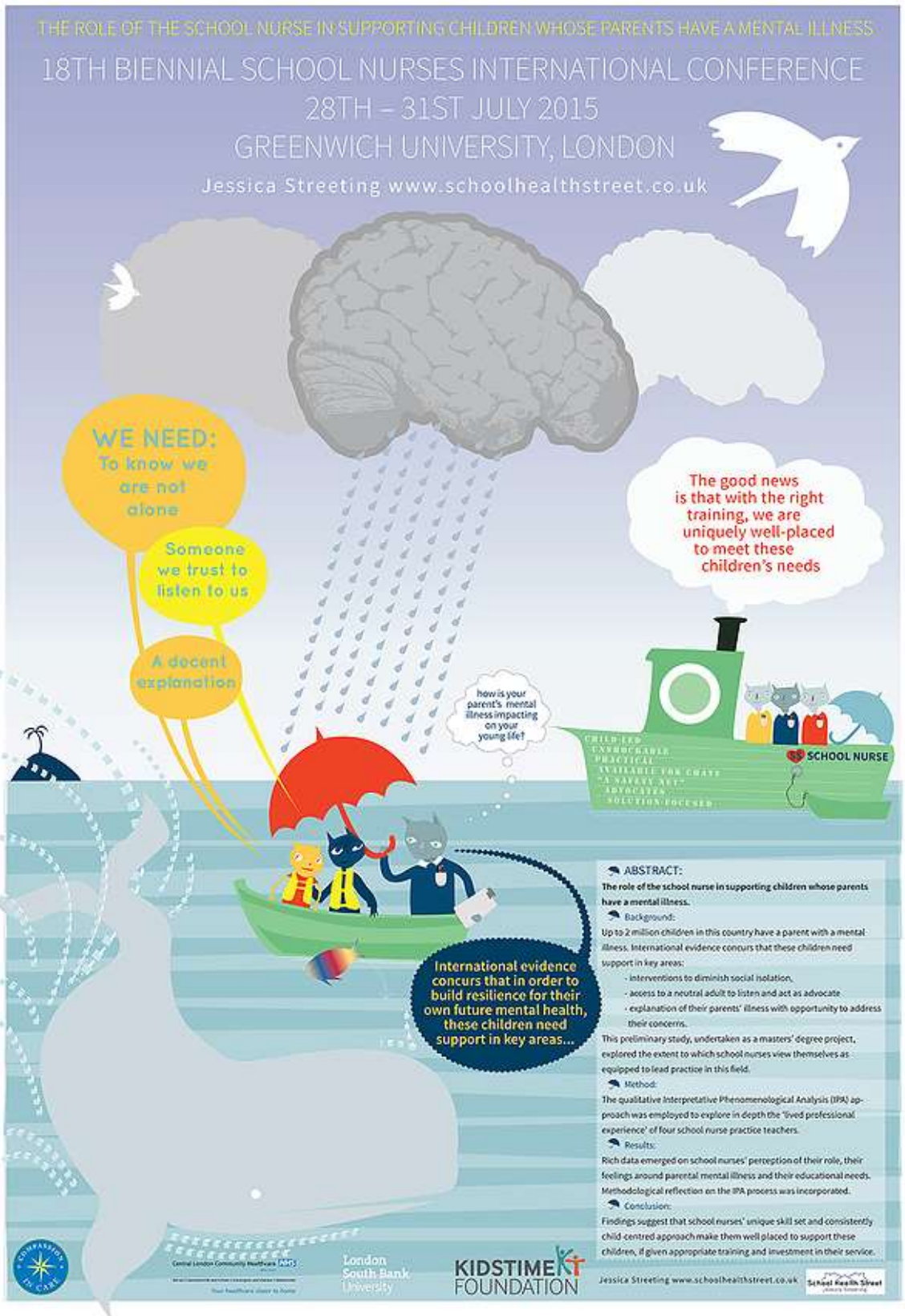
THE ROLE OF THE SCHOOL NURSE IN SUPPORTING CHILDREN WHOSE PARENTS HAVE A MENTAL ILLNESS
18TH BIENNIAL SCHOOL NURSES INTERNATIONAL CONFERENCE
28TH – 31ST JULY 2015
GREENWICH UNIVERSITY, LONDON
Jessica Streeting www.schoolhealthstreet.co.uk
WE NEED:
To know we are not alone
Someone we trust to listen to us
A decent explanation
The good news is that with the right training, we are uniquely well-placed to meet these children's needs
how is your parent's mental illness impacting on your young life?
SCHOOL NURSE
International evidence concurs that in order to build resilience for their own future mental health, these children need support in key areas...
ABSTRACT:
The role of the school nurse in supporting children whose parents have a mental illness.
Background:
Up to 2 million children in this country have a parent with a mental illness. International evidence concurs that these children need support in key areas:
- interventions to diminish social isolation,
- access to a neutral adult to listen and act as advocate
- explanation of their parents' illness with opportunity to address their concerns.
This preliminary study, undertaken as a masters' degree project, explored the extent to which school nurses view themselves as equipped to lead practice in this field.
Method:
The qualitative Interpretative Phenomenological Analysis (IPA) approach was employed to explore in depth the 'lived professional experience' of four school nurse practice teachers.
Results:
Rich data emerged on school nurses' perception of their role, their feelings around parental mental illness and their educational needs. Methodological reflection on the IPA process was incorporated.
Conclusion:
Findings suggest that school nurses' unique skill set and consistently child-centred approach make them well placed to support these children, if given appropriate training and investment in their service.
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KIDSTIME FOUNDATION

What are the educational needs of school nurses to equip them to lead integrated care for children whose parents have mental illness?

A dissertation submitted in partial fulfilment of the requirements for the MA in Practice Education TAR_7_010

Jessica Streeting

School of Health and Social Care
London South Bank University
September 2014.

Acknowledgements

I would like to thank the four participants in this study for their valuable time, my supervisor Kate Leonard and my patient family.

I hereby declare that this dissertation is the result of my own independent investigation, except where I have indicated my indebtedness to other sources.

I hereby certify that this dissertation has not been accepted in substance for any other degree, nor is it being submitted currently for any other degree.

MA Dissertation

What are the educational needs of school nurses to equip them to lead integrated care for children whose parents have mental illness?

Word Count 11690

Candidate Jessica Streeting

22nd September 2014

Abstract

Evidence shows that children whose parents have mental illness need support in three key areas: interventions to diminish their social isolation, access to a neutral adult to listen and act as advocate, and a clear explanation of their parent's illness with opportunity to address their concerns.

It is claimed that qualified school nurses are equipped to lead in the early identification of risk and subsequent intervention.

Using Interpretative Phenomenological Analysis (IPA) to conduct in-depth, semi-structured interviews with qualified school nurses, this study's objective was to explore the extent to which school nurses feel equipped to lead practice in supporting children whose parents have mental illness.

The aims were to explore three key areas for school nurses; views of their own educational needs, their understanding and confidence in taking a leadership role and their perceptions of these children's needs.

Data generated from the study offers insight into the lived world of four experienced school nurse practice teachers, highlighting their perceived strengths and weaknesses in leading practice in this area. Using IPA has enabled the data to be analysed and interpreted with deliberate acknowledgement of the chief researcher's own professional standpoint; a fellow school nurse of comparable expertise to participants, with a specialist interest in children whose parents have mental illness.

The following narrative account of the research process and findings presents the researcher's analytic interpretation, supported with verbatim extracts from participants. As the group studied was small and homogenous, generalised claims cannot be made, but insights are offered based on the analysis, which may have resonance for wider school nursing practice.

Findings from this small research project suggest that school nurses, with their unique skill set and consistently child centred approach, may be well placed to meet the needs of young people whose parents have mental illness, given appropriate training, liaison with stakeholders and investment in their service.

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Chapter 1

1.0 **Introduction**

Specialist Community Public Health School Nurses (SCPHN SN) have an integral public health role in the wellbeing of young people, with an ambitious remit to lead practice (DH 2012, Appendix 1). It is claimed that qualified school nurses are equipped in early intervention of risk and subsequent intervention (DH 2012), but with regard to supporting children whose parents have mental illness, there is little evidence for this.

A thorough literature search of issues facing these children was undertaken, to establish evidence of their needs. This revealed a consistent evidence body, best summarised by what children say they need; interventions to diminish their social isolation, access to a neutral adult to listen and be their advocate, and the opportunity to make sense of mental illness from clear explanation, with space to address fears that they may 'catch' or might have caused the illness (Cooklin A, 2013, Martin et al 2011,Punamaki R 2013,)

School nurses may be well placed to fulfil this role, but no research evidence has been found to suggest that they are currently fulfilling the remit to lead integrated care in this area.

The idea for this research project was born from a desire to explore how well placed school nurses feel to support these children.

Despite Ofsted recommendations (Ofsted 2013), no data is currently collected on numbers of these children in the UK, but studies estimate that between one and two million are affected (Martin et al 2011), (Rouf et al 2011). It is therefore probable that school nurses encounter them within the universal school aged community.

IPA is a qualitative research approach which provides a phenomenological framework to identify and understand the 'lived experience' of participants (Smith J et al 2013). It encourages study of small, relatively homogenous samples (Frost N 2011), such as the individual school nurses in this study. The 'lived experience' in this case refers to lived professional experience, though personal experience may be relevant, as professionals themselves may have experience of having lived with a parent who has mental illness, or be a parent who has had mental illness themselves.

