to build social networks or social capital is the most important ambition of self-help (Rickwood et al 2015). Joslyn (2016) also concludes that social capital is influential in positive mental health, and that building social capital through communities opens opportunities for the young person to integrate through community spirit and cohesion. Being given opportunities to value their own culture and history, will support their feelings of pride, to enable them to share with others and be part of a community network in and out school complements the sense of belonging, which is crucial in the development of resilience and mental well-being. As emphasised by Rickwood et al, young people who reported the experience of having strong social networks in childhood also reported fewer instances of anxiety, depression, and psychological distress in later life.

The need to develop strong social support networks in adolescence is supported further by Francis, Boyd, Aisbett & Newnham (2006) who's study connected with peoples lived experiences. The study examined the influence of a person's lived experience on neurological, physiological, and social development. Understanding the correlation between adversity, trauma and impaired neurological, physiological, and social development further reinforces the need for early help and support for young people. However, the type of early help and support that is required varies from individual to individual (Francis et al 2006). Characterising and prioritising different periods of development as a priority over gender bias alongside a systematic inquiry into the specific needs of first-generation immigrant, asylum seeker and refugee young people are one way to identify what mental health and well-being self-help support might be needed.

It is clear from this discussion that age, gender, life experience or stage of development might have an impact on the support that young people prefer. However, further research is required to formulate a deeper understanding of what mental health and

well-being self-help strategies might be most accessible and useful to all. The key conclusion from this discussion is that all young people should be provided with a choice about how they use and incorporate self-help, and what they do to promote their own mental health and well-being themselves.

CONCLUSION

This chapter has provided an overview of the ways in which the eight first-generation immigrant, asylum seeker and refugee young people, supported by five community mental health champions and a teacher spoke about mental health and well-being. The findings presented centred on two questions.

- How do first-generation immigrants, asylum seeker and refugee young people promote their own mental health?
- What self-help strategies do first-generation immigrant asylum seeker and refugee young people use?

The first conclusions suggest that young people prefer to seek out different self-help strategies independently or with their family before asking for professional support. My reflections have questioned the relationship between gender and self-help strategies and I have concluded, with support of the literature, that gender does not specifically dictate the choice of a self-help strategy, but that stages of development for an adolescent may indicate variance in the way that they talk about mental health.

The reported preference for independence in self-help was justified against psychological theories of human growth and development. The theories enabled me to highlight the importance of family, friends and social capital in mental health and well-being. The discussion also enabled me to consider the impact of gender on self-help against wider literature. This interrogation of the findings was useful as the available research highlighted the need to be wary of gender bias. An additional conclusion is that self-help tools would be designed better if they work to ensure that information is accessible and representative of the diverse needs and situations of all young people, regardless of gender.

By providing a foundation from which to reflect critically on the various ways in which young people perceive and seek to promote their own mental health, this chapter has provided an important foundation stage of the PAR process. Not only did data collection

during this initial focus group enable the young people to begin to think and speak about mental health and well-being together, it also helped them to begin to think about the use of self-help strategies in readiness for the their evaluation of a self-help applications (apps) presented as a key theme in the next chapter.

Chapter 6

FINDINGS 2: EVALUATING THE SELF-HELP APPLICATION

INTRODUCTION

This chapter presents the findings from a second focus group discussion that debated the value of an internet-based self-help application. The participants debated the use of a specific self-help tool and the benefits and limitations of being addressed as a group differently from mainstream colleagues. They also reviewed contextual factors in the application of such tools.

The findings from the second focus group discussion (held on the same day as the first focus group). Two questions were addressed in this stage.

- Are existing digital mental health self-help tools appropriate for first-generation immigrant, asylum seeker and refugee young people?
- Can digital mental health self-help tools be adapted to enhance the support of first-generation immigrant, asylum seeker and refugee young people?

As in the previous chapter, the findings from the focus group are presented first without reference to the literature. In the second part of the chapter, once the key conclusions have been made clear, the findings are considered in the context of current peer-reviewed empirical evidence. Again, my reflections are shared to support observations, thoughts, and conclusions.

Despite their intended use in mental health provision, mental health self-help apps may be difficult for young people to use and access if first generation immigrant, asylum seeker and refugee young people are in a crisis. As some of the young people grasped the opportunity to avoid developing mental health difficulties by socialising or engaging in informal talking based therapies, they also suggested that a self-help app might be more effective if it included a live chat function to further facilitate opportunities for peer-support.

A vital finding presented in this focus group was that all the young people explained that they did not want a specific self-help tool. They added that they did not want to be treated differently, but that they would prefer the app to have the English language side

by side with their own native language. Finally, this chapter shows that the accessibility of any self-help tool is of the greatest importance. When a self-help tool is accessible it is more likely to enable young people to develop the ability, emotional intelligence and resilience to recognise signs, symptoms and triggers of mental health problems.

TESTING THE SELF-HELP APPLICATION

Prior to focus group 2, the young people, five mental health champions and the teacher met with an internet designer to test out a mental health self-help application. The app was an evidence-based tool that has widespread use in schools throughout the UK. The aim of this test was to evaluate the format of the app.

Mobile tablets were set up in a mobile research laboratory in the school car park (a detailed description of the mobile research library is provided in Appendix 10). The tablets were connected to the internet and the young people had the freedom to navigate the app with the support of the mental health champions and the web-based company. The test lasted for an hour and a half. The mental health champions chose the young people that they would work with, no more than two young people at a time. I took the decision to limit the size of the group following on from my experience of facilitating the first focus group that is described in the previous chapter.

it was difficult for me to encapsulate, record or summarise the discussions that were taking place in the research laboratory as there was so much going on. There was so much enthusiasm and excitement from the young people, though this level of engagement was a welcome contrast to the previous focus group.

> *Journal extract: I was pleased when we went outside to use the mobile research laboratory. There was more of a buzz from the young people. It seemed that being more active, not just sitting listening and talking to one another, being in a new environment and having the opportunity to navigate a digital self-help tool was a much better approach to participation that the formal approach of sitting in a circle.*

Following the test, the young people reconvened in the school classroom for a second focus group discussion. They appeared more eager to describe their views of the app

than their own mental health, so I took the decision to conduct discussion with a revised format. The groups were broken down, so it was less intimidating.

The young people were asked to consider whether the app could provide meaningful support to first-generation immigrants, asylum seekers and refugees in matters related to mental health. The mental health champions were given prompt cards with ideas for questions but were also given the freedom to ask what they thought was appropriate as they had supported the last session and were sufficiently briefed to know what to ask the group.

My participation was less active, and I encouraged the mental health champions to take more of a lead role. The mental health champions worked together with two or three young people, sitting in smaller groups to discuss their impressions of the app. The groups were also separated with first generation refugees and asylum seekers working together with one mental health champion and first-generation immigrants together with another. This decision to split the group in this way was made by the mental health champions who felt that the groups seemed more comfortable being split. My initial observations of the group with first-generation refugee and asylum seeker was how interactive and involved they were. In contrast to the first focus group, they were particularly talkative and laughing, and seemed comfortable with the mental health champions who were working with them. In contrast, the mental health champions working with the first-generation immigrants appeared to struggle to get the young people to engage.

Journal extract. It was great to see the young people and the mental health champions in group one coming together. They all seemed so connected, so natural, not pushed, not strained, just easy banter and light discussions. In contrast, first-generation immigrants' group did not seem to enjoy the opportunity to work as a group in the same way. Unlike the mental health champions working with first generation refugees and asylum seekers, the mental health champions working with first-generation immigrants appeared to struggle to get the group to engage.

The differences in the two groups were readily apparent. I theorised informally why this might be so, such as a mismatch between the higher age of the second group and the app that they were evaluating being designed more for the younger teenager. They

might have felt embarrassed. They had not been briefed about the day by me so might have been unclear about the expectations of the day. The first group had been briefed by me. This might indicate a researcher effect. They had fully immersed themselves, connected with the mental health champions and seemed to want to learn more about how to support their mental health. Perhaps their life experiences and culture impacted on how they integrated into the groups and what they wanted to share, too.

Impressions of the self-help application

Overall, the young people who tested the app felt that it had some benefit in that it provided convenient access to information on mental health and well-being. However, despite the benefits, the limitations of using the app to support the mental health of first-generation immigrants, asylum seekers and refugees were discussed in much more detail.

After the mental health champions had asked questions about the app, the groups reported on their discussions. They did this together as a collective, with the mental health champions helping the young people to articulate their ideas. Effective partnership working was evident within the groups, and this helped the second group, which seemed despondent at times, to become more involved with prompts from me. The second group seemed to respond more positively to the larger discussions, however, at times they would talk over the first group, and I would have to intervene and reiterate the ground rules and the need to listen to one another. I felt that there might have been a power imbalance in the groups, possibly around class, culture or age.

Journal extract: …*at times it was frustrating for me as I felt that the second group was not so committed to the task at hand. I feel that because they were not involved in the first meeting, they were not prepared for the day's activity. At times, the behaviour of young people was challenging for me and for the champions. This emphasised that I was observing from an etic perspective, lacking the understanding of cultural nuances and other unidentified factors which would be appreciated and supported or dismissed by the participants. PAR is a valuable means to approach an emic stance, but to achieve this with a group of young people with such intense and diverse experience,*

history and background would have taken far longer than the time available in the doctorate.

Initially, the young people explained how having a self-help app on a phone could be useful, mainly because mobile phones with connection to the internet provide freedom, independence and accessibility. The young people described how the app could be useful particularly if they realised that they were experiencing mental health difficulties. They could look at the app to help them to make sense of how they were feeling and what strategies they could implement to help them to think and feel differently. Whilst both groups were feeding back, the digital app designer was listening to their thoughts and making notes. This, I felt, was important in showing acknowledgement of the voices of the young people, knowing that the digital app designer was available to listen to their thoughts and share ideas.

Some of the feedback from the young people highlighted that the app may be useful only if the young people realised that they were experiencing mental health difficulties. This is one of the clearest limitations of the self-help initiative. This finding suggests that unless first-generation immigrants, asylum seekers and refugees are supported to understand and discuss the potential link between adverse childhood experiences and mental health, any specific or enduring mental health difficulties may not be fully understood. If young people are not supported to understand that the way in which they may be thinking, feeling and behaving could be attributed to adverse childhood experiences, and instead internalise their emotions, they may be unlikely to turn to a web-based self-help tool for support.

> *Interviewer: 'So, do you think that you would use the self-help tool?'*
>
> *Dabir: 'Not when I am angry. I would smash up the tablet or phone. I would only use it if I was calm to find a strategy to help me cope when I am angry.'*

Dabir's comments represented the views of the group. Each person agreed by nodding or voicing "Yes" to Dabir's comments that the self-help tool could have little meaning for them at a time of crisis. They explained that if a young person is upset or angry it is more likely that the device being used to access the app would get broken. It is clear,

therefore that the self-help app could be more useful as a preventative method, helping young people to identify self-help strategies to avoid a crisis. The key conclusion from this discussion highlights the limitations of self-help applications for young people who may be unwell. Self-help apps may be much better suited to those who are trying to stay well, or for those who may be looking for ways to avoid becoming unwell. Having the capacity, emotional intelligence and resilience to recognise the signs, symptoms and triggers of becoming unwell appear to be important requisites if self-help tools are to be effective.

As a tool for those who might have the capacity, emotional intelligence and resilience to recognise signs, symptoms and triggers of mental health difficulties, each young person explained that the app also enabled the valued independence that was discussed in chapter 5. Young people explained that the information in the app helped them to learn about how thoughts, feelings and behaviours can all be affected by mental health and well-being. They also suggested that the app also provided useful information on how to cope with unwanted thoughts, feelings and behaviours. By enabling them to access mental health support independently, each person suggested that the main value of the app was that it provided resilience-based activities that could be explored at an individual's own pace.

As discussed in some detail in Chapter 5, the young people who took part in this study reported the preference to actively seek out different self-help strategies themselves. As they also explained a preference to seek out solutions independently or with family before asking for professional support, the facility for the app to be installed on a phone or any other mobile device, and then accessed at any time of the day, provided a perception of freedom that each young person appeared to value and appreciate.

SELF-HELP TOOLS FOR THE FAMILY, COMMUNITY AND NETWORKED KNOWLEDGE

Whilst the accessibility of the app was described as centrally important for each young person, those young people who had experienced significant adversity before coming to the UK also explained again the value of the importance of the family, that using and sharing the information on the app with their families would be beneficial for those young people who had to discuss matters related to mental health. This finding mirrors

the discussions in chapter 5 and research carried out by Eruyar (2018) and Reardon (2017), showing that the family can be a major influence on mental health promotion.

> *Interviewer: 'What parts of the app did you most like?'*
>
> *Fadel: 'Yeah, I liked the fact that it was for me, but it was also for your family. That's cool, like, not just to make me happy, it is there for the family too. This meant that I could share the way I am feeling with my family. Like we don't have to battle thoughts and feelings on our own.'*

Fadel explained that he wanted his family to be connected to the app and the opportunities for health promotion more generally. He was not embarrassed to share his view with the group and was able to articulate his thoughts clearly. There was no language barrier here. He wanted to share his voice. The app was valuable to him as he could begin to normalise his own feelings and the position of his family. Indeed, the importance of being able to share feelings with the family in the way that Fadel describes was noted to be a key strength of the app.

Each young person from Iraq and Syria spoke about how it was important not to feel isolated, summarised in Fadel's expression about not having to *'battle thoughts and feelings on our own'*. This rhetorical strategy differed from what the young people said earlier in the first focus group, about the sense of trying to deal with their mental health independently.

The groups described the need to be united as a family to recognise mental health difficulties and to unite in solidarity to overcome adversity. The suggestion that the family and a sense of security and belonging is centrally important to the promotion of well-being for the young people who had lived in Iraq and Syria is a further key finding of this second focus group. From the evaluation and subsequent discussion, it became clear that the app can provide another dimension to self-help that had not been fully explored in the literature.

Although the young people explained that it was important to share information about mental health with their family, they also reinforced the importance of talking to friends and other young people about mental health and well-being.

Interviewer: 'What would you change about the app?'

Abdul: 'Something, somewhere on the app that you can talk about your experiences. If you pressed a button and someone was talking about their experience. What's helped, what's not. I have been here a year. Having a live chat with someone when I first arrived with another young person who had similar experiences would have helped me.'

The opportunity to talk about mental health, or to share information about thoughts and feelings was of crucial importance to the young people who took part in this study. It became clear that each young person wanted to talk about their experiences and to share their stories. For them, the app could have been improved if it had enabled networks to develop through a live chat function. The young people were especially clear that whatever the country of origin, speaking to others who have shared experiences can support and alleviate anxiety, ensuring that young people are not alone in their feelings.

Live chat is a flexible communication tool that can be used on websites and web-based applications. In the context of self-help apps, a live chat function could enable young people to communicate with an administrator or other young people in real time. Building on the notions of social capital, the young people explained that the self-help app could have been more useful if it connected them to other young people so that they could build a sense of community, share advice and information, and ultimately discuss any fears and anxieties about living in the UK.

Interviewer: 'What would you say in the app if it had a live chat function?'

Dabir: 'I would talk with [other young people]. I would tell them my story about how I felt when I came to the UK. I would tell people that although I was scared, now I feel very very good. I will say that you will learn English, a good life yes…'

Mustafa: 'Yep, if you could talk to someone on it, this would be helpful. Talk through things so you wouldn't feel anxious going into school? Yeh, like a bad situation.'

For each young person, the fear of moving to the UK and the impact that this experience had on their mental health was exacerbated by a general sense of unknowing, isolation, separation and loss. They each explained that if the app could enable them to share their experiences with others through a live chat, and that if they could read about other people's experiences, they could provide themselves with a foundation of social support. This support could then begin to alleviate fear and anxiety, and, in turn, promote the capacity, emotional intelligence and resilience to recognise and respond to the signs, symptoms and triggers of mental distress. As advice about mental health and well-being would come from other young people, and not directly from health, education or social care professionals, each young person suggested that the value of peer support would be realised.

The importance of peer support being described by each young person who took part in this study has some similarities with theories of human growth and development, and Erickson's (1998) model of life stages more specifically. They shared the need to experience independence as an important feature of their identity. Whilst the young people from Iraq and Syria felt that the app could be useful if it was shared with the family to help to support their mental health, too, each person also spoke in detail about the importance of speaking to other young people. What is more, they all explained how the opportunity to access peer-to-peer support within a digital setting could allow them a degree of anonymity. The anonymity enabled through the app could then provide them with the increased confidence to speak about mental health without the embarrassment of a face to face meeting.

> *Antoni. 'People who are introverts don't want to talk to people who are extroverts. The app is more for people who are introverts.'*

According to Antoni, if a young person is an 'introvert', in other words, shy or reticent, the app could enable them to explore matters related to mental health with much more confidence. Equally, it could be argued that whilst a young person's mood might fluctuate, the presence and accessibility of the app would remain consistent. This means that if first-generation immigrants, asylum seekers and refugees do not feel like talking to somebody, they have a choice about how they seek support as they try to make sense of how they themselves may be feeling.

The ability of the app to enable young people to make sense of their mental health was important. The opportunity to learn about and develop self-help strategies that they could then implement along with practical tips on managing anxiety was clearly the apps' stand-out function. It was clear throughout the focus group that the young people did not always want to read through pages of written information. Instead, the preference for a live chat and peer to peer support exceeded the need for written advice.

> *Interviewer. 'OK, so we have talked about the app being useful for family, and how it could be made better with a live chat function. What else could be done to improve the app?'*
>
> *Filip. 'It would be good if it gave more tips to help within school…'*
>
> *Mustafa. 'If it told me what to do when I am anxious – like take deep breaths…'*
>
> *Abdul. 'If it helped me to remember not to be shy'…*
>
> *Dabir. If it helped me to have the confidence to speak out in class...'*
>
> *Fadel. If there was someone on the live chat saying, "don't be afraid". If someone else said that to me, it would make things easier. Maybe the app could have a cartoon character that gave everyone advice...'*
>
> *Mustafa. 'It's important that the app helps me to know what my feelings are. What happens inside my body when I feel anxious and stressed?'*

The extracts presented above highlight the need for the app to enable the young people to feel that they are relating to another young person. The opportunity to be part of a wider social network that could share information and advice on mental health and provide reassurance to alleviate feelings of isolation was crucially important to each young person. If the app were more interactive and enabled some form of transaction between the young people who use it, then young people might be much better

equipped to develop the capacity, emotional intelligence and resilience to recognise signs, symptoms and triggers of mental health challenges. Of course, the risks of live chat function within any web-based app designed for young people is of safeguarding concern, but the young people who took part in this study considered live chat to be an important aspect of self-help. In fact, the focus and detail of discussion given to this topic suggests self-help through 'peer-help' could be a much more effective method to improve the mental health of first-generation immigrant, asylum seeker and refugee young people.

SELF-HELP TOOLS AND LANGUAGE

The app that the young people tested was written and presented in English. For this reason, language formed an important focus of the evaluation debate. While the group noted that they understood most of the words and terms used in the app, they each wanted the app to provide a translation of words into their first language. Moreover, they all agreed that the translation should not be on a separate page, but that the translation should be presented alongside the words written in English. As well as developing the capacity, emotional intelligence and resilience to recognise signs, symptoms and triggers of mental health challenges the young people explained how the app could help them to feel more confident to communicate in English. As some terms used to describe mental health conditions are generally formed from Westernised medicine, each young person explained that being able to read the English word and then see the translated equivalent in their first language could aid their English language skills as well as their knowledge of mental health. However, when the young people were asked if they wanted a specific online tool for first-generation immigrant, asylum seeker and refugee young people, the resounding answer was an unequivocal *'no'*.

The young people did not want a separate self-help app but wanted the one that had been evaluated to be more accessible to those who might not speak or read English as a first language.

> *Interviewer. 'Should there be an app specifically for first-generation immigrant, asylum seeker and refugee young people?'*
>
> *Fadel. 'No, the app would be better if it was in other languages too. Not just Arabic, but in other languages. If someone comes to*

the school and can't go on the app because they didn't speak English but could if it was in Arabic, there should be a simpler version of the app so that English and Arabic is written side by side…'

Antoni. 'Yes, I agree. It would be good to change, have two languages next to one another. That way the level of English could increase as your knowledge of mental health increases'.

The opportunity to experience an app that can present information in many different languages was held to be a significant aspect of promoting the capacity, emotional intelligence and resilience. It was also seen to help recognise signs, symptoms and triggers of mental health linguistically, in turn aiding academic achievement and promoting well-being.

The young people reported the need to ensure that the app is accessible to all to allow young people to engage in an online network that can build self-confidence. By enabling people to recognise the signs, symptoms and triggers of mental health challenges, the young people also explained that the app could be used to develop their thoughts and feelings of self-worth, identity and resilience. Each agreed that the need to learn to speak English with confidence is a key aspect of their sense of self, and ability to feel that they belong. It was explained that if they could not speak English, they might struggle to feel part of the wider school and social environment. If they felt excluded, they also recognised how they might struggle to fit into the school culture, become a valued pupil of the school and a member of the community, and ultimately struggle to make sense of their transition to the UK as a first-generation immigrant, asylum seeker or refugee.

DISCUSSION

The focus on self-help tools as a strategy for children and young people to seek early support before mental health problems escalate to crisis that are advocated in the Future in Mind strategy (DoH 2015) highlights the need to provide accessible help and advice to young people. By moving mental health services into a position of 'self-help' the policy recognises that children and young people require new and innovative strategies to make services more accessible. Yet, despite the emphasis placed on

mental health self-help in government policy, the value and applicability of the same for first-generation immigrant, asylum seeker and refugee young people has not been studied in equal depth. For this reason, there is a dearth of literature that reports on what this population sees as effective self-help tools.

The research questions that formed the second focus group were: '*Are existing digital mental health self-help tools appropriate for first-generation immigrant, asylum seeker and refugee young people?'* And, *'Can digital mental health self-help tools be adapted to enhance the support of first-generation immigrant, asylum seeker and refugee young people?'* Following the careful analysis of interview transcripts, the following answers were given:

1. Digital self-help apps may be difficult for young people to access in a crisis.

2. Digital self-help tools may be more effective if they include a live chat function to develop opportunities for peer-support.

3. First-generation migrants, asylum seekers and refugee young people may not want a specific self-help tool. However, they may want to have a tool that welcomes the development of their English language ability, being side by side with their first language.

