

**The 3<sup>rd</sup> Biennial  
Children and Young  
People's Mental Health  
Conference**

**6-8 July 2016**

**University of Northampton  
Programme**



Wednesday 6 June (Abstracts pages 5-7)

9.00 – 9.30	Registration		
9.30 – 9.45 PLENARY SESSION	COTTESBROOKE 126 Plenary Session – Introduction, welcome and conference announcements		
9.45 – 10.45 PLENARY SESSION	COTTESBROOKE 126 Plenary Session – Keynote – Professor Ann Phoenix - Childhood Wellbeing: Inequalities and intersections		
10.45 – 11.00	Coffee break		
11.00 – 13.00 PARALLEL SESSIONS	<p><b>Cottesbrooke 126</b>  <b>Mental Health in Context (Papers)</b>  <b>11.00</b> Youth Offending Teams: A Grounded Theory of the barriers and facilitators to young people’s help seeking from mental health services, Carla Lane, Alex Hassett</p> <p><b>11.30</b> The Psychological Impact of Child Marriage in Nigeria. Tolulope Eboka, Judith Sixsmith, Suzanne McDonald-Walker, Faith Tucker</p> <p><b>12.00</b> 'They look for a big psychological name to give it and then your child will be tagged': A thematic analysis Black African/British parents’ perceptions of barriers to seeking counselling for their children in the UK. Lisa Fellin, Jane E.M. Callaghan, Esnath Banda, Nana Ankofuah Mintah-Afful</p> <p><b>12.30</b> ‘I was a bit nervous cos I didn’t really know you, did I?’: Developing creative methods of working with children in domestic violence research Tanya Beetham</p>	<p><b>Cottesbrooke 106</b>  <b>Working with Parents and Families (Papers)</b>  <b>11.00</b> Empowering Parents, Empowering Communities: Temporary Accommodation": A feasibility study of a peer-led parenting intervention for parents living in temporary accommodation Caroline Bradley</p> <p><b>11.30</b> Equine Assisted Learning as a family intervention. Becky Hughes</p> <p><b>12.00</b> Exploring How Parents Make Sense of Change in Parent-Child Psychotherapy Maeve Kenny, Alexander Hassett, Linda Pae</p> <p><b>12.30</b> Predictors of externalizing and internalizing behaviours. Aneela Maqsood</p>	<p><b>Cottesbrooke 109</b>  <b>Family relationships (Workshops)</b>  <b>11.00 Workshop</b>  Knowing your place? Exploring Place Attachment and Wellbeing. Julia Tanner</p> <p><b>12.00 Workshop</b>  ‘The voice of the family’ Supporting Parents and Carers of Children Experiencing Trauma and Dissociation – Claire Harrison Breed.</p>
13.00 – 14.00	Lunch Break		
14.00 – 15.15	COTTESBROOKE 126 Invited workshop – Professor Valeria Ugazio - Disquieting positions in families in late childhood and adolescence		
15.15 – 15.30	Comfort break		
15.30 – 16.30	COTTESBROOKE 126 Keynote address - Professor Helen Minnis - Maltreatment associated psychiatric problems		
16.30	Cottesbrooke 126, wine reception in The Hub Launch of the Midlands Children and Young People’s IAPT programme (Wendy Wood, Jane Callaghan, Fiona Warner-Gale) – Short presentation and Q&A, with wine reception		
18.00	Travel to Conference Dinner (included in Conference fees for full delegates, available as add on for day delegates. Must be pre-booked – email <a href="mailto:Karin.Ferngren@northampton.ac.uk">Karin.Ferngren@northampton.ac.uk</a> )		

**Conference Programme- Children and Young People's Mental Health 3<sup>rd</sup> Biennial Conference 6-8 July 2016**

Thursday 7 July 2016 (Abstracts pp 7-11)

<b>9.00 – 9.30</b>	<b>Registration</b>		
<b>9.30 – 9.40 - PLENARY</b>	<b>COTTESBROOKE 126 Plenary Session – Introduction, welcome and conference announcements</b>		
<b>9.40 – 10.45 - PLENARY</b>	<b>COTTESBROOKE 126 Plenary Session – Keynote – Dr Claire Houghton</b>		
<b>10.45 – 11.00</b>	<b>Coffee break</b>		
<b>11.00 – 13.00 PARALLEL SESSIONS</b>	<p><b>Cottesbrooke 126</b>  <b>Services for children and young people</b>  <b>11.00</b> The experience of engaging in mental health services in 16-18 year olds: An interpretative phenomenological analysis. Siobhan Jones  <b>11.30</b> Professionals' accounts of mental health service provision for BME children and young people in foster care. Honest Lugube, Jane Callaghan, Rachel Maunder  <b>12.00</b> 12.30 Joanne Alexander - Intergenerational Transmission Hypothesis: Tensions and synchronicities in accounts of family violence  <b>12.30</b> Domestic violence: An issue for CAMHS Jane Callaghan</p>	<p><b>Cottesbrooke 106</b>  <b>Symposium: Mental health in young people: working with schools</b>  <b>11.00</b> SchoolSpace: an online screening study to identify young people at risk of developing eating disorders. Charlotte Connor  <b>11.30</b> Developing a whole schools approach to preventing mental disorder and improving emotional resilience in young people 10-16 years – the Birmingham Headstart Programme. Paul Patterson  <b>12.00</b> Online Safety Needs of Secondary School Children: Risks and Resilience Factors for Mental Health and Wellbeing. Sunita Channa &amp; Gabriela Ramos  <b>12.30</b> Early Intervention and Identification strategies for young people at risk of developing mental health issues: working in partnership with schools. Colin Palmer</p>	
<b>13.00 – 14.00</b>	<b>Lunch Break</b>		
<b>14.00 – 15.00 PLENARY</b>	<b>Cottesbrooke 126 - Dr Craig Newnes The A(utism), B(ipolar), and C(onduct disordered) of Inscribing Children: How services harm our future</b>		
<b>15.00 – 15.15</b>	<b>Comfort break</b>		
<b>15.15 – 16.45 PARALLEL SESSIONS</b>	<p><b>Cottesbrooke 126 Papers - New Ways of Working with Children</b>  <b>15.15</b> The impact of cultural beliefs and practices on rural South West Nigerian child's mental health Yemisi Oluwafemi, Judith Sixsmith, Merryn Ekberg  <b>15.45</b> An investigation of the reality of clinical assessments with children and families: Question design and child-centred practices, Michelle O'Reilly, Khalid Karim  <b>16.15</b> Does the rise of metrics in CAMHS threaten or offer opportunities for nursing identity in child and adolescent mental health? – Laurence Baldwin</p>	<p><b>Cottesbrooke 106 Papers: Supporting children affected by violence</b>  <b>15.15</b> The impact of experiencing unhealthy dating behaviours on young people_Dr Bernadette Doran, Kath Cathalin and Laura Knight  <b>15.45</b> Empowering Families Affected By Domestic Violence – The SHE Project, Jane Callaghan, Joanne Alexander, Christine Morgan  <b>16.15</b> Participation on the Jigsaw trauma recovery programme for children who have experienced domestic violence: Capturing the voices of children, mothers and programme providers. Grace McGuire Liz Perkins, Laurence Alison</p>	<p><b>Cottesbrooke 109</b>  <b>15.15 (Workshop)</b> The development and piloting of the Keys to Happier Living Toolkit for Primary Schools. Peter Harper, Val Payne and Dr Lisa Fellin    <b>16.15</b> "Make me taller, make me powerful!". A qualitative study on the core semantic constructs of 4 young males requiring limb-lengthening surgery. Ferdinando Salamino, Elisa Gusmini</p>
<b>16.45-18.00</b>	<b>Posters and Exhibition Session (Over juice or a glass of wine)</b>		

**Conference Programme- Children and Young People's Mental Health 3<sup>rd</sup> Biennial Conference 6-8 July 2016**

Friday 8 July 2016 (Abstracts pp 11-15)