A key requirement of IPA is for the researcher to be candid about their own identity and standpoint, with clinical expertise considered advantageous (Greenhalgh T 2006), (Pope and Mays 2006). The author and key researcher is herself a senior school nurse and practice teacher, with specialist interest in working with such families. She is also an advocate for the unique strengths of school nursing practice. Aware that the evidence body for school nursing

has recently been criticised at high level as ‘small and weak’ (Davis S. 2012), it seemed pertinent to attempt a small contribution.

Chapter 2

2.0 **Literature Review**

2.1 Introduction

This chapter will present a comprehensive development of issues relevant, by reviewing current literature and research. Beginning with an overview of current literature on children whose parents have mental illness and issues arising from this, there will then be a brief overview of literature on the developing role of the school nurse followed by a resume of relevant literature on school nursing leadership. Justification for choosing an IPA framework will be briefly explained, to be further explored in later chapters.

2.2 Literature relating to children whose parents have mental illness

First, a thorough literature review was undertaken to establish what evidence could be used to inform school nurses in supporting children whose parents have mental illness (Box 1):

2.2 a Box 1. Outline of literature search procedure.

DATA BASE	**KEY WORDS**	**PAPERS GENERATED**
1.CINAHL	*School nursing* and *parental mental health.* Added *attititudes/confidence/knowledge*	12. 6/12 relevant 0
2.EDUCATION & RESEARCH	*School nursing* and *parental mental health.*	490
PSYCHOLOGY & BEHAVIOUR	Ditto	490
SCIENCE COLLECTION	Ditto	490
PSYCHOLOGY INFORMATION	Ditto	490
MEDLINE	Ditto	490

SOC INDEX	Ditto	490
3.SCOPUS	*Parent/or father or mother or guardian* abbreviated to *Parent**	
4.EBSCO: proximity search	*Parent N5 mental illness, bi-polar, depression, dementia, schizophrenia, School Nurse, School N5*	73 18 research

Initial literature search generated several journalistic reviews; 'overviews of primary studies' (Greenhalgh T 2006, p. 114) to establish context. There were no systematic reviews (which summarise an evidence base) (Mulrow et al 1997) found. One leading British advocate for families suffering mental illness cited 'compelling anecdotal evidence' (Cooklin A 2013, p.230) for his statements about copmi. Cooklin's articles are journalistic overviews, rather than research studies, but his life-time's expertise as a family psychiatrist and extensively referenced reviews provided detailed insight into these children's lives. Eight primary studies were read alongside such reviews, as well as relevant government policies and reports (Ofsted 2013, DH 2013, DH/PHE 2014).

73 papers were assessed, with eight primary research studies studied in depth. These included three evaluations of therapeutic interventions (Martin et al 2011), Fraser and Pakenham 2011, Punamaki et al 2013). Other papers offered insight into lives (Guevera et al 2013), (Handley et al 2001), (Swanburg 2010).One paper, Rouf et al 2011, shed light on the 'lived world of the mental health professional when working with children whose parents have mental illness. This study proved a good example of the qualitative method IPA (Interpretative Phenomenological Analysis), influencing the decision to adopt IPA for this study, as will be explained. Quantitative methods employed for many studies, tended to generate less rich data on this topic than qualitative methods. Commonly, methods were 'mixed' (Adamson J 2008) combining qualitative and quantitative approaches.

Papers were assessed by assessment of relevance, validity and results (Parkes et al 2001, cited Gerrish and Lacey 2006).

Children whose parents suffer mental illness are often grouped in the literature by the acronym copmi (Fraser et al 2008). This will not be adopted as a 'blanket term', to avoid labelling a group of potentially diverse people, but for expediency will be used occasionally.

The term 'young carer' has been adopted internationally to describe a person under eighteen who provides primary care for a relative in the home (Aldridge and Becker 1993). The seminal early study which first coined this term, stated that there is little research into children whose parents have mental illness. In 2014, this was not found to be the case, a relatively large amount of relevant literature addressed a wide range of issues for these children.

Aldridge and Becker also observed that qualitative research in this field lacked analytical depth, employing 'single snapshot perspective' (Aldridge and Becker 1993). This criticism resonated with most research papers read when gathering background evidence. The in-depth analysis in Rouf et al (2011) was an exception; an example of rich data generated on decision-making in adult mental health. It also offered a research method that was potentially more than a 'snapshot'.

The literature was closely adhered to in developing a research proposal structure.

Quantitative studies provided numerical data (Gerrish and Lacey 2006); for example potential numbers of children affected, but over-reliance on quantitative data such as questionnaire, was a flaw common to several papers (Fraser E and Packenham K 2009, Punamaki R L et al 2013, Haddad M et al 2010). This observation influenced the choice of research method for this study; whilst much has been written on positive use of well-designed questionnaire (Oppenheim 1997), others warn that they are not the 'objective' tool claimed (Greenhalgh 2006, p.180) and can be vulnerable to deceit (Giorgi A and Giorgi B in Smith J 2008).

Literature appraisal aimed for qualitative enquiry as to how school nurses might best support children through increased understanding of their "lived experience", rather than to confirm previously held views; a phenomenological approach (Ashworth P in Smith J 2008).

Despite international diversity in papers (Finnish, Tasmanian, an Australian/New Zealand cohort, several British and an America study), outcomes emerged early, with surprising unity. The international range was a deliberate attempt to examine the degree to which issues resonated cross-culturally. One mixed methodology study combined workshop observation, participant feedback and interview, generating a concise summary which mirrored findings from other papers. (Box 2)

2.2b

Box 2. What children and young people say they need

1. Interventions to diminish social isolation: 'not alone'.

2. Access to a neutral adult – to listen and to be the child's advocate

3. Making sense of mental illness: a 'two–way explanation of parent's illness, providing clear, substantive information, with opportunity to address fears that they will catch or caused the illness

(Martin et al 2011)

Whilst all studies cited these issues, Martin et al articulated most coherently the child's perspective, perhaps because only they asked families directly. They employed the largest sample size, adding validity. To elaborate on the findings further, specific to the school nurse role, themes are grouped under the Box 2 headings:

2.3 'Not alone'

Most papers began with quantitative estimates. Studies agreed that numbers of children affected are significant. Literally, these children are not alone in their circumstances, but evidently can perceive themselves as such. UK Estimates vary from 50,000 (The Children's Society 2011) to two million (Rouf et al 2011).

In 2010, an estimated 30% of 175,000 young carers in UK care for a parent with mental illness (Obadina S 2010). Martin et al 2011 estimated one million UK children under sixteen currently affected, out of 63 million, Guevara et al 2013 supplied detailed quantitative data on the prevalence of depressive symptoms in parents, but with no figures on children affected (Guevara et al 2013, p.1131). Despite recommendation in the UK (Ofsted 2013, p.7), no data is routinely collected, exact numbers are unknown.

Referred to as *'the invisible dimension*', several papers cite the tendency of these children to feel socially isolated (Fraser E and Pakenham K 2009, Martin et al 2011, Handley et al 2001) Evaluating a family intervention using a mixed methods approach, Martin et al's research indicated that meeting together could reduce the feelings of isolation common to copmi who may be experiencing a lower standard of living, financial and emotional hardship

within their families, as well as being more vulnerable to rejection and bullying at school. An earlier evaluation research study employing similar methodology on a Tasmanian intervention, concurred with Martin et al's more recent UK findings (Handley et al 2001), also citing embarrassment at parents' behaviour as potentially isolating. Stigma based on media misconception and guilt that they caused the illness can further isolate children, as they fear speaking out (Obadina S 2010).

2.4 A neutral adult

Studies concurred that talking to a neutral adult could help, indicating a possible role for the school nurse. In order to be that supportive presence, professionals need to identify copmi by integrated working.

Several papers highlighted the fact that no specialist service takes responsibility (Handley et al 2001, Martin et al 2011, Rouf et al 2011), though current policy urges 'seamless support' (DH/Dfe 2014).

"they (copmi) fall between the obvious responsibilities of all relevant professionals" (Martin A 2011, p.42).

Gaps in interagency working were cited as a barrier to effective intervention in six studies, indicating that communication between agencies was lacking, in identifying and then supporting these young people.

A recent government report suggests best practice examples of strategic joint working, to aid identification (SCIE 2011). These examples will be referred to in Chapter 5.

One study set an objective standard as rationale;

"Children have a right to be listened to and their views taken into account on matters that affect them" (UN 1989 cited Martin et al 2011, p.229).

Mention of school nurses, arguably well placed to support, was notably absent in research articles, possibly highlighting endemic lack of awareness about the service.

However, a thematic inspection report by Ofsted and the Care Quality Commission (2013), drawing on evidence from local authorities and partner agencies, cited school nurses as people who children felt able to talk to about their parents' mental illness (Ofsted 2013).

One study generated rich data from a focus group of eight mentally ill parents and four of their children, though twelve is large for an ideal focus group (Kreuger 1994).An interesting paradox highlighted from this research was that copmi 'hungered for information' yet felt

reluctant to broach mental health concerns. (Handley et al 2001, p.225) This adds weight to the evidence for a neutral adult confidante.

2.5 Making sense of parental mental illness

The need for children to make sense of their parents' illness was referred to in all studies, less clearly defined where methodology was unclear or unsuitable. For example, one study employed a 148 item questionnaire as a tool for young children and their unwell parents (Fraser E and Packenham K 2009). It might have been more suitable to engage participants in an age appropriate qualitative approach to data collection, rather than to expect completion of a long, written survey.