4. An accessible self-help tool can not only enable young people to develop the capacity, emotional intelligence and resilience to recognise signs, symptoms and triggers of mental health challenges. A self-help tool can also aid the transition of first-generation immigrant, asylum seeker and refugee young people to schools and life in the UK more generally.

In addition to these key conclusions, the predominant finding to be discovered from the consultation was that the digital mental health self-help tool, referred to in this chapter as the app, could be useful, but only if the young people using it were able to recognise the importance of mental health first. Each person agreed that a key enabler of mental health was the ability to feel included and embedded within the cultural milieu of school and wider society. They also agreed that the app could not provide this sense of inclusion. They explained that if they felt excluded, if they struggled to fit in to the school culture, if they did not feel that they were valued, respected and welcomed, the app would have no value. For this reason, they explained that their mental health might be

jeopardised as they struggle to make sense of their transition and position in the UK and that the app could not fully support them.

The suggestion that the need to feel included as the prerequisite of well-being highlights a further key finding that mental health self-help apps are important, but that they also have a specific place on a continuum of mental health. In other words, mental health self-help apps can be effective, but only if they are placed within a whole school context with a societal community approach to mental health. Again, as shown in chapter 5, a self-help app is not the panacea for promoting mental health and well-being. It can be a preventative method that works most effectively when it is used alongside existing approaches that embed mental health within the culture of society, family life, education and healthcare services.

Mental Health Self-Help Apps in a Crisis

The literature supports the testimonies provided by the young people who took part in this study as it suggests that, generally, adolescents may be reluctant to seek professional help due to a preference for independence but also because of stigma, embarrassment and generally not knowing where to go for support (Van Droogenbrock et al 2018; Rickwood et al 2015). For these reasons, self-help apps can demonstrate several advantages. These include the lack of geographical boundaries attached to the app, that they are generally free, accessible, and, because they are accessed via the Internet, they provide a degree of privacy and anonymity.

Mental health and well-being apps, including the one that was evaluated in this study, are marketed as tools for reducing crisis. They are often designed to provide fast, effective information on mental health and well-being by offering the user a personal individualised space where reassuring, positive messages can be given. Although the use of self-help apps in mental health promotion strategies are a relatively new phenomenon, there is some evidence to support its value. Research by Lal, Nguyen & Theriault (2018), for instance, explains how various self-help apps, social networking sites and social media can be effective in increasing knowledge and awareness of mental health. Raising knowledge and providing an opportunity to talk about mental health is then seen to reduce stigma and shame.

Although self-help apps and digital mental health networks can be a positive resource, Lal et al (2018) believe that they may not be appropriate tools for young people who are experiencing a mental health crisis. Indeed, there exists increasing evidence that the Internet and social media can exacerbate mental ill health and jeopardise well-being (Luxton, June & Fairall 2012). Despite the concerns over the safety of vulnerable people who access chat rooms, blogging Web sites, video sites, social networking sites, and electronic bulletin boards or forums, as well as e-mail, text messaging, and video chat (Becker & Schmidt 2018), there is a dearth of literature examining how safe and effective self-help apps are for vulnerable young people in a mental health crisis. This appears to be an area of research that also requires further attention. What is known about the safety of mental health and well-being self-help apps can be found in Latter's (2014) critical evaluation of the strengths and limitations of a self-help app called 'In Hand'.

"In Hand" is an interactive recovery guide that is loaded onto a smartphone or other mobile device. It is designed to support mental health. Drawing on contribution analysis data gathered from young people in Manchester, Latter (2014) explains that young people valued the opportunity to access 'In Hand' in moments of stress, anxiety and low mood because it provided a range of different services depending on how the user of the app was feeling.

To achieve the range of services the app is designed in three colours. If a young person were in crisis, for example, they would press a red button on the app. The app would then encourage the young person to speak to a family member, a teacher or a doctor or to call a person who could support them. If they were feeling anxious, they could press an amber button. The app would then guide the user through mindfulness techniques that include breathing exercises. If a young person were feeling calm, they would press the green button and the app would present inspiring quotations and messages of encouragement using techniques of positive reinforcement.

According to the young people who evaluated that app, its key strength was that it was developed by young people for young people. Although it did not have a live chat function, because of broader safeguarding concerns, it did prompt young people to call a person who could help them in times of crisis. The value of the 'In Hand' app, as

explained by Latter (2014), is that it highlights the importance of designing a self-help product in partnership with those young people who might use it.

The need for quick communication and support was also discussed by the young people who took part in this study, alongside the need for anonymous, non-judgemental, non-stigmatised and accessible support. Even though the young people felt that they would not use an app in a crisis, and that they might vent their frustration by breaking the smartphone or another mobile device, the interactive features that they believed would enhance the app appear to be too complicated to manage easily. They felt that a more interactive app would be more beneficial because they would be able to speak to other young people and talk about their lived experiences. They each agreed that talking to other young people and opportunities related to peer to peer support were fundamental to their mental health and well-being. Furthermore, a live chat was a key advantage due to the quick response and the opportunity for the user to share their feelings and experiences. However, although Rickwood et al (2015) found that young people experiencing a crisis often seek help and support via telephone helplines, Mehrotra, Kumar, Sudhir, Rao, Thirthalli, & Gandotra (2017) warned that unregulated or poorly administered self-help apps can increase the vulnerability of young people in crisis. The role of telephone helplines such as Child Line or Samaritans was not investigated in this study, but Rickwood et al (2005) and Mehrotra et al (2017) agreed that a component of periodic professional contact through telephone helplines to supplement self-help strategies is centrally important to any self-help app if a young person is in crisis. This recommendation is also supported by Stewart (2011) who suggested that young people can be supported through a crisis if they are able to access immediate advice and information about things that worry them most.

The importance of speaking to others at a time of crisis was explored by Schröder, Berger, Westermann, Klein & Moritz (2016) who agree that while self-help apps can provide information, tools, skills and connections that young people can use to make positive decisions about their mental health, they can also be effective if they can connect young people together. Highlighting the value of an online community forum or blog, alongside advice about the importance of telling a family member, teacher, friend or doctor if they are in crisis, the better self-help apps provide online games that are designed around cognitive behavioural therapies. Rather than providing a live chat function, for reasons related to safeguarding and child protection, self-help apps can

provide other digital and social media including podcasts, digital stories and videos. According to Schröder et al (2016), self-help apps that can create an opportunity for online community development can be important for young people in a crisis.

Mental health self-help apps and live chats

Latter (2014) explains that recognising and acknowledging what young people want from a mental health and well-being app is vital. However, while the live chat function that the young people spoke about can support the opportunity for online communication (Alvarez-Jimenez et al 2020), live chat in mental self-help apps is more problematic (Kaur et al 2014).

Kenny, Dooley & Fitzgerald (2016) have warned that poorly maintained self-help app websites which do not have up to date information can be detrimental to young people, and Kendal et al, (2017) highlighted more significant ethical and safeguarding concerns. Together they warn that a live chat function in a self-help app would have to be managed extremely carefully. For Rickwood et al (2015), the privacy and anonymity of live chats are also a concern, as is the fact that people using or responding to the live chat may present a danger to other vulnerable young people.

In addition to safeguarding concerns, Horgan & Sweeney (2010) suggested that a live chat function in a mental help app can reduce communication between young people and their families. Evaluating of self-help apps from a carer's perspective, Horgan & Sweeney suggested that some parents may feel powerless in monitoring what is being said to their children via a live chat. This concern might lead to parents not allowing their children to access self-help apps thus creating the potential for conflict. To avoid this, and to support the development of self-help and autonomy, Horgan & Sweeney encourage parents and carers to support their children when they access self-help apps. They also advise against live chat functions. Recognising the possibility that a view of a live chat function within mental health self-help apps may be influenced by media reports that highlight the dangers of internet access, Rickwood et al (2015) concluded that further research on this topic is required.

Although the young people who took part in this study stressed the importance of having a live chat so that they could talk about their experiences and feelings in real time, for this suggestion to be safe, a great number of safeguards would be required.

What is perhaps more useful is to consider the importance that the young people placed on speaking to others about their journeys, lives, and experiences of mental health and being able to talk in a safe, secure environment (Bhugra 2010).

This section has shown that the inclusion of live chats within self-help apps can be challenging. The issues of privacy, trust, ethics, and online relationships can be risky. However, there are positives reports about the strengths of blogs within self-help tools which enable young people to tell their story, but to be also safe whilst they are online. If parents and carers support young people using digital self-help apps, they, too, could develop effective partnerships and open opportunities for discussion of matters related to mental health. With careful supervision and monitoring of digital mental health self-help apps as a regulated activity, young people might use the blogs as an independent platform where they could freely express their views and wishes. The sharing of experiences and feelings with others can also offer emancipation from isolation and the recognition that others share the same doubts, concerns and experiences. Being part of a community through a digital self-help app can have a remarkably positive mental health outcome for young people by providing coping strategies or pathways to access and receive mental health support (Hollis et al 2015). While it seems that the best self-help apps have been designed through a process of co-production with young people, this section has shown that a further balanced view is needed of what young people want, so that digital technologies can target unmet needs, and so that the products are safe for the user, can maintain public trust and improve mental health outcomes.

The importance of diversity in digital mental health self-help apps

The young people who took part in this study agreed unanimously that they did not want a specific digital self-help tool for first-generation immigrants, asylum seekers and refugees. They wanted to be able to access the same self-help apps as everyone else. While a specific self-help tool might be designed to address matters related to diaspora and some of the unique challenges that first-generation immigrants, asylum seekers and refugees experience, it could also add to their stigma. As argued by Moses (2010), stigma directed at adolescents in matters related to mental health is likely to undermine their well-being. Indeed, Moses argues that the prospect of this population of young people experiencing prejudice and discrimination is likely to increase if assumptions are made that they should be treated differently. Instead, a self-help app that includes the

perspectives of first-generation immigrant, asylum seeker and refugee young people (rather than being directed solely at them) is likely to be far more effective because it expands a person's sense of social capital (Lam & Ramos 2009).

Consistent with the conclusions advanced by Rickwood et al (2015) the young people who took part in this study suggested that their sense of social capital might also increase if the app enabled them to see and read information both in English and in their native tongue. In the same way that they did not want a population-specific self-help tool, they did not want language-specific apps either. They wanted to read information in English, but with the translation on the same page. As the economic pressure on mental health services is increasing, a self-help app that could provide a translation of written information into a wide range of different languages could deliver self-help interventions at lower costs, though with an initial outlay for the translation facility. However, despite the existence of numerous self-help apps, none of those currently available provides this service, and minimal research exists to evaluate the impact of information that might exclude young people who do not speak or read English fluently or with confidence.

A mental health self-help app that could provide information in different languages and at the same time help young people to learn English could also provide them with academic support. However, as there appears to be a lack of research to evaluate the impact of monoculturalism in digital self-help apps, there is also a lack of research on how young people could use a digital self-help app to learn English. Clearly, additional research is needed because each young person who took part in this study agreed that opportunities to experience multilingualism could be utilised productively through a digital mental health self-help app. In addition to supporting mental health and well-being, the self-help app could also promote identities, demonstrate acceptance of difference and help young people to learn the language that is essential to their transition. Furthermore, a multilingual app could add to the ability to feel part of the dominant culture.

Mental health self-help and academic resilience

The key advantage of a digital self-help app that is available in as many different languages as may be needed, is that it can enable young people to learn about mental health, thus supporting and nurturing their academic resilience (Cuijpers, Donker, Johansson,, Mohr, Van Straten & Andersson 2011). By promoting academic resilience,

the self-help app could also promote self-confidence, identity, self-assurance and self-awareness, enabling first-generation immigrant, asylum seeker and refugee young people to establish a confident sense of self (Ascher 2009).

Even though mental health self-help support can improve mental well-being by allowing young people to overcome mental health difficulties (Cuijpers et al 2011), not all young people know how to seek support in matters related to mental health (Labouliere et al 2015). For many in this study's target population, the experience of diaspora, a new education system, a new health care system and the need to speak a new language can become significant barriers to accessing support with mental health (Lam & Ramos 2009). For this reason, a collective support system or network that includes school, parents, and peers can help develop and educate young people about mental health.

The literature that examines the importance of academic resilience has been summarised by Karabenick & Gonida (2018) who conclude that the more embedded young people feel themselves to be in society and in schools, the more self-confident they are likely to be. If young people are self-confident, they are also more likely to have higher self-esteem and improved mental health and well-being. According to Ascher (2009), however, the opportunity for first-generation immigrant, asylum seeker and refugee young people to feel embedded within society and in schools may be difficult. They are more likely to perceive themselves to be outsiders, and, as a result, experience low self-confidence, low self-esteem and impaired mental health and well-being (Moses 2010). For these reasons, the need for mental health support may not be acknowledged or understood so this population of young people could suffer in silence. When this happens mental health difficulties such as anxiety and depression may never be addressed fully. According to Maher & Smith (2014), if young people are not supported to understand their mental health and well-being, they may also struggle to achieve their potential in school and in future adult life.

Mental health self-help and transitions to the UK

For young people such as those in this study the experience of moving to the UK can present many risks to mental health. Exposure to potential adversity, trauma and the experience of grief, separation and loss can all impact on mental health (Mind 2009).

Migration is frequently reported in the literature as a stressful event (Villanueva O'Driscoll, Serneels & Imeraj 2017). Not only does it require young people to adapt to a new environment, a new culture and a new language, it also creates a sense of loss (Mitchelson et al 2010). As a result, it has been suggested that the stresses involved with migration can lead to increased psychological distress (Maggi et al 2010) and that the same experience can result in the development of mental health difficulties (Bhugra et al 2010). Yet, whilst first-generation immigrant, asylum seeker and refugee young people may be at an increased risk of experiencing a mental health difficulty (Pejovic-Milovancevic, Klasen, & Anagnostopoulos 2018), they are also believed to be reluctant to access relevant mental health services (Villanueva O'Driscoll et al 2017). Mind (2009) has noted the lack of mental health support in a report called *'A civilised society mental health provision for refugees and asylum-seekers in England and Wales'*. This report highlights that people who come to the UK are often denied access to crucial services and treatments even if they are experiencing high levels of mental distress. For this reason, such young people have shown to be at significant risk of developing psychological problems if not provided with the right support (Young Minds 2018).

In reviewing the digital self-help app for this study, the young people explained that the information provided in the app, particularly the information on how to manage mental health could also ease their transitions to the UK potentially leading to improved self-help, resilience and positive outcomes. The difficulty in confirming these conclusions, however, is that there is a shortage of research on how digital mental health self-help apps can support young people like these.

One study has addressed the ways in which self-help apps can support first-generation immigrant, asylum seeker and refugee young people. Colucci, Szware, Minas, Paxten, & Guerra (2014) explain that digital mental health self-help apps can be essential tools to aid the transition of young people to the UK because they provide information on how to seek and ask for help. Rather than providing direct assistance to young people, digital self-help apps can promote autonomy and independence by encouraging young people to find help for themselves. Colucci et al (2014) argue that digital mental health apps can increase literacy, provide reliable peer mentorship and suggest activities in which some young people might like to engage to help them to feel and stay well without imposing westernised conceptions of 'mental health'. Furthermore, if a young person is in crisis and requires more specialised mental health intervention, a self-help

app could facilitate opportunities for them to feel more confident to speak to a doctor, teacher or parent and to be more trusting of mental health services.

CONCLUSION

Within this chapter, I have presented an overview of the digital mental health self-help app evaluation and subsequent focus group discussion that focussed on the following two questions.

- Are existing digital mental health self-help tools appropriate for first-generation immigrants, asylum seekers and refugee young people?
- Can digital mental health self-help tools be adapted to enhance the support of first-generation immigrants, asylum seekers and refugee young people?

Self-help apps may be difficult for young people to access in a crisis particularly if urgent care is required. While the young people suggested that the app might be more effective if it included a live chat function to develop opportunities for peer-support, the literature problematised this strategy. Due to the scale and nature of safeguarding concerns related to a live chat, a blog or other managed programme of communication would be more effective and acceptable. Recognising that a specific digital self-help tool for first-generation immigrant, asylum seekers and refugee young people might create stigmatism and alienation. I concluded that a tool designed for use by all young people with language translations of English side by side their native language might enable them to develop the capacity, emotional intelligence and resilience to recognise signs, symptoms and triggers of mental health challenges, improve their English language and aid their transition to the UK more generally.

Chapter 7

PLANNING SELF-HELP WITHIN THE SCHOOL

INTRODUCTION

Following the discussion on mental health and the close evaluation of the digital self-help app, the young people continued to plan ways forward in promoting well-being in their school setting. Despite the advantages of the self-help app, this chapter will show that the main aim of the young people who took part in this study was to develop opportunities for peer support. As the young people who took part in the previous focus group did not see the app as being particularly useful at this time, they described the need instead to build cultural and social capital through peer support, not as the digital form of support described in the last chapter, but as a visible person, a physical being, someone that they could see on a daily basis that could welcome other young people with a Smile and break down barriers to end isolation and discrimination through a study called 'Smile's Bounce Up'.

This chapter presents a thematic summary of these discussions and describes how the young people decided to promote mental health and well-being in their school by helping others to feel safe, secure, included and valued. The fifth question was addressed in this part of the study.

- What can schools do to promote the mental health of first-generation immigrant, asylum seeker and refugee young people?

PLANNING SELF-HELP

After the second focus group discussion, the mental health champions and the digital application designer left the school. The schoolteacher, the young people and I continued to finalise the action planning process. The plan for stage three was for fewer people to be around so as to allow the young people to reflect on the morning's activities and to think about what they would like to see being actioned in school to promote their mental health. The group stayed together as one. Informed by the philosophies of community of inquiry and critical pedagogy (Fisherman 2010), I decided not to split the group up again, as I had done earlier, so that they could work collectively

to implement a plan. I acted as the group facilitator, and after spending the morning with the group, they each appeared to be more comfortable working together.

To commence this part of the work, the young people decided to stand all together around a table to discuss the events of the day openly. On the table were two large flip chart posters and a selection of coloured permanent markers. I asked the students to reflect on the morning's activities and then to use the pens to produce a plan for self-help within their school.

As soon as the young people started working together, it became clear to me that one of the key challenges to their mental health and well-being was the sense of difference that they felt. The group started to talk about how they felt when they first started at the school, as first-generation immigrant, asylum seeker and refugee young people who were living with feelings of grief, separation and loss. They had also felt like outsiders.

> *Zamir: 'Yes, I feel horrible. Didn't speak English. I was different. I feel different. Like when you have a friend and talk to them, you will feel better. You know when I came, I had no friends. I just kept thinking what would happen. Will English people accept me?'*

The compelling sense of anxiety described by Zamir highlighted the significant feelings associated with failing to fit in. Each young person who took part in this discussion, whether they were immigrants, asylum seekers or refugees, spoke again about how important sport, friends, family members, playing games, singing or listening to music were. They agreed that playing sport, socialising with friends, playing games and having fun were key components, elements and characteristics of mental health and well-being. They noted that the app did not provide for these fundamental aspects of need. They recognised that the experience of starting a new journey in a different country, having to learn and speak a different language, and being emerged in a new school environment can have a detrimental impact on mental health and opportunities to experience well-being.

Journal extract: When the young people began to talk about their plan for school action, I felt that the group had started to come together to perform. Like Tuckman's (1965) model of group work ("forming, storming, norming, and

performing"). I saw that the young people began to look more comfortable at expressing their thoughts and feelings. In the morning sessions people gave only one-word, monosyllabic answers. In the afternoon, perhaps because they had eaten, perhaps because they felt more relaxed with fewer people in the room, perhaps the morning session had broken the ice and the young people found that they had more in common with each other than they first realised. Whatever the reason, they were able reflect more openly.

Zamir's expressed thoughts led the group to speak about how they had felt coming to a new school. Their worries of not feeling accepted or not knowing what to expect were ties that began to bond the group together. They all spoke about the importance of having someone in the school to be with them when they started, that having a guide, a friend to welcome them when they started would have helped them to feel less worried. To support the development of the self-help initiative, they designed the template for the study using the flipchart paper and pens provided as shown in Figure 3 below.

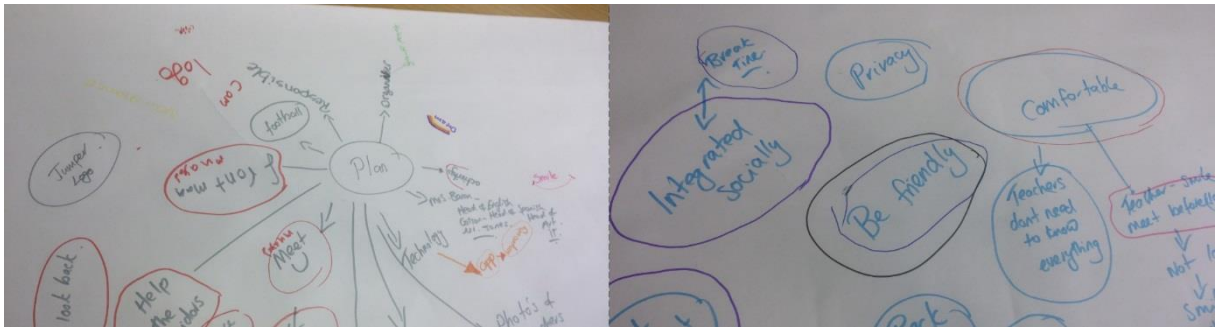


Figure 3: Template design for a school-based peer support self-help study

Rather than relying on a digital self-help app to make sense of these feelings, the participants began to plan activities that were more accessible and personable. Whilst they agreed that the app might be beneficial for those reasons that have already been stated in Chapter 6, they decided that a school-based self-help peer support project would be more beneficial. Indeed, it was agreed unanimously that their mental health and well-being could be supported more readily if the school first established a central role in promoting their inclusion.