<b>9.00 – 9.30</b>	<b>Registration</b>		
<b>9.30 – 9.40 - PLENARY</b>	<b>Cottesbrooke 126 Plenary Session – Introduction, welcome and conference announcements</b>		
<b>9.40 – 10.45 - PLENARY</b>	<b>Cottesbrooke 126 Plenary Session – Keynote – Prof Dave Pilgrim - 'The Perils of Strong Social Constructionism: Child Sexual Abuse is not a Moral Panic'</b>		
<b>10.45 – 11.00</b>	<b>Coffee break</b>		
<b>11.00 – 13.00 – PARALLEL SESSIONS</b>	<p><b>Cottesbrooke 126 Symposium 11.00 – 13.00</b> Current research on the opportunities and challenges of person-centred care in child and adolescent mental health services. Julian Edbrooke-Childs 11.00 Facilitators and barriers to person-centred care in child and adolescent mental health services: A systematic review. Dawid Gondek 11.30 Exploration of the association between the experience of shared decision making, case characteristics, and service level variability in child and youth mental health services. Daniel Hayes 12.00 Power Up: A smartphone app to support young people to make shared decisions in therapy. Feasibility trial protocol. Louise Chapman 12.30 The views and experiences of young people and mental health practitioners on the barriers and challenges of shared decision making. Kate Martin</p>	<p><b>Cottesbrooke 106</b></p> <p><b>11.00 (Workshop)</b> Voices of Adoption: Creative arts approaches for exploring the narratives and experiences of adopted children and young people. Jenna Goodgame, Barry Groom</p> <p><b>12.00 – 12.30</b> How we can improve engagement for young people in therapy through alternative intervention: equine facilitated psychotherapy Philippa Williams, Cate Dunne</p>	<p><b>Cottesbrooke 109 Papers</b></p> <p><b>11.00</b> Staying Put: A discursive analysis on transitions policies for young people leaving care. Jane Callaghan, Wendy Bannerman, Joanne Alexander <b>11.30</b> A Haven Of Greenspace- Using Horticulture as Therapy in Schools Carl Dutton, Kanza Khan</p> <p><b>12.00</b> Exploring the impact of a service development group for young people using CAMHS, Dr Laura Cramond, Dr Ian Rushton, Dr Lindsay Neil, Dr Suzanne Hodge <b>12.30</b> MST-FIT (Multi-systemic Therapy- Family Integrated Transitions) A new approach to supporting children to return home from care successfully – UK road test Philip Reynolds</p>
<b>13.00 – 14.00</b>	<b>Lunch Break</b>		
<b>14.00 – 15.15 PLENARY</b>	<b>Invited Workshop: Dr Andy Fugard - Outcomes in practice: a critical friendly workshop</b>		
<b>15.20 – 16.40 PARALLEL SESSIONS</b>	<p><b>Cottesbrooke 126 Symposium</b> Promoting children's health and wellbeing at school: the role of physical activity and diet. Judith Sixsmith (4 papers)</p>	<p><b>Cottesbrooke 106 Symposium</b> Steps beyond broken attachments in systemic work with adoption &amp; foster care 15.20 The Scarlet Letter: Attachment as a dominant narrative in adoption? A thematic analysis of therapeutic narratives and visual relational maps. Lisa Fellin 15.40 "Phantom Pain". Building a sense of mutual belonging in adoptive families: a single case study. Ferdinando Salamino, Elisa Gusmini 16.10 "Who is to blame?" Causal attributions in adoptive and foster families: a content and discourse analysis. Lisa Fellin</p>	<p><b>Cottesbrooke 109 Papers</b></p> <p>15.20 Measuring Mindfulness in Primary School Age Children: An Experience Sampling Method Tanya Lecchi 15.40 How can young people, aged 14 -16 years with mental health problems, be better supported in mainstream education? Tania Hart</p>

9.40 COTTESBROOKE 126 - PLENARY

PROFESSOR ANN PHOENIX (UNIVERSITY COLLEGE LONDON) - KEYNOTE

**Childhood Wellbeing: Inequalities and intersections**

Ann Phoenix is Professor of Education at the Institute of Education, University of London, where she is co-director of the Thomas Coram Institute. Her research focuses on psychosocial issues related to identity, and includes projects focused on boys and masculinities, the intersections of racialisation and gender in children's identities, and serial migration and language brokering in transnational families

11.00 – 13.00 PARALLEL SESSIONS

MENTAL HEALTH IN CONTEXT - COTTESBROOKE 126

**11.00 Youth Offending Teams: A Grounded Theory of the barriers and facilitators to young people's help seeking from mental health services.**

*Dr Carla Lane, Dr Alexander Hassett (Canterbury Christ Church University)*

**Aims** The study aimed to develop a theory about the barriers and facilitators that Youth Offending Team workers experience when supporting young people to access mental health services. **Method** Eleven semi-structured interviews were conducted with participants; eight Youth Offending Team workers, a mental health worker and two young people receiving support from Youth Offending Teams. Interviews were audio-recorded and transcribed verbatim before being analysed using "grounded theory". This method was chosen to allow the in depth exploration of participants' experiences and the development of theory within an under researched area. **Results** Youth Offending Team workers appeared to play a crucial role in supporting a young person's help seeking from mental health services. A preliminary model was developed which demonstrated the complex relationships between six identified factors which influenced this role; relationships between workers and young people, beliefs about CAMHS, roles and responsibilities, becoming ready to talk, CAMHS facilitators, and CAMHS barriers. **Conclusions:** Youth Offending Team workers would benefit from more support, training and recognition of the key role they play in supporting young people to become ready to be referred to mental health services. Mental health services would be well placed to provide this. Clinical implications are discussed. Further research is needed to develop our understanding of what influences the help seeking of this vulnerable population.

**11.30 The Psychological Impact of Child Marriage in Nigeria.**

*Tolulope Eboka, Judith Sixsmith, Suzanne McDonald-Walker, Faith Tucker*

Cultural violence (CV), as coined by Johan Galtung (1969:1), refers to "aspects of a culture that can be used to justify or legitimize direct or structural violence". CV can be defined as when a person is harmed as a result of practices that are part of their culture. Most of these practices have been on-going for generations and are being used to justify or legitimize direct and structural violence. Unfortunately, CV makes direct and structural violence socially acceptable. The emphasis of this research is on Child-marriage as a form of CV. Child marriage, which is otherwise known as early marriage, is defined as a "formal marriage or informal union before age 18" (UNICEF, 2014). This empirical work specifically explored the cultural factors underpinning the perpetuation of Girl-child-marriage in northern Nigeria with the aim of providing understanding of this practice from the perception and practice of the Nigerian people involved. The research question is: How do northern Nigerians explain the practice of Girl-child marriage? In order to get answers to this question, observations were made in the community and 18 semi-structured interviews were conducted with community leaders and parents who have either witnessed or given their daughters in marriage at an early age. Questions asked covered the underlying reasons for the perpetuation of the practice of Girl-child marriage. This paper presents analysis of the psychological impact of Child-marriage on the girl-child which includes expressions of depression, anxiety, a lifetime of low self-esteem and in some cases complete social isolation.

**12.00: 'They look for a big psychological name to give it and then your child will be tagged': A thematic analysis Black African/British parents' perceptions of barriers to seeking counselling for their children in the UK.**

*Dr Lisa Fellin (University of East London), Prof Jane Callaghan, Esnath Banda, Nana Ankofuah Mintah-Afful (University of Northampton)*

Black African/British parents' perceptions of barriers to seeking counselling for their children are a crucial but under-researched area. We aimed to fill this gap by qualitatively exploring perceived barriers to

seeking counselling as an intervention for mental health distress of their children in Black parents living in the UK. Sixteen Black African/British parents of children with mental health issues participated to semi-structured in-depth interviews on their experience and perception of access to help. They all lived in the East Midlands and were recruited by word of mouth within community centres and Churches. The audio-recorded interviews were transcribed and analysed thematically (Braun & Clarke, 2006). The 4 main themes identified include: 1) Just abnormal brains? Clashing constructions of mental health distress; 2) Counselling for children: The Good, The Bad & The Ugly; 3) Barriers of help seeking & shifting perceptions; 4) Beyond (individual) counselling? Alternative methods and coping strategies to address (children's) mental health issues. The latter also highlights the strong influence of family support systems and community structure. Participants also provided their perspective on alternative methods and coping strategies to address their children's mental health issues. Throughout this process, careful attention was paid to the way we co-created the meaning in the analysis. This helped to identify our views in a process of 'collaborative team-based analysis' enabling the building of consensus in the interpretation to enhance methodological rigour. The study provides practitioners with insights regarding potential clients' perception of counselling in multicultural background, and offers challenges to psychological practice and its assumptions rooted in western models of subjectivity. Several perceived barriers and directions for change of service delivery and therapeutic practice have been identified and will be critically discussed.

**12.30 'I was a bit nervous cos I didn't really know you, did I?': Developing creative methods of working with children in domestic violence research**

*Tanya Beetham, York St John University*

Approximately one in four women experience domestic violence in the UK, and evidence indicates that around 25% of adults had experienced domestic violence as a child. However, little is known about the effectiveness of domestic violence interventions for children and young people. This project aims to evaluate a school-based domestic violence intervention by understanding children's experiences of the intervention. The evaluation was based upon creative, semi-structured conversational spaces with children aged 7-10, using a narrative approach. This presentation focuses on developing creative and participatory methods of involving children in research within a time-limited frame. Children's voices are under-represented in domestic violence research due to misleading perceptions of children as passive and less competent individuals. Children are indeed active agents in their lives and should be directly involved in research processes about issues that concern them. For this study, in a risk-averse culture, this raised particular ethical concerns, which affected methodological decision-making, and directly affected the researchers and participants' experiences of the research process. This presentation explores the methods used in this project, and will highlight the value of empowerment, flexibility, relationships and reflexivity when working with hard to reach families in research.

WORKING WITH PARENTS AND FAMILIES – COTTESBROOKE 106

**11.00 Empowering Parents, Empowering Communities: Temporary Accommodation": A feasibility study of a peer-led parenting intervention for parents living in temporary accommodation** *Caroline Bradley*

*Caroline Bradley, Canterbury Christ Church University, Dr Daniel Michelson, Kings College London, Dr Jerry Butler, Canterbury Christ University*

**Objective:** To develop and test the feasibility of a peer-led parenting intervention for parents living in temporary accommodation. **Design:** Formative evaluation using a mixed-method design. **Setting:** Temporary accommodation hostel in London, UK. **Participants:** Parents living in temporary accommodation seeking help with managing behavioural difficulties of a child (aged 2–11). **Intervention:** A structured, group-based intervention ('Empowering Parents, Empowering Communities-Temporary Accommodation') delivered by peer facilitators. **Measures:** We assessed feasibility in terms of attendance and completion rates (% parents completing ≥6 sessions); acceptability (assessed by satisfaction measure and qualitative participant interviews); and potential for impact (assessed by parent-reported standardised measures of child behaviour, parenting behaviour, parental wellbeing, parenting stress and social support). **Results:** The intervention was delivered to N=15 parents across three group cohorts. Twelve parents (80%) completed the group programme at first attempt; one parent completed on their second attempt after re-joining in a different cohort. Reductions in child behavioural difficulties and improved parenting knowledge and practices were reported on standardised measures. Improved parental outcomes were described in qualitative interviews. Participants were highly satisfied

with the intervention. **Conclusions:** Peer-led parenting groups are feasible and potentially effective for parents