Need for a clear explanation is well evidenced, summarised here:

"the goal is to help the child associate the parent's illness more with a set of images of neurophysiological internal processes, rather than just the parent's emotional responses". (Martin A 2011 p.28)

Explaining might also encourage the child to begin to trust the professional, which in turn can mean they disclose more specific therapeutic need (Cooklin A 2010);

"No one ever sat down and explained to me and my brother what manic depression was. It would have helped" (Young Carer, The Children's Society).

The Tasmanian study highlighted through interviews with parents and children, a reticence among school staff to broach mental illness, due to issues of taboo, stigma and fear (Handley et al 2001).

One randomised trial comparing two preventative interventions referred to the established understanding that children may blame themselves, showing 'dysfunctional attributions', doubts and self- blame (Punamaki R.L 2013). This Finnish study involved 109 families and was unusual as its results disproved its own hypothesis. A 'whole family' intervention was compared with a 'parent only' approach to explaining mental illness. Using validated questionnaires to measure positive and negative effects, the 'parent only' intervention had the more positive impact. One explanation was that parents, once equipped to explain, did so in the home environment, comfortable and familiar to their children.

2.6 How the literature influenced this study

In this study, semi-structured interview questions aimed to explore how visible these children and young people are to school nurses, how equipped school nurses feel to

address their isolation, to what extent school nurses feel equipped to explain mental illness to young people as well as what gaps, if any exist within interagency working.

One qualitative research paper lifted a child's comment 'just helping', to illustrate the commonly evidenced feeling that children's helpful behaviour was nothing out of the ordinary, but where balance of parental care is inverted to some degree. (Svanberg et al 2010).This technique to find a title is established in qualitative research, though IPA experts advise only employing it if the phrase chosen completely encapsulates a 'gestalt', or essence of the study (Smith et al 2013). This idea will be referred to in a later chapter.

Svanberg et al used grounded theory methodology; an inductive method where data analysis and collection occur simultaneously (Gerrish and Lacey A 2006, p.536), affording opportunity to compare this method with IPA. Transparent inclusion of all transcripts and interview questions ensured authenticity and made this one of the most illuminating studies, adding weight to the impression that qualitative approaches suit this topic, for obtaining child-centred data.

2.7 Literature on school nurses' role in supporting copmi

No research articles were found directly addressing the role of school nurses in leading support for children whose parents have mental illness. However, it has long been acknowledged that such children should receive support from school nurses (Thurtle V et al 2008). Recent Young Carers champions' master classes for school nurses further identified them as well placed to lead care (RCN 2013. www.rcn.org.uk/youngcarers.about.us)

A significant government document has been published since this research began (DH 2014) Part of the DH School Nurse Programme, it offers context, rationale and examples for local solutions in interagency work to support Young Carers, including children whose parents have mental illness. School nurses are cited as needing to be:

"equipped to support the needs of young carers"(Dh 2014, p.3)

This document supports the rationale for research projects such as this, to ascertain how well equipped school nurses actually are.

2.8 Relevant Literature on leadership in school nursing

There is now a vast body of literature on leadership in nursing. Emotional intelligence (Goleman D 2005) and authentic leadership (Northouse 2010), for example, stress personal and social domains of self-awareness and self-management. This study hoped to explore, through the IPA process, to what extent recognisable leadership traits such as intellectual

stimulation and motivation (Grossman C and Valiga T.M 2013) were part of the lived experience of participants.

Historically, distinctions were made between transactional and transformational leadership styles (Myers et al 2012, p.245), but emerging from these is the concept of leadership dispersed throughout organisations (Kellerman 2007, p.84). This involves giving weight to both leader and follower, as epitomised in the re-defining of an old concept: 'servant leadership':

"Leaders meeting the needs of followers, so they reach their potential and perform optimally" (MacCrimmon 2010 cited Waterman 2011, p.25).

Literature on this concept influenced the analysis of this research. 'Servant leadership' could be said to perfectly encapsulate the school nursing aim to meet the needs of young people. However, the degree school nurses feel able to embrace a more assertive, forthright model, to act as their own advocates in this time of change is questionable. Literature on transformation theory was also influential:

"the chaos and disequilibrium with which nurses in practice are challenged, can be viewed as a stimulus for growth and development." (Grossman S and Valiga T 2013, p.35).

With the impact of school nursing currently under review (Nicholson W 2014, p.11), it is vital school nurses' worth is communicated to commissioners. This research data may also offer insight into the extent to which school nurses feel able to lead their own profession forward in this practice field

School nurses are tasked to;

"lead and coordinate supportive partnerships with other agencies" (DH 14, p.4).

To what extent they feel able to do this will be explored.

Finally, the Chief Nursing Officer's recent paper on compassion in nursing care is a relevant government driver for school nursing practice in this area and will be referred to within the study (Cummings J 2013).

2.9 Literature on IPA

From review of current literature, the theoretical framework IPA emerged as a conduit for reflective enquiry, a way to:

“listen for the feelings and emotions behind the words, to discern a pattern of feeling and then to reflect these feelings back” (Rogers C 1967).

The IPA method will be explained in Chapter 3

2.10 Conclusion

In conclusion, it can be seen how the current literature on parental mental health is relevant to school nurses and their support of children with a mentally ill parent. Literature on school nursing leadership can be seen to presume that school nurses are well placed to lead, which will be questioned. Having introduced the background to using IPA, the next chapter will explain how the study was undertaken.

Chapter 3

3.0 **Methodology**

3.1Introduction

In this chapter objective and aims of the study will be stated, followed by rationale for chosen methodology and comparison with other methods. The three key elements of IPA will be explained, the IPA approach detailed. Ethics of data collection, timescale and consent will be covered. Method of data collection, in-depth structured interview, will be detailed and the whole chapter summarised, in conclusion.

3.2 Objective

The objective of this study is to explore the extent to which school nurses view themselves as equipped to lead practice in supporting children whose parents have mental illness.

3.3 Aims

Aims are threefold;

1. To explore school nurses' own views of their educational needs when supporting children whose parents have mental illness
2. To explore school nurses' understanding and confidence in taking a leadership role in this area of practice
3. To explore school nurses' perceptions of these children's needs.

3.4 Rationale for chosen methodology

The literature review pre-emptied use of a qualitative method for this study. While quantitative research is underpinned by a positivist tradition, which proposes scientific truths exist (Gerrish and Lacey 2006), it has been suggested that qualitative work should;

"Explore what needs to be explored and cut its cloth accordingly. (Greenhalgh T 2006, p.170).

Qualitative research seeks the insider's view of their own social world, without making value judgements (Carter S and Henderson L in Bowling A and Ebrahim S 2008)

Three qualitative methods were considered;

Grounded theory, which developed from a sociological standpoint, (Glaser and Strauss 1967) like IPA, aims to interpret data with implications for practice, inductively. The process

of *theoretical sampling* in such research involves selecting new participants to test theory as the study progresses (Pope and Mays 2006).

Action research focuses on empowering participants to generate solutions to their own practical problems (Meyer J in Pope C and Mays N 2008). Whilst inappropriate for this initial exploratory study, it may form part of the solution to issues raised.

IPA was chosen over other methods because it fitted with the aims and objectives of the study.

IPA was designed by psychologist Jonathan Smith (Smith J et al 2013) and tends to focus on personal meaning and sense-making in a particular context, for people sharing an experience. It involves rigorous appraisal of texts; comparing, questioning and imaginatively dwelling in situations (Benner P. 1994). There are specific skills to acquire. For this novice project the seminal text of Jonathan Smith et al has been an invaluable guide, necessarily cited throughout this account. Primarily used in psychology, IPA is now widely used in health research

It is important to understand the philosophical background to IPA. There is a shift from ontological questions about what it *is* to know, to epistemological questions; *how* we know, what constitutes our knowing (Benner 1994, p.102).

IPA draws on three key areas of philosophy of knowledge; phenomenology, hermeneutics and ideography. These three will now be briefly explained;

3.5 Phenomenology

The founder of phenomenology is agreed to be Husserl;

“experience should be examined in the way it occurs and in its own terms, reflectively” (Smith et al 2013, p.12)

Another way to describe phenomenology is recording ‘lifeworld’ experiences (Hart, C 2008).

Other philosophers, notably Heidegger, Merleau-Ponty and Satre helped form the understanding that experience is unique to the person interpreting it. Phenomenologists often seek after a meaning which is hidden, a ‘sub-text’ (Frost N, p.46).For example, in this study it was anticipated that possible barriers to school nursing leadership or issues of professional confidence and identity might be revealed.

An agreed strength of phenomenological researchers is clinical interest Greenhalgh (2008), Pope and Mays 2006). This project was about the lived professional experience and clinical interest of participants.

3.6 Hermeneutics

Hermeneutics is the theory of interpretation. Aspects of the narrative of a human life might be revealed for *hermeneutic* (or interpretative) consideration (Drummond J.S and Standish P 2007, p.24).

Key hermeneutic theorists include Schleiermacher, Heidegger again and Gadamer. Schleiermacher, the earliest philosopher cited (1768-1834) is particularly relevant, with the belief that a detailed analysis can produce;

"an understanding of the utterer better than he understands himself"

(Schleiermacher, 1998: 266, cited Smith et al 2013, p.22) .

This depends on 'sharing some ground' with the person being interpreted. In this research, researcher and participants have some common professional lived experience, as experienced school nurses with teaching expertise.