The discussions about inclusion, mental health and well-being in school highlighted a further key finding that first-generation immigrants, asylum seekers or refugees tended

to feel most anxious when they were in the playground, the refectory, or when they were moving around the school. To reduce this anxiety, the young people devised the idea of having a friendship 'buddy system' or peer support mentor team. They explained that if the school provided them with named students who could meet them and their parents before they started at the school, welcome them to the school, help them to find different classrooms, spend time with them during breaks, provide support and guidance, assist with translation, facilitate reading and games and help introduce them to other young people, they would feel more included:

> *Interviewer: 'Ok, we are talking about 'buddies' now. What would the buddy do that is different to what the school does already?*
>
> *Dabir: 'Sit with kids in class, have a conversation…'*
>
> *Antoni: 'Speak with them, help to translate in class…''*
>
> *Zofia; Introduce new kids to the teacher before class…'*
>
> *Fadel: 'Tell [teachers] if the young person needs help…'*
>
> *Mustafa: 'Help new kids to feel comfortable…'*
>
> *Antoni: 'Yes, if you are comfortable, you are not shy…'*
>
> *Abdul: 'Be friendly…'*
>
> *Fadel: 'Yeah, Smile's. When they first go into class.'*

Journal extract: The main observation from the afternoon's planning session can be summarised in the importance of feeling 'comfortable'. For the whole group it seems that if a person is comfortable, they are less likely to be shy and more likely to be confident. I really feel that at this stage of the discussion the young people were starting to find their voice.

The young people were particularly animated in their approach to solution-focussed planning work. Having the opportunity to say what would have helped them and thinking what they could do to help other young people in the school seemed to put them in an

empowering position. In contrast to the first focus group, which focused on their personal, private thoughts and feelings, the opportunity to identify solutions and positive social action appeared to encourage more positive participation.

Whilst it could be argued that some schools are already providing activities of social support and engagement to some students, the young people who took part in this study highlighted the importance of peer support as an enabler of mental health and well-being. They felt that acceptance was key to their mental health and that true acceptance could only be experienced if they were supported by other young people from the school.

> *Filip: 'A buddy would be good. I do not have to make friends with everyone, just someone'*
>
> *Zofia: 'Yes, I agree we have good and bad days, a buddy would be good to help, to be responsible, to check up on us'.*

In these testimonies, the importance of knowing that there was somebody to talk to was more important than a self-help app. If the young people who took part in the consultation knew that they were not isolated because they could talk to their peer supporter when this was needed, they were much more likely to feel safe and secure, and less likely to feel anxious.

Journal extract: It was fascinating to hear the young people talk about just wanting someone, not lots of friends, someone to check up on them. 'Someone', who could help them feel less lonely, not to feel isolated, someone who could check up on them and ask whether they were having a good or bad day. The young people did not seem shy in sharing their view of the solution. They were strong in their body language, standing up strong and vocalising their thoughts. They seemed to enjoy writing and drawing on the paper, setting a plan of action for their ideas.

It was expected that the opportunity to have a buddy would serve to reassure and support first-generation immigrants, asylum seekers or refugees to feel valued. There was talk about how a buddy could also help build positive relationships so that other young people in their position would not feel alone. To establish the buddy system that

was being described, it was agreed that they should become buddies and then role model this approach to other students.

PLANNING A POSITIVE GROUP IDENTITY

It is clear that more needs to be done at the early stages of arrival to the UK to support mental health education among first-generation immigrant, asylum seeker and refugee young people. Primary health care services need to include holistic offers rather than population-specific initiatives for this population of young people, as established in Chapter 6 when the young people stressed that they did not want a specific tool for themselves but one that could be adaptable that was innovative and inclusive. The young people requested support that was developed in partnership with them, that allowed them to share their experiences and to feel supported by their peers, the school, and the wider community.

With minimal encouragement, the participants began to discuss how the buddy system would work and to debate what they could do to help other young people. In devising the buddy system, they agreed that the group should have a name. Initially, the group agreed on the name *'Smile's'*. But after some further discussion, they agreed to call the group '*Smile's - Bounce up'* and designed the group logo shown in Figure 4 below:

Figure 4: 'Smile's Bounce Up' logo

The rationale for the name and the logo reflected the importance of feeling happy (Smile's) and the opportunity to develop resilience to adversity (Bounce up). The group agreed that if young people at the school were experiencing poor mental health and were to feel like they were falling, the group would enable them to Smile's, bounce up and feel better.

Filip: "That supporting others to know that they are not alone, that anything is possible".

Journal extract: The name was well thought out. The young people worked together and ensured that everyone was being heard. Unlike in the second focus group, no one was talking over other people and no one was being disrespectful. It felt that the entire dynamics of the group had changed; that age, gender or culture was not an issue anymore. Coming together to action a change in the school to benefit others was bringing them together as one.

The group agreed that the first thing *'Smile's Bounce Up'* should do was develop a school welcome pack for first-generation immigrants, asylum seekers and refugees. It was agreed that this could provide information about teachers, the *'Smile's Bounce Up'* group, local dialect and colloquialisms, local activities, maps of the local area, and top tips (mental and physical health) when starting at the school.

> *Fadel: 'The most important thing is to provide photos of teachers, tell the new kids who they can and cannot joke with.'*

Whilst the information pack might contain information that the school would not have included without consultation, the group recognised the importance of humour to aid the transition of first-generation immigrants, asylum seekers and refugees. For those who took part in the consultation and then volunteered to set up the buddy system *'Smile's Bounce Up'*, it was important for the school study to be based on the premise of resilience that was also emphasised in the testing and evaluation of the self-help app. However, rather than relying on a self-help app, the opportunity for peer support was described as much more important.

Journal extract: Once the name was chosen the room was buzzing with excitement. The Idea of having a welcome pack was generating much thought and discussion. The young people felt it was important to give others and their families a welcome pack to provide information about peer support, experiences and journeys, photos of them and teachers, as well as information on local activities.

To assist in the planning of *'Smile's Bounce Up'* the group of young people gave themselves roles such as organising meetings with teachers and the head of school. After some debate, and for reasons associated with stigma, they also decided that the

buddy system should be for all new starters in the school, not just for first-generation immigrants, asylum seekers or refugees. They agreed that they should meet to discuss *'Smile's Bounce Up'* once each month and devised the following roles within the group.

- A series of corridor and playground monitors
- A designated school 'Greeter'
- A peer support network to promote reading
- A named person to organise a series of school assemblies
- A designated teacher-student link
- A list of peer support 'Buddies'' (or mentors)

By organising *'Smile's Bounce Up'* as an alternative to a web-based self-help app, it became clear that the young people wanted the school to become a haven, where all children can develop a sense of well-being and belonging. They wanted to redesign the existing contextual conditions of the school by implementing a more pupil-centred approach to mental health and well-being. They also wanted to generate socially constructed conditions that would enable other young people to talk about mental health and seek out support for any other general aspect of self-help. They recognised that by improving the contextual conditions of the school, they could support the social construction of well-being that might then enable the opportunity to seek out more specialist problem-based and technique-base self-help when required. However, to realise their aims and ambitions, the young people also recognised that they needed support from peers and staff.

Journal extract: It became clear to me that 'Smile's Bounce Up' was giving the group purpose and an identity within the school. The young people were supporting the notion of belonging, and they were working together to make this happen. Not only did they see the group as being beneficial for supporting refugees, asylum seekers and immigrants, they also saw it as an opportunity to support all young people transitioning to high school, whether from another school or moving into year 7. The opportunity to support everyone was important to them

and their belief that people should not be treated differently. By offering support to others it became clear that the group recognised that it does not matter who or where you are from, transition can be a difficult experience for everyone.

Supporting 'Smile's Bounce Up' in schools

The young people who took part in this study explained that schools can be difficult environments for first-generation immigrant, asylum seeker and refugee young people. They explained that language barriers can restrict their ability to ask questions and their capacity to understand their new social situations. As a result, peer support was described as essential. They recognised the importance of building on friendships, providing and nurturing a sense of safety and inclusion, and enabling others to feel comfortable at school was a key feature of mental health and well-being. Importantly the group felt that no young person should have to feel judged or discriminated against due to difference.

SCHOOL SUPPORT FOR PARTICIPATORY ACTION

Fundamentally, the group was clear that mental health and well-being were determined by a broader experience of school. To promote mental health the young people agreed that they should also promote a positive school setting. Supporting peer to peer relationships was central to this ambition because it was recognised that school inclusion could support mental health and well-being. It is important to recognise, however, that teachers and school staff can be intrinsic in supporting positive peer to peer relationships and consequently mental health and well-being in school. Literature shows, however, that some teachers and staff can become fearful of their role in supporting mental health and well-being because perceptions of mental health may not be fully understood (Maelan, Tjomsland ,Baklien, Samdal & Thursten 2018; Rickwood et al 2015) or because their role as a teacher is to teach rather than to support mental health. This can be a misinterpretation of what mental health is and how they can support it.

According to Westerhof and Keyes (2010), mental health is not always understood. For this reason, Fazel (2015) and Mazzer & Rickwood (2015), argue that some schools need a culture shift in how mental health is supported in the school environment. The

young people did not recommend that teachers should be ‘therapists’, but they highlighted the need for teachers to understand mental health better and their role in tackling stigma.

The challenge of tackling stigma in schools is also supported by Dahlgren & Whitehead (1991) who proposed a concept of layers of influence on mental health and well-being. Their model explains that the school is an important social determinant of health, and they argue that a school environment which promotes effective relationships is crucial to the promotion of mental health and well-being. As shown by the young people who took part in this study, one way to promote effective relationships is through peer support, understanding how other young people may be feeling about the struggles and strains that they may be experiencing. Building social capital through networks of relationships is the solution that they decided was the best way to talk about mental health and well-being and to help eliminate stigma.

Since the school was described by the young people as being central to the mental health and well-being of students, the school agreed to provide opportunities for the young people to take time to design and implement the ‘Smile’s-Bounce Up’ initiative The welcome pack and the activities were agreed by the teacher. Through listening to the discussions that were led by the young people, the schoolteacher who attended the consultation was also able to recognise the value in what was being proposed:

> *Schoolteacher: ‘I think it is brilliant. What I am seeing is there is a commonality. No matter if they are Arabic, Russian, Polish, Bulgarian, Muslim, Christian, no religion, year 7, 8, 9, 10. What they are saying is people are the same and we would like to share that with other people. Just from today, I am really pleased that they went from sort of not wanting to say things but from coming out with a group response. I immediately think let’s have a special day, have an assembly day. Look. I am delighted! I’m really looking forward to meeting the young people in a few weeks to see where they are at.’*

The teacher began to realise that the ‘Smile’s Bounce Up’ group could enable a self-help model to be adopted in the school. Rather than using a web-based service, which has value for those who can access it, ‘Smile’s Bounce Up’ became focussed on

showing how to build resilience in self and others. Based on what the young people said, the teacher realised that if the school failed to provide a positive environment for all children, their resilience, mental health and sense of well-being could be impaired. Instead of relying on a web-based self-help tool, the young people showed the commonality of what they thought they needed to do to support other young people coming into the school.

DISCUSSION

The starting ideal of the participatory action planning stage was to enable young people to inform changes to self-help practice and policy and ensure that their mental health was being promoted in school. The research question that informed the third phase of data collection was: *'What can schools do to promote the mental health of first-generation immigrant, asylum seeker and refugee young people?*' Following careful analysis of focus group transcripts, the following key conclusions were made.

1. The young people did not want a self-help app. They agreed that having a peer mentor would be much more valuable.
2. A peer support programme should be developed as part of a whole school approach to support transitions and mental health education.
3. Young people saw considerable value in social support and social networks that offer empathic, sensitive, consistent, and reliable friendship.

Participatory action for self help

Dixon, Ward & Blower (2019) show that the work needed to promote mental health and well-being in school is likely to be an ongoing process. To be successful, the authors argue, any initiative must be able to transcend culture, identity, race, religion, gender, age, disability, ethnicity and sexuality, and then dismantle traditional pedagogic barriers that serve to reinforce power and control in some education systems. Like the Department of Health's '*No decision about me without me'* report (2012) the young people highlighted the importance of listening and enhancing their participation in society and political life.

The importance of listening to young people is also emphasised by Dunn & Mallor (2017). The authors found that PAR can have a positive impact on improved self-esteem and empowerment of young people. Used effectively, the authors argue, that

PAR can also increase young people's understanding of social (in)justice, citizenship, community involvement and school improvement. The responses of the young people to co-ordinating and planning certainly supports these conclusions.

According to Cammarota & Fine (2008) PAR can also provide a unique advantage to research because it can build on phenomenological roots that enable schools to support and develop heuristic justice, reverting the trends of traditional patterns of epistemic injustice by considering the young people's own way of seeing. In support of Cammarota & Fine's (2008) recommendations, it is my observation that this study has given young people the platform to share experiences, and to work alongside their peers and the school, to grow in their secure understanding of others and the 'self'.

For many psychologists (Erikson 1968; Maslow 2012; Rogers 1989), the opportunity to develop a secure understanding of others and the 'self' represents a critical milestone within the life course that can pave the way to mental health and well-being. For this reason, the ability and opportunity to form a positive sense of self is considered a key component of resilience (Lomas, Hefferon & Ivtzan 2014). For Burton et al (2014), a secure sense of self provides young people with a sense of autonomy, self-acceptance, agency, and purpose in life. Conversely, when traumatic events undermine the opportunity for young people to develop a secure sense of self, experiences of dependence, self-loathing, confusion, and a lack of purpose can follow (Stewart 2011).

The identified need to involve young people in directly decisions that affect them is underpinned by a rights-based approach to inclusion that is underscored by national and international mandate. As shown by Beirens, Hughes, Hek, & Spicer (2007) the lack of access to the freedom of expression is a problem that particularly affects young people who are labelled as first-generation asylum seekers, refugees and immigrants. Due to the lack of representation of such young people in public health policy, Fazel & Betancourt (2018) argue that contemporary views about the mental health and well-being of young people who experience forced or economically driven diaspora are distorted and unreliable. As shown in Chapter 2, the main criticism of extant child and adolescent mental health policy and evidence-based practice is that it does not always account for the adverse consequences that emerge from populist perceptions. An example is how, until relatively recently, the views and perceptions of first-generation asylum seekers, refugees and immigrants have been overlooked by schools. It is

certainly only as result of this study that opportunity for change has been considered in the involved school.

This clear need to promote social ecological perspectives in mental health reinforces the concept of anti-psychiatry introduced amongst others by Cooper (1967) that provided further justification of PAR. In this study, the ambition to incorporate the perspectives of young people helped to establish a conversation that began to identify, or at least acknowledge, the presence of social determinates of health. Once the school was able to recognise the importance of taking a whole school approach to promoting mental health and well-being, it realised the value of working with the students to identify opportunities for social action and change.

Recognising and factoring in opportunities for young people to develop a secure sense of self within this PAR study, I was keen to enable each person to share their experiences, with their consent, and to provide an opportunity for them to work together with a designated teacher and mental health champion group to develop a whole school approach to mental health and well-being. Whilst the PAR study was able to support the young people to achieve a sense of purpose through their own developing sense of self, it became clear to me that any progress would depend heavily on the support of the school, the teacher and the mental health champions.

CONCLUSION

The summary of the planning discussions that I have described in this Chapter has provided a broad overview of the way in which the eight-first-generation immigrant, asylum seeker and refugee young people agreed to promote the mental health and well-being of all young people at their school. The findings responded to a specific question: What can schools do to promote the mental health of first-generation immigrants, asylum seekers and refugee young people?

It was clear for the young people who took part in this study that moving to the UK created significant anxiety as they struggled to fit in. For each young person, these challenges contributed to ongoing feelings of stress, social isolation and discrimination. However, with the initial support of the school and the mental health champions, the young people were able to evaluate an existing self-help tool and to consider new and innovative ways to promote mental health themselves. Despite the advantages of the

self-help app, the main aim of the young people who took part in this study was to develop opportunities for peer support that could welcome other young people with a Smile and break down barriers to end isolation and discrimination through a peer to peer support group called ‘Smile’s Bounce Up’. Critical evaluation of this initiative is the focus of the next chapter.

Chapter 8

FINDINGS 3: IMPLEMENTING ‘SMILE’S BOUNCE UP’ WITHIN THE SCHOOL

INTRODUCTION

In this final finding chapter, a summary of the implementation and review of the ‘Smile’s Bounce Up’ study is presented. It will explain how the development of ‘Smile’s Bounce Up’ was enabled and how it was able to achieve changes to the contextual conditions needed to promote mental health and well-being, verified by the socially constructed conditions that each young person described.

This chapter will discuss interviews that took place 12 months after the first three focus groups interviews described in Chapters 5, 6 and 7. Other workshops between this time were ran by the mental health champions. These workshops included the development of the welcome pack and cartoon to be presented at a school assembly. Other scheduled reviews were not recorded due to young people or the teacher not being available.

Following a description of the challenges that were encountered and managed during the implementation stages of the study, this section will summarise the testimonies of eight-first-generation immigrant, asylum seeker and refugee young people, three mental health champions, the teacher and three other young people who were supported by ‘Smile’s-Bounce Up’. The specific question to inform this phase of data collection was *‘How successful have the school been in supporting the mental health and wellbeing of young people within the school?’*

PLANNING ‘SMILE’S BOUNCE UP’

Following on from the final focus group workshop described in the previous Chapter and throughout the first 12 months of the agreed planning phases of the study, I struggled to speak to and meet the designated schoolteacher. The initial enthusiasm seemed to decrease, and it is my impression that the lack of school support for ‘Smile’s- Bounce Up’ meant that the study was not set up as quickly as was agreed during focus group 3.

On reflection of the challenges that I faced when working with the school, I felt that the teacher did not fully realise the positive impact that ‘Smile’s- Bounce Up’ would have. Although the teacher was heavily involved in supporting the young people, I believe that the importance of peer support was not fully recognised. After 6 months, and due to the lack of communication and slow progress, my supervisors advised me to disengage from the study and critically evaluate the PAR process. However, after further discussion, we agreed that I might do well to contact the head of school and arrange a meeting to highlight my concerns about the delays in planning and implementing ‘Smile’s- Bounce Up’.

During my meeting with the headteacher, I explained that the outcome of workshop 3 described in Chapter 7, had left me with a sense of confidence that the schoolteacher, was motivated and committed to supporting the young people within the institute of ‘Smile’s- Bounce Up’ in the way that they described. However, after trying unsuccessfully to contact the schoolteacher for 6 months, I examined that I was concerned that a whole school approach to realising ‘Smile’s- Bounce Up’ was not being adopted. Reflecting in the headteachers response, I learnt that the school had assumed that the study was running as the young people had agreed in focus group 3. Hoping for a prompt resolution, the headteacher allocated responsibility for planning ‘Smile’s Bounce Up’ to another teacher to gain more momentum and initiated a whole school approach to the study.

On reflection of the PAR process, I feel that the designated teacher did not take PAR seriously, particularly at first, possibly because of my identity as a postgraduate research student. I also believe that the designated teacher might not have known about PAR or fully understood the study that I was trying to achieve. Based upon my experience of working with the school, I believe that if the opportunity to learn about how to better promote mental health and well-being in schools had come from the school’s senior leadership group, local education authority or even the child and mental health service, I believe that the designated teacher involvement or commitment to change might have been different. The response from the teacher echoed Freire’s theory that she remained in power.

Encouraging the school to view mental health through an ecological lens, required me to reinforce the message that my study was concerned about the mental health

and well-being of young people, not about intra-school systems. As the researcher, I was responsible for facilitating and monitoring PAR. I did not expect to be required to intervene in the actions or non-actions taken from the school to ensure that the young people's voices were being heard and actions were being taken.

Due to my tenacious determination to complete this study, I was constantly required to contact the school and the mental health champion group leader to monitor and encourage progress. Although I did encounter conflict from the school, my approach to management did enable positive outcomes. The result, as will now be shown, were seen in the ability of the school to be much more proactive in developing and supporting heuristic pedagogues that had a positive impact on the mental health of their students.

With the headteachers support, I met up with a school-based youth coordinator, a languages teacher and the teacher who helped to facilitate the original focus group interviews. This meeting led to the creation of a purposely designated language room (where the young people who helped to develop the idea of 'Smile's- Bounce Up' could meet to learn English and support one another with reading). The room was designed to be comfortable with sofas and a reading corner as well as white board and chairs and tables. In addition to support with reading and writing, activity base support was implemented through the youth scheme, that naturally led to the formal development of 'Smile's- Bounce Up'.

Within weeks of my meeting with the headteacher, 'Smile's Bounce Up' was up and running. First-generation immigrant, asylum seeker and refugee young people met in the library every Friday to talk, play games and get to know one another. The music department also arranged for the girls to sing in Arabic in the school choir and the head of the year groups invited first-generation immigrant, asylum seeker and refugee parents/carers into the school for coffee mornings.

As a direct result of the PAR study, the school arranged a series of coffee mornings for families supported by staff from the local family support centre. The teacher and the parents/carers found this a great opportunity to connect with one another. The coffee mornings supported the fact that it was not only the young people who needed support with the transition process, but that their families also needed to feel connected and supported with the transition. The coffee mornings supported

relationships, connecting the teacher with the parents/carers, allowing relationships to develop over time, this was supported by the local family centre where individual workers had built strong trusting relationships with the parents/carers. These trusting relationships enabled the link between the school and the parent/carers to be fluid and enable positive connections.

By raising my concerns with the head about the lack of progress and the possibility of my research ending before the study had been implemented, there was a huge turnaround in school involvement. My enduring conclusion form this experience, is that the school clearly needed the leadership of the headteacher for the participatory action scheme to grow to support the mental health of first-generation immigrant, asylum seeker and refugee students.

With the renewed support of the school, I contacted the mental health champions and asked them to help the school to set up the study. They agreed to support the young people and the school to develop and implement ‘Smile’s Bounce Up’ by facilitating workshops on mental health and well-being, by helping the young people to bring their ideas to life through narrative journeys. In addition to helping the young people develop the Welcome Pack (Appendix 11) described in Chapter 7, the mental health champions also agreed to help the young people to write a mental health information booklet (see Appendix 12). The mental health champions also agreed to support the young people to making a cartoon about ‘Smile’s Bounce Up’ that could be shown at a school assembly (see Appendix 12) and they agreed to visit the school on two separate occasions over six months to review progress and help support the development of the peer- support ‘Smile’s- Bounce Up’.

Once ‘Smile’s-Bounce Up’ had been running for three months, I returned to the school to interview the students and the teachers. In total, nine young people (six were peer mentors, 3 were peer mentees) took part in the fourth focus group and the teacher was interviewed once more according to implementation and process evaluation techniques.

REVIEWING ‘SMILE’S BOUNCE UP’: A YOUNG PERSON’S PERSPECTIVE

For each young person who helped to design ‘Smile’s-Bounce Up’, the opportunity to develop confidence in speaking, reading and writing in English was a clear priority.