### 11.30 Equine Assisted Learning as a family intervention

*Becky Hughes, Equine Partners CIC*

Equine Assisted Learning/Psychotherapy (EAL/EAP) is becoming an increasingly popular intervention for children and adults experiencing a variety of issues. Research so far has primarily focused on the use of EAP to treat big trauma, such as PTSD, particularly with regard to the population of armed forces veterans in the US. The use of EAL as an intervention for children with Autism Spectrum Disorder (ASD) is also proving popular. Equine Partners CIC have been developing an Equine Assisted Learning programme for families in crisis since 2010. Families are involved in ground-based (not ridden) activities centred around a solutions-focused approach to therapy, which follows the Equine Assisted Growth and Learning Association (EAGALA) model and incorporates elements of Neuro-Linguistic Programming (NLP). Those who are referred to our service may, for example, be coming to terms with separation of the family, grief, long-term health problems, domestic violence, or struggling to manage different personalities within the family dynamic. As they are often under the attention of the social care system, many families who visit us are familiar with traditional office-based therapies, and can feel accustomed to being subject to judgment. Within these sessions, the only judgment is made non-verbally by the horses, who are invited to offer their natural response to any behaviour, providing a unique assessment of the situation, which families are then able to interpret for themselves. Further details of the model used will be presented, along with anecdotal evidence from agencies supporting families who have attended sessions, and comparative self-assessments from family members (undertaken at the beginning and end of the series of sessions).

### 12.00 Exploring How Parents Make Sense of Change in Parent-Child

*Dr Maeve Kenny,, East Barnet CAMHS, Dr Alexander Hassett, Canterbury Christ Church University, Dr Linda Pae, Bromley CAMHS*

**Background:** Understanding how change occurs in psychotherapy is imperative in informing clinical practice. Increasing attention has been given to the role that qualitative research could play in enhancing our understanding of therapeutic change. Although quantitative research suggests that parent-child psychotherapy can be effective in facilitating change, no research to date has focused on how parents make sense of this change experience. **Aim:** To explore parents' understanding of the change process in parent-child. The study sought to address the following research questions: 1. How do parents understand and make sense of change in parent-child psychotherapy?

2. What meaning does this change have for parents?

**Methods:** Interpretative Phenomenological Analysis was used to analyse semi-structured interviews of eight parents who had completed parent-child psychotherapy about their understanding of change. **Results:** Five master themes emerged which encapsulated participant's understanding of change. These included constructing a survivor narrative, the experience of being understood enabling further understanding, adjusting expectations and practicing acceptance and feeling empowered to relinquish control. The final theme summarised how despite psychotherapy being conceptualised as a 'precious' resource, there was a sense that its limitations could negatively impact participant's wellbeing. **Conclusions:** Meaningful elements of change were identified from the parents' experience. Findings were discussed in relation to previous research and limitations were examined. Implications for future research included using other qualitative methods to explore client experience. Implications for practice were noted, including enriched understanding of client change experience enabling therapists to provide a more attuned therapy.

### 12.30 Predictors of externalizing and internalizing behaviours.

*Dr. Aneela Maqsood, Maryam Bibi (Fatima Jinnah Women University Rawalpindi, Pakistan)*

Mothers' employment status and their parenting styles were investigated as predictors of externalizing and internalizing behavior problems among

children. Sample comprises 365 mothers having a child with age ranging from 12-16 years. Parenting styles were assessed using parent version of Parenting Styles and Dimensions Questionnaire (PSDQ; Robinson, Mandleco, Olsen, & Hart, 2001). Externalizing and internalizing behavior problems were assessed using indigenously developed and validated parent version of Child Problem Checklist (Tariq & Hanif, 2007). Mothers' employment status associates with internalizing behavior problems of their children. The finding indicated that maternal authoritative parenting style is the negative predictor of the internalizing and externalizing behavior problems. The other parenting styles including authoritarian and permissive as positive predictors explains the variation in internalizing and externalizing behavior problems. The influence of socio-cultural environment was discussed in explaining the dominant parenting in Asian context and the subsequent pattern of the disruptive behavior in children.

### FAMILY RELATIONSHIPS – COTTESBROOKE 109

11.00 Knowing your place? Exploring Place Attachment and Wellbeing (Workshop)

*Julia Tanner, University of Northampton*

This one hour experiential workshop will focus on the significance of place attachment for wellbeing. It will involve participants exploring their own place attachments and disruptions of these through movement, memory, and reflection, as a basis for considering the role of place attachment in the mental health of children and young people.

Julia Tanner is a former teacher and teacher educator, now working as a consultant, trainer and author. She has a particular interest in the contribution schools can make to children's emotional wellbeing, and has made numerous conference presentations, usually in the form of workshops focusing on practice issues. She is the author of many publications, including 'Special Places: Place Attachment and Children's Happiness' (Primary Geographer, No 68) and a chapter on developing emotional intelligence in Scoffham S (Ed) (2010) Primary Geography Handbook ( 2<sup>nd</sup> Ed.), both published by The Geographical Association.

### 12.00 The voice of the family' Supporting Parents and Carers of Children Experiencing Trauma and Dissociation (Workshop)

*Claire Harrison Breed (University of Northampton)*

"Trauma really does confront you with the best and the worst. You see the horrendous things that people do to each other, but you also see resiliency, the power of love, the power of caring, the power of commitment, the power of commitment to oneself, the knowledge that there are things that are larger than our individual survival"  
Dr Bessel van der Kolk

This practical workshop is based on over twenty years' experience of working with foster carers, adoptive parents and their children. The aim of the workshop is to consider parents and carers experiences of parenting children that have experienced trauma and dissociation. This will be examined through the lens of both the child and the parents or carers histories, and the impact this has on the here and now family functioning. Exploration of secondary and vicarious trauma alongside parents and carers own trauma histories will be considered. A range of creative practical strategies for supporting parents and carers will be offered and explored throughout the workshop as well as opportunities for the sharing of delegates own experiences best practice

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### ABSTRACTS WEDNESDAY 6 JULY - AFTERNOON

### PLENARY – INVITED WORKSHOP - COTTESBROOKE 126 14.00

**Disquieting positions in families in late childhood and adolescence**  
*Professor Valeria Ugazio(University of Bergamo and European Institute of Systemic-relational Therapies, Milano)*

Some concepts of Ugazio's (Ugazio 1998, 2013, 2015) model of semantic polarities are presented in practice through two clinical cases. They are about two adolescents in a disquieting position connected with two disorders: obsessive-compulsive and agoraphobia.

Ugazio focuses on the concepts of "family semantic" and "patterns of triadic interactions". Her thesis is that dyadic explanations are not enough to understand and face difficulties during childhood or adolescence. To explain the disquieting positions of the two presented cases she widens the field of observation and sets out, with the help of video excerpts of some sessions, the semantics and the patterns of triadic interactions inside which the disquieting positions of these cases were constructed. Also the episodes that transformed disquieting positions into a full-blown disorder are reconstructed. The proposed approach is coherent with Stern's (1999, 2008) advice to re-think many developmental problems within triadic conceptual frameworks. Through an experimental paradigm – the so-called "Lausanne triadic play" – Fivaz-Depeursing and Corboz-Warnery (1999) demonstrated that many three-month-old children are already able to alternate their gaze between their two parents, and that at nine months almost all children are capable of complex triadic interactions. Detecting the family semantic and triadic patterns of interactions connected to children and adolescents difficult positions widen therapeutic possibilities, opening new ways and paths, discussed during the workshop.

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**PLENARY – KEYNOTE - COTTESBROOKE 126 15.30**

**Maltreatment Associated Psychiatric Problems**

*Prof Helen Minnis, University of Glasgow*

This presentation will discuss the complexities of the psychiatric problems that are associated with maltreatment: both aetiology and presentation.

**ABSTRACTS – THURSDAY 7 JULY – MORNING**

**PLENARY – KEYNOTE PRESENTATION – COTTESBROOK 126**

**Young survivors of domestic abuse as active agents in policy and practice change**

*Claire Houghton, University of Edinburgh*

Children and young people's capacity to become agents of change in domestic abuse policy and practice is under-explored in contrast to the significant role of adult women survivors in the feminist movement to end male violence. Despite increasing recognition of children's individual agency in relation to their actions and family influence in surviving domestic abuse, children's collective agency and policy influence remains largely absent. Devolution and feminist children's rights activism created spaces for children's collective action in Scotland: a series of Participatory Action Research projects over the last ten years empowered children and young people who had experienced domestic abuse to access power and influence policy and practice change. This keynote examines key elements of that change: shifts in language, definitions and understanding; enhanced practitioner response and effective participation of young people. It will use creative illustrations from young survivors to discuss the potential for transformative participation with young survivors of abuse.

**PARALLEL SESSIONS 11.00 – 13.00**

**Services for children and young people – Cottesbrooke 126**

**11.00 The experience of engaging in mental health services in 16-18 year olds: An interpretative phenomenological analysis.**

*Siobhan Jones, Dr Alex Hassett, Salomons Centre for Applied Psychology, CCCU Dr Irene Sclare, South London and Maudsley NHS Foundation Trust*

**Objectives:** Despite older adolescence being a risk period for the development of mental health concerns, mental health service engagement is low amongst 16-18 year olds. As therapeutic attendance is linked to clinical outcome, it is important to further understand engagement in this population. This paper therefore aimed to explore 16-18 year old sense-making of their experiences of engaging in mental health services, and their understanding of facilitators and barriers associated with this. **Design:** A qualitative, descriptive, non-experimental design was adopted in order to aid in-depth exploration of the older adolescent engagement phenomena. **Method:** Ten 16-18 years olds were recruited from two inner-city Child and Adolescent Mental Health Services. Data collection was via 1:1 semi-structured interview. This provided a tentative framework but allowed for open conversation, encouraging the participant to set the parameters of the discussion.