In IPA, researcher's 'insider perspective' can enrich findings (Rouf et al 2011) as it is key to interpretation. The researcher makes sense of the participant, who is making sense of the issue (in this case supporting copmi). This is called a 'double hermeneutic' (Smith and Osborne 2003).

In explaining the relevance of hermeneutics to IPA, Smith refers to a necessary 'spirit of openness' in the researcher, important both when interviewing and interpreting data

Another characteristic is the need for 'detective work' from the researcher. Smith et al (p.35) allude to Heidegger's term *appearing* here; a phenomenon being ready to appear, but needing the researcher to facilitate this. An example from this research will be demonstrated.

The hermeneutic circle, concerned with the changing relationship between the part and the whole, is considered the most resonant aspect of hermeneutic theory (Smith et al 2013). As humans we are in what Heidegger called the "circle in understanding"; interpreting things because we have a background of shared human practices. Without the understanding of these, meaning crumbles;

"and so it is that all of human life, including research, takes place within this ontological circle" (Plager K in Benner P. 1994, p.72).

3.7 Ideography

The third component IPA component is ideography:

"an in-depth focus on the particular and commitment to detailed, finely textured analysis of actual life experience" (Frost N 2009, p.46),

Or;

"concern with the particular" (Smith et al 2013, p.29).

Typically, IPA studies utilise small, purposively-selected samples. The small number interviewed for this study was appropriate because it enabled detailed analysis of narrative to be manageable within a timescale.

This emphasis on the power of individuals to offer a unique perspective was an attraction when choosing IPA above other methods. Smith et al guide one through, enabling even a novice IPA researcher to retain the voice of each participant;

"not a privatised, purely subjective voice, but rather an embodiment and lived understanding of a world" (Benner P 1994, p.100).

The IPA researcher should also employ a Heidegger (1962/1927) strategy; the originally mathematical concept of 'bracketing', or putting to one side their own known world, in order to fully enter the participant's. Existence of *fore-structure* (what the researcher already knows) is important and can be brought back into the interpretation process later, with fresh insight. Engaging fully with text may help the researcher understand more fully what their own preconceptions were, retrospectively.

3.8 The IPA Approach

Whilst approaches to qualitative text analysis tends to be linear, with IPA the researcher moves between stages, assessing data through a range of ways, rather than step by step. Interpretation can be made at different levels, all of which relate and offer different perspectives on the 'part' and the 'whole'. Examples of this approach to analysis will be cited.

Texts agree that IPA analysis must be thorough and systematic. Because phenomenology is subjective, the logic behind statements must be explicated for the reader (Hart C 1998, p.48). When adhered to, logical stages and careful analysis can be seen to give this form of qualitative research rigour and validity. Since writing up is part of the intellectual process of

IPA, there may also be 'false starts' in interpretation. As recommended, these have been recorded in the writing, to facilitate reader understanding (Benner P 1994).

Following comparison with other methods, a simple checklist confirmed the suitability of IPA for this study (Appendix 2)

3.9 Ethics

As this project was deemed a research study, no data collection could begin until ethical approval had been obtained from London South Bank University (LSBU) Research Ethics Committee and Local Research Committee. A research proposal is a vital early stage of the research process (Gerrish and Lacey 2006) and was submitted for 10th April 2014. This proposal detailed objective and aims, rationale, relevant literature, proposed methods of data collection and analysis. Ethical considerations were laid out, as discussed below, and a timeline for the research outlined (Box 3)

3.9 a Box 3 Timeline

Time line**. Proposed**	**Achieved**
• February – March 2014: prepare research proposal for ethical approval • March 2014 – April 2014: proceed with disseminating participant information and contacting participants to arrange interviews • May – June 2014: conduct semi-structured interviews with six participants • June 2014-July 2014: Transcribe data from interviews • July 2014-August 2014: complete data analysis, with regular supervision • August 2014 – September 2014: Complete dissertation for submission 22nd September 2014	• April: Proposal submitted and accepted • May: Information disseminated following ethics approval. • June-July 2014: conducted four interviews. Supervision. • July 2014 Transcibed data from interviews. Supervision. • August 2014 Completing analysis and dissertation for submission 22nd September 2013.

3.10 Title

When deciding on the title, there was discussion about the term ‘mental illness’. This was chosen over ‘mental health issues’ with an awareness of current taboos and a desire to be direct, to minimise confusion. The technique discussed in chapter 2 (2.7) was considered for this research title and will be referred to in Chapter 5.

3.11 Timeframe

IPA guidance suggested that each transcript would take seven hours for every hour of recorded sound (Smith et al 2013). This proved an accurate estimate. Iterative analysis, as will be seen in the results write-up, absorbed two months, including reflection, revision and consultation with the research supervisor.

3.12 Sample

Permission was sought from the head of Adult Nursing and Midwifery Studies at LSBU to approach potential participants enrolled on the Practice Education Level 7 LSBU course. Written permission was granted.

The researcher then visited the Level 7 Practice Education LSBU class to outline the research structure verbally, based on the Information Sheet (Appendix 3).

Information sheets were given to all prospective participants who were invited to contact by email, to register interest.

The information sheet was also placed on the University Virtual Learning Environment, Blackboard, with a covering letter from the course coordinator, inviting potentially interested participants to contact the researcher.

Four potential participants contacted the researcher by email, whereupon a reply was sent thanking them for their interest, an information sheet (Appendix 3) and a consent form (Appendix 4).

All four agreed to participate. Dates were arranged for the researcher to visit each in their respective place of work, for the interview.

One of the four was known to the researcher prior, in a professional capacity. Three were not known. Potential ‘power relationship’ was considered (Gerrish and Lacey 2006, p. 35); though sharing the professional world of school nursing and practice education, the researcher did not hold a potentially compromising position of authority over any participant and was not in the same academic classes.

The shortfall of two from the initial six required for an LSBU research study was discussed in Supervision (Appendix 5), where it was agreed that sufficient efforts had been made to recruit and that for the purposes of this research, rich data enough might be retrieved from four in-depth interviews.

3.13 Considered methods

In-depth, semi- structured interview is considered a robust qualitative method, allowing researcher and participant to engage in dialogue (Thomas G 2011), giving space for modification in the light of responses (Krueger R 1994). Individual interview was chosen over focus groups; defined as discussion between six to ten people, structured to explore a specific set of issues (Carter S and Henderson L in Bowling A and Ebrahim S 2008). Whilst using two or more data sources can achieve greater validity (Gerrish and Lacey 2006), it is reasonable for a novice to IPA to concentrate on achieving rich data from one established source.

Focus groups enable the researcher to capture the perspective of several people at one sitting, but are arguably less suitable for an IPA study because it can be harder to enter the 'life-world' of several participants simultaneously and develop the hermeneutic analysis (Smith et al 2013, Oppenheim A.N 1992).

3.14 In-depth, semi-structured interview

For an IPA semi-structured interview, recommended duration is no shorter than thirty minutes, to allow for rich data generation, not longer than one hour, to minimise participant fatigue. Interviews adhered to this timescale. Though the last interview was notably shorter, data was rich and word count on a par with the other interviews, around 10,000 words.

3.14 a Box 4. Interview length

Interview **1:** 55 minutes, 11 seconds, interview **2**: 53 minutes 52 seconds, interview **3**: 47 minutes, 45 seconds interview **4** :36 minutes 53 seconds.

In each case participants chose a private room in their workplace for interview. The researcher travelled to each participant to minimise participants' inconvenience.

Interviews were recorded using an LSBU Dictaphone. Participants were made aware that the recordings would be kept until the project was complete, then destroyed (Appendix 3)

Written consent was obtained before data collection began (Appendix 4) Participants' wish to withdraw at any stage of the study was reiterated.

All information received through interviews was treated confidentially, information stored in a locked cabinet. Recordings will be destroyed after analysis. Transcripts will be shredded after completion of the research, recordings deleted, according to The Data Protection Act (1998).

It was not anticipated that interviewees would suffer risk through participating, though talking about children whose parents have mental illness was acknowledged to possibly unmask anxieties or other unresolved issues. The researcher was committed to being alert to any potential distress and reiterated at the start of each interview that the interview would stop if necessary, with reassurance and if appropriate, advice provided on how to access student counselling services at LSBU.

It was explained to participants that they would be offered the opportunity to receive feedback on research outcomes.

Strength of data was to be hugely dependent on the quality of questions, with interviewing style an integral principle of inductive, phenomenological research.

For measurable rigour and quality, a detailed guidance chapter on in-depth interview technique was followed meticulously and regular supervision sought (Yardley L 2000 cited Smith et al 2013).

The outcome; four strong interviews, rich in data, will be discussed in detail. It is important to convey the significance of the clear, educative structure which enabled this data to emerge. The researcher condensed the chapter into a table (Appendix 6), following guidance closely for each interview, reflecting and consequently learning as the data collection progressed. For example, adopting a specific 'research persona' involved deliberate suspension of usual professional style of interaction and assuming a more enquiring, active listening approach. It was even helpful to dress informally, which had the effect of freeing the researcher from working concerns, to concentrate more fully on engaged, sensitive listening.

Similarly, for optimum validity of analysis, IPA advice and structure was adhered to. Each interview was actively engaged with, using a series of steps (Appendix 7).

At the interpretation of analysis stage, guidance and fresh perspective was sought from outside supervision.

Methodology of writing up this study also adhered closely to IPA guidelines, affording flexibility and creativity, whilst optimising validity. Analysis continued into the writing phase, as interpretation developed. Smith et al recommend moving straight from analysis to writing, to maintain momentum. This happened, followed by re-drafting and revision to the final product.