For this reason, the Welcome Pack was designed to include English translations of a list of common colloquialisms. Consistent with the philosophical community of inquiry and critical pedagogy (Fisherman 2010), the young people also explained that the Pack was intended to provide a summary of other pupil's lived experiences of what it was like to be moving to a school in a new country and would summarise information about mental health and well-being. As the young people who helped design and approved the Pack recognised the value of feeling secure at school, they explained that it also included information about the local area, class timetables, meal and break times, a biography of key teachers and information about local sports groups, social clubs, language classes and public transport. When asked to explain what they wanted the Pack to achieve, the young people said:

> *Abdul: "We want new people to know that they should never stop smiling…"*

> *Fadel – "Yes, that we are always here to support them. I was so shy when I started here. I had depression. Others need to know that you can make friends in a new school. You can learn the language; you can meet people who have the same language. People will help you, give me a hug. It's alright for us to do that".*

In the above extracts, Abdul and Fadel were reflecting on their experience of starting school in a new country. Fadel, who was part of the thirst three focus groups uses the word 'depression', he never used this language in the first focus group. It is not clear whether Fadel was living with a diagnosed condition or whether his work with the mental health champions had provided him with the language to describe how he was feeling when he started at the school. Reflecting on how he felt starting at a school in a new country, he, like Fadel went on to explain that the Pack was designed to help young people in their transition to the new school and provide some reassurance. For Zamir, the development of the Pack also reinforced the importance of strong social networks that can be missing for some young people:

> *Zamir: "The Welcome Pack is good, but my job is to show new kids around the school. It is my job to make them feel more comfortable. I was worried and shy, like I don't know, lonely, like my personality is like wanting to be with people all the time but*

because the school had a different language, I was alone. Actually, when someone does not speak your language people don't speak to you. No-one spoke to me when I started, it wasn't until my English got better that I made friends. I have friends now. That's what my job is to show [newly arrived children] around the school. Because I do not speak their language but that doesn't matter. I am still their friend and will be there at break and lunch times."

As Zamir suggests, the 'Smile's-Bounce Up' study enabled the young people to develop an opportunity to provide a system of support that was not available to them. By reflecting on their own experiences of moving to a new school, the young people who developed and implemented 'Smile's Bounce Up' were able to improve a situation that for them represented a very difficult transition. Considered through the lens of 'self-help' each young people began to see how the study was promoting the mental health and well-being of other young people in school. For the young people, the success of 'Smile's Bounce Up' has not been borne out of empirical-based practice, government policy or clinical intervention, it had been borne out of the lived experience of each young person:

Hanif: In our situation it is really important to have someone safe to talk to especially if you meet other cultures and speak different languages. So, if someone who is in the same situation as you, you can talk about it, be comfortable, you are not the only one who feels like this, you are not the only one feels like this in this situation. I am proud of what I do. Talk, have a chat, have a laugh. Sometimes ask more information about them, what they like, do they have brother and sisters. Like if they like to sing, I like to sing, sometimes I sing to them. The person who is being buddied will not be on their own, she will feel that there is someone to talk with or someone being there. For the buddy if there is someone from another culture, they will have more friends, it is not a bad thing. There was a new girl two days ago I spoke to her. Asked her name. Asked if she was new. She said "yes". I said, "I am was in the same situation". She is from

a different culture she felt comfortable as she talked to me. I took her around the school. I said be comfortable in yourself. I said that the students are very nice, and that I was here if she had a problem. She had a buddy in me, but by talking to her I think that she did not feel alone. I did not have that. No one encouraged me to talk".

In the above excerpt, Hanif explains that she was not allocated a buddy when she started at the school. This experience of feeling lonely was still strong for her. She explained that if the buddy system had been set up, perhaps her feeling of loneliness could have been prevented. Hanif goes onto explain that her negative experiences provided the catalyst to ensure that other young people do not feel alone.

The opportunity for young people to seek peer support in matters related to mental health and well-being through 'Smile's Bounce Up' demonstrates clear consistency with the themes presented in Chapter 4. However, the initially reluctant development of 'Smile's Bounce Up' also shows that the mental health and well-being of newly arrived young people is not consistently prioritised by the entire school staff. It could be argued, for example that if Hanif was supported by school staff in the same way that she describes supporting her peers, there is a potential counterfactual case that the 'Smile's Bounce Up' study might not have been needed to the extent to which it was operating. Indeed, it appears that the 'Smile's-Bounce Up' study grew in the absence of consistent, knowledgeable or evidence informed school led support.

Not only did the young people who were being supported by the 'Smile's-Bounce Up' study recognise the value of peer support, the young people providing the advice and guidance began to recognise that they were making the difference to school's systems by providing a network that they themselves once needed:

Antoni: "My job in 'Smile's Bounce Up' has led to me becoming Head Boy. People come to me and I take them under my arm and say, "how you doing?"

Abdul: "My job in 'Smile's Bounce Up' is to support another young person new to the school. I have a 12yr old he is shy. Sometimes it is hard to talk due to language - he speaks

Portuguese. When I see him in the corridor, I say Hi and wave. I am his smiling face."

As suggested, the young people helping to facilitate 'Smile's-Bounce Up' were proud of what they had achieved. When talking about mental health, the young people did not sit with their heads down looking at the floor as they did in the first focus group (see Chapter 5). Instead they spoke with confidence, and appeared to be comfortable, smiling and joking with one another. They each gave me the impression that they felt like they belonged in the school and that they felt valued. The experiences shared by the young people suggested to me that 'Smile's-Bounce Up' has not only developed opportunities for peer support, it has also created a whole school approach to supporting young people.

Taking a humanistic approach to support and self-help, each young person explained that what mattered most in promoting their mental health and well-being within schools was the social network and the friendships that were enabled by 'Smile's-Bounce Up'. By helping young people to feel included, cared for, important and valuable, the young people and staff who facilitated 'Smile's-Bounce Up' enabled others to recognise that that there were other young people in the school who were genuinely interested and prepared to Smile. Although the young people in the focus group did not say it, the experience of being a first-generation immigrant, asylum seeker and refugee must have been terrifying, they spoke of feeling lonely and depressed. What the 'Smile's Bounce Up' study achieved, was providing opportunities for a buddy system, a student led approach to social inclusion that the school had hitherto been unable to achieve:

Interviewer: "Where are your Buddies from?"

Mustafa: "Mine are from Brazil."

Abdul: "Mine are from Brazil too."

Interviewer: "So is there a big language barrier for you?"

Mustafa: "No not really. We have a sense of humour, they talk openly, we joke around. I see him in the hallway tap him on his

back. I want him to know that I am there for him. Feel like he is at home, have friends around. Someone to talk to".

Participatory Action Research provided the tool to facilitate opportunities for first-generation immigrant, asylum seeker and refugee to come together to talk about mental health and well-being in schools and to take steps to improve the transition of newly arrived young people. Reflecting on their own feelings of isolation, exclusion, insecurity and fear, they were able to design a peer support network that would provide a Welcome Pack and an informal social network that was sympathetic, supportive and inclusive. Without this social network it became clear, after listening to the young people being supported by the 'Smile's Bounce Up' study, that the mental health and well-being of first-generation immigrant, asylum seeker and refugee people could have remained the single biggest barrier to a feeling of well-being.

After I met with the young people who were facilitating 'Smile's-Bounce Up', I thought it was valuable to catch up with the young people who were being supported by the study. The opportunity to speak to the people who were accessing 'Smile's-Bounce Up' enabled me to better understand the scheme was working and how it was benefiting other first-generation immigrant, asylum seeker and refugee young people:

Interviewer: What is it like having a buddy?

Olga "When I start the school, I cried a lot at my home. I did not want to go to school. Suzanne is my buddy now. She is from Syria she speaks Arabic; she is 16yrs, she like singing, but only when she is alone as she is shy. Her favourite colours are black white and green. Suzanne always says, "Hi, how are you?" We say hello and have a hug. Suzanne makes it easier to come to school. She helps me with my English. We spend time together at lunch times. We meet up in the library to talk and play. To get to know one another".

Mica: I'm the same. My buddy makes me happy; she helps to learn English. I think if you don't have a buddy it is so hard to learn the language. The buddy helps with this. I feel like it is

hard. I all the time repeat, I found learning English hard. But when I am with my Buddy I learn. I feel better.

Safi: "Like Olga I felt lonely when I started at the school. There were days when I was hiding in the corridors I felt very alone and did not have any friends no one to play with and I thought it was so important to have friend, someone to Smile at. Someone to go to if you needed help or to. It feels very good now I have a buddy as I did not have anyone now, I have someone.

These three excerpts above show the importance of 'Smile's-Bounce Up' and peer support. As illustrated, when the girls started the school 'Smile's-Bounce Up' had not been implemented. Safi speaks of being lonely, but now she has someone to call a friend. Although learning English is an important factor that can enable some young people to feel part of the school, this need for guidance through peer support can also help to promote mental health and well-being.

This opportunity for improved mental health and well-being was also recognised by the boys who took part in the original three focus groups. They explained that sharing games, playing on the computer and supporting language development was so beneficial to their sense of inclusion. This finding was so valuable to be as a post-graduate researcher and former child and adolescent mental health practitioner because 'Smile's-Bounce Up' hade become an unexpected example of a psychosocial intervention, it had manifested in the original way that the young people wanted. In other words, the impact of the study is exactly what the young people originally planned. To Smile, to support, to have a friend, someone to look out for you, to help with English and to have fun together. All these things were happening the scheme was led by the young people and supported by the staff through a whole school approach. It was this support for growth that led to increased resilience through a feeling of belonging, learning, and coping. As each young person explained, 'Smile's-Bounce Up' was supporting their health helping them cope with change and at the same time supporting their well-being, in developing their futures and engaging with their new community.

As suggested by Olga, a young person from Romania, in the above excerpt, the identity of the buddy becomes irrelevant where the opportunity for friendship exists. From this perspective, feeling valued, being supported, having a sense of belonging, having someone who cares, shares and listens is clearly the biggest enabler of mental health and well-being for first-generation immigrant, asylum seeker and refugee young people in schools.

The young people who took part in the 'Smile's-Bounce Up' study explained that for the study to be successful in other schools, the personal characteristics of the buddies had to be considered alongside their ability to enable others to feel safe in their environment. The feeling of being safe can be associated to the early assumptions of attachment theory (Bowlby 1950) as feeling calm, soothed, and regulated, supports coping with stress and supports adaptability and resilience. As the young people explained, a safe environment is crucial to those who have experienced diaspora, trauma, uncertainty, change, and loss. That feeling of safety can support their mental health, their emotional regulation and enable them to feel able to adapt to their new environment:

> *Interviewer: "If another school was thinking about starting their own 'Smile's Bounce Up' what advice would you give them?"*
>
> *Antoni: "Choose the right people. There are different personalities. Some are shy."*
>
> *Mustafa: "Yes, some are shy."*
>
> *Antoni: "Some are really energetic – zoom, zoom. A Buddy needs energy to be a buddy and they need to be happy and to have a sense of responsibility".*
>
> *Mustafa: "And they need to have a Smile's"*
>
> *Abdul: They need to help make school feel safer, less anxious. So, the ones they are a buddy to can move around the school feeling safe. If they are happy and safe, they can concentrate and focus.*

Mustafa: "I feel happy and safe. I can now concentrate and focus".

As shown above, 'Smile's-Bounce Up' is built on the support of buddies (peer support mentors) who can demonstrate emotional resilience, positive mental health and well-being themselves. They also require a determined commitment to support others and ability to help make the school feel safer whilst at the same time managing their own anxieties about school exams and other responsibilities. For this reason, each young person explained that the school has a central role in supporting the buddies to keep themselves safe.

Antoni: "Two years ago, only a couple of us. Now there are over 50 pupils from various places across the world. We only had one Teacher who spent time with us. Now we have more teachers, we have the buddy group. It is helping us to feel confident about ourselves. If we are a buddy for someone who is struggling and feeling sad, we can tell the teacher. It is important that the teacher is part of 'Smile's Bounce Up'. We now have a wider community. The teacher helped me to be Head Boy. My confidence has grown, so I now offer support to others.

Mustafa: (Laughing): "Yeah, he takes all the credit."

As shown above, a direct but unintended result of the 'Smile's-Bounce Up' study prompted the school to recognise their duty of care to the buddies. As a result, the young people explained that the school had begun to change the way that they supported first-generation immigrant, asylum seeker and refugee young people too.

Reviewing 'Smile's Bounce Up': a mental health champion perspective

In addition to the support offered to the young people by the school, it is important to note that 'the young people were also mentored by three mental health champions from a local voluntary service. The champions were able to meet the young people at the school to help them plan their Welcome Pack, buddy system and provide key aspects of peer support in mental health and well-being. Complementing the support of the teacher assigned, the mental health champions could provide opportunities for

self-help through informal peer support networks. In a following excepts the mental health champions reflect on their role supporting ‘Smile’s-Bounce Up’

> *Paul: “In terms of supporting the ‘Smile’s Bounce Up’, we did a lot of things. The emotional part of the work meant we had to talk about words they might not understand, how to describe their mental health, emotions, hopes, fears and aspirations and how to describe their own journeys”.*
>
> *Sarah: “Yes, many struggled to write about their journey to the UK.”*
>
> *James: “To help them we wrote words on a white board. Words for good, words for bad.”*
>
> *Sarah: “We did not put them under any pressure though, we just said to share what they wanted to. Fadel read his story about coming to the UK first and then Dabir read his work aloud. These two stories helped others to speak more freely about their own journeys. This experience really brought the group together.”*

As suggested, the mental health champions were highly motivated to support the scheme. They had their own ideas for developing the mental health workshops and worked to support the young people in the school to develop their Welcome Pack. They shared their thoughts with me and felt confident delivering and supporting the young people to design and develop a booklet to support new starters to the school.

Given the time restrictions, structure and resources within a school, it became clear to me that the mental health champions were able to achieve something that the school might not have been able to without ongoing external support. By creating a safe space for people to talk about mental health, the mental health champions were able to explore the young people’s individual journeys, experiences, hopes fears and aspirations to create the sense of closeness that is described. By uniting the young people through their stories of diaspora, dislocation, grief separation and loss, a feeling of unity was enabled that enabled the group to work together to find a solution to promoting mental health and well-being in schools. The champions reported that

the school supported the expansion of the stories which gave them more richness, they felt that the trusting relationship that the young people had with their school supported this action.

The solution that the ‘Smile’s Bounce Up’ study created was the opportunity for young people to acknowledge differences. What is more significant, is the fact that the ‘Smile’s Bounce Up’ study enabled the mental health champions to talk about how being a first-generation immigrant, asylum seeker and refugee affected their mental health and well-being in that school. Unlike a researcher or clinical practitioner, the mental health champions did not seek broad generalisations, theoretical definitions or a clinical diagnosis. Instead they enabled the young people to design the key needed to unlock the solutions to their feelings of social insecurity, anxiety, fear and isolation.

> *Paul: “Over time, I could see that the young people running the ‘Smile’s Bounce Up’ stopped being seen as an alien because they had come from other countries. They became proud of their journeys and began to see that this was something big for them. They began to see that their journeys had affected their school life in a bigger way, but that they could respect themselves and know that they were brave. They could move from talking about Syria with all the bombs and warfare, massive, everyone is going to war kind of thing to talking about likin football, loving playing outside, being really into my music.”*

> *Sarah: “Yes, because they had first expressed the barriers at school that isolated them, trauma, not being able to speak much English and how they had overcome these challenges by playing sport, speaking to others about their worries, to us, they knew that they could help others to feel more comfortable at school too.”*

During the interview, each mental health champions showed enormous compassion to the young people in the school. Consistent with the contact hypothesis, Allport (1954) which suggests that intergroup contact under appropriate conditions can effectively reduce prejudice between majority and minority group members, the

workshops had taught the mental health champions about different cultures. I could see their own personal and professional growth through the way they spoke about the young people, they felt so proud to have met with them and to have had the opportunity to work with them. They were shocked how the little things (sports, talking) had supported their coping mechanisms through their transition.

Ultimately, the opportunities enabled by 'Smile's-Bounce Up' enabled the experiences associated with individual journey's to be shared. By creating and enabling opportunities for young people to talk about their personal story, the mental health champions did not judge or seek to assess mental health and well-being. Instead they facilitated a chance for young people to add to their own narrative. To help the young people to author a new episode in their lives that was not completely oppressed by the experience of war, diaspora, isolation and anxiety. An episode that could enable them to help others feel safer and more included in school.

The mental health champions were able to act as facilitators of student led change and were key enables of mental health and well-being. The production of the 'How are you feeling today? booklet (Appendix 12) was important. As the mental health champions were young adults, I feel that they were able to connect to the young people in a way that did not seek to impress change based upon their own lived experiences, but they provided the opportunity for the young people to shape their own action through the planned and supported workshops. After seeing how the 'Smile's-Bounce Up' study had helped so many young people within the school, the mental health champions each agreed that a new model of promoting the mental health and well-being of young people in schools had been found.

> *Interviewer: "Is the work that you have facilitated transferable to other schools?"*
>
> *Paul - Definitely. Schools need to allow the students to take over planning and designing the support that they need. If a school does not have any refugees or migrant students, they could still get the group to run the Smile's buddy programme for transitions from juniors to high school or for other young people transitioning in general. Generally, when we have produced work like this, we have used tool kits and things for schools.*

The 'Smile's Bounce Up' is easy – just support the students to do what they think is right for them.

The mental health champions were highly animated when they spoke about the future potential of the 'Smile's Bounce Up' model. They each explained that there was enormous opportunity to develop the approach in other schools. They explained that having a peer support system (a 'Smile's Bounce Up' group) in every school was so beneficial. They saw that their workshops and the booklet could be used as a template that could be adapted to suit the needs of any school. The mental health champions were so excited by the potential of the 'Smile's Bounce Up' study that they agreed to work with me to present a summary of their work at a national Young Minds child and adolescent mental health conference in February 2019 (see Appendix 14 for further details.)

With the mental health champions connecting and not analysing the students as a mental health practitioner may have done, their ability to avoid transferring empirically based methods of mental health and well-being or clinically informed interventions is clearly the first step toward inclusion. Whilst primary mental health services are essential for those young people who require them, the testimonies presented above and below show that young people can provide the solution to promoting mental health and well-being in schools if they are first supported to understand their own power in creating social change. As two mental health champions observed, one of the first steps in promoting mental health and well-being in schools is to suspend all judgement. Whilst clinical experience of child and adolescent mental health is important, it must not be used to justify action:

James: "I never personally met any refugees or anyone from war. When you do hear it on the news, they make out that immigration is a huge issue when it is not. For me it isn't it brings nicer people to our country. When we left the group after the workshop, they all shook our hands. We have never had that. In my three years as a mental health champion not once has anyone shook my hand and said thank you. These students are trying to escape the bad people, there is a war going on in their homeland. They want a future, to be doctors, builders. I

think for me the news does not provide a deep understanding of refugees. Like I see on the news there are bomb strikes, suicide bombers in Iraq where 68 people died. You think that it is bad but 2 minutes later you forget. But now I have met the group it has changed my thoughts. Now when I hear on the news about war and bombs, I think this is someone's brother, someone's child, it seems more real".

Sarah: "Like I noticed when we went away the first time, I was thinking WOW they appreciate everything. The smaller things. I have younger brothers and if I asked them what they like they would say playing on the X-Box, but the students at the school were saying going to the park. They appreciated the tiniest things".

As shown in the above excerpts, the workshops had supported the young people in the school but also the mental health champions whose knowledge was further developed by their new relationships. The mental health champions recognised that, as shown throughout Chapters 5 and 6 and 7, the young people who took part in this study did not want the self-help web-based application to be the main driver to promote their mental health and well-being. They wanted something much simpler. All they wanted was someone, someone with a Smile.

REVIEWING 'SMILE'S BOUNCE UP': A TEACHER'S PERSPECTIVE

The 'Smile's Bounce Up' study was, as Participatory Action Research determined, the solution that first-generation immigrant, asylum seeker and refugee children attending a school in the North West of England identified as one solution to promote mental health and well-being in schools. As is hopefully now clear, the development of the study was primarily enabled by the school's facilitation of a series of focus groups, meetings and planning sessions between first-generation immigrants, asylum seekers, refugees and three mental health champions. Put plainly, the school enabled the young people to respond to the opportunity to address those feelings of grief, separation and loss usually associated with diaspora, dispossession, displacement and geographical and interfamilial dislocation.

The fact that ‘Smile’s-Bounce Up’ was facilitated by the school, and a lead teacher became an important factor in the full attainment of PAR, the Welcome pack, the booklet, the video and the peer support that was designed. As the young people were required to adjust to their role of being active participants in promoting mental health in schools, a role that took time to develop, the teacher also had to adjust her expectations about being a leader for mental health and well-being:

> *Teacher: “The mental health champions were very well organised. They created a very positive atmosphere. They managed to get all students to contribute in their time which was good as this is quite a skill. I did not feel I had to interfere or be involved very much. A very successful event”.*

The above excerpt suggests that the teacher had been used to being more involved in previous school activities related to mental health and well-being. As the mental health champions led the session, and enabled the students to share their journeys, the role of the teacher as an observer facilitator appeared to create an imbalance of power that the teacher may not have been used to. Indeed, the teacher did suggest that the young people did not need to learn about mental health because of the adversity that they had experienced:

> *Interviewer: “Do you think the students learnt about mental health and self-help from the mental health champions?”*
>
> *Teacher: “Yes. But the students are already perhaps in an advance of self-awareness compared to other children of their age because of everything they have been through. They already know about mental health because they have had such a traumatic start. They already have a level of awareness about mental health, so the champions did not have to spend a lot of time explaining what mental health is, the students feel it, they lived it, they are it.”*

Contained within the words presented above is the suggestion that the first-generation immigrant, asylum seeker and refugee students at the school are experts in mental health by experience. Due to their lived experiences, the teacher felt that

they did not need as much support from the mental health champions to understand what mental health is. Compared to the findings presented in literature in Chapter 4 and the focus group described in Chapter 5, a focus group that the teacher attended, where the young people appeared to struggle to articulate what constituted as mental health, the suggestion that first-generation immigrant, asylum seeker and refugee students know more about mental health than others is out of step with the body of empirical and objective evidence presented in this thesis.