**Results:** Interpretative Phenomenological Analysis of the data revealed twelve subthemes subsumed within five superordinate themes: engagement begins at help seeking, strength of inner resolve, evolution of the self, in the clinic room, and, existing within service walls: physical and policy-based boundaries. Themes will be discussed in detail at conference presentation. **Conclusions:** Clinical implications are made around ensuring developmental appropriateness of interventions and transparency about (lack of) adolescent control regarding therapeutic provision. Service-based implications include acknowledgement of adolescent awareness of service policy, and consideration of engagement facilitation in-between referral and initial attendance. Future research may benefit from focusing on the lack of distinction between help-seeking and engagement models and investigating adolescent experience of service buildings.

**11.30 Professionals' accounts of mental health service provision for BME children and young people in foster care.**

*Honest Lugube, Jane Callaghan, Rachel Maunder, University of Northampton*

**Background** Ethnic differences are apparent in most aspects of mental health care in the UK (Care Quality Commission, 2011) and there are significant barriers to young BME people's engagement with child and Adolescent Mental Health Services. Looked After Children also experience obstacles and barriers to CAMHS access (Callaghan et al, 2006, Vostanis et

al, 2010) **Aim** This paper reports on one element of a study that aimed to explore perceptions of the level and quality of mental health service provision for BME children in foster care as seen by professionals. This PhD project included interviews with looked after young BME people, exploring their experiences of CAMHS, and with professionals exploring their perception of CAMH services for this group of young people. This paper focuses on the interviews with professionals. **Method** Semi-structured interviews were conducted with six participants, 3 CAMHS professionals and 3 Social Workers. Thematic analysis was used to analyse data.

**Findings** Themes emerging from data analysis include mental health stigma, language and communication barriers, lack of understanding of BME needs, professional skills, importance of professional boundaries and identity, underrepresentation of BME in mental health services, perception was that it was children's responsibility to manage and regulate own emotions, help seeking behaviours in BME children, foster care as providing stability and building attachment and resilience.

**Implications** Bringing together the evidence from this study suggests the importance of interventions across the life course of BME children and young people in care. In particular, this will be of value to policy makers who wish to better understand what a good mental health service for BME children can look like and to implement that knowledge and improve their lives helping them to develop and reach their potential and lead happy and productive lives.

#### 12.00 Intergenerational Transmission of Family Violence: A look at the literature

Joanne Alexander, Jane Callaghan, University of Northampton, Lisa Fellin, University of East London

The hypothesis of intergenerational transmission (IGT) pervades not only academic and practice discourses, but also popular literature (Thornberry et al, 2012) and parlance. While the body of family violence literature is diverse and expansive, literature often implicitly holds intergenerational transmission theories at its root without express reference to it as a theoretical construction. The hypothesis tends to frame those who experience violence as inevitable passive transmitters of violence and abuse to subsequent generations. This work aims to unpick the model of intergenerational transmission presented within literature pertaining to family violence (e.g. domestic violence, intimate partner violence, abuse, maltreatment and neglect). This task is made challenging not least because it is a largely accepted and unchallenged model, but also because it is a pervasive construct, becoming more elusive and slippery through its implicit application, making it difficult to identify and unravel. Academic and professional discourses typically represent IGT as a process operating within the micro-system (at an individual and family level). Although IGT findings are mixed, research involving the IGT of family violence tends to support social learning theory as a key mechanism of transmission. However, there is a need for research into 'social processes' to extend its scope outwards beyond consideration of the influence of the family. This would enable the exploration of families' ecological contexts, ensure that families are located and studied in context, and broaden understanding of the interplay of the private-public in (dis)continuities of family violence. The author considers the ways in which children and families are framed within the literature, implications for practice and on (dis)continuities of family violence.

#### 12.30 Domestic violence: An issue for CAMHS

Jane Callaghan, Joanne Alexander, Lisa Fellin

The impact of domestic violence on children has been well documented, with research indicating significant psychosocial risks, and poor educational, psychological and social outcomes. Despite this, professionals and families report obstacles and difficulties in accessing CAMHS services. This paper draws on interviews with 108 children and young people, and focus groups with professionals and carers. It highlights perceived need, and perceptions of obstacles to services and support. We highlight the sense of abandonment and despair that is generated by poor mental health service responses. We conclude with suggestions for a strengths focused, relationally sensitive approach to mental health interventions with children and families recovering from domestic abuse.

#### Symposium: Mental Health in Young People – Working with Schools

Schools are uniquely placed to provide young people with education and support for their mental health, however, a lack of appropriate resources for teachers, often leaves them unskilled and unable to deal with the responsibility. The recent report of the Health Select Committee (November 2014), into Children's and Adolescents Mental Health and Child & Adolescent Mental Health Services, called for increased support and training for teachers with regard to mental health, and recommended that the Department for Education includes, "a mandatory module on mental health in initial teacher training and... include mental health modules as part of on-going professional development in schools". They also recommended "an audit of mental health provision and support within schools, looking at how well the guidance issued to schools this year has been implemented, what further support may be needed, and highlighting examples of best practice". CLAHRC-West Midlands (an NIHR funded programme of work) has begun some of this important work, working in collaboration with a range of schools in Birmingham regarding youth mental health and aimed at improving their capacity to support the mental health of their students and the opportunity to be involved in research. This symposium will present several streams of our work with schools.

#### 11.00 SchoolSpace: an online screening study to identify young people at risk of developing eating disorders.

Charlotte Connor, University of Warwick

**Introduction:** Our outreach work with schools led to the design of 'SchoolSpace', a network of schools working in partnership to improve mental health education and support for young people. Eating disorders (EDs) are common occurrence in adolescence and can cause immense distress to the young people who suffer from them. Early identification of those at risk, however, remains a neglected area of research and often tends to focus on perceptions of body size and weight as primary risk factors. Literature suggests greater attention to non-weight factors such as perfectionism and anxiety may be more appropriate. Longitudinal cohort studies suggest that whilst dieting behaviour can be an important predictor of an ED, psychiatric morbidity puts young people at almost sevenfold increased risk of developing one (Patton et. al., 1999). Universal interventions for the **prevention** of ED in young people typically focusing on raising awareness, attitudes and behaviours towards food and media influences, however there is insufficient evidence to suggest such programmes are effective for those **at risk** (Pratt & Woolfenden 2009).

**Aim:** To explore risk and resilience factors for transition to ED in young people age 13 to 16 years of age. **Method:** The 2-year longitudinal study in Birmingham, UK, required students to complete several online measures, at 6-monthly intervals, measuring: ED behaviour, depression and anxiety, self-esteem, body-esteem, food rules, dieting behaviour, difficulties in emotional regulation, and peer influence. **Results:** Whilst the majority of young people in the study did not report ED behaviour, a small percentage consistently reported moderate to severe disordered eating behaviours over time. This group also reported the highest levels of depression, anxiety, low self-esteem, difficulties with emotional regulation, more dieting behaviour and adherence to food rules.

**Implications:** The early findings from this study will be discussed. Outcomes will inform design and development of evidence-based universal and targeted interventions for use in schools.

#### 11.30 Developing a whole schools approach to preventing mental disorder and improving emotional resilience in young people 10-16 years – the Birmingham Headstart Programme.

Paul Patterson, Birmingham Children's Hospital

**Introduction:** Majority of mental disorders first present during youth and adolescence yet there is inadequate provision of strategies supporting positive emotional resilience for young people of school age. Birmingham Headstart is a national BIG Lottery funded programme to increase understanding of emotional resilience and support young people through transitions from primary to secondary education and beyond. It includes partnership working across key workstreams in schools, with families, community groups and across the digital and social media experience of



young people. **Aim:** By increasing the evidence base and providing a better understanding of how resilience can be improved for young people 10-16 years in education across diverse regions - a greater policy focus and investment in adolescent mental health will be encouraged. This is expected to improve young people's well-being, increase their ability to cope with adversity and encourage a greater emphasis on emotional health of the school age population. **Results:** A summary of learning from the first 18 months of activity in the Birmingham Headstart programme focusing findings from our Digital workstream. We will also describe the plan for the next 5 years of work including the formation of the cross-city learning collaborative, the integration of Headstart with the recently formed Birmingham Education Partnership and the newly commissioned 0-25 youth mental health organisation Forward Thinking Birmingham. **Conclusion.** We present the initial activities and interventions of the Birmingham UK Headstart Programme and Digital workstream, part of a national long-term strategy to improve emotional resilience and prevent mental disorder in young people.

#### 12.00 Online Safety Needs of Secondary School Children: Risks and Resilience Factors for Mental Health and Wellbeing.

*Sunita Channa & Gabriela Ramos, University of Warwick*

**Introduction:** Internet usage by young people has risen dramatically over the past 10 years with increasing ease of access via smartphones, tablets and other digital devices in younger age groups. Despite the fact that internet access provides knowledge to educational resources, health advice, and leisure interests, there is increasing concerns regarding the ability of young people to successfully navigate these resources free from harm. Although Ofsted now includes statements regarding online safety due to recent recommendations by the Department for Education, there is still no systematic guidance on how schools should apply or deliver online safety support and education in an age appropriate manner (Department for Education, 2015). **Aim:** To understand secondary school age children online trends and experiences in relation to risk and resilience issues, their understanding of online safety practices, and the influence of gender, age and ethnicity on internet usage. **Method:** A mixed method approach was applied using a survey and six focus groups. The survey was administered to secondary students aged 11-16 within Birmingham and Coventry Secondary schools. **Implications:** The early findings from this study will be discussed. The current research aims to fill in the information gap on how to tailor any support for online safety to the concerns of specific age and gender groups to develop a robust 'educational inoculation' to support young people, teaching staff and parent/guardians, as well as to provide guidelines of how schools should target and address e-safety training and policies within schools.