3.15 Conclusion

This chapter has given objective and aims of the study, followed by rationale for the chosen method, with explanation of key philosophical influences. This has been followed with a detailed account of IPA process and the specifics of data collection.

Chapter 4

4.0 **Presentation of findings**

4.1 Introduction

This section will present study findings, demonstrating with the aid of theme tables and diagrammatic representation, how they were arrived at using the same process for each interview.

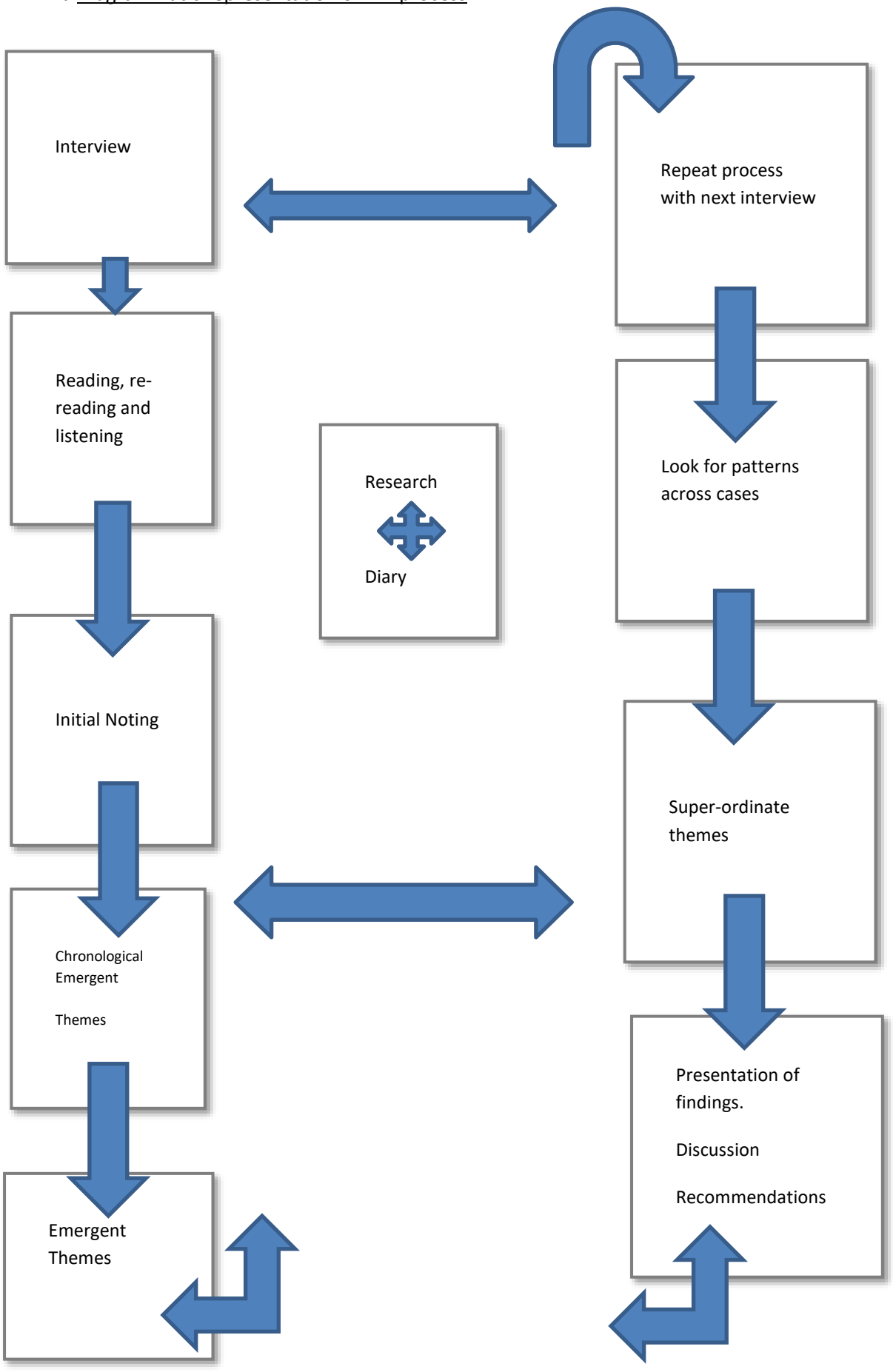
4.2 Presentation of findings

There are clear stages to IPA analysis process. For optimum validity, the reader needs to be able to follow these stages. The reader has a critical role within 'the hermeneutic dialogue'. Smith et al warn that unless the data makes sense to the reader, it is nonsense. In explaining findings, each stage will be discussed with select examples of data to illustrate points. The purpose of this is to give an account of data and to offer some interpretation. Data will not be discussed in depth until Chapter 5, but it is necessary in an IPA study to be more discursive than in the results section of a quantitative study.

In presenting findings, data are labelled and will be referred to as **1,2,3,4** to match chronological order of interviews and to preserve anonymity.

Each interview was taken through the steps, as can be seen in this diagrammatic representation:

4.2a Diagrammatic representation of IPA process



Following the stages above, a table of emergent themes was collated. This table is seminal to analysis and further discussion, so is displayed here, out of the original sequence so that the reader can get an **overview** of the findings before the process is discussed in more detail;

4.2.b Table 1. Emergent Themes from all four interviews

Interview 1	**Interview 2**	**Interview 3**	**Interview 4**
School Nurses' Perception of role **1** "to notice the little things" "jack of all trades" "know our limitations" "putting them on the right path, not leading them down the path" "build trust with young people so they confide" Concept of "support" for young people Comfortable with and atuned to the child's view "Supporting not leading" Examples of what alert to copmi Building trust Child led Call by first name Gave examples of when did lead on copmi behalf "wouldn't put myself in that position to lead" Drop Ins – need to be "creative" ++ examples of assured practice "they (copmi) know you and that makes a huge difference"	School Nurses' perception of role **2** "Leading care" "Supporting" "coordinating" "Sort practical detail" Building trust "Explain what practical support might look like" Help young people view social care more positively "Help shift thinking in young person" Preventative (++ examples) To provide continuity for young person "Safety net" "The active point" Numerous examples of what signs alert to copmi Child led ++ Not a counsellor Advocate for copmi Solution focussed: "what would better look like?" Clarity in role Confidence in role Public health professional Evidence should influence practice Describes examples when did lead on copmi behalf	School Nurses' perception of role **3** Displays confidence when describing her role: "She knows I'm the school nurse, she feels comfortable with me". Hope for new role within a team where have mental health specialist. " we find our own work" "I am limited in what I can talk about" (not adult mental health) Drop In service (though the don't necessarily 'drop in') "heights and weights and a couple of chats" "Mental health not my role" Health visitors see more of it health visitors can write on maternal records, school nurses don't. social workers are more direct than school nurses. "a forgotten service" "They don't really use us, do they? (meaning other services, to link to) "although we're busy, busy, busy" "I don't think I'd feel	School Nurses' percpeption of role **4** Competent, professional, child centred Describes disturbing child behaviour calmly, unshockable Clear views on professional changes needed "trying to do a little bit of this and a little bit of that" "listen to them and support them" Articulate on child's behalf; "It really highlighted a crisis and emotional issue for him" Sees role as proactively accessing educational support Sees the wider world of school nursing Sees school nursing within wider context Clear views on changes needed, in commissioning, pathway development etc. Child centred: gives ++ examples of what copmi need, which link closely to the evidence Aware of impact on child

		comfortable ringing a parent" Looking forward to working within new team structure with CAMHS – "finding out exactly what to do" Child centred Assured in describing role. Describes examples when did lead on copmi behalf	"access to someone who is **not going to stand in judgement** Understands why children might not be 'overly communicative' Strong identity within team around the child. "I don't know about ***leading***"- goes on to give clear example of leading x2, as advocate for copmi.
<u>School Nurses' views and feelings about parental mental illness</u> **<u>1</u>** "Magic wand to wave it away" "A big issue" "A grey area" "lack of communication from adult mental health. Referrals "**uncommonplace"** "Out of depth", sinking metaphors "Issues" – code for complex, out of professional sphere Ambivalence, anxiety Not wanting to lead on mental health "a vast number of children whose parents suffer mental illness" "Mental Health" for mental illness	<u>School Nurses' views and feelings about parental mental illness</u> **<u>2</u>** Mental illness at the forefront of our work **Specific, *paradigm shift*** ***experience of child on ward**: "this parent is different" Observed caring roles reversed Reflected on emotions evoked. "its quite hard (meaning very?) when can't support reflecting on self as a parent/potentially mentally ill person critical of professional self and others: "wow, did we really do that to that family?" Critical of colleagues who 'back away' from mental health issues Reflecting on contrast between public health and medical models of care	<u>School Nurses' views and feelings about parental mental health</u> **<u>3</u>** "big" "high on the agenda in this borough" "not always recognised" "stuck" **Specific key experience -** **Not easy to talk about to parents:** "I find it difficult" "Can't be straightforward" "Skirt around the subject" "I think I might be prying" I feel like I ask too many questions" "I feel uncomfortable with it, definitely. "we do feel a bit lost" "trying to build a picture" **"her whole life a bit jumbled really"** "they could be quite aggressive" Vagueness Taboo Bizarre	<u>School Nurses' views and feelings about parental mental health</u> **<u>4</u>** A huge issue Well acquainted with possible signs of copmi Prevalence: " I would find it hard to name a family I'm dealing with that didn't have a mental health concern" Links to safeguarding Child centred – need "support with the ups and downs…" Stigma for the child Attachment difficulties for copmi Behavioural manifestations of copmi Violence