When the above quotation is closely considered, there emerges a growing theme that the teacher was not entirely comfortable with the work that the champions were supporting and the solutions that the students identified. By suggesting that first-generation immigrant, asylum seeker and refugee students are experts by experience, it is possible to imagine that the teacher would have fully supported the study that was designed. However, in relation to the Welcome Booklet, the teacher appeared to be critical of the work that had been achieved:

> *Interviewer: The champions have been working with the young people in the school and have come up with a booklet to use for new starters. What do you think of it?*
>
> *Teacher: "I do need to run it past the Head as I do not want some staff to feel they were left out. But if we put all the teachers in this would become to teacher heavy. So as long as the Head is okay with that, I think it is a good idea. Obviously, some members of staff might have left but I think it is a really nice idea, but it will need updating regularly. Perhaps a little bit more in terms of showing certain teachers i.e. head of English. I was also thinking about putting parent support needs in there, with support agencies, so that the families can also share what is being done in the school. I think that this booklet should go home [with the students] as well. Parents can see it and see how the children are getting on – like a school home record. I have always discussed previously the importance of parents having that connection with the school. So, it is really really important that in the list of teachers that the SENCO is listed*

too. There is also the need to include safeguarding people, so the parents have that knowledge too. To be honest this booklet is less formal than I would expect. We do give out some information like this already, but they are formal. I suppose this is booklet is less daunting. Whereby this is child friendly and if your parent does not speak English it can be parent friendly too."

In relation to the above excerpt, it is worth reiterating the point here that the Welcome Pack (see Appendix 11) was designed by the students so that other newly arrived first-generation immigrant, asylum seeker and refugee students would not experience the same overwhelming feelings of anxiety that they did. As shown in Chapter 7 and summarised in the teacher's initial excitement at the opportunity to democratise whole school approaches to mental health, the original ambition of the Welcome Pack was for it to be given to other students. Once the booklet had been designed though, the teacher's original enthusiasm appeared to continue, however her own ideas about what the booklet needed to be, or how it could be improved, began to challenge the original purpose of it.

As the young people who took part in the study began to describe how 'Smile's-Bounce Up' had enabled them to promote mental health and well-being by providing a system of support that was not available to them when they started at the school, it appeared that the teacher also could see how the school system was changing. Recognising that 'Smile's-Bounce Up' was useful, the teacher suggested that it added to a whole school approach to mental health and well-being that was not in place previously.

Teacher: "As a whole school now we generally create an atmosphere for this group and for others, that teachers are here to help. I think it has helped a lot that we are so very open. There are a lot of staff who give up a lot of their time, to encourage students to speak so I would not expect a problem to fester. For example, a child had a problem he spoke to his form tutor, who then spoke to me. By the end of the week the right support was found. He received monitoring every day, he

received a card, so he could take himself out of lessons and find the right teacher. We also spoke to his family. I think it is important that they do know where to go for professional help and that bearing in mind some children will have a favourite adult to talk to"

Although the teacher is seeing a whole school approach as cited in the above quotation, the teacher also appears to be emphasising a tiered approach to school support that places the professional, the teacher, as the provider, over the opportunity for peer support. The positive here is that schoolteachers are communicating concerns to one another and this level of interschool collaboration is particularly important if a young person is experiencing a matter that would be inappropriate for peer support. However, it seems that there is a lack of understanding on how the peer support programme can facilitate mental well-being too.

Without doubt, the role of a peer mentor is likely to be difficult. In certain situations, the challenges that a young person might face may be too complex for a peer to manage. Therefore, students and teachers need to work alongside one another, meeting up together to reflect on the support being offered. Although the teacher is acknowledging the benefits of the 'Smile's Bounce Up' peer (buddy) mentor scheme by supporting the focus groups and workshops, it was also clear that the teacher was not comfortable by the perception that participatory action and the development of 'Smile's Bounce Up' may mean that she had to relinquish some of her power:

Teacher: "I feel strongly that when I choose a buddy for another student I don't necessarily know who works best with them…I would prefer to call them a soul mate, but a buddy is fine…I think that all the students can talk to me anyway. They all come to me separately. I think it helps being an older female teacher, they ask me for hugs, they will tell me their worries. They come all the time. Ask me things. It's interesting that the students have this theory that if Miss says to you "I will sort it", she will sort it. They have picked up on my language which is interesting. I don't think any of them are struggling with mental

health, they seem so happy, they do not want to go on holiday they love coming to school to see me."

Clearly the teacher holds an important and influential position within the school. A position that enables strong relationships with first-generation immigrant, asylum seeker and refugee students to form. However, within the context of that position and the relationships that were described is a power differential that required careful analysis. In the situation being described, the teacher, who is the designated lead for first-generation immigrant, asylum seeker and refugee students, has assumed the position of expert on whom all first-generation immigrant, asylum seeker and refugee students are dependent. This dependency, suggested in the quote, *"I don't think any of them are struggling with mental health, they seem so happy, they do not want to go on holiday they love coming to school to see me"* began to highlight a potential threat to the longevity of 'Smile's-Bounce Up'. It is arguable, for instance, that the professional agency of the teacher is reflected in her need to be needed.

This initial reluctance of the teacher to support 'Smile's Bounce Up', suggested by my experience of being unable to contact her for six months, became a huge barrier to the PAR process. Being committed to the core assumptions of PAR myself, I became confused and then frustrated because the designated teacher did not appear to share my enthusiasm for participation or action. I was also irritated by my perception that the designated teacher was sceptical about PAR.

To ensure that the PAR study was successful, I found myself adapting my own role as a post-graduate researcher. As well as being a higher degree research student, I became an advocate for children's rights, a mediator, a project manager, and a child and adolescent mental health practitioner.

Once Smile's-Bounce Up' had been implemented, I invited the teacher to present a summary of her work alongside the mental health champions at a national Young Minds child and adolescent mental health conference (see Appendix 14 for further details). By enabling the teacher to be describing what could be considered a heuristic pedagogical approach to mental health, I believe that her attitude to the 'Smile's-Bounce Up' began to change.

During the conference, the designated teacher spoke about ‘Smile’s Bounce Up’. Given the positive changes that the school had made to promote mental health and well-being of students, the work that was described received a great deal of interest and several complements from the conference delegates. Recognising the value of the work that was being done in the school, it appeared that the confidence of the designated teacher to support ‘Smile’s Bounce Up’ began to grow.

The conference allowed the designated teacher to talk about how participatory action PAR had supported the young people at the school. Despite the opinions recorded in the interview above, the teacher explained that the school was now more aware of the issues concerning the mental well-being of their students. The teacher added that due to this change of perspective, the school has trebled its intake of refugees, asylum seeker and European migrants. The teacher continued to add that the reason for the increase in student’s numbers was mostly due to word of mouth within the refugees, asylum seeker and European migrant community, who now recognise that the school is highly supportive of student transitions and well-being.

Reflecting on the teacher’s contribution at the conference, it appeared that the validation of the PAR work being done came from the feedback of conference delegates, and not from the young people who were at the school. It was my impression that the designated teacher’s energy in the study increased because of the positive attention that they received from other professionals. ‘Smile’s Bounce Up’ was described by the conference Chair as innovative and cutting edge. To me this compliment meant more to the designated teacher than the views and wishes of the children. It seemed to give them the kudos associated with the study, that their work was now being recognised by other professionals.

After the conference, the designated teacher allowed some of the young people to take leadership roles in ‘Smile’s Bounce Up’. In support of the findings summarised by Cefai & Cooper (2017), the change in the designated teacher approach, and her willingness to share power, provided an emancipatory opportunity which held promise for young people who were navigating developmental and social transitions to see themselves as leaders with visions of direction. In my considered opinion, the shift in the designated teacher position came as a result of the conference. My enduring conclusion, therefore, is that the PAR process could have been seriously

undermined if the teacher had not attended the conference or brave enough to relinquish her position of power as the 'expert'.

In my opinion, the work that I undertook to garner the interest of the teacher was important to ensure the success of PAR, the attainment and implementation of the agreed actions and the school's orientation toward mental health, education and support. I am sure that without my ability to take the lead and become more assertive in what the needs of the young people were, 'Smile's Bounce Up' would not be running today. I am not claiming that the school did not want the change, I just felt that the designated teacher did not see the importance of the change for the young people until the work that was being done was validated by the delegates at the national conference.

DISCUSSION

So far, this chapter has provided a summary of the way in which 'Smile's Bounce Up' was implemented and who it was evaluated by, students who were buddies, students who were being supported by the buddies, mental health champions and the lead teacher for first-generation immigrants, asylum seekers and refugees. The research question *'How successful have the school been in supporting the mental health and wellbeing of young people within the school?'* guided the approach to data collection. Following the careful analysis of interview transcripts, the following key conclusions emerged:

1. Feeling valued, valuable and given a sense of belonging is clearly the biggest enabler of mental health and well-being in schools.

2. Mental health champions can act as facilitators of student led change and enablers of mental health and well-being within schools.

3. Mental health literacy needs to be embedded into school systems through a whole school approach to facilitate the mental health of students.

By extrapolating these core conclusions, this chapter has begun to show that if student led approaches to self-help are perceived by the school, and individual teachers, to threaten the established position of power it might appear that the initial enthusiasm for PAR described in Chapter 7 could begin to unravel. As 'Smile's-

Bounce Up' has clearly enabled some first-generation immigrant, asylum seeker and refugee students to become independent, some of the teacher's own power has become lost. For professional agency that thrives on the need to be needed, this chapter has begun to show that that student led approaches to self-help might become a source of intimidation that must be controlled through 'professional' supervision. The fact that the teacher believed that the Welcome Pack and the buddy system required the sanction and support of the Head and other teachers is a key finding of this thesis as it speaks to the core principles of PAR. On the one hand, it could be argued that unless teachers are prepared to fully support the use of PAR, in principle and in action, and enable young people to lead on designing their own self-help approaches to mental health and well-being, the solutions that have been devised could be trivialised by a perception of power that only really serves to promote and justify the agency of the teacher. On the other hand, if students are given the freedom to implement what they see as being important, but at the same time exclude the participation and perspective of the school, then concerns of important boundaries may get overlooked creating an ethical issue. It is key that students and teachers start working together to balance out these issues in line with the philosophical community of inquiry and critical pedagogy (Fisherman 2010).

Feeling valued, valuable and given a sense of belonging as an enabler of mental health and well-being in schools

There has not been very much made of Pat & Gage's (2019) study, which identified trends in mental ill health and health-related behaviours in two cohorts of UK adolescents in 2005 and 2015; probably because it appears to restate traditional child development theory in modern terms. Although the research did not focus on mental health and well-being of first-generation immigrant, asylum seeker and refugee children, it does state that children should, wherever possible feel loved, trusted, understood, valued and safe, be interested in life and have opportunities to enjoy themselves, have a sense of belonging in their family, school and community and have the strength to cope when something is wrong (resilience) and the ability to solve problems.

I believe that the young people who took part in this study would arguably recognise and support Patalay & Gage's (2019) findings. Having once felt insecure,

misunderstood, and devalued within the school, they described the experience of being intimidated and unsure how to cope. Feeling confused and alone, they began to blame themselves for the feelings that they experienced. Despite the approaches to promoting mental health and well-being in the school, the school had not acknowledged their needs fully, their voices had not been heard, and prior to meeting the mental health champions, none of the young people who took part in this PAR study had been enabled to tell their story.

According to Nurser, Rushworth, Shakespeare & Williams (2018), the opportunity for first-generation immigrant, asylum seeker and refugee children to create more positive individual narratives around diaspora and identity should be at the heart of any strategy to promote mental health and well-being within schools. However, without this academic insight, the mental health champions were able to draw upon their own lived experiences to facilitate a highly emotional experience where the students felt valued and safe enough to disclose. After telling their story to the group, the students appeared to develop a renewed sense of self. They began to talk about mental health and how they could improve the situation for other first-generation immigrant, asylum seeker and refugee children who came to their school. By taking time to enable the students to speak about their journeys, the mental health champions, who were young adults themselves, provided the opportunity for each person to feel valued. Their stories of their experiences were not discounted or obscured by a reliance on diagnosis in the way that Barker & Buchanan-Barker (2004) explain is common in professional mental health practice. Instead the stories of the young people were listened to.

Consistent with Eriksen, Sundfør, Karlsson, Råholm & Arman (2012), the experience of being listened to is an essential component of being seen and valued as a human being. Based on a series of phenomenological interviews with 11 first-generation immigrant, asylum seeker and refugee children, the authors argue that the absolute dignity or basic humanity that all humans share is maintained and promoted when a person is recognised by others. In this study the mental health champions were able to recognise each student by accepting them as the expert, distinguishing their lived experiences as being unique, acknowledge difference and facilitating opportunities for the students to understand what mental health is and to strengthen school-based approaches to mental health and well-being. As the mental health champions were

able to demonstrate respect for the students as a ‘normal person’ who should not be defined by any socially ascribed label, the students were able to talk about the experiences that were oppressing them. By being perceived as a human being and by being enabled to experience reciprocity in contact with others, to be listened to and to be valued as an individual, the young people were able to establish ‘Smile’s Bounce Up’ so that others could feel the sense of security, confidence, inclusion, value that they themselves reportedly had missed.

Although Myung-Yee & Whoochan (2009) and Hughes, Hayward & Finlay (2009) established the debate that the way people living with a mental health difficulty perceive themselves is often related to their experience of being recognised by professional helpers, a relationship that is a necessary context for recovery, this PAR study has begun to suggest that his message may not have been consistently applied to schools. If teachers (and schools) are unable to demonstrate an awareness of mental health and well-being or confirm that they can contribute to a feeling of insecurity, anxiety, isolation or dependency, first-generation immigrant, asylum seeker and refugee children may be unable to feel valued, valuable or belonging whilst within the school environment. As shown in this study, and as supported by Michaels, Corrigan, Kanodia, Buchholz & Abelson (2015), low rates of psychological help-seeking among school age students have been attributed to mental health stigma. Where a school can collaborate with mental health champions to promote mental health and well-being, opportunities for students to destigmatise and improve help-seeking behaviour can begin to flourish.

Mental health champions as facilitators of change

The mental health champions who took part in this study represented a peer group which could develop a relationship with the students based on a shared experience of mental health. While ‘peers’ are common in the mental health literature, the support that they can provide is not unique to mental health. Peer support has been seen in health promotion, disease prevention, and illness management strategies, and has been used to facilitate support groups, telephone and online interventions (Corrigan, Torres, Lara, Sheehan & Larson 2017).

Within the field of mental health, peer support has been founded on respect, shared responsibility, and mutual agreement (Macini 2018). As the mental health champions

who took part in this PAR study were young people with lived experience of mental health difficulties, they were able to act as role models who gave permission for the students to create their own catalyst for change. Based on the opportunities that the mental health champions were able to facilitate with the school's support, the students then began to establish their own approach to peer led self-help. It is clearly arguable that without the mental health champions the PAR study might have been quite different.

Although 'peer' support is an established intervention in which peers offer support to others with mental health difficulties, the findings reported by Kent, (2019) suggests that there are limited accounts of how peers can promote the mental health or well-being of first-generation immigrant, asylum seeker and refugee children within schools. Indeed, such is the shortage of literature on this topic that the way the 'Smile's Bounce Up' reportedly developed and enabled mental health and well-being within schools is just one example of how this study has made an original contribution to knowledge.

Where mental health peer support is used in schools, Puschner et al (2019) explains that leverage can be given to the unique expertise of people with lived experience of poor mental health to strengthen mental health systems. As peer support actively involves and empowers experts by experience, Puschner et al (2019) adds that using lived experiences, schools are more likely to embed student-centeredness, recovery orientation, human rights approaches, and community participation into service design, delivery and start to review some school systems that can support mental health. Although the study does not acknowledge the need to focus on capacity-building of peers, the fundamental principles that are defined show striking resemblance to the experiences of the buddies described above.

While there are clear potential benefits to 'Smile's-Bounce Up', as demonstrated in this study, the empirical evidence regarding the effectiveness of peer support interventions is mixed. As part of the formalised approach to PAR, 'Smile's Bounce Up' was able to support personal recovery and promote hope, empowerment, self-esteem and self-efficacy. With the support of the mental health champions, 'Smile's Bounce Up' was to be associated with enhanced social functioning, social support, and quality of life, and enhanced attitudes towards mental health. The buddies were

also able to benefit from their role of being the ‘helper’ as they explained an increasing sense of personal empowerment and self-esteem.

Most importantly, decisions related to role definition, and the degree of boundaries and overlap between the peer (the buddy) and the teacher role must be clearly defined. Within school, the first-generation immigrant, asylum seeker and refugee ‘buddy’ is also a student. Although the analysis presented above highlights an analytical position that encourages teachers to fully support the use of PAR in principle and in action, the extent to which the students peer support role replicates the role of the teaching staff, versus offering a unique level of support to other first-generation immigrant, asylum seeker and refugee children, deserves careful consideration. It may well be the case that the momentum given to developing ‘Smile’s Bounce Up’ by the young people and the PAR process did not actively include the participation of the school, and it could be for this reason that the teacher’s comments listed above appear to be indicative of power and control. A possible solution could have been for the PAR group to include an equal number of teachers, accessible training on healthy boundaries, boundary crossings, and boundary violation, and the development of opportunities for the teachers to articulate questions and concerns regarding boundary crossings with the mental health champions.

Mental health literacy needs to be embedded into school systems to facilitate the mental health of students

Improving mental health and well-being in schools is one of the most important issues currently facing society. The need to promote mental well-being in curriculum philosophy in the education system is not to deny the existence of the existing national education philosophy, but to facilitate the process of developing human capital in a more effective way (Stewart 2011). As the curriculum is related to teaching and learning, it is important to consider why embedding ‘soft skills’ such as mental health literacy is valid, Fazel (2015) argues that teachers are involved as the main agent of change, that educational change can be viewed as a process of changes in teacher’s knowledge, beliefs, aptitude, understanding, self-awareness and the practice of teaching. Within this study, it seemed at times that the lead teacher involved did not want to activate this change, which in turn impacted on the

drive to improve the mental health of first generation, immigrant, refugee and asylum-seeking young people within school. According to Subalackshmi et al (2019) teachers are considered as the main pillar in the educational system, for this reason within this study further understanding from teachers in relation to mental health and young people's voices is needed to ensure positive action.

Reflecting on the notion of positive action, Subalackshmi et al (2019) explains that teachers cannot be the effective source of knowledge unless they are supported with the essential skills and knowledge to enable this to happen. For this reason, it is clear to me that ongoing support is needed in mental health literacy to enable them to share their skills and support young people in the school setting. Subalackshmi et al (2019) substantiate this argument further by recognising that an understanding of mental health literacy not only supports the students but is able to allow teachers to work in a more harmonious environment, thus presenting positive change not individually but as a system. Pratama et al (2016) add that not only does an understanding of mental health benefit the school system, it supports coping skills in the wider community, enhancing positive societal change.

Consistent with the work of Pratama et al (2016), the new Ofsted framework (2019) contributes to the thought of social and cultural change. It explains that schools need to ensure they are promoting resilience and in doing so incorporate appropriate training for teachers to achieve this goal. Within the Ofsted (2019) framework there are lots of strong references to respect, tolerance and a school's role in developing good social influences and good relationships with young people and staff. Clearly, one of the outcomes of the findings of this study would welcome this attribute of schools developing stronger relationships with their students.

CONCLUSION

This final finding chapter has presented a summary of the implementation and review of the 'Smile's Bounce Up' study. Interviews took place 12 months after the first three focus groups interviews described in Chapters 5, 6 and 7. This chapter has shown that despite the initial delay in implementation the young people were able to work together with the metal health champions to work with the school to devise 'Smile's Bounce Up' a peer mentor support scheme to promote their mental health and well-being through general self-help approaches.

The chapter shows that the development of ‘Smile’s Bounce Up’ was enabled with the support of the school’s senior management team and reinforced by delegates at a national conference who appeared to confirm to the designated teacher that the approach to peer-support was worthwhile. It has also shown how the ‘Smile’s Bounce Up’ was able to achieve changes to the contextual conditions needed to promote mental health and well-being verified by the socially constructed conditions that each young person described. The chapter shows, therefore, that the mental health and well-being of the young people who took part in this study could be promoted when the contextual and socially constructed conditions are met.

Chapter 9

A SUMMARY OF THE RESEARCH OBJECTIVES AND KEY MESSAGES

This chapter details a summary of the research objectives and promotes the key messages that schools can offer stability and support to young people. The key messages show that by offering a mechanism that can enable peer support, community engagement, designated mental health provision and an ability to enable young people to lead the services that they feel are best suited to them, is a way forward for educational systems. The chapter includes specific implications for schools and policy planners.

The overall objective of this study was to consider how a school could promote the mental health and well-being of first-generation immigrant, refugee, asylum seeker young people. This Chapter reviews this objective and key message that emerged from the data and PAR process.

SELF-HELP THROUGH PEER TO PEER SUPPORT

The ‘Smile’s Bounce Up’ study was enabled through an enduring commitment to partnership working and collaboration underpinned by the concept of philosophical community of inquiry and critical pedagogy (Fisherman 2010). Although there were several threats that served to unbalance the epistemological approach, I believe that this study provides a template to general self-help actioned by young people. The low intensity psychosocial intervention that was subsequently developed has clear opportunities for transferability within other schools (O’Reilly, Barry, Neary, Lane & O’Keeffe 2016). However, the intervention is not the only answer to the primary research question. Through this study I have found that the need to support young people in the realisation of their participatory action is as vitally important. Foremost, it was the voice of the young people that supported the navigation of the self-help approach that was eventually used to promote their mental health.

I recognise, therefore, that the voice of the young people will be different in every school or service. However, the process used to understand and advocate for their perspective is key. I have realised that promoting self-help techniques and peer support in schools can help to manage the more generally, pragmatic, and practical concerns that the young people who took part in this study would often report. With the foundation of peer support, this study had shown how the principles of general self-help can be enabled,

opening the door to further opportunities. I would also add that the peer-support offered by ‘Smile’s Bounce Up’ is only one factor of a range of approaches that the young people said they benefited from. The ability of the school to engage parents and carers using a model of community development was critical. The eventual ability of the designated teacher to accept and promote the rudimental concept of the philosophical community of inquiry and critical pedagogy was vital too.

The ‘Smile’s Bounce Up’ study goes some way to highlight the importance of listening to and working in partnership with young people in a school. It also shines a light on the importance of working across cultures because it acknowledges and accepts social and geographical difference. Further still, it shows the true potential of a transdisciplinary approach to mental health that can enrich the mental health of young people by tackling stigma, embracing cultures and acknowledging differences to build a better, safer, and more globally interconnected school environment.