#### 12.30 Early Intervention and Identification strategies for young people at risk of developing mental health issues: working in partnership with schools.

*Colin Palmer, Solihull and Birmingham Mental Health Trust.*

**Introduction:** 10-25% of school-aged children have a recognisable mental health condition however due to negative beliefs surrounding help-seeking, many adolescents go unrecognised and untreated. Recent emphasis has been placed on the role schools can play in the early identification of young people experiencing mental health difficulties. UK Government guidance suggests that for teachers to be effective in the support and management of young peoples' mental health there needs to be a "whole-school strategy" emphasising "the emotional well-being of students and school staff" (Pinfold, Toulmin, Thornicroft, Huxley, Farmer & Graham, 2003). Through this approach the young adults of tomorrow will be well prepared to face the life challenges they may meet. **Aim:** An online survey of 320 teachers in Birmingham, UK to explore levels of teacher stress in Birmingham, UK and examine how teachers feel their stress impacts on their professional capacity to provide mental health education and support for the young people in their care. **Method:** The present study surveyed a sample of UK teachers (N=320) to explore the impact of work-related stress on their mental health and their ability to provide early intervention support for their students. **Implications:** Teachers are uniquely positioned to fulfil this role and act as gatekeepers to youth mental health services, however, effective early intervention strategies, in partnership with mental health services, require a

consideration of teacher attitudes towards mental health and their own emotional well-being needs.

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#### PLENARY – COTTESBROOKE 126

##### The A(utism), B(ipolar), and C(onduct disordered) of Inscribing Children: How services harm our future, Dr Craig Newnes

Children are inscribed (diagnosed/labelled) by so called mental health services the world over. These inscriptions are life-long and mean children to become adults more likely to be further inscribed, drugged and harmed by therapy services – the majority of which have a stated aim to help. This paper presents a short history of pernicious endeavours of Psy professionals in a context where the demands of drug companies, publishers and academic environments outweigh the good will behind so much research, therapeutic and related Psy praxis.

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#### THURSDAY 7 JULY – PARALLEL SESSIONS - AFTERNOON

##### New Ways of Working with Children

###### Cottesbrooke 126

##### 15.15 The impact of cultural beliefs and practices on rural South West Nigerian child's mental health *Yemisi Oluwafemi, Judith Sixsmith, Merryry Ekberg, University of Northampton*

Child mental health is an important public health issue around the world (United Nations Children's Fund, 2015), and especially concerning in Nigeria. There are problems with children mental health, due to cultural beliefs and practices. The purpose of this paper is to present a review of academic literatures on understanding how to protect the physical, social and mental health of children in Nigeria. Such understanding will enable targeted interventions and information campaigns and challenge laid fears about mental health providing a more supportive social and healthcare context, thereby revealing positive and negative cultural beliefs and practices impacting on physical, mental and social health of children. Due to cultural beliefs and practices, children have been forced to accept harmful practices leading to physical, social and mental health issues among children. This devastating impact on healthcare, family and children's live across rural Southwest Nigeria, as the literature will reveal how best to protect the health of children with mental health issues in the rural Nigeria. Further suggestions on ways to reduce morbidity and mortality in the face of mental health will be addressed in the review leading to the development of ways to support children most affected by mental health issues.

##### 15.45 An investigation of the reality of clinical assessments with children and families: Question design and child-centred practices

*Dr Michelle O'Reilly, Dr Khalid Karim, University of Leicester*

Specialist Child and Adolescent Mental Health Services (CAMHS) UK is involved in the diagnosis and treatment of mental health problems in children and young people. An essential component of this process is the clinical interview which often forms the first interaction between clinical staff and families. This assessment is crucial in engaging with children and families, forming therapeutic relationships and ensuring better outcomes. The assessment has multiple functions, including collecting information, determining need and assessing the different perceptions different individuals hold on the child's problem. However, there is very little empirical research evidence on initial mental health assessments (Mash & Hunsley, 2005) and very little qualitative evidence (Hartzell et al., 2010); particularly on how children and families are engaged in the process in a child-centred way. Fundamental to the assessment process is communication, and more specifically a series of question-answer sequences. In our research we have focused on the interactional processes, examining how questions are designed, shaped and used by practitioners and the ways in which these are responded to. Using multiple methods (including content analysis and conversation analysis), the aim of this paper is to report on the ways in which questions are designed, as well as how children are engaged through these questions. We demonstrate the large number of questions asked of families during the encounter (mean of 1 question per 15 seconds of real time) as well as

the function of particular question design on eliciting responses from families. Furthermore we examine in more detail how sensitive areas of practice, such as those about suicidal ideation and intent can be constructed facilitates communication with children to open up to the practitioner and so that risk may be ascertained. Conclusions are drawn that question design is essential for the engagement of children in assessments which has broader implications for family satisfaction and child-centred care.

**16.15 Does the rise of metrics in CAMHS threaten or offer opportunities for nursing identity in child and adolescent mental health?**

*Laurence Baldwin*

Child and adolescent mental health services (CAMHS) within the National Health Service have often been seen as a 'Cinderella service' but due to increasing pressure and attention have received much more policy development in the past ten years. Important amongst this is the development of Children and Young People's Improved Access to Psychological Therapies (CYP-IAPT) which emphasizes evidence-based approaches, and the use of routine outcome measures. Whilst it is giving nurses increased access to training in cognitive behavioural therapies, systemic therapies and parenting therapies, it does not put much emphasis on the things which young people identify as important for young people in terms of engagement, or skills which have traditionally been seen as nursing strengths. This approach, and emphasis on generic skills, has implications for the identity of CAMHS nurses, who make up 40% of the CAMHS workforce (the largest single professional group). Whilst other professional groups have been careful to protect their professional identity, nursing within this speciality has not been so quick to assert its unique identity and contribution to care, so psychologists and psychiatrists have provided the main leadership within this speciality. Mental health and paediatric nursing privileges the relational aspects of care which are important to children and young people, and should be in a better position to qualitatively enunciate the contribution that nurses make to CAMHS. This session will explore options for CAMHS nurses to better explain and value their contribution to care.

**Cottesbrooke 106 Papers: Supporting children affected by violence**

**15.15** The impact of experiencing unhealthy dating behaviours on young people

*Dr Bernadette Doran, Kath Cathalin, Laura Knight, University of Northampton*

The National Society for the Prevention of Cruelty to Children (NSPCC) in the UK have advised that violence, if present in young people's intimate relationships, should be viewed as a significant child-welfare issue. A consultation with young people was commissioned by the Northamptonshire Office of the Police and Crime Commission in the UK to investigate the experiences of young people around intimate relationships. 2,712 young people (46% male, 53% female), aged between 10-18 years old in Northamptonshire were consulted via an intimate relationships survey. 14 face-to-face interviews were also carried out yielding further qualitative data exploring experiences of unhealthy dating behaviours. Controlling and coercive behaviours were the most commonly reported unhealthy behaviours (even for those aged 10 to 12 years old.) Characteristics which increased the likelihood of victimisation were identified, of which included disability. Qualitative data revealed gender differences in the impact of unhealthy dating behaviours, in addition to reports of existing mental health conditions such as self-harming being exacerbated. Reporting to the police was viewed as an option particularly in physically abusive relationships, however emotional abuse was not perceived as 'serious' enough to warrant reporting. In the UK the categorisation of domestic abuse was widened to include young people in the 16 to 17 age group. However, findings in this consultation demonstrate that young people aged under 16 are experiencing behaviours consistent with descriptions of controlling and coercive behaviour, and may be missed by professionals and practitioners focused on adults. These findings are of concern as previous research has identified that young people who experience unhealthy dating behaviours in adolescence are at risk of experiencing domestic violence later when in adult intimate relationships.

**15.45 Empowering Families Affected By Domestic Violence – The SHE Project**

*Jane Callaghan, Joanne Alexander, University of Northampton, Christine Morgan, EVE*

The SHE project is a multi-agency project funded by the Big Lottery Fund, focused on providing an integrated model of support and intervention for women and children who have experienced domestic violence. The project is based on an assumption that the best way to support families where domestic violence and abuse has been an issue is to support them in recognising, understanding and developing their strengths, to develop a sense of family resilience and empowerment. The programme enables integrated support for women and children recovering from domestic abuse, including support for families with infants and very young children, support for perpetrators who wish to stop their abusive behaviour, therapeutic work with children and young people, and personal and social support for women. Domestic violence affects 30 per cent of children and young people, and providing robust, evidence based support to improve their outcomes and build their resilience is crucial. We believe that this integrated package will contribute to better recovery, and true empowerment for all members of the family. In this paper, we present the intervention model, and our plans for evaluation of the project.