		"parents don't *normally"* *"*parents don't *usually"* Frightening? Uncontrollable? Outside boundaries of normal Effect on children: "they don't say what they want to say" Uses "mental health" for mental illness	
<u>School Nurses' views on their education needs</u> **<u>1</u>** Learning from experience "why wait ten years?" Wants a detailed mental health module Not equipped to give an explanation "no, no, no, no, no" Not equipped, not trained "Massive gap" (in knowledge) "well placed but not well equipped" "Would have to go out on a limb" to get training	<u>School Nurse views on their educational needs</u> **<u>2</u>** Educate in mental illness from pre-reg. SCPHN training didn't prepare, then or now (even though there is a module now) Had to choose between mental health or mentorship (!) SCPHN does equip us to lead, but not on mental health. Picked up knowledge from experience Need education on the impact of parental mental illness at 0-19 – every stage Need tool to identify young carer Not confident to explain mental illness. Would need training on this	<u>School Nurse views on their educational needs</u> "Picked up over the years" "I don't feel equipped" "We've just had **a snippet,** just one afternoon, that was it" "training on how to talk to these parents on the right level" "They keep promising me (an assessment tool), I haven't received it yet". Learn from the adult mental health nurse Looking forward to learning from the new team set up with CAMHS practitioner	<u>School Nurse views on their educational needs</u> **<u>4</u>** "At the moment we do it ourselves" MindEd, RCN, Children and Young People's Forum, CPT Updates, Researched and uses SDQ tool Learning from mental health nurse colleagues One excellent session: " a real insight for me" SDQ tool: "I would rate it". "Very revealing" "Not standardised, what people are accessing" " I don't think they (training needs) are met, really" " We needs a basic level of training" Describing training on SDQ tool: "It wasn't even half a day. They just showed us the website" "A bit lacking really" "Not evidence based" "Too much disparity"

*paradigm shift is when a way of understanding an issue changes (Gerrish and Lacey 2006)

As 4.2.a illustrates, emergent themes, once collated, provided the raw data for synthesis into three super-ordinate group themes. A concise summary of super-ordinate themes had been arrived at following the procedure to be detailed below. (Table 2)

4.2.c Table 2 Abbreviated table of superordinate group themes

SCHOOL NURSES PERCEPTIONS OF THEIR ROLE (in supporting copmi)
SCHOOL NURSES' VIEWS AND FEELINGS ABOUT PARENTAL MENTAL ILLNESS
SCHOOL NURSES' VIEWS ON THEIR EDUCATION NEEDS (in supporting copmi)

All were vocal with suggestions of suitable training. As a homogenous group, qualified between five and ten years, they all made the valid point that a mental health model had not been part of SCPHN SN training when they qualified; The super-ordinate themes linked to original study objective and aims.

4.3 Stages of IPA process

Findings will be discussed in the next chapter. What follows here is an outline of how the data above were arrived at, with some examples from raw data texts.

Themes emerged by proceeding through the following stages with each data set;

4.4 Reading and re-reading

Following the interview, the process of active engagement with each data set began. Travelling home from interviews, reflections were made in the research diary Excepts (Appendix 8) aimed to capture initial reflections.

Each interview was read, re-read and listened to repeatedly, for complete immersion in the raw data (Smith et al 2013).

As the research diary illustrates, by interview **4** the researcher's *fore-structure*, or knowledge base had altered, adapting to accommodate knowledge gained from each participant's life-world. In line with Schleiermacher (3.9), it was noted from listening attentively to their child-centred narratives, that these school nurses might be better equipped to support than they

themselves realised. Tone of voice was important too, demonstrating the need to link between listening to initial noting stage.

4.5 Initial Noting

The next stage was to analyse each interview for descriptive, linguistic and conceptual comments. Descriptive comments, coded 'D', were analysed for face value description of events, noting features unique to the participant. Linguistic comment, coded 'L', aimed to address language use, fluency and turns of speech. It was important to listen repeatedly to recordings to pick up nuances in tone and subtle meaning. Conceptual comments, coded 'C', involved exploring meaning, incorporating personal reflection and knowledge base. As the diagrammatic representation indicates, stages might be revisited and interpretation modified.

4.5 a Box 3 Initial Noting demonstrating skill development

Examples of this procedure can be seen in the boxes below (Box 3) researcher's comments in red. In accordance with ethical guidelines, complete texts are not reproduced. An longer extract is shown in Appendix 9.

Box 3

*Interview **1: "**We will support C – concept of 'support' them in school, drop ins, you know, Some children will pop in and say 'this is going on at home, this is what's happening'. D – describes what she does Sometimes it's just they off load to you L – specific language, they off-load to you L – repetition, for emphasis you know?"*

- Analysis began cautiously, becoming more questioning as confidence in the technique improved:

"…*and that's what's important, You know? Paramount L – qualifying word. When you chop and change LD –vivid description schools, you don't have a continuous school nurse….from primary…. Into, you know, into, secondary… school. L - slightly disjointed, maybe reflecting how it feels for her, also for the child? They know you C – concept of knowing and that makes a huge difference." D – describing its important to know your school nurse C – concept of child centredness.*

- Exploring ideas while analysing:

"You step back, you think: C –the 'aha' moment? Yes, he was a young carer. D he was seven then, a young carer L –repetition. We hadn't really taken the time to step back and think 'so what's happening to you?' L – asking the child directly you know? L – now asking me, fellow professional, then rhetorical question to child; 'How is your mum's health needs impacting on your young life?' ". D L – tender questioning within this description.

- Conceptual questioning helped move analysis from superficial description to the concept being described, namely a change of perspective. This is also an example of a double hermeneutic (3.6). **2** is interpreted whilst re-interpreting her world, from this experience;

"I do tend to think well is there a mental health illness here? Are we going at it from the right angle? Should we be stepping back and going at it from a different angle…I think that maybe we need to look at the needs of the parent in conjunction with the needs of the child." C – paradigm shift in practice here?

4.5 b Box 4 <u>Deconstruction</u>

Sometimes 'deconstruction' was also employed as a technique (Smith et al); reading or writing a sentence backwards to fracture narrative flow and get a feel for use of particular words or emphasis (Box 4):

Box 4

- Correct word order:

1 *"I do find it interesting but I feel I am out of my depth with it, out of my depth, well out of my depth, I'm you know sinking, not dealing with mental health issues, you know there is so much of it, we don't have the training on board, to actually equip us to manage especially not to lead",*

- Deconstructed word order, with significant words highlighted:

lead to not especially manage to us equip actually to board on training the have don't we it of much so is there know you issues health mental with dealing not ***sinking*** *know you I'm* ***depth*** *well,* ***depth*** *my of out, it with* ***depth*** *my of out am I* ***feel*** *I but* ***interesting*** *it find do I*

The technique of free association (Smith et al) was also employed. Box 4 above, evoked a memory from Stevie Smith's 1957 poem 'Not waving but drowning.' This led to consideration of whether the participant's generally cheery demeanour might be masking crisis, signalling that they were not coping and needed more support in this field.

4.5 c Box 5 Unusual language

Close attention to linguistics also highlighted examples of unusual language which added emphasis to the lived experience. Box 5 refers to the rarity of a referral from adult mental health, as evidenced in Chapter 2,(Rouf et al 2011) (Box 5):

Box 5

1:"they *[referrals] do come through. They are rare, probably only maybe two in the last year or so. They are not very common place …no they are actually* ***very uncommonplace."***

4.5 d Box 6 Commonly expressed sentiment

Free association of thought also enabled the researcher to explore an expressed sentiment familiar in school nursing (Box 6):

Box 6

3 *"We are a* ***forgotten service*** *in school nursing, aren't we?" D. C – concept of being forgotten, a lost frontier, evokes the phrase-* ***"an invisible dimension"*** *(Handley et al 2001).This is a commonly expressed feeling in school nursing. Symptomatic of School nurses feeling disempowered, abandoned? Poignant.*

Evidence of contrasting practitioner approaches could also be identified at this stage. For example Table 1 evidences **4**'s quest for knowledge, seeking out relevant information herself(Table 1. p.32)

4.5 e Box 7 Sentence construction reflecting 'lifeworld'

By the third and fourth interview, when linguistic analysis technique was more assured, sentence construction could be seen to increase researcher's insight into the real lived experience (Box 7)

Box 7

3 "*Um, just talking to her, yeah, we pick things up, you know, things she (a mother) says…she can't…answer a sentence, she can't answer…very jumbled…her whole life is a bit sort of jumbled – repetition of jumbled. Apt metaphor, so I think, a core group…?try to find the best way to support… I think… without her running away again because she feels a bit…erm like she's being picked on C – trying to empathise with mother and…she doesn't think there's a problem…" C – **3** feels anxiety around this jumbled life? L – jumbled sentence construction may reflects 3's confused feelings and perceived lack of control?*

4 *"Its impossible L – low voice, despondent and so you're sitting at meetings and the parent is kind of key in all this really and you get, you've got…D – struggling to explain, order thoughts and what's going on? Parents sitting there telling you I've got this medication, I'm taking this, I'm doing that, you don't, you don't, you don't really know L – disjointed thought process reflecting confusion, discomfort mother's behaviour elicits in her?*

4.5 f Box 8 Shared professional world

The following example demonstrates how participant and researcher in IPA might share professional understanding; the researcher understands that **4** is not deliberately enjoying hearing negative comments about the mother with OCD, but implicit in safeguarding practice is the importance of not taking parents' word at face value. The researcher's spoken words are denoted in blue ink (box 8).