Embracing voices and promoting mental health through peer support and general self-help holds the potential for facilitating the emergence of resilience through positive psychology required by the *‘Transforming Children and Young People’s Mental Health Provision’* (2017) Green Paper and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021. In this study I have shown how young people can be supported over time to steer and navigate their well-being and be creative in their approaches to peer support. By seeking a solution to the challenges that they encountered, the young people began to develop their own sense of resilience by identifying how their own resources and social capital could improve their own mental health.

Not only did ‘Smile’s Bounce Up’ enable the ‘resilient moves’ described by Hart et al (2007), it began to support psychological well-being, and cultural capital too. The ‘Smile’s Bounce Up’ enabled young people to ‘bounce up’ from adversity and espouse a community of peer support for one another and for other newly arrived young people at their school.

A CONCEPTUAL APPROACH TO PEER SUPPORT AND SELF-HELP IN SCHOOLS ENABLED THROUGH CO-PRODUCTION

Relevant legislation shows that in order to seek asylum in the United Kingdom there must be well-founded grounds of persecution on account of race, religion, nationality,

political belief or membership of a particular social group. There also needs to be evidence of further persecution if the individual was to return to their home country. A successful application for asylum in the UK leads to refugee status. Although the distinction between ‘asylum’ and ‘refugee’ status suggests that people characterised with these labels are not homogenous, this study has shown that there can be some clear similarities in mental health need. What is more, this study has also shown that these similarities, often associated with the experience of diaspora, can extend to include economic migrants seeking employment in another country, too.

Among refugees, asylum seekers and economic migrants there are, of course, many important differences that need to be considered when conducting PAR. Differences in culture, ethnicity, race, religion, trauma exposure, family composition, resettlement experiences and status all add to a huge range of diverse and intersectional factors that extend to highlight the importance of an approach to mental health that is responsive and representative of these perspectives.

According to Vostanis (2014), such diverse characteristics and needs necessitate different solutions and approaches of mental health service and intervention. However, in contrast to that position, the first-generation immigrant, asylum seeker and refugee young people who took part in this study agreed that their mental health and well-being depended almost entirely on their ability to feel that they belonged. This need transcended those other intersectional factors and emerged as the primary concern.

For each young person, the shared challenges associated with feelings of stress, social isolation and discrimination led to a sense of isolation within the school. However, through PAR, and the activities that I facilitated, the young people began to discover a new and innovative way to overcome these experiences to promote their mental health and well-being together.

Their main ambition was to support other young people to be happy by creating a supportive school environment that could advance the social construction of ‘well-being’ through peer support and human agency. The consequential development of ‘Smile’s Bounce Up’, and the whole school approach that eventually followed because of it, enabled me to begin to identify and develop the conceptual innovative approach to peer support that is shown in Figure 5. As is hopefully clear, the diagram shows what factors

schools might consider to promote the mental health of first- generation immigrants, asylum seekers and refugee young people.

At each stage of the innovative approach there are series of opportunities and outcomes that the school can evaluate. Those listed in outer ring represent contextual conditions needed to support the mental health and well-being of all young people in schools. The outcomes listed in the middle ring represent socially constructed conditions that require regular input and feedback form young people themselves. The inner ring represents the mental health outcomes that the young people who took part in this study explained could be promoted when the contextual and socially constructed conditions are met. Taken together with the testimonies presented in this study, the conditions listed in the innovative approach shown in Figure 5 can be said to characterise the inclusive ethos of a school because their effects are inevitably inter-woven. The research that I have conducted suggests that each of the conditions is important, but it is their cumulative effect that is necessary to promote the mental health and well-being of first-generation immigrant, asylum seeker and refugee young people in schools. As shown in this study, the key to improving mental health and well-being in schools may lie in achieving an appropriate balance between the contextual and constructive conditions that should be the same for all students.

INCREASED KNOWLEDGE OF MENTAL HEALTH AND SELF-HELP

At the beginning of the study, the young people were very guarded and shy when I asked them to talk about mental health. It seemed to me that the word ‘mental health’ was associated to an inability to cope with the tremendous adversity that had become normalised. Over the duration of the day, and after by being offered the opportunity to explore a mental health self-help application, the young people began to speak more candidly about the way that their school could have supported them during their transition to UK.

Rather than focussing on their mental health or experiences of trauma, they began to imagine and describe a whole school approach to self-help based on their view of what could and should be different. Whilst each young person was supported by a mental health champion to recognise the impact and social and physiological determinates of mental health (see Appendix 12), they also recognised the need to facilitate an

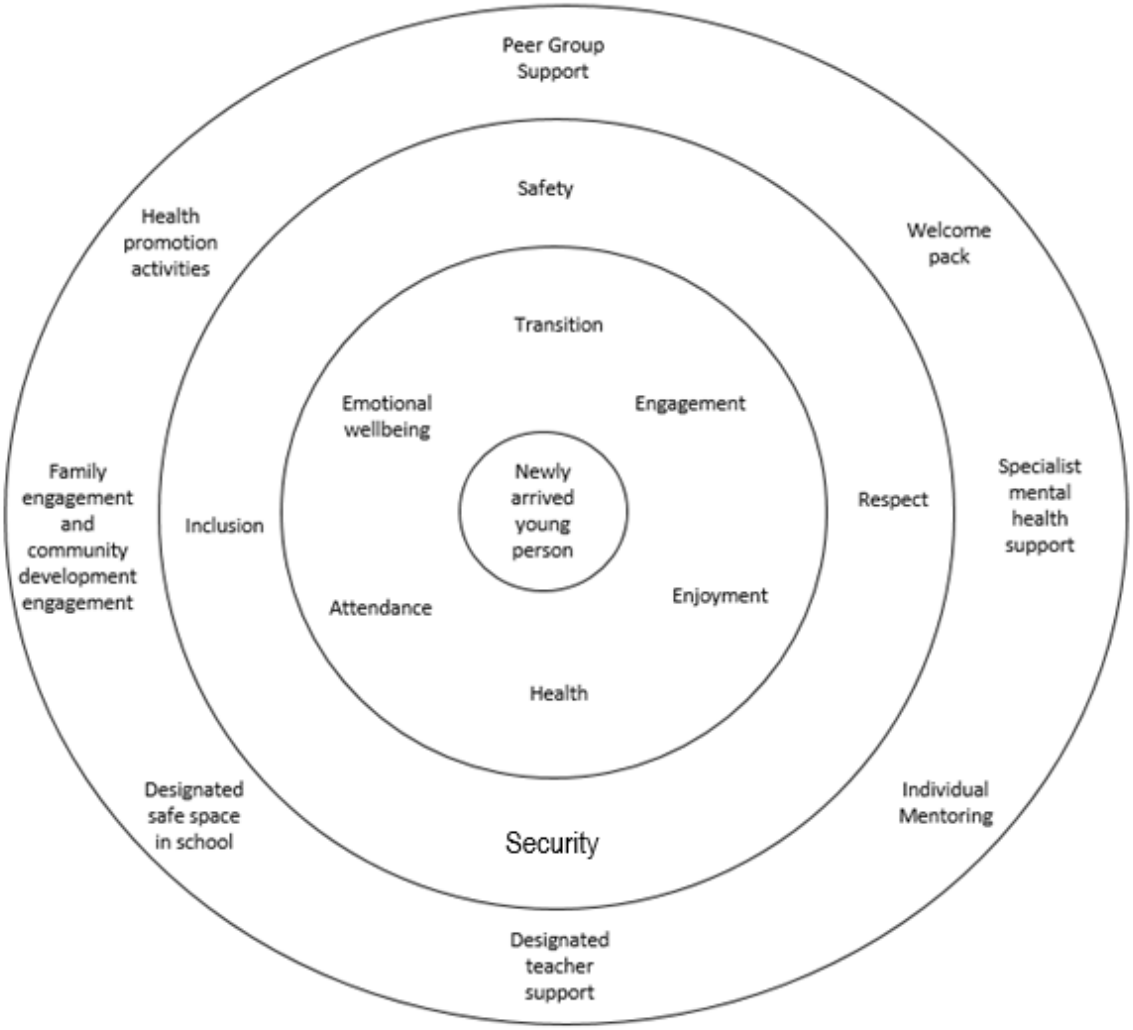


Figure 5. Using 'Smile's Bounce Up' as an innovative approach to developing peer support and self-help in schools through co-production

opportunity to provide other young people in their school with self-help through peer support. Seeing the value in the self-help application, the young people who took part in this study also believed that others should be enabled to feel safe, secure and part of a school community as a principle priority.

ATTITUDES TOWARDS PEER SUPPORT

The young people who took part in this study were found to have a positive attitude towards peer support and towards 'Smile's Bounce Up' The testimonies collected in

focus group's 4 and 5 indicated that self-help can be accessed through peers who can demonstrate emotional resilience, positive mental health and well-being themselves. Not only did the positive opportunities enabled by peer support promote the mental health and well-being of other young people in school, it also prompted the school to take a more proactive approach to student welfare, supervision and safety.

A WHOLE SCHOOL APPROACH

Although 'Smile's Bounce Up' emerged as a result of PAR, the teacher who took part in this study explained that the work of the young people had prompted a whole school approach to mental health and well-being. The ability of the young people to develop 'Smile's Bounce Up' was only enabled by the school's facilitation of a series of focus groups, meetings and planning sessions between first-generation immigrants, asylum seekers, refugees and three mental health champions. Without the support of the whole school, the young people may have been unable to respond to the opportunity to develop an idea to support others who might have been experiencing the feelings of grief, separation and loss usually associated with diaspora, dispossession, displacement and geographical and interfamilial dislocation.

KEY MESSAGES FOR SCHOOLS

Before first-generation immigrants, asylum seekers and refugee young people can access self-help with matters related to mental health, they must first be supported to feel safe, secure and important. This study has shown that the development of school-based peer-support and community engagement is one important factor that can provide the feeling of belonging that everybody deserves. However, if there are other schools considering how to implement activities such as 'Smile's Bounce Up' there are several key messages from this study that they might do well to consider.

Establishing the motivation and objectives of a PAR study

Any school seeking to promote mental health and well-being through PAR would do well to establish the motivation and objectives first. Whilst the PAR process emphasises the importance of facilitating creativity, voice, fluidity and organic growth Mirra et al (2016), this study has shown that without clear boundaries, parameters and key performance indicators, there is a real risk of research drift. If key stakeholders hold different expectations, have different motivations and identify different goals, the PAR study is

likely to fail. It is imperative, therefore that from the beginning of the PAR process, clear intentions for participation, action and research are established and agreed in a formal contractual agreement (Antonis 2016).

As with most other examples of professional research (researched that is subject to a full economic costing), each contract, even at higher degree level, should indicate to stakeholders what aspects of the study they are accountable or responsible for (Antonis 2016). The role and contribution of each stakeholder should be recorded and written into a PAR terms of reference. This document would then be used to provide the group with a sense of direction that can be communicated and referenced at staged intervals to ensure that the PAR group remains on target and on task. The PAR terms of reference would be particularly important if the key stakeholder group changes, if stakeholders leave, or if new a stakeholder joins the study at a later date.

Identifying key stakeholders who are willing to be transformative and who are ready agents for change

Achieving transformation through action is arguably the hardest part of PAR. The main reason for this difficulty, as shown in this study, is that some of the stakeholder's relationship with the PAR process can become complex and contested, individualistic and even competitive. Where power imbalances occur, a barrier to action and inclusion as the epistemology foundation of PAR can prevent the development of knowledge that is rooted in the experiences and lives of the young people. For this reason, the advice of Fahey, Breidenstein, Ippolito, & Hensley (2019) around collective engagement becomes important, particularly when schools seek to creating the space to generate and accept new knowledge. In other words, the authors argue that whilst PAR can facilitate the opportunity for positive movement, any change is heavily contingent on an assumption that key stakeholders have an agreed and shared commitment.

The selection of key stakeholders and the use of participation action tools is therefore crucial to the PAR process and any ambition to promote mental health and psychological well-being in schools. The application of a stakeholder tool such as the 'influence-importance matrix', that seeks to ascertain the direct effect of various stakeholder influences Rajablu, Marthandan & Fadzilah (2014) for example, could assist the facilitator, to identify relevant parties on the basis that they will be affected by the activities within the scope of the action. Here key stakeholders should be carefully

selected because of their importance and ability, and willingness to influence the way that the school supports young people to evaluate current approaches to mental health, both positively and negatively. If stakeholders are not fully committed to promoting mental health and well-being in schools, or only engage in the process in a tokenistic way, the PAR study is likely to drift.

Beginning the PAR process with a shared agreement, and facilitating action using a theory of change

Using PAR to promote the mental health and well-being of young people in schools requires the inclusion of key stakeholders from education, voluntary teams, health and social care who can agree on a shared agreement before any action can be taken. It is fundamental for PAR to involve those who agree with the shared agreement (that more needs to be done to promote mental health and well-being in schools) and support the assumption that a solution can be identified through a sustained and formal approach to participation. The need for a consistent and unanimous commitment to the agreement (the school could do more to promote the mental health and well-being of young people) is essential to the formulation of a theory for change.

Implementing PAR alongside training all stakeholders

Recruiting and retaining key stakeholders requires the PAR facilitator to be aware of the systems within the organisations that can combine to promote mental health and well-being. Effective stakeholder engagement in the participation, action and research stages of the study is also important for improving the development and implementation of sustainable policies and programmes that can serve as the legacy to any new pedagogic approaches.

To create an opportunity for heuristic justice and to reduce the risks associated to epistemic injustice, all key stakeholders must receive training on PAR. This training should extend to include information about participation, action and research so that individuals and organisations know where they fit into this PAR process and in the achievement of the identified theory of change. What is more crucial, individuals and organisations should be provided with the opportunity to reflect and debate the construction of power, professional and personal interests, theoretical perspectives, values, behaviours and the barriers to organisational and cultural change. Wherever

possible, training should also aim to develop team building skills and the capacity of diverse groups of stakeholders to work together, effectively and equitably. Opportunities for shared learning should be encouraged and supported by a theory for change that is supported by a formal unanimously agreed PAR terms of reference that has already been described.

KEY MESSAGES FOR POLICY

Developing a policy-led mandate for PAR in schools

Schools, voluntary, health and social care services are highly complex environments, operating across varied political, cultural and demographic contexts. As a result, these various systems can be inherently complex. Within this complexity in mind, the barriers and opportunities for participatory action within new health promotion activity, particularly regarding complex and sensitive topics such as mental health support and young asylum seekers, refugees and European migrants requires further clarification. Until DfE and DoH directive is more specifically focussed, it is important that senior management teams invest in the opportunities to help a joint approach to transformative action. If schools, voluntary, health and social care services are to help promote mental health and well-being then there needs to be training which can to support them to develop a joint dynamic operating model that acknowledges the opportunities and challenges associated with PAR.

Developing a strategy for a whole school approach to mental heath

To ensure good practice, mental health and well-being should be embedded throughout the whole school. As well as the Mental Health Support Teams (MHSTs) that should be in place in up to 25 per cent of schools by the end of 2022/23, these teams could encourage schools to work together to deliver better community support within a local area. Not only could the mental health teams support the whole school approach, placing young people, families, voluntary services, youth services in a philosophy of working partnerships to enhance the well-being of young people, they could also activate the whole school approach to mental health as a useful primer for PAR.

KEY OBJECTIVES REVIEWED

1. Listening to young people's voices through a community of inquiry

To develop an understanding of the meaning and significance of mental health and well-being from the perspective of first-generation immigrant, refugee, asylum seeker young people, using a community of inquiry and critical pedagogy and action research activities.

This objective was achieved by allowing young people to have a voice in their school. This approach contributed to their feelings of belonging to a community, by bringing them together to share their experiences, through various actions. These included:

- Story telling in workshops led by the mental health champions, voicing their opinions through focus groups with an app designer
- Creating a cartoon that was shown in a school assembly
- Voicing their thoughts through action that contributed to the development of 'Smile's Bounce Up'.

These various actions enabled the development of several initiatives that included a school welcome pack and a mental health information leaflet. Together, these initiatives raised the visibility of 'Smile's Bounce Up' and projected members. Photographs of peer support mentors were put up around the school, and young people assigned as peer mentors wore a buddy badge on their school uniform. The involvement of the peer mentors in the welcoming of newly arrived young people, the presence of buddies in the corridors, library, canteen and recreational spaces all contributed to the development of the mental health and wellbeing of young people within the school.

As shown above, the innovative approach to peer support, participation and social change, allowed the young people the chance to express their views, to design, plan and implement a support programme and acknowledge the value of self-help strategies through a peer to peer buddy system.

The implications of this objective have pointed to the changes needed in a school environment and social structure. This study has shown that PAR, when applied effectively, can instil the importance of collaboration with young people so that voices can be heard and represented. Of course, PAR was not an easy step for the school to

take because they did not acknowledge the power that young people had. Knowledge about how best to support them was assumed. However, once the designated teacher agreed to be involved, they slowly began to realise the importance of working together with the young people in way that became consistent with a whole school approach.

Key learning point 1

Allow a safe space where young people can come together to express their views and ideas. This process accepts young people as knowledge holders and knowledge creators. However, this approach needs to be fully supported by social care, health, voluntary, education professionals and community networks such as family and peers who are willing and able to share their power. The critical importance of an honest shared agreement is essential to ensure a community of inquiry and critical pedagogy are being utilised successfully.

2. Exploration of self-help strategies to support mental health and well-being

To explore the relevance of self-help strategies in participants' quest to improve their own mental health and well-being.

This objective was answered through engaging young people in the evaluation of an online digital app. The young people had the chance to navigate a popular app that is used within schools, they were also able to share their views on the app with the app designer.

The app enabled the young people to think about what they would want from an app, whether they would use one and why they would use one. The evaluation also generated much discussion enabling young people from diverse backgrounds and cultures to come together to voice their thoughts and opinions. Not only did this opportunity allow them to come together to inform an approach to promote mental health in schools, it also enabled and encouraged them to think about how this approach could be delivered. For example, they did not want a specific digital self-help app for first generational immigrants, asylum seekers and refugees.

Even though they did not want a specific app, they did want an app that could present their first language and English language to sit side by side. This idea was seen to support their language skills and knowledge of mental health terminology. Some young

people also discussed sharing the app with their family so they could work together on supporting their mental health and well-being too.

This objective also enabled the study to acknowledge the fundamental need for a humanistic approach to mental health and well-being. The young people began to show that by working together, that they had similar thoughts on what was needed to support their mental health and well-being in school. Their thoughts and contributions on self-help started with them as a group. They noted how challenging it was for them when they first arrived at the school. They talked about feeling isolated, lonely, and unsure of their future.

For them it was fundamental that no-one else felt the way that they did on their first day at school in the UK. They agreed that all young people should have a voice about what support is available to them and how schools should support them. Their thoughts, opinions, views and wishes were to have a buddy system; a peer support network that worked together as a whole school, from teachers, to extra-curricular activities through voluntary and youth groups that supported their identity and future well-being. They had a shared vison of what would support them and others. By becoming part of a community, engaging in activities and acknowledging one another was their first step in promoting mental health and well-being in their school.

The opportunity to have a voice and come together with other peers created the ‘Smile’s Bounce Up’ group, within this new expansion within the school, the young people also designed and implemented a welcome pack which also sign posted young people to well-being sites and support services. In addition, a sharing of their cartoon at school to provide awareness, inclusion and a sense of belonging. This was also shared at a mental health conference to a variety of professionals including education staff.

The implication of this approach of exploring the relevance of self-help strategies to support mental health and well-being is the movement that the young people have found their own strategies, Put simple, they had time to think about what supports them as individuals and as a collective within the school. They have varied their support by providing visual support in the ‘lonely areas’, supporting language by listening to others read, started a cultural choir, producing a visual cartoon for other young people to watch, and sharing stories about diaspora and transitions. In light of this movement, it is vital to highlight that the exploration of self-help strategies will not remain static, it will

continue to blossom and change as the young people change, for example the formation of the choir commenced as the girls had requested it, due to their love of music and singing.

Key learning point 2

Allow young people to constantly reflect on the experiences, systems and services that support them. Be respectful of other opinions and ideas, formulate different actions and constantly review. To acknowledge self-help strategies will never remain static, this is an ongoing movement that is everchanging.

3. Participatory action research and methodological innovation

To support a participatory action research study that can enable first-generation immigrant, refugee, asylum seeker young people to engage in the social construction of opportunities for self-help and peer support. Thus, encouraging methodological innovation in the promotion of mental health and well-being in schools.

This objective was enabled through creative thinking and by encouraging young people to support other young people. This awareness of peer to peer support has supported the methodological innovation. Including the mental health champions in the design and supportive delivery of the 'Smile's Bounce Up' was both challenging and rewarding. The PAR was two-fold. Firstly the mental health champions supported the researcher in guiding the focus groups, they designed and planned the workshops that supported the first generation immigrant, asylum seeker and refugee young people to create their own narratives, through play, art, words both verbal and written. Secondly the growth has come from the young people themselves who have now established their group and are able to see it in action. They are now buddies and supporting others who are now being recruited to the group. This legacy will now continue for the years ahead, enabling young people to have a voice. Not only will the legacy be supported by the school through a whole school approach, but will enable the engagement with the philosophy of a community of inquiry, allowing the growth to come from the young people and the social constructions of the community surrounding them. This innovative methodological approach has through its own being supported the mental health and well-being of the mental health champions, the young people who are now the buddies and the young people who are being buddied.

The implications of this methodological innovation are the ongoing movement of participation, it will have a continuous cycle which encompasses the realms of resilience-based practices and critical pedagogy, by supporting the mental health growth of young people for years to come. Empowering them, believing in them, respecting them and giving them a voice.

Key learning point 3

Senior school leaders should engage new innovations that can support strategic service delivery plans that seek to promote the mental health wellbeing of school children.

4. Develop new understandings on how young people can develop activities

To develop new understandings of how first-generation immigrant, refugee, asylum seeker young people can develop activities of self-help to reconcile the challenges that they and other newly arrived young people can face in school.

The objective of developing new understandings has been achieved. Not to say this has been easy, this has been the most challenging aspect of the study. Innovations in practice can be difficult to sustain and can also be problematic to keep other professionals on the same path. It is crucial therefore that developing new understandings with others, offering them training, joint working across systems, such as through conferences to share knowledge and understandings are fundamental. It is clear from this study that from attending a multi-disciplinary conference that the joint working with education, voluntary, health and the young people inspired the delegates and connected them to how vital it is to hear the voices of young people.