**16.15 Participation on the Jigsaw trauma recovery programme for children who have experienced domestic violence: Capturing the voices of children, mothers and programme providers.**

*Grace McGuire, Liz Perkins, Laurence Alison*

Aims: A local voluntary organisation in Cheshire East (North West, UK) has recognised that children who have experienced domestic violence need specialist support. They have acknowledged the gap in service provision for this population and have responded through delivering the 'Jigsaw' trauma recovery programme, a 12 week group programme offering therapeutic support for children. Presented as a case study, this study explores the journey of a small cohort of children who completed the programme in 2015, with the aim of understanding how and why Jigsaw can support this population. Method: This study captures the voices and experiences of, 3 families in which the child and mother were interviewed, and 9 individuals who were involved in facilitating and coordinating the programme. In-depth semi-structured interviews were conducted during the programme and within 12 months of the programme finishing. Findings: The findings will be discussed with regard to, the context in which the Jigsaw programme was introduced to the lives of children, perceptions of the purpose and mechanisms of Jigsaw, and the impact of Jigsaw upon familial relationships and coping with the effects of domestic violence. By gaining an in-depth understanding of these areas from the perspectives of children, their mothers and programme providers, the findings provide insight into how local organisations can further support children who have experienced domestic violence.

**Miscellaneous Papers – Cottesbrooke 109**

**15.15 (Workshop) The development and piloting of the Keys to Happier Living Toolkit for Primary Schools.**

*Peter Harper, Val Payne and Dr Lisa Fellin*

Aims: To assess the efficacy of the Toolkit to promote emotional wellbeing. Method: The Toolkit was refined following consultation with pupils and teachers and analysis of qualitative and quantitative feedback from initial pilots. Subsequently, 253 pupils from 9 classes in a mainstream primary school in Northamptonshire were divided into two cohorts. Pupils were assessed at the start of the study. One cohort participated in the programme while the second was a wait-listed control group. Both cohorts were assessed after each cohort had completed the programme. Baseline wellbeing was assessed using the Stirling Children's Wellbeing Scale and a teacher completed Wellbeing Rating Form. Qualitative evaluation from pupils and teachers and data on age, sex, year, class, ethnicity, language and special needs were also collected. Findings: Data analysis yielded a statistically significant positive difference following participation in the programme, highlighting the efficacy of the Toolkit. Pupils with initial lower wellbeing ratings from teachers scored better on their own self-report at Time 2, suggesting they benefitted more from the interventions. The only significant result of cohort comparisons of data collected was in NC Year. This could be attributed to teachers' concerns about the wellbeing needs of one particular year group. The qualitative evaluation

was overwhelmingly positive and will be illustrated through participants' quotes. Discussion: This workshop will provide information and opportunities for exploration of the model and resource materials before discussing the results (and challenges) of the study and Toolkit.

**16.15 "Make me taller, make me powerful!". A qualitative study on the core semantic constructs of 4 young males requiring limb-lengthening surgery.**

*Ferdinando Salamino, Elisa Gusmini, University of Northampton*

The development of technologies enabling people to grow taller (up to 20 cm) is generating an increasing request for this kind of surgery, especially among males. Given the radical nature of this surgery and the massive impact it has on the young patients' life, understanding the meaning making processes and emotional components that feed patient's motivation is a priority for practitioners approaching the field. Like every other physical feature, height encompasses an objective dimension (the physical component), a subjective dimension (cognitive and emotional processes) and an inter-subjective one (social role perceptions, family dynamics and interactions). This study aims at gaining a better understanding of the core semantic constructs emerging from the conversation with patients. A sample of 4 young males (18-24) have been selected and a qualitative method of (IPA) has been chosen to analyse data from the semi-structured interviews. Some specific core themes have been identified, particularly a unique sensitiveness to other's judgment (mostly identified as a need for others' respect) and to the dimensions of power, success and perfectionism. Interestingly, these findings suggest that some of the core themes in young males requiring limb-lengthening surgery are significantly close to paramount semantic dimensions identified in female anorexia (Forbush, Heatherton & Keel, 2007; Deas et al., 2011; Ugazio, 2013), highlighting an interesting topic for further research.

**Posters and Exhibitions Thursday 7 July, 16.45**

Understanding the Experiences Children Who Set Fires – Joanne Alexander, Andrea Madden, Jane Callaghan

The development and piloting of the Keys to Happier Living Toolkit for Primary Schools – Peter Harper, Val Payne, Lisa Fellin

Young people's experiences of non-binary gender – Luke Ward

Communication and Language Difficulties: The child's sense of self and identities-in-practice – Samantha Leek

A photo and art exhibition, focused on the experiences of young refugees.

Children's Experiences of Domestic Violence and Abuse: an exhibition of photos, drawings and words – The UNARS Collective (Joanne Alexander, Jane Callaghan)

**FRIDAY 8 JULY – MORNING SESSIONS**

**9.40 PLENARY – KEYNOTE ADDRESS**

**'The Perils of Strong Social Constructionism: Child Sexual Abuse is not a Moral Panic'**

*Prof Dave Pilgrim, University of Liverpool*

This presentation tests the utility of social constructionism from a critical realist standpoint by examining a single social problem in some detail: child sexual abuse. A continuum of positions in the research literature is explored from strong social constructionism and its justificatory emphasis from social and historical relativism, to an ambivalent position more concerned with the real abiding features of sexual violence against children and the proven harm it might create in any social context. That critical examination of competing views on the topic places a particular emphasis upon the rhetorical power of the concept of child sexual abuse being a 'moral panic'. The latter brings with it assumptions about our degree of confidence in the scale of child sexual abuse in modernity, its wrongfulness, the assumed harm that accrues to victims and the costs to society in its wake.

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**FRIDAY 8 JULY – MORNING – PARALLEL SESSIONS (11.00-13.00)**

**Cottesbrooke 126, 11.00 – 13.00**

**Symposium - Current research on the opportunities and challenges of person-centred care in child and adolescent mental health services.**

*Julian Edbrooke-Childs, Anna Freud Centre*

National policy calls for the promotion of person-centred care and shared decision making in services for young people with long-term conditions. Young people with long-term mental health difficulties need support to ensure their voice is heard during therapy. Evidence suggests that young people want to be active participants in their care and involved in decisions about their treatment, but we know that this may not always be realised in practice. In child and adolescent mental health services (CAMHS), not only must clinicians balance shared decision making with the young person's age and capacity, but they must also balance the young person's views and needs with those of their carer. The aim of this symposium is to discuss current research on the opportunities and challenges of delivering person-centred care in CAMHS. First, we will present existing evidence on the facilitators of and barriers to delivering person-centred care in child mental health and the similarities and differences to adult mental health. Second, we will explore evidence from routinely collected data on service-level variation in experience of shared decision making and perceptions of young people, carers, and clinicians as to reasons for this variation. Third, we will examine an on-going project to develop a smartphone app to support young people make shared decisions during therapy. Finally, we will discuss the views and experiences of young people and clinicians on when and why shared decision making may not occur. Delegates will be encouraged to present their own views and experience of what shared decision making is, when it may or may not be useful, and thoughts on the opportunities and challenges of person-centred care in CAMHS.

**11.00 Facilitators and barriers to person-centred care in child and adolescent mental health services: A systematic review**

*David Gondek*

Implementation of person-centred care has been widely advocated across various health settings and patient populations, including recent policy for child and family services. Nonetheless, evidence suggests that service users are rarely involved in decision making, and their preferences and goals may be often unheard. The aim of the present research was to systematically review factors influencing person-centred care in mental health services for children, young people, and families examining perspectives from professionals, service users, and carers. This was conducted according to best practice guidelines, and seven academic databases were searched. Overall, 23 qualitative studies were included. Findings: From the narrative synthesis of the facilitators and barriers are discussed in light of a recently published systematic review examining

person-centred care in mental health services for adults. Facilitators and barriers were broadly similar across both settings. Training professionals in person-centred care, supporting them to use it flexibly to meet the unique needs of service users whilst also being responsive to times when it may be less appropriate, and improving both the quantity and quality of information for service users and carers, are key recommendations to facilitate person-centred care in mental health services with children, young people and families.

### **11.30 Exploration of the association between the experience of shared decision making, case characteristics, and service level variability in child and youth mental health services.**

*Daniel Hayes*

Background: Shared decision making (SDM) where children and young people are centrally involved in decisions about their own care is increasingly being suggested as an integral part of mental health provision, yet there is little research into the factors that may affect this. Aims: To examine the association to which case characteristics, and service level variability, affect the experience of child and young person (CYP) reported SDM. Method: The sample comprised of N = 319 CYP from 12 child and youth mental health services involved in a programme emphasising implementation of shared decision making. The experience of SDM was measured using 4 items from the Experience of Service Questionnaire (ESQ). Hierarchical multilevel regressions were used to examine the association between case characteristics, service variability, and the experience of CYP reported SDM. Results: Hierarchical regressions revealed that increased severity of ADHD and more contextual problems were associated with lower levels of the experience of CYP reported SDM, and more presenting problems were associated with higher levels of the experience of CYP reported SDM. Multilevel regressions revealed that 75% of the variance in the experience of CYP reported SDM was explained at the service-level, and when accounting for nesting of CYP within services, no case characteristics were associated with the experience of CYP reported SDM. Conclusions: Findings from the present research suggest high levels of service variability in terms of the experience of SDM even in sites committed to embedding such an approach. This highlights the need for more research to understand this variation and the possible need for more training and education for healthcare professionals.

### **12.00 Power Up: A smartphone app to support young people to make shared decisions in therapy. Feasibility trial protocol.**

*Louise Chapman*

There is an increasing demand for digital tools to empower young people with mental health difficulties (NHS England, 2015). Evidence suggests that young people want to be active participants in their care and involved in decisions about their treatment. However, there is a lack of digital shared decision making tools available to support young people in Child and Adolescent Mental Health Services (CAMHS). This study aims to develop Power Up, a smartphone app to empower young people in CAMHS to make their voice heard and to participate more in decisions around their care. The project will involve two phases:

- Development phase

- Developing Power Up according to the views and ideas expressed by young people, their parents/ carers, and clinicians.