Box 8

And did that [psychologist's input] *help you then, with the child?*

*Yes, it did, Yes. When the mum said, 'oh it's like this' and they're really engaging with you, you…kind of think, 'oh that's okay', but when someone else says it isn't, you think there's less of a concern, so…D, L, C - – our shared world here; we are warned against disguised compliance(Dfe Munro E 2011) but we struggle when don't have full picture. Insight from the therapist is important to **4** for holistic overview.*

4.6 Emergent Themes

Having analysed initial noting, the next stage involved an analytical shift, to work primarily with the researcher's notes, not transcript. This is another manifestation of the hermeneutic cycle, necessary before the whole interview is brought together in the writing up. First, emergent themes were ordered chronologically. Next, connections across emergent themes were sought. This process happened for each data set individually, before moving on to the next.

Development of emergent themes involved the practical step cutting up each separate comment and re-arranging, at chronological and emergent theming stages (Boxes 9 and 10)

4.6a Box 9 Photograph 1 chronological theming process

4.6b Box 10 Photograph 2 of theme grouping process

4.6 c Natural grouping

As Smith et al suggest, when viewed in this way some themes appear to be drawn together like magnets, others leap apart, polarising themselves naturally. Below is an extract from the chronologically grouped themes in **2**, who described an interaction with a mentally ill mother on a children's ward early in her career. This experience fundamentally altered her future practice. These themes group naturally; ward staff were unable to comprehend the mother's erratic behaviour and once aware that she was mentally ill, felt awkward about broaching the subject due to taboo and stigma around mental illness;

- Formative experience on acute ward
  Inverted caring role
  Child-centred 'their parent different from other people's'
  Mother saying; 'give him antibiotics'
  Emotions evoked; frustration, exasperation, confusion, incomprehension?
  Nursing identity in question – medical model
  Shared medical/institutional language, ++ examples.
- Build-up of Trust with copmi
- Stigma of Mental illness

A longer extract from this narrative, illustrating initial noting is found in Appendix 9.

From interview **3**, similar themes emerged in a community setting. These illustrate the struggle **3** had with the concept of mental illness and the reality of working with this mother.

- "high on the agenda in this borough" (mental illness)
- "not always recognised"
- "the more we work with families, the more we see it coming out"
- "stuck"
- "jumbled"
- "mental health" (meaning mental illness)

4.6 d Child-centred practice

Throughout the data, numerous examples of child centred practice were evident. Before superordinate themes linked to the aims and objectives of the study were firmly established, child-centred practice was considered as a theme, as this example from **2'**s emergent themes illustrates;

- “safety net”
- Building trust with the child
- Call **2** by her first name
- Advocate
- Child led (++ examples)
- Solution focused – “what would better look like?”
- Importance of clarity and openness with children
- Stigma makes confiding hard.
- “how is your mum’s mental illness impacting on your young life?”

Though child-focused language and practice of all four participants emerged strongly at this stage and will be discussed further, it was decided to incorporate this data within the three superordinate themes chosen, as it is integral to the lived experience narrative of each participant. The child-centred theme was an example of ‘false start’, described in Chapter 3 (3.8).

4.6 e Emerging views on training

Another example of a theme which emerged when comments were grouped, was feelings (or views) around training, from **4**. Unlike child-centred practice, this theme *was* taken forward to become a superordinate theme;

- “I don’t feel equipped”
- “Not me, personally
- “we’ve just had a **snippet**, just one afternoon, that was it”
- “Training on how to talk to parents on the right level”
- “Picked up over the years”
- Learning from a mental health nurse colleague
- “I’m putting my head on the line here” (with regard to talking about lack of training)
- “If we had more training…”

It was at this stage, having completed all emergent themes, that the table was made documenting all (4.2 b Table 1).

4.6 f Hermeneutic development

Interpretation technique had developed throughout the procedure, with the result that **1,** arguably the most vivid narrative, which demonstrably embodies the role of the school nurse,

had less detailed analysis than **2, 3** and **4.** The researcher was aware that the hermeneutic circle is;

“a forward arc of projection and return arc of uncovering” (Packer and Addison 1989, cited Benner 1994,p.78) .

It constitutes a constant process of interpretation and evaluation, moving ‘to and fro’ as the diagrammatic representation illustrates. It might be hard to find a natural end to the process. There is a good argument for a case study of one (Smith et al 2013), with analysis of descriptive, linguistic and conceptual comment proceeding in greater detail than the study of four interviews permits within this timescale. Since emerging data is so rich, findings from super-ordinate themes might also be discussed and interpreted indefinitely. For the purpose of this dissertation, key findings from superordinate themes will now be analysed in some depth, aware of word limit as boundary.

4.7 Findings from super-ordinate themes

4.7a Perception of role

The IPA research process has revealed rich data on school nurses’ perceptions of their role, in keeping with the claim that identity often emerges as central to IPA finding (Smith et al 2013).

Many short extracts suggest innate confidence and purpose in practice. Participants know their world, their strengths and their limitations (as they perceive them). Of huge significance was the inherently child centred practice evidenced (4.6 d). This is vital as, though none of the participants had been privy to the evidence detailed in this literature review, they all describe exactly what young people are asking for;

“Response of professionals needs to be more that of a friendly colleague than a formal, hierarchical role in which a therapist may be perceived by the child” (Martin et al 2011, p.27)

Examples of child-centred ‘lifeworld’ are cited in Table 1, evidencing that these school nurse embody a key public health role valued by young people, who ask for a service that is ‘visible, accessible and confidential’ (DH/BYC 2011)

Extracts evidence the curiosity important in good clinical practice, when assessing the child as part of their family unit (SCIE 2012).

There is a prevailing modesty and understatement in all participants' narrative; they may not appreciate how perfectly matched they are to support copmi, when they describe themselves as;

1 *"jack of all trades"*

3 *" limited in what I can talk about"*

4 *"trying to do a little bit of this and a little bit of that"*

Typically, they are reticent to describe themselves as leaders in supporting copmi:

1 *"wouldn't put myself in that position"*

4 "*I don't know about leading…"*

1 *"supporting not leading, to lead would be a whole different ball game"*

School nurses are tasked to 'embrace leadership roles, be an advocate for young carers (DH/DFE 2014),but this evidence suggests they may not see themselves as doing this.

Yet they give many examples of active leadership and practical sorting of problems, with depth of insight into the child's world, as advocate for that child;

They listen;

1 "*Even in a supporting role, its more you're in that listening role, taking on board what they're saying, in some ways you're with the situation that they're in.... I think sometimes it's just someone, just nothing to do with anything that's going on for them, they can talk to. You being there in an active listening role"*

Active listening leads to understanding;

2 "*because some young people say 'my parent's well quite a lot of the time, but when they're down they are very, very low and sometimes they won't get dressed in the morning'…"*

Armed with these insights, they lead care;

2 *"So we linked with the primary school, trying to get the younger one to homework club…and I said shall I contact the GP? School needed consent and I said, ' I'll talk to mum about it'. I did call. The mother didn't really want me to speak to the GP, but was able to cognitively understand when I put it to her, the impact it was having on the children…"*

And demonstrate highly appropriate referral on the child's behalf, skills in the interagency referral that is key to good school nursing practice (DH 2011, DHDFE 2014, Ofsted 2013).

4 *"It [assessment tool **4** used] really highlighted a crisis and emotional issue for him… so on the back of that I said to mum I would really like to refer him to CAMHS service and she was very willing for me to do that and I attached the Strengths and Difficulties Questionnaire and he was actually seen and assessed very quickly…and now has started therapeutic work."*

The intrinsic professional modesty observed, also acts a safeguard;

"know our limitations" is actually a way of alluding to safe practice. School Nurses are not trying to exceed professional remit, but demonstrate appropriate referral to higher tier mental health services in many instances. This is a key component of school nursing; to act as a broker for other services, to navigate the path to health (Streeting J 2013, DH 2012).

2 said that the SCPHN training had equipped her well to lead, but not in areas of parental mental health. This is an important consideration to be further addressed in chapter 5.

4.7b <u>Opinions about parental mental illness</u>

All cited parental mental illness as a significant issue, at the forefront of their thinking:

1 *"a big issue",*

2 *"at the forefront of our work"*

3 *"big", "high on the agenda in this borough"*

4 *"a huge issue"*

Linking directly to safeguarding, **4** stated:

"I would find it hard to name a family I'm dealing with that didn't have a mental health concern."

With so much strong evidence above for how child centred school nurses naturally are, it is unsurprising that they express reticence and discomfort around adult mental health issues, as the child's health and wellbeing is the school nurse's natural area of expertise.

3 provided insight here; whilst fluent when describing areas within her professional comfort zone, her narrative reflects her mixed feelings regarding this parent with mental illness;

"her whole life is a bit jumbled really"

And the conflicting feelings which this encounter evoked are captured:

"I find it difficult"

"can't be straightforward"

"skirt around the subject" (mother's mental health)

"I think I might be prying"

This insight into **3**'s lived world might resonate with other school nurses' unspoken feelings on mental illness, not least understandable fear;

"they could be quite aggressive"

This honest expression might chime with other school nurses' views, highlighting the need for joint working to address the stigma of mental illness.