The young people in the school and the mental health champions have all now had the experience of being part of change. They have become the leaders and have led the ideas of what they felt at that moment was needed in their community. From the actions that they planned, designed and implemented and the difference they heard from other young people that they had supported. This was supported by the adults surrounding them, however it was the young people who knew what they wanted and needed, through acknowledging self-help strategies calming techniques, mindfulness, talking to one another, having someone to turn to, and activities such as football, singing and reading. All this supported them and became part of their daily routine, recognising their own mental health needs, by resilience building they could see a future, that they could

reconcile the challenges that they and other newly arrived young people can face in school and their communities. The formulisation that they and other young people could continue to lead and instil change. Acknowledging their developments could not only instil change in their community but demonstrate to others how they could instil it in their own communities.

Implications for this part of the objective is that young people can be the leaders in change. That even though this change was for this specific community, other communities can develop new understandings on how young people can lead and grow in new initiatives.

Key learning point 4

Schools should consider the advantage of adopting a transdisciplinary model of joint working to support young people's mental health and well-being. Working within the parameters of the community of inquiry model and through critical pedagogues allows adults to learn from the young people and vice a versa, this is paramount to how young people can develop and action support for themselves.

5. Implications for policy and practice

To articulate implications for policy and practice in mental health and well-being interventions in schools.

This objective highlighted the ongoing progress that is needed within policy and practice developments. More so that without the voices of young people how can policy and practice ensure that services, management and the mental health of a future generation is recognised. Capturing the essence of young people's voices through innovative practices, allowing them the space, respect and acknowledgement that they have knowledge and can develop change individually and collectively. Understanding through their own experiences and narratives, that they can inspire and instil positive networks, forging safe spaces and belonging within their community.

Implications of this study therefore has offered guidance to practice and supported policy developments, it has developed key messages for education and highlighted a conceptual approach to innovation within schools and communities. The policy developments can be acknowledged in future child mental health policy such as the

Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020). To ensure the promotion of the mental health needs of first-generation immigrants, asylum seekers and refugee young people.

Key learning point 5

More research is needed in order to support the immediate and future mental health and well-being of this community, further research is needed on how schools can promote the mental health and wellbeing of those children affected by displacement and diaspora, this study has commenced that pathway and hopes that further research follows to gain further perspectives to enhance policy and practice.

SUMMARY

This study has provided policy with new evidence and has invited academics to work with and not to use young people as a tokenistic gesture. It contributes to the ongoing contribution PAR can make to policy and practice. But acknowledges the challenges, strengths and solutions that policy and practice need to be aware of.

By implementing a PAR study that underscored the concept of philosophical community of inquiry and critical pedagogy, I have been able to explain how the inclusion of first-generation immigrants, asylum seekers and refugee young people can enable the development of a support programme that might not have emerged from policy concordats or evidence-based practice.

Working closely with a school in the North west of England, I have learnt that the core components and value of self-help rest in opportunities for peer support as an important first step in the opportunity to promote the mental health or well-being of first-generation immigrant, asylum seeker and refugee young people. I have also found that a key barrier to PAR can't be constructed unless the role of each individual, the scope of work to be completed, the stated shared values and the goals for social action are agreed at the outset. As shown in Chapters 5, 6, 7 and 8 these factors were achieved, but change in organisational cultures were slower than originally expected. Nevertheless, for the first-generation immigrants, asylum seekers and refugee young people who took part in the study and 'Smile's Bounce Up' is a huge step towards self-help through peer support has been achieved.

CONCLUSION

The key messages presented in this chapter shows that schools can offer stability and support to young people by offering a mechanism that can enable peer support, community engagement, designated mental health provision and an ability to enable young people to lead the services that they feel are best suited to them. Whilst it is arguable that schools involved in supporting first-generation immigrants, asylum seekers and refugee young people are responsible for promoting mental health and well-being, the precise strategy is likely to be individual to each establishment. Reflecting on the lessons that I have learnt over the last three years; this chapter has included a summary of the key messages and objectives including specific implications for schools and policy planners.

Chapter 10

CONCLUSION AND THE STUDY'S CONTRIBUTION TO KNOWLEDGE

INTRODUCTION

This chapter is the concluding chapter. It highlights the unique contribution made by this study. It evidences that innovation in practice through determination and ontological principles, that PAR has a place in our wider society and academic communities. Through the enablement of peer-to-peer support, community action and participatory action, mental health and well-being can be supported in ways that policy planners might not normally think about. Foremost, this chapter shows that promoting mental health in schools is sustainable when using a responsive approach to young people.

Moreover, this chapter concludes how this study aimed to answer a key research question, advanced to develop an evidence-informed approach to the issues of the 'Transforming Children and Young People's Mental Health Provision' (DoH & DfE 2017) Green Paper and the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020): How can schools promote the mental health and well-being of first-generation immigrant, refugee, and asylum seeker young people?

THE ROLE OF SCHOOLS, PARTICIPATORY ACTION RESEARCH, SMILE'S BOUNCE UP, AND THE WHOLE-SCHOOL APPROACH

Schools can support young people to maintain their mental well-being by welcoming their students and seeing them as valued members of the school community. Education systems in the UK are working towards developing their systems, being supported by the education psychology teams, mental health teams and moving towards whole-school approaches. However, more evidence is needed to guide development of services and new systems that work with young people through participation. Integrating classroom activities with student-led participation and evidenced-based practice can ensure a more robust, mentally healthy future for young people. This study offers further contributions to practice and policy developments.

NOTABLE ACHIEVEMENTS

A) Inclusion of the young people in school strategy and decision-making

The use of participatory action research provided an opportunity for the young people who took part in this study to share their thoughts and experiences about diaspora, mental health and well-being. They were also enabled to voice their opinions about how the school might support their mental health more effectively and pursue their suggested actions through to implementation. Throughout the study, PAR was employed to promote meaningful involvement by each young person in the whole-school approach to mental health, reinforcing the message that they were experts in their own lives.

B) Personal growth and reduction in discrimination

By enabling the young people to recognise their own expertise in this manner, this study helped to establish their place in efforts to enhance mental health and well-being in schools. As a result, the young people expressed valued improvement in their self-confidence, knowledge, self-esteem and agency. Observation of the young people's academic progression and social development over three years revealed that 'Smile's Bounce Up' reduced prejudice and discrimination within the school. Over the course of this study, the number of refugees, asylum seeker and European migrants attending the school quadrupled. The teachers report that one of the main reasons for this increase was the positive engagement by the young people.

C) Identifying optimum means of support and a mechanism by which to achieve this

Through active involvement in the design and development of a strategy of self-help and peer support in schools, the young people were able to transcend cultural barriers and develop a critical pedagogy that required a whole-school approach to recognise and challenge prejudice and discrimination in all its manifestations. The development of the whole-school approach through a community of inquiry also engendered an opportunity for the young people to develop a sense of belonging, worth and empowerment. The approach illustrated in figure 6 (Chapter 9, P236) can be used in schools to support the co-production with young people that is essential to derive

desirable and accessible self-help strategies to enhance their mental health and well-being.

THE CONTRIBUTIONS MADE BY THIS STUDY

This study was the first study to use PAR to facilitate and evaluate development of a peer support self-help strategy by first-generation immigrant, asylum seeker and refugee young people to support their health and mental well-being.

No previous study has worked across disciplines, supporting first generation immigrant, asylum seeker and refugee young people to voice what mental health means to them, and to develop a strategy to support their mental health and well-being in schools. This is a governmental priority as acknowledged in recent policy documents.

This was the first study to discover the views and preferences of first-generation immigrant, asylum seeker and refugee young people on the potential benefits of an online self-help application.

Digital apps have been designed and implemented, but never personalised through the viewpoints of first-generation immigrant, asylum seeker and refugee young people. In addition, this study has found that young people would consider using apps with family members or carers, as this would benefit them individually as well as their family. This impact of family support when young people are using online mental health apps is new knowledge. That an online app does not need to be specific to individual migrant groups but that it should include their language and supports multi-lingual skill development was also a novel finding.

Enabling young adult mental health champions to work with a school and first-generation immigrant, asylum seeker and refugee young people to develop supportive mental health materials and a legacy of peer support was a novel approach.

This innovative strategy addressed working across services to support peer-to-peer support networks within schools. The inclusion of mental health champions from a voluntary service to aid students in developing their own strategies to promote mental health and well-being in their school worked especially well. The ongoing legacy through a co-produced school initiative is a useful outcome not reported elsewhere.

The recognition that self-help and peer support are especially mutually dependant for this population of young people was an important development.

This study revealed that supporting others through self-help through activities or undertaking a more structured role to support others had the effect of enhancing young people's own mental well-being. Self-help through peer support was discovered to be a fundamental process that promotes mental well-being and belonging.

This study adds to the limited evidence base on the impact of mental health in second generation immigrant, refugee, and asylum seeker young people.

It contributes to providing appropriate, early, and ongoing mental health care for young people, especially in the population under study. This is known to support successful reintegration to school, community and society; offering long-term benefits for the social and economic progression of young people; promoting positive contribution to communities; and improving academic achievement. Importantly, as expressed explicitly by the participants, these impacts apply not only the displaced generation but to the second generation as well.

MESSAGES FOR FUTURE RESEARCH

This was a small study with limited resources and a small sample. Replication on a national scale by a supporting mental health charity or voluntary organisation from the United Kingdom would provide a study that would increase the reliability and validity of the results.

Further research in supporting the mental health of first-generation immigrants, asylum seeker and refugee young people in schools is needed. Supporting the process of PAR through the community of inquiry and critical pedagogues through larger sampling, using various schools across the UK is crucial to the developments of policy and practice. This evidence gathering will further ensure a wider spectrum of evidence to support the mental health in schools alongside transdisciplinary working and to share further evidence to support the Schools (Mental Health and Well-being) Bill [HL] 2019-2021 (2020). To enhance this further, research needs to expand on family support and online self-help applications.

SUMMARY

The study was designed to answer a research question: How can schools promote the mental health and well-being of first-generation immigrant, refugee, and asylum seeker young people?

Focussing on social integration, health promotion activities, self-help and the voice of the young people is the central task. Bringing together teachers, parents, carers and young people in a whole-school approach; using a participatory and inclusive strategy to gathering and evaluating the evidence; and trusting young people (particularly when supported by young adults) to understand best; all support effective, appropriate, lasting solutions.

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Appendix 1: RETURNS BY DATABASE AND SEARCH TERMS

	Databases						
Search term	Medline	Psycinfo	e-Book	Academic Search Premier	CINAHL	ERIC	WHO
Children OR young people AND mental health AND self-help	29		22	30	326	34	8
Refugee children OR young people AND mental health AND self-help-							8
Asylum seeking children OR young people AND mental health AND self-help							8
Immigrant children OR young people AND mental health AND self-help							8
Children OR Young people AND technology AND mental health	164		113	113	119	29	8
Refugee children OR young people AND technology AND mental health							8
Asylum seeking children OR young people AND technology AND mental health							8
Immigrant children OR young people AND technology AND mental health							8
Children and young people AND mental health AND digital self-help							
Refugee children OR young people AND mental health AND digital self-help							
Asylum seeker children OR young people AND mental health AND digital self-help							
Immigrant children OR young people AND mental health AND digital self-help							
Digital apps AND refugee children OR young people	3	2			2	2	
Digital apps AND asylum-seeking children OR young people							
Digital apps AND immigrant children OR young people							
Digital apps AND children OR young people			2				
E-health AND refugee children OR young people							

	Databases						
Search term	Medline	Psycinfo	e-Book	Academic Search Premier	CINAHL	ERIC	WHO
E-health AND asylum-seeker children OR young people							
Digital mental health support for children OR young people							
Digital mental health AND refugee children OR young people							
Digital mental health AND asylum-seeking children OR young people							
Digital mental health AND immigrant children OR young people							
Resilience AND adolescence	823	2137	632	623	836	807	
Resilience AND in adolescence AND refugees	2	6	2	2	2	2	
Resilience AND asylum seekers	4		1	1	1	1	
Resilience AND immigrants		1					
Children and young people AND resilience	419	245	371	334	409		
Refugee children OR young people AND resilience	8	3	7	6	8	55	
Asylum seeking children OR young people AND resilience	3		2	3	3	7	
Immigrant children OR young people AND resilience							
Children OR young people AND family support	427	3	352	334	439	442	
Refugee children OR young people AND family support				2			
Asylum seeking children OR young people AND family support	1		1	1	1	1	
Immigrant children OR young people AND family support			1	1			
Children OR young people AND parental support AND mental health	12	3	10	8	9	10	
Refugee children OR young people AND parental support AND mental health	4						
Asylum seeking children OR young people AND parental support AND mental health		4					
Immigrant children OR young people AND parental support AND mental health							
Emotional well-being AND young people	116	89	90	83	188	192	
Emotional well-being AND refugee young people				1			
Emotional well-being AND asylum-seeking young people	1		1	1	1	2	
Emotional well-being AND Immigrant young people							
Community support AND young people	389	90	131	126	320	428	

	Databases						
Search term	Medline	Psycinfo	e-Book	Academic Search Premier	CINAHL	ERIC	WHO
Community support AND refugee young people						24	
Community support AND asylum-seeking young people		1					
Community support AND immigrant young people							
Help seeking behaviours AND young people	222	61	61	173	272	177	
Help seeking behaviours AND refugee young people				2		2	
Help seeking behaviours AND asylum-seeking young people							
Help seeking behaviours AND immigrant young people							

APPENDIX 2: REDACTED AGREEMENT IN PRINCIPLE

Hi Eve

Thanks for getting back in touch re: your PhD focus refugees and asylum seekers and mental health support.

I am more than happy to support the involvement of young people in the co-production process and for their participation in this piece of work.

Look forward to hearing from you

Laura

Subject: Email Introduction - from David

Dear All

David has recently met with Eve Allen from Young Minds. Eve is doing a PhD on "Promoting the well-being of children and young people living with the label 'refugee' or 'asylum' seeker through self-help". David has asked me to share your contact details with Eve and he would be grateful if you could spare some time to meet her and share your wealth of experience.

I've attached some information which Eve has supplied that you will find helpful to understand what she is doing. We appreciate that everyone is very busy…. But even if you can't find the time to meet Eve, if you could get in touch and perhaps have a chat over the phone, or an email answering her questions? I've copied Eve into this email so everyone now has her address.

It's hoped that some best practice will come from her research which will then be cascaded across our networks. If you have any questions, please don't hesitate to get in touch with either myself or David.

Kindest regards

Shélah

APPENDIX 2: INVITATION LETTER PARENT/CARERS OF CHILDREN and YOUNG PEOPLE UNDER 18

Hello, my name is Eve Allen I am a student at the University of Salford. I would like to invite you to be part of an exciting study that is looking at digital self- help tools (internet sites or applications that keep your mind healthy).

I am asking you to consider the information below and to discuss with the child/young person you are responsible for and jointly decide whether he/she would like to participate in the research.

This study is to help and support children and young people who are refugees or asylum seekers. I am looking for children and young people from refugee or asylum seeker communities to help with this study to work alongside children and young people who volunteer for Sefton Community Voluntary Service. The children and young people will be working together to investigate what support is already available and to design a new self-help tool specific for refugee or asylum-seeking young people. The young people from Sefton Voluntary Service will be supporting children from immigrant, refugee and asylum-seeking communities with the research and jointly discussing what self-help tools support them and if these are suitable for immigrant, refugee children or asylum-seeking children/young people.

The research will be carried out within the University of Salford's Research Bus, this has equipment already in place so that the children and young people can carry out their research. They will be invited to talk about what they have found out in groups and work together with an experienced designer, from a website called 'Worrinots' to help create their design ideas.

The hope is that the group will be able to design a digital self-help tool that supports the emotional well-being of children and young people from refugee and asylum-seeking communities.

These findings will be written about in my study, possible publications in health and social care journals and spoken about at conferences across the country.

All your child/young person's personal details will remain confidential.

If you are interested in this, then please come along to an event with the child or young person who is interested in this study to ask any questions and to meet the other young people who will be involved. This event will be held at the base of Sefton Community Voluntary Service, where you can also meet me Eve Allen and the Research Bus.

This is a great opportunity to get involved with your community.

I look forward to meeting you.

If after the event you would like to get involved, we can sign you up.

Best Wishes xxxxxxxxxxxxxxxxx

APPENDIX 3: CONSENT FORM UNDER 18S

CONSENT FORM UNDER 18s

1. I confirm that I have read and understood the study information sheet version number 1 dated 27th March 2017, for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.	YES NO
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my rights being affected.	YES NO
3. I agree to take part in two focus groups and workshops , which I understand will be digitally recorded. I also agree to keep what is discussed in the groups confidential.	YES NO
4. If I do decide to withdraw, I understand that the information I have given, up to the point of withdrawal, will be used in the research.	YES NO
5. I understand that my personal details will be kept confidential and not revealed to people outside the research team. However, I am	YES

aware that if I reveal anything related to criminal activity and/or something that is harmful to self or other, the researcher will have to share that information with the appropriate authorities.	NO
6. I understand that my anonymised data will be used in the researcher's thesis other academic publications and conferences presentations.	YES NO
7. I agree to take part in the study:	YES NO

Please complete and sign this form after you have read and understood the study information sheet. Read the statements below and tick yes or no, as applicable in the box on the right-hand side.

_____	_____	_____
Name of participant	Date of birth	Signature
_____	_____	_____
Name of Guardian	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

APPENDIX 4: CONSENT FORM OVER 18S

Promoting the 'well-becoming' of children and young people living with the label 'refugee' or 'asylum seeker' through self-help: a participatory exploratory study.

Name of Researcher: Eve Allen

Please complete and sign this form after you have read and understood the study information sheet. Read the statements below and tick yes or no, as applicable in the box on the right-hand side.

1. I confirm that I have read and understood the study information sheet version number 2 dated 5th July 2017, for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.	YES NO
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my rights being affected.	YES NO
3. I agree to take part in two focus groups, interviews and workshops which I understand will be digitally recorded. I will also agree to keep what is discussed in the groups confidential.	YES NO
4. If I do decide to withdraw, I understand that the information I have given, up to the point of withdrawal, will be used in the research.	YES NO
5. I understand that my personal details will be kept confidential and not revealed to people outside the research team. However, I am aware that if I reveal anything related to criminal activity and/or	YES NO

something that is harmful to self or other, the researcher will have to share that information with the appropriate authorities.

6. I understand that my anonymised data will be used in the researcher's thesis other academic publications and conferences presentations. YES NO

7. I agree to take part in the study: YES NO

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

APPENDIX 5: 2-HOUR INFORMATION EVENT POSTER

We are looking to recruit 10 children and young people from the ages of 12-25, five children/young people from Sefton Voluntary Service and five children/young people from refugee or asylum-seeking communities in the Sefton area.

The children/young people will be part of a study that is looking at designing a digital self-help tool to support children and young people from refugee and asylum seeker communities.

This is a study run by a PhD Student Eve Allen at the University of Salford. At the event, you will be given the opportunity to consider if you would like to be involved.

This is a great opportunity to meet other children and young people in your community.

Please come to an event being held at Sefton Community Voluntary Service in Crosby on ……. This event will give you more information about the study and help you decide if you want to become involved. If you are under 18 yrs' of age you will need a guardian with you. Please e-mail me on ……..

APPENDIX 6: INVITATION LETTER TO OVER 18S (IMMIGRANT REFUGEE AND ASYLUM SEEKERS AND MENTAL HEALTH CHAMPIONS FROM SEFTON CVS)

Hello, my name is Eve Allen I am a student at the University of Salford studying for a PhD. I would like to invite you to be part of an exciting study that is looking at digital self- help tools (internet sites or applications that keep your mind healthy).

This study is to help and support children and young people from immigrant, refugee or asylum-seeking communities. I am looking for children and young people from immigrant refugee or asylum seeker communities and young people from Sefton CVS to help with this study to investigate what support is already available. The young people from Sefton Community Voluntary Service will be supporting the refugee and asylum seekers with the research and discussing what self-help tools they use and whether they are suitable for immigrant, refugee or asylum-seeking children/young people.

The other exciting part of this study is that you will be carrying out this work in the University of Salford's Research Bus, this has equipment already in place so that you carry out your investigation. You will be talking about what you have found out and work together with an experienced digital tool designer, from a site called 'Worrinots' to help create your design ideas.

The hope is that the group will be able to design a digital self-help tool that supports the emotional well-being of children and young people and more specific to refugee and asylum-seeking children.

These findings will be written about in my study and spoken about at conferences across the country. All of your personal details will remain confidential.

If you are interested in this, then please come along to an event to ask any questions and to meet the other young people who will be involved in the study. This event will be held at the base of Sefton Community Voluntary Service, where you can also meet me Eve Allen and the Mobile Research Laboratory. After the event, if you would like to get involved we can you sign you up. This is a great opportunity to get involved with your community.

I look forward to meeting you.

Best Wishes

Eve Allen

APPENDIX 7: PARTICIPANT INFORMATION SHEET FOR CHILDREN AND YOUNG PEOPLE FROM IMMIGRANT, REFUGEE AND ASYLUM-SEEKING COMMUNITIES AND SEFTON CVS

Hello, my name is Eve Allen I am a student at Salford University. I would really like you to take part in the new and exciting study. Your involvement will help design a digital self-help tool for children/young people from refugee/asylum seeking communities.

What is the purpose of the research?

I would like your help to design a digital self-help tool for children and young people from refugee/asylum seeking communities.

Who is organising or sponsoring the evaluation?

The research is being organised by the University of Salford.

Why is this research important?

This is important to bring communities together and to develop an appropriate digital self-help tool for children/young people from refugee and asylum-seeking communities.

Why have I been invited?

You have been invited to meet with another group of young people to discuss digital self -help tools. I have had meetings with Young Minds, Sefton Children's Voluntary Service, Halton Borough Council and the Venus Project, and all are happy for me to recruit people to this study to support their work and to look at future changes in services, to support children and young people from refugee and asylum-seeking communities.

Do I have to take part?

No. If at any time you decide that you do not want to be part of the study you can withdraw at any time. All research data will be kept in a securely locked archive and all personal information will be treated as confidential. As the study will be using focus groups to understand your experiences it will not be possible to delete any contribution that you make to the discussion if you chose to leave the focus group. For this reason, if

you do decide to withdraw from the focus group discussion all information collected up until that point will remain part of the overall research data.