- Conducting interviews and focus groups with up to 25 young people in CAMHS, 25 parents/ carers and 25 clinicians to review the acceptability of the content and format of Power Up.

- Feasibility testing phase

- Conducting a feasibility trial with young people from three London CAMHS. Overall, 180 young people will be recruited from across three CAMHS; 90 will receive treatment as usual and 90 will use Power Up alongside treatment as usual. Participants' shared decision making behaviours, self-management, self-efficacy, symptoms, and experience of services will be measured before their initial assessment and 3 months later. The findings will inform the planning of a prospective cluster controlled trial. More broadly, this trial will contribute to the development and implementation of a shared decision making app to be integrated into CAMHS.

### **12.30 The views and experiences of young people and mental health practitioners on the barriers and challenges of shared decision making.**

*Kate Martin*

There is little research into the reality and complexity of shared decision-making in young people's mental health care, including the experience of staff and young people when engaging in decision-making. This paper will present findings from current PhD research into the experiences of staff and young people in four Child and Adolescent Mental Health Services (two inpatient and two community services) on the complexities of decision-making, the factors that prevent shared decision-making, and the impact on staff and young people when shared decision-making does not occur. The key themes that will be explored include the emotional impact on staff, how staff perceive their role in decision-making; reason, rationale and resistance; service level barriers; power, hierarchy and knowledge; and the complexities of decision-making where there are multiple parties involved or where disagreement exists.

### **Cottesbrooke 106 – Parallel Sessions**

#### **11.00 (Workshop) Voices of Adoption: Creative arts approaches for exploring the narratives and experiences of adopted children and young people**

*Jenna Goodgame, Barry Groom*

This workshop details a qualitative research project applying a creative arts and media approach to document and present children's and young people's views and experiences of adoption. In 2014 the Department of Education in their report 'Adoption: Research Priorities and Questions' highlighted the importance of the need for further understanding of 'the child's journey' to support the direction of future policy and practice. With this aim, the project enables participants to express their personal experiences of adoption through constructed images using art, collage, photography and digital media. The use of the creative arts, and visual media as a potential enabling research method has gathered pace over recent years (Bagnoli, 2009; CWDC, 2010; Kara, 2015;) particularly with previously considered 'hard to reach' groups. According to Gauntlett (2007) creative arts approaches can 'provide insights into how individuals present themselves, understand their own life story and connect with their social world'. This session, as well reporting on the emerging issues of attachment, identity, social relationships and self-esteem will involve experiential activities for participants to explore examples of creative arts research approaches.

#### **12.00 – 12.30 How we can improve engagement for young people in therapy through alternative intervention: equine facilitated psychotherapy**

*Philippa Williams, Cate Dunne*

The aim of this academic article is to illustrate the benefits of Equine Facilitated Psychotherapy (EFP), an alternative therapy to traditional room-based intervention, demonstrating the strengths this therapy specifically offers children & young people who struggle to engage in talking therapy. **Issues around engagement:** before arriving at the challenge of a young person choosing not to engage with their therapist, it must be recognised that young people also face a large amount of societal stigma around mental health (Sirey et al., 2001) which contributes to reluctance seeking help (Gulliver et al., 2010). **Labelling therapy** as 'time with horses', removes any preconceptions, stigma or labels for seeing a therapist (Dinos et al., 2004). Kruger et al. (2006) advocate that young people would far rather be outdoors and interacting with animals than engaging with a stranger they did not trust enough to speak to (Reichert, 1998). Perhaps many young people find solace through horses due to the non-verbal relaxation & social support these mammals freely offer through limbic resonance (shared empathy in which two mammals attune to each other's inner states) (Trotter et al., 2008; Lewis et al., 2000). **The power of EFP for young people** lies in the projection and transference which occurs between the horse and client (Serpell, 2000). Plentiful literature (e.g. Reichert, 1998) suggests that engagement occurs when young people are able to talk about difficult thoughts, feelings & events by projecting them onto the animal, which presents as an unscripted, neutral subject in which to focus (Fine, 2000). For neurological healing from trauma to occur, a bonded relationship offering new experiences which 'soothe' and 'regulate' the limbic part of the brain must be had (Lewis et

al., 2000). Trotter et al. (2008) carried out a study to compare the results of room-based counselling with EFP for 164 at risk young people. Within 12 weeks of participating, post treatment scores were significantly better in 17 behaviour areas. **Conclusion:** this study is amongst hundreds of successful EFP treatment cases which prove the efficacy of horses healing humans, and suggests EFP has the capability to change maladaptive neural patterns in the limbic region, offering an alternative for young people needing psychological help (Lewis et al., 2000).

#### **Cottesbrooke 109 – Parallel Sessions – Services in Context**

##### **11.00 Staying Put: A discursive analysis on transitions policies for young people leaving care.**

*Jane Callaghan, Wendy Bannerman, Joanne Alexander, University of Northampton*

In 2013, the English government introduced 'Staying Put', a policy that aimed to support the transitions of young care leavers. In this paper we explore the background to this policy, placing it in both a research and policy context. Using a critical discourse analysis, we consider the absences and priorities in the policy. Of particular note is the absence of young people from residential care backgrounds, who are unnamed and excluded in the policy. We explore this absence in the context of government policy that prioritises 'family' as the proper context for childhood, and that through its focus on family obscures the social and political context of young people's lives. A second absence is mental health and emotional wellbeing of care leavers, which is obscured by the policy's preoccupation with education, training and work. We explore the implications of these absences for professionals supporting young people leaving care.

##### **11.30 A Haven Of Greenspace- Using Horticulture as Therapy in Schools**

*Carl Dutton, Alderhey, Kanza Khan, University of Manchester*

This paper will look at the use of horticulture as therapy in schools. It will highlight how it can be used with children and young people with behavioural and emotional problems. During the session we will describe a typical session, things to consider when setting up such an intervention, ways to gather evidence of change such as the use of photos, draw and write techniques, and semi-structured interviews. The Haven of Greenspace Project has been using horticulture as therapy for many years within a number of schools within the Liverpool area with positive feedback from children and young people and school staff on the intervention. It is a method that fits into being innovative, accessible, and as an early intervention for those children and young people with behavioural and emotional problems that might affect learning and socialisation. It has been very successful with children and young people who arrive into United Kingdom as asylum or refugee seeking and follows the work done by Freedom from Torture (formerly Medical Foundation) using horticulture as therapy (The Healing Fields- J. Grut & S. Linden).

##### **12.00 Exploring the impact of a service development group for young people using CAMHS**

*Dr Laura Cramond, Aintree University Hospitals NHS Foundation Trust, Dr Ian Rushton, 5 Boroughs Partnership NHS Foundation Trust, Dr Lindsay Neil Central Manchester University Hospitals NHS Foundation Trust, Dr Suzanne Hodge, Lancaster University*

Background: Recent policies, guidance and standards have consistently recommended that children and young people using health services be involved in the design and delivery of services, and have helped to improve access to service user involvement schemes. However, there has been little direct consultation with young people about their experiences of this. Aims: This study explored young people's experience of a service development forum within a Child and Adolescent Mental Health Service (CAMHS). This particular service has developed a network of service development groups, where current and ex-CAMHS users attend regular meetings in which they provide input into service development, such as improving leaflets, websites and waiting rooms. Method: Individual semi-structured interviews were conducted with four young people involved in the service development forums and analysed using thematic analysis, to address the broad questions: What are the experiences of attendees at service development forums? How can experiences be improved?

Findings: Five over-arching themes were identified: Meaning and Process of Involving Young People; Becoming a Forum Member - the Attributes, Motivation, and Skills Needed; Interpersonal Dimension of the Forum; Psychosocial Benefits of the Forum; and Therapeutic Function of the Forum. Conclusions: Overall, the young people found the forum to be a positive experience in which they were empowered to develop their service, help others that used the service, and in some way help themselves too. The findings highlight many areas for improvement and reflection, including bottom-up agendas, using the group to facilitate transition to adult services, proving that input is valued and leads to change, ensuring everyone feels heard, and having clear ground rules and boundaries. Further research might usefully explore the wider impact of such initiatives, both in terms of therapeutic outcomes and potential cost-benefits to services.

##### **12.30 MST-FIT (Multi-systemic Therapy- Family Integrated Transitions) A new approach to supporting children to return home from care successfully – UK road test**

*Philip Reynolds, Northamptonshire County Council*

MST-FIT is an adaptation of MST standard, an evidenced based approach to supporting families with a young person (11-18) who is displaying challenging behaviour and is at risk of care or custody. MST-FIT uses the standard MST approach along with skills building taken from Dialectical Behaviour therapy and approaches taken from Motivational Interviewing to support children to return home from care. This paper will outline the current UK road test having been introduced to Northamptonshire and Leeds from the original developers at the University of Washington at the start of 2015. The rationale for this approach will be briefly described along the adaptations needed for this approach in the UK. Detailed background information is collected for each case to evidence key outcomes for the families including details of educational success, criminal justice involvement and previous involvement in the care system in the 12 months prior to the intervention, as well as the use of the SDQ pre and post intervention and ongoing quality assurance questionnaires completed by the family. The outcomes for the current small number of cases worked with in Northamptonshire (5) will be discussed along with the challenges and successes in translating this promising approach to the UK context. The next stages in its development and potential benefits will be discussed.

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#### **PLENARY – COTTESBROOK 126 – INVITED WORKSHOP**

##### **Outcomes in practice: a critical friendly workshop**

*Dr Andy Fugard (University College London)*

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#### **FRIDAY 8 JULY – PLENARY SESSIONS – AFTERNOON – 15.20-16.40**

##### **Cottesbrooke 126**

##### **Symposium: Promoting children's health and wellbeing at school: the role of physical activity and diet**

*Judith Sixsmith, Florence Osborne, Nathan Smith, Natasha Baines, Vanier Tse, Grace Tidmarsh*

The symposium proposes that physical activity and diet have important roles to play in promoting children's health and wellbeing and the school setting is an important context in which physical activity (PA) and diet can be encouraged. In two evaluations of initiatives to improve the health and wellbeing of children in Northamptonshire schools, data indicates that children have complex understandings/perceptions of health, wellbeing, diet and PA and can articulate these to help schools adopt a healthy school approach. In the first paper, Smith et al report on a Youth Sport Trust initiative aimed at understanding how increased participation in PA can have positive psychological, social as well as educational benefits in secondary schools. They show through analysis of survey data that increased PA is associated with motivation to participate, moreover daily PA participation was predictive of life skills (confidence, resilience, creativity and empathy) highlighting the value of PA for promoting psychological health and development. In Kinnafick et al's paper, this survey data is further explored regarding children's body image. Body image was significantly more positive in boys than girls and body image positively predicted PA behaviour for the younger secondary school year

groups. The findings highlight the importance of using PA to target positive perceptions of body image. The last 2 papers focus on primary schools, drawing from an evaluation of The Healthier Child initiative, which supports schools to improve children's health and wellbeing. Drawing from this evaluation, Sixsmith et al uncover young children's understandings of PA in interviews and written accounts, revealing complex constructions of the link between health, wellbeing and PA, including issues of identity, social justice and belonging. Finally, data from children's food and PA diaries are explored by Sixsmith et al, pointing to the meaningful practices of eating and PA as they unfold in specific places, supporting strong conceptual links between eating, PA, health and wellbeing

#### Cottesbrooke 106

##### **Symposium Steps beyond broken attachments in systemic work with adoption & foster care**

In this symposium, we present three papers drawing on our systemic family therapy work, which critically explores the dominant theoretical framework informing therapeutic practice in adoption and foster care, namely attachment theory. Drawing on our analyses of family members accounts and therapeutic conversations, and considering the shortcomings of attachment-based practice, we will offer alternative ways for working adoption and foster care that can overcome its main limitations. The first paper presents a thematic analysis of family and individual stories constructed during initial consultations and images collected through a graphical-creative tool, the Double Moon (Greco, 1998). The second paper is a single case analysis of a one-year family therapy with an adopted adolescent exploring how the family discourse about attachment, mutual belonging and individual development change throughout the therapy. The third paper draws on a content and discursive analysis to explore how explanations and interpretations around attachment issues and disrupted belonging are constructed in three families, and how these explanations are integrated in their family narratives and dynamics are deconstructed in therapy. We consider potential implications for families and professionals, and the ways in which these constructions could constrain and limit their capacity for envisaging and fostering change.

##### **15.20 The Scarlet Letter: Attachment as a dominant narrative in adoption? A thematic analysis of therapeutic narratives and visual relational maps.**

*Lisa Fellin, University of East London*

Most clinical research and intervention on adoption and fostering constructs the relational difficulties many families face as consequences of early attachment disruptions, usually linked to trauma, neglect or abuse (Callaghan et al., 2016). The current relational difficulties are individualised as lineal, past-focused dominant narratives that position children and their carers as 'damaged', passive and pathologised victims of dysfunctional (dyadic) attachment patterns to be repaired. However, systemic and narrative authors have underscored the centrality of self-narratives and have linked problems of conflicting identities and belongings to psychological and relational difficulties (Ugazio, 1998, 2013; White & Epston, 1990); some of these challenges are especially associated with adoption and fostering (Boszormenyi-Nagy & Krasner, 1986; Greco, 1998). This paper will present an alternative way for creating novel relational narratives with adoptive or foster families. A thematic analysis of family and individual stories and images constructed during initial family consultations with adoptive and foster families will be presented. The drawings were collected through a graphical-creative tool, the Double Moon (Greco, 1998), developed for both research and therapeutic work. Limitations of this clinical model, possible integrations and future perspectives for both research and clinical practice will be addressed too.

##### **15.40 "Phantom Pain". Building a sense of mutual belonging in adoptive families: a single case study.**

*Ferdinando Salamino, Elisa Gusmini, University of Northampton*

"Phantom pain" designs the kind of suffering coming from a part of ourselves that is no longer present, but still perceived as attached to us. In some respects, therapy with adoptive families is at high risk of being a therapy about phantom pain, whereas the wound of abandonment meets the wound of infertility, reminding everyone about everything that is lost forever. This study analyses a one-year family therapy with an adopted adolescent, with regards to its outcome and processes. Aim of the study is to highlight advantages of shifting from an attachment-based model towards a socio-constructionist approach, as a possible

way out of the "Phantom pain" stall. From a socio-constructionist perspective, creation of emotional and affective bonding within a family is a conversational process, subject to continuous changes and revolutions throughout the individual and family history. Therefore, a socio-constructionist approach for adoptive families highly relies on present narratives rather than past ones, focusing on the generative nature of *hic and nunc* interaction, thus strengthening emotional ties and perceptions of mutual belonging within the current family. A third, important advantage of a socio-constructionist approach resides in its brief, solution-focused nature, which allows families to quickly get out of the limbo long therapies often cast them into. This study will explore how the family discourse about attachment, mutual belonging and individual development of their adoptive son change throughout the therapy, and how the therapist uses explanations and hypotheses focused on present narratives, rather than past narratives, to lead this change.

##### **16.10 "Who is to blame?" Causal attributions in adoptive and foster families: a content and discourse analysis.**

*Lisa Fellin*

Explanations are central for therapeutic change as they may contribute to maintain the situation or offer way out from it. This study analyses causal attributions in two adoptive and one foster care families through a discursive and content analysis (Ugazio et al., 2012, 2009) of the family members' explanations and interpretations about attachment issues and disrupted belonging, and how they integrated these explanations in their family narratives and dynamics. Our analyses highlight how these families, coming from different backgrounds and cultural contexts, translate attachment-based explanations into narratives focused on the construct of "guilt" and "blame". This is consistent with findings by Barth *et al.* (2005), pointing out how attachment-based therapies are at high risk of trading a negative and pessimistic view on adopted children's fate. Attachment is an early onset, instinctual pattern of behavior, thus leaving a narrow window for the creation of mutual bonding. Once this window is missed and the trauma of insecure attachment is produced, parents and children will have to deal with the "primal wound" (Verrier, 1994) of failed belonging. We critically discuss how different families dealt with these wound-based narratives and how new narratives can be co-constructed in family therapy.

#### Cottesbrooke 109

##### **Papers**

##### **15.20 Measuring Mindfulness in Primary School Age Children: An Experience Sampling Method**

*Tanya Lecchi, University of Northampton, University of Bergamo*

Mindfulness has been conceptualized as "awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 1994, p. 4). Mindfulness-based interventions for children are becoming increasingly popular, showing efficacy in improving mental health and wellbeing. Considering the spread of mindfulness-based interventions, understanding the processes or mechanisms by which they lead to beneficial outcomes is becoming crucial. Reliable and valid measures of children's mindfulness skills are essential for determining whether participation in mindfulness-based interventions improves the ability to relate mindfully to everyday experiences and whether such increases mediate the positive changes in psychological functioning. A new method to assess mindfulness skills, based upon experience sampling through the use of an App (MES-C), was developed. Three hundred seventy-six children, mean age 8.84 years ( $SD = 1.150$ ), completed items related to their thoughts, moods, and feelings on tablets 5 times per day for 5 days, describing also the situations in which they were living. The MES-C showed good convergent and discriminant validity, supporting the use of experience sampling to assess mindfulness skills in children. Moreover, considering that children enjoyed using the App and didn't find it difficult to answer the questions, the MES-C may have the potential to be used as a training tool: being asked to observe thoughts, body sensations and emotions during the day could be a way to improve mindfulness abilities and support children's mindfulness practices between sessions.

##### **15.40 How can young people, aged 14 -16 years with mental health problems, be better supported in mainstream education?**

*Tania Hart, University of Northampton*

Although research suggests that learning and well-being are synergistic there is, a lack of research focusing on the school experiences of children with intrinsic mental health problems. The aim of this PhD research project was to explore how these children perceived they could be better supported at school. The additional perspectives of their parents and teachers gave further insight into their worlds. The research objective was to examine how schools and Child and Adolescent Mental Health Services (CAMHS) could strengthen their assistance. A qualitative design was used, underpinned by a social constructionist theoretical framework. Fourteen children were recruited via CAMHS. Children, parents and teachers participated in semi-structured interviews. Data was analysed using thematic analysis. The findings indicated, to thrive emotionally and academically, these children needed to feel they belonged at school. This was pre-requisite to accepting enhanced individualised support. A sense of belonging was only apparent when the child was free from victimisation (bullying, discrimination and stigmatisation) and had good peer and teacher relationships. Belonging was promoted by increasing the child's emotional security, which was enhanced by promoting teacher mental health knowledge, nurturing teacher and peer relationships and sensitively ensuring disclosure and confidentiality. When the children accepted assistance, they valued support that empowered them to cope resiliently at school. For example, practical one-to-one teacher help and CAMHS assistance in deciding what personal information should be shared with the school, along with emotional help with school problems. In conclusion, schools must promote a safe caring ethos, whereby emotionally literate teachers balance child well-being with attainment goals. Schools and CAMHS should tackle school distress and promote child resilience together. Presently, a lack of resource and time can prevent this, so more directives and mechanisms are needed. At the heart of this planning should be the child's voice, as presently support is predominantly adult driven.