2 explains that children are part of a *"family unit"*. Though school nurses exist primarily to support the child, they need to interact with parents.**3** expresses her understandable ambivalence when parents' behaviour is different from the norm:

*"parents don't **normally"***

*"parents don't **usually"***

More insight into participants' feelings on parental mental health include vivid imagery;

1 *"a magic wand to wave it all away"*

and numerous examples of ambivalence about how to refer to mental illness;

"mental health"

"mental health illness"

"mental…"(unfinished sentence)

This resonates with current debate surrounding mental illness as a taboo subject (Day E. 2014).

One interchange on this topic illustrated the researcher possibly leading the conversation too heavily:

3 *"Its, um…what's the word I was going to use…? You know, you don't want to, you sort of, you don't want to say mental health…"*

Yeah

"I mean its…"

"Yeah, mm, you don't want to say mental health or mental illness, its like a taboo subject…"

"A taboo. That's the word I was looking for. That's the word. Taboo, isn't it, I think?"

Yeah, I think it probably is. Does it feel that way?

Yes.

The researcher's mistake means it is not possible to know now whether 'taboo' was the word **3** was searching for, but this extract does illustrate an expressed difficulty in articulating how to address sensitive topics with parents.

4.7 c Views on educational needs

The dominant theme from all participants was that they had gathered their knowledge and expertise from experience rather than formal education.

3 *"Picked up over the years"*

4 *"At the moment we do it ourselves"*

1*"Would have to go out on a limb (to get training)"*

This raised epistemological questions; how participants know what they know.

Several participants cited informally seeking expert advice on parents' conditions from adult mental health colleagues. **4** described one particularly illuminating teaching session from mental health colleagues as:

"a real insight for me, very revealing".

There was unanimous feeling that this method of acquiring knowledge was not right, that formal training should be given to equip them to meet copmi needs:

1 *"we are well placed, but not well equipped"*

3 "*We've just had one snippet, one afternoon, that was it"*

4 *"Not evidence based", "Too much disparity*

2 *"We had to choose between mental health and mentorship", "SCPHN training didn't prepare then or now".*

As practice teachers, they were aware that current school nurse training contains a mental health module (DH 2011).Some ask their students for advice, but the interpretation of their collective feeling, was that of feeling inadequately educated and overlooked in this area.

Their suggestions to rectify this included:

1 ***"****a detailed mental health module"*

2 *"education in mental illness from pre-reg.", "education on the impact of parental mental illness from 0-19 years, every stage.", "a tool to identify young carers",*

4 ***"****we need a basic level of training", "it's not standardised, what people are accessing".*

This last comment from **4** was indicative of her 'lifeworld'. She was arguably the most proactive in seeking out knowledge, listing sources she accessed herself. Her language was peppered with psychology terminology; *attachment theory, resilience, neurological pathways*, etc. indicating a working professional ease with these concepts. She too felt formal current provision inadequate:

"a bit lacking really".

4.7 d <u>Explaining mental illness</u>

Evidence states that young people require an explanation of their parents' condition (Cooklin A 2010). Participants were unanimously of the opinion that they were not equipped to explain;

1 *"no, no, no, no, no!"*

2 "*they* (young people) *tell me!"*

3 "I don't feel equipped"

4 " *Me? Oh no."*

Reflecting with outside supervision, interviewee's reservations seem justified. Unless school nurses have come from an adult mental health nursing or psychology background, they are unlikely to have expertise in mental illness. In order to explain, they feel they need that understanding. As will be discussed in Chapter 5, there are techniques for non-experts to explain mental illness simply to young people, in keeping with the evidence of what young

people want. As discussed in Chapter 2, explaining to the child can also encourage the child to trust professionals (Cooklin A 2010).

4.8 Conclusion

In conclusion, this chapter has aimed to demonstrate findings, first with an overview of emergent themes and diagrammatic representation, then with systematic explanation of how themes were generated. Examples of data have been cited, with some context for comments made and some exploratory interpretation. Data and implications arising from the data will be further discussed in the next chapter.

Chapter 5

5.0 **Discussion and Recommendations**

5.1 Introduction

In this chapter findings from the study will be further discussed and recommendations for future practice made.

5.2 Linking data to objective and aims

With regard to this area of practice, the aims were to explore three key areas for school nurses; their views of their own educational needs, their understanding and confidence in taking a leadership role and their perceptions of these children's needs.

In continuing the interpretative process from Chapter 4, further exploration was made as to what extent data were relevant to the expressed needs of children whose parents have mental illness.

5.2a Reducing social isolation

There were some specific examples of school nurses being involved in protecting young people from isolation, such as the practical support described by **2,** cited earlier;

"School nurses sort the practical detail".

This might involve liaising with school staff so that children can attend clubs, do homework in the morning at school with others, drop in to see the school nurse for a casual chat. It might also mean linking the young person in to local Young Carers groups, in school or outside. (DH/Dfe 2014)

2 also demonstrates insight into this isolation, which evidently helps her empathise, acting as advocate when appropriate.

"for a child I think it's a kind of bereavement, when all your friends have gone to a theme park or and have gone to Spain for the summer and your parent has barely functioned over the holidays"

5.2 b Barriers to reducing social isolation

Unfortunately, there were also instances described which indicate that though potentially well placed to support, barriers exist for participants;

4 *"Drop Ins work when you've got schools that are more forward thinking, but you still have schools that are* ***closed shops****. They don't want it going outside. They make it difficult, to provide space, to advertise…"*

The frustration of **4's** lived experience with school as stakeholder, is evident. It can be seen that copmi may suffer; not having access to an equitable school nursing service that could help reduce their isolation.

1 *"If you're not visible to them and they don't know who you are, then they're not going to, come and speak to a stranger.It might be alright at first, but if you chop and change,you've got different strangers every time, you've got to start the whole thing again, whereas with us you start from where you left off"*

Much has been written about falling school nursing numbers and lack of investment in the service. It may have become almost habitual for school nurses to consider themselves overlooked and *"forgotten".*

In these interviews there were some expected references to *"capacity*", meaning lack of, in relation to school nursing numbers, but these were fewer than anticipated. There is a place for incontrovertible quantitative data; actual numbers of qualified school nurses currently stands at around 1,200 (Roxby P 2013),inadequate for the 9,377,800 children 5-19 years in the UK today (Godson R 2014, p.20). In order to provide a service that fulfils young people's needs; 'visible, accessible and confidential' (BYC 2011), school nursing evidently needs investment at all levels.

The Department of Health state that school nurses are 'uniquely placed' to support all young people. This phrase is repeatedly used, most recently in a document on supporting emotional health and wellbeing (DH/PHE 2014).The phrase *well placed,* posed as a question was considered as a title for this study, a technique discussed in Chapter 3. It was rejected for academic dissertation, but might be used for informal dissemination, for example a Department of Health 'blogging' invitation cited in Appendix 9. Though interviews indicate that school nurses are potentially 'well placed', small numbers are one factor literally preventing them from making themselves available to the young people who need them.

Participants did not consider themselves passive.**2** at the end of her interview stated;

"*I think you've heard enough from me now (laughs). I've been on my little soap box!"*

Arguably, we need more of **4**'s '*soap box'*; school nurses speaking out through established channels. But these interviews also revealed inherently modest, understated characteristics of participants, alongside professional assertiveness and assured practice. This may be indicative of a paradox prevalent in nursing generally; that there is plenty evidence of good practice but an unwillingness to proclaim it as such. The 6Cs agenda, a vision for modern nursing, attempts to address this (Cummings J 2013). Cummings acknowledges that a factor for functioning optimally is:

"feeling part of a team and valued for our contribution" (Cummings J 2013 p.6).

IPA has generated insights into the lived experience of four people, common to them and to us all is the need to feel valued. Rather than chaos and disequilibrium being a stimulus for growth, as Grossman and Valiga suggest (2013, p.35), some of the data suggests participants are weary of constant organisational change.

5.2 c Joint working

Data also emerged regarding the expertise participants hold, on when and whom to refer to. Safe school nursing practice should include acting as a bridge between specialist services and ordinary school life, as evidenced here:

1 *"And it may be they see CAMHS (Child and Adolescent Mental Health Services), but you're in the background, always there. That's how I see it with the young people".*

The recent government report *Think Family* (SCIE 2011) gives joint working strategies tailored to local need. Examples are cited similar to that of participant **4**, who derived insight from a psychologist colleague at a core group meeting. Joint funded liaison posts can foster mutual understanding, generating increased knowledge to benefit copmi.

In partnership working to support these families, school nurses are tasked to provide;

"seamless support through local solutions" (DH/DFe 2014, p.4). By definition joint working needs the commitment of all. The evidence from this study indicates that school nurses, though potentially 'well placed', may not yet be well equipped and may need encouraging to promote their service.

5.2 d A neutral adult

Perhaps the clearest message from this small research project is the good news that what these school nurses interviewed have to offer is exactly what children whose parents have mental illness most want, namely a neutral adult to talk to. There is evidence of their truly

child-centred insights, which predispose them to support young people appropriately. There is also evidence that the *'jack of all trades'* self-effacing description of their role may be more representative of what young people say they want than specialist therapeutic intervention for these young people.

This links back to the concept of 'servant leadership' cited in Chapter 2.

Significantly, the school nurses in this study may not have been aware that their expertise is very much what young people say they want, so a challenge arising from