What will happen if I decide to take part?

If you decide to take part, you will be invited to participate in some activities. These include:

Discussing in groups what mental health means to you

What you do to look after your mental health (in groups, focus groups)

- Looking at what digital self-help tools that are available
- Discuss in groups (focus groups) what makes a good or not so good digital self-help tool
- Discuss what you can do in school to support your mental health
- Plan and design a self-help tool
- Talk about in groups (focus groups) what was good/ or not so good about your day

These discussions will be recorded with a digital Dictaphone. After the event, the transcript will be ready for analysis. If you require an interpreter this can be organised for you.

Will my participation in and contribution to the study be anonymous?

Yes. All information collected during the training and research will be anonymous. No one outside of the study team will be able to identify you from the discussions that you contribute to. Some of the things that you say during the discussions (focus group) might be included in the final reports, but the researcher will ensure that your name, and any other personal details which might identify you, will be removed.

The exception to anonymity remains when there is a risk of harm. If information of this sort comes to light, the primary researcher will have to report this information to the Local Authority or Police.

All generated data will be anonymised. All data (hard copy) will be stored in a lockable file at the researcher's office. Electronic copies of data (e.g. audio recordings, interview transcripts) will be password-protected and destroyed once transcripts have been produced. No identifying data will be included in any reporting or dissemination activities.

In terms of data archiving, once the data are no longer needed, hard copies will be shredded and disposed of in the confidential waste. In keeping with best practice guidelines, the archived material will be kept for a minimum of 5 years and thereafter destroyed.

What will happen to the results of the study?

The findings of this one-day event will be used in the design and development of a self-help tool. Information will also be published in the researcher doctoral thesis.

What if there is a problem (at any point during the evaluation)?

If you have any questions about any aspect of this study, you can contact my supervisors Professor Tony Long (T.Long@salford.ac.uk or Gill Rayner G.Rayner@salford.ac.uk) the primary researcher (Name) by contacting her on (Telephone) or (Email). However, If you remain dissatisfied, please contact Dr Jo Creswell, Associate Director Research, Research and Enterprise Division, Room 208, Joule House, University of Salford, Salford, M5 4WT. Tel: 0161 295 6355. E: j.e.cresswell@salford.ac.uk who will respond to your query.

What happens next?

If you have any questions about the research, please contact the research (Name) by contacting her on (Telephone) or (Email) or ask questions at the information event.

Children Society 0300 303 7000

Childline 0800 1111

Sefton CAMHS 0151 228 4811

Young minds 0808 802 5544

APPENDIX 8: SCHOOL RESEARCH ETHICS APPROVAL LETTER

University of Salford MANCHESTER

Research, Enterprise and Enga
Ethical Approval Panel

Research Centres Support Tea
G.03 Joule House
University of Salford
M5 4WT

T +44(0)161 295 2280

www.salford.ac.uk/

24 November 2017

Dear Evette,

RE: ETHICS APPLICATION–HSR1617-141 – 'Promoting the 'well-becoming' of children and young people living with the label 'refugee' or 'asylum seeker' through self-help: a participatory exploratory study.'

Based on the information that you have provided, I am pleased to inform you that application HSR1617-141 has been approved.

If there are any changes to the project and/or its methodology, then please inform the Panel as soon as possible by contacting Health-ResearchEthics@salford.ac.uk

Yours sincerely,

A Clark

Dr. Andrew Clark
Deputy Chair of the Research Ethics Panel

APPENDIX 9: LETTER TO THE MENTAL HEALTH GROUP

Dear……..

Thank you for all the support you have given to my PhD research study entitled:

Promoting the ‘well-becoming’ of children and young people living with the label ‘refugee’ or ‘asylum seeker’ through self-help: a participatory exploratory study.

I am pleased to inform you that is has been given ethical approval and that we can start recruiting children and young people to the study. I would like to recruit 5 Champions from Sefton Community Voluntary Service (Mental Health Champions) to work alongside children and young people with the label ‘refugee ‘or ‘asylum seeker’.

The team that is recruited will be analysing current digital self-help tools, supporting Focus Groups and other activities you feel will support the study. You will feedback thoughts and ideas on how if needed designing a more specific tool for children and young people with the label ‘refugee or ‘asylum seeker’.

The other exciting part to this study is that the research will be carried out in the University of Salford’s Mobile Research Laboratory and at the young people’s school. The mobile laboratory has I-Pads already in place so that the children and young people can carry out their investigation. They will then have the opportunity to work with an experienced digital tool designer, from a site called ‘Worrinots’ to help to create their design ideas.

The hope is that the group will be able to design a digital self-help tool that supports the emotional well-being of children and young people with the label ‘refugee’ or ‘asylum seeker’.

Thank you so much for your time and support of this study.

I will be holding an event at Sefton Community Voluntary Service base in Crosby to answer any more questions. The date is to be confirmed.

Best Wishes

Eve Allen

APPENDIX 10: SEMI STRUCTURED INTERVIEW GUIDE - FOCUS GROUP 1

Focus group to work in pairs 1 x champion from Sefton CVS and 1x champion from refugee/asylum seeking community. In paIrs look at each question, formulise your answers and finally come together at the end to discuss in a full group.

1. Are the digital self-help tools that you have researched today helpful for young people?
2. What changes would you make to them?
3. Are they helpful for children and young people from refugee or asylum-seeking communities?

If yes, for the above could they be improved?

If, no what changes would you make?

4. How would you like a digital self-help tool to look like? (Sefton CVS Champions and refugee and asylum seeker champions- groups of 5)
5. Could you adapt any of the digital tools that you have looked at this morning? (Sefton CVS champions and refugee/asylum seeker champions- groups of 5)

If so how?

6. Would you have specific areas for different ages?
7. Where could children and young people access your tool?
8. This work would be carried out in teams with Sefton CVS champions and Refugee/asylum seeker/immigrants and champions working together in groups.
9. This would be developed more with the Mental Health Champions.

APPENDIX 11: MOBILE RESEARCH LABORATORY

This facility is based on an extended Citroen Relay chassis with separate cab and body. The display vehicle opens on the left side wholly or partially and has shallow steps with handrails for entry. It can be used with the side closed and just the side door available, with the rear half closed and the front half open, or fully open.

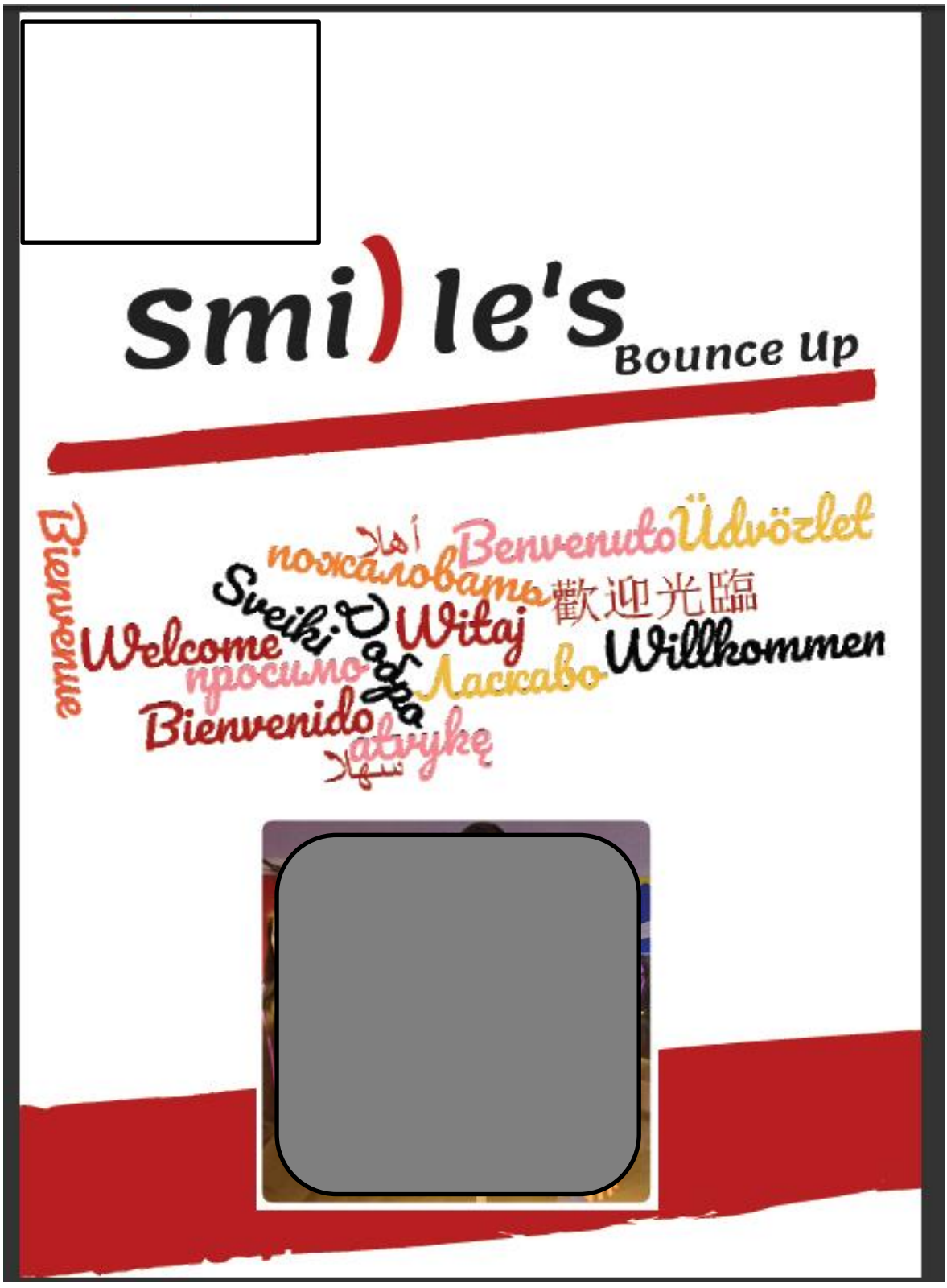
The vehicle includes a seating area at the rear with a removable table and a HD TV screen with HDMI or Chromecast connection for a laptop, tablet or mobile phone. The middle of the right side is dominated by a 55” HD TV screen. This is normally used to display marketing materials, to show questionnaires for click voting to an audience outside the vehicle, or for health promotion messages. This has connections through HDMI, VGA, USB and other means, as well as Chromecast. There is a wireless sound bar.

Three iPads are fastened securely to the front wall on bounce pads, used for surveys, marketing, and other functions.

Wi-Fi connectivity is secured through an in-car dongle, secured in the cab.

Equipment and lighting can be powered by cable or by means of an on-board generator.

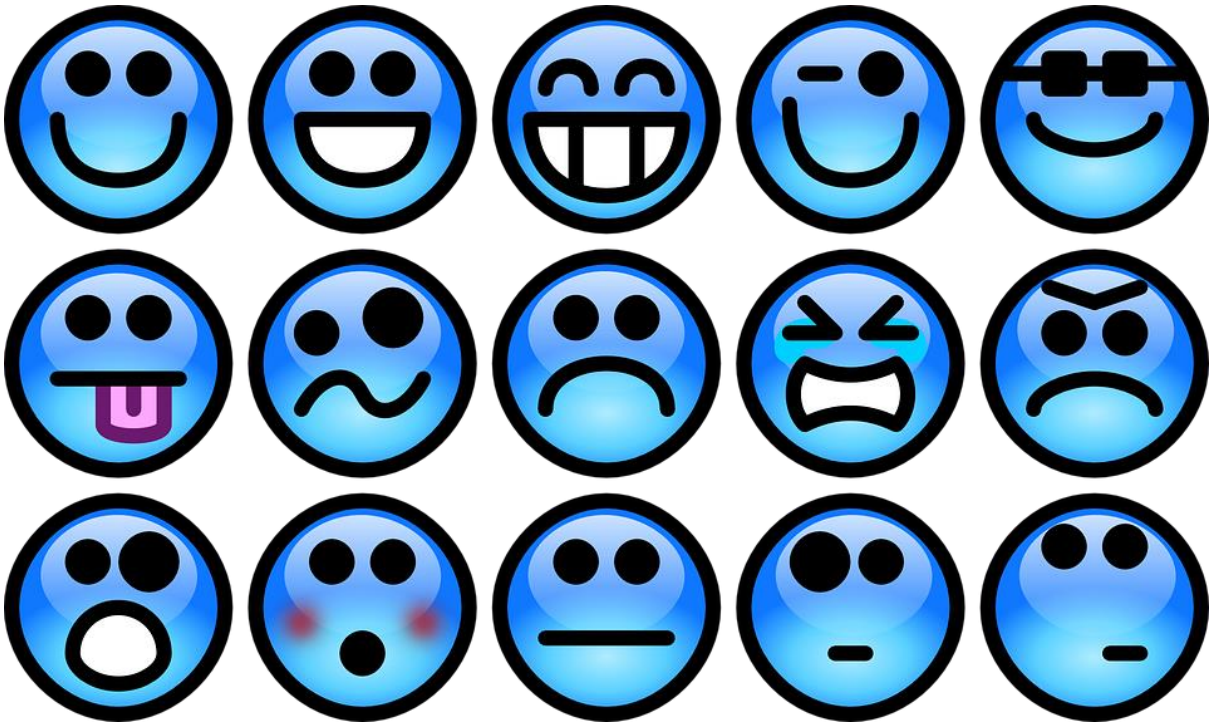
APPENDIX 12: 'SMILE'S BOUNCE UP' WELCOME PACK



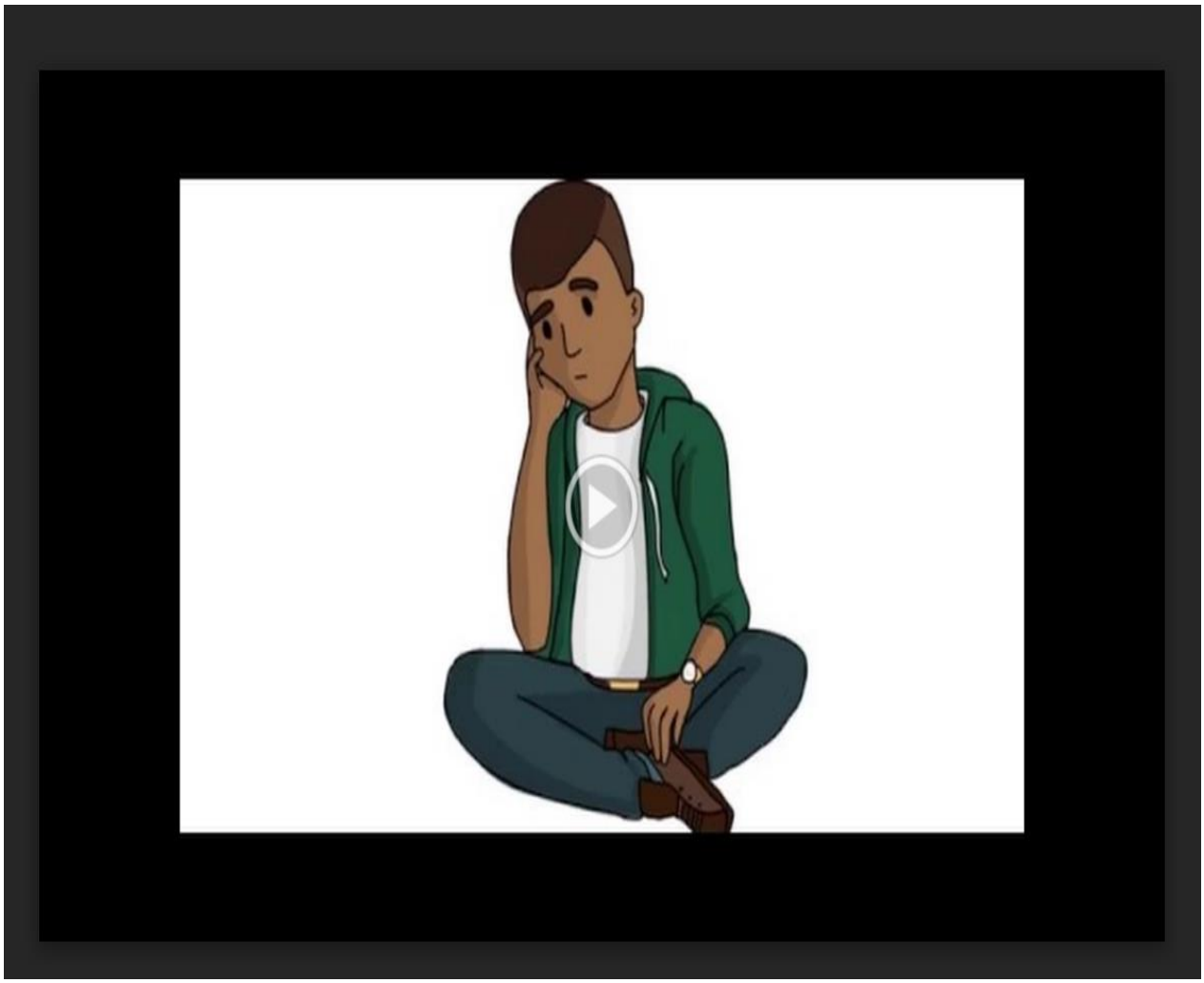
APPENDIX 13: HOW ARE YOU FEELING TODAY? BOOKLET

smi) le's Bounce up

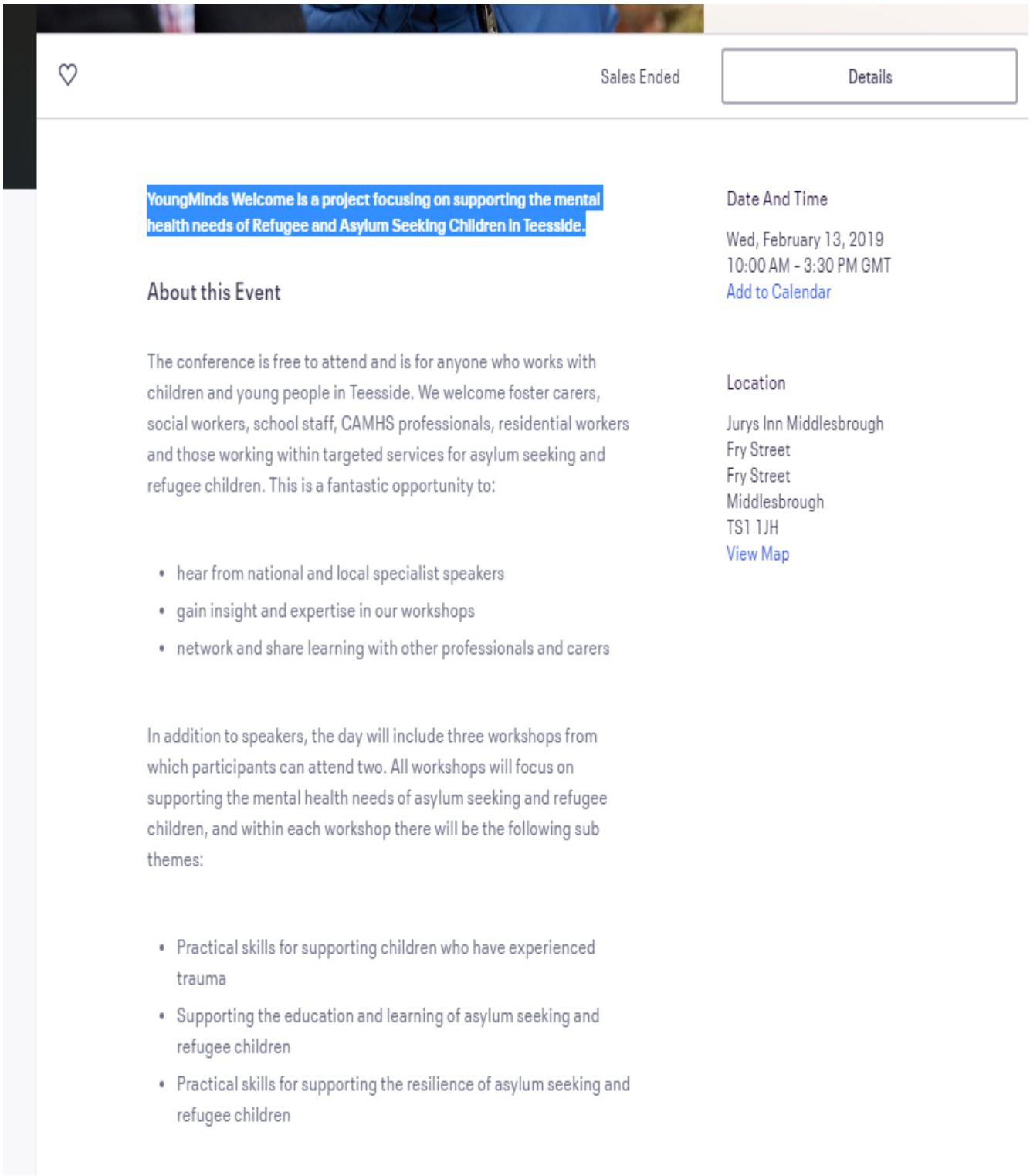
How are you feeling today?



APPENDIX 14: ‘SMILE’S BOUNCE UP’ VIDEO



APPENDIX 15: CONFERENCE DETAILS



♡ Sales Ended Details

YoungMinds Welcome is a project focusing on supporting the mental health needs of Refugee and Asylum Seeking Children in Teesside.

About this Event

The conference is free to attend and is for anyone who works with children and young people in Teesside. We welcome foster carers, social workers, school staff, CAMHS professionals, residential workers and those working within targeted services for asylum seeking and refugee children. This is a fantastic opportunity to:

- hear from national and local specialist speakers
- gain insight and expertise in our workshops
- network and share learning with other professionals and carers

In addition to speakers, the day will include three workshops from which participants can attend two. All workshops will focus on supporting the mental health needs of asylum seeking and refugee children, and within each workshop there will be the following sub themes:

- Practical skills for supporting children who have experienced trauma
- Supporting the education and learning of asylum seeking and refugee children
- Practical skills for supporting the resilience of asylum seeking and refugee children

Date And Time

Wed, February 13, 2019
10:00 AM - 3:30 PM GMT
Add to Calendar

Location

Jurys Inn Middlesbrough
Fry Street
Fry Street
Middlesbrough
TS1 1JH
View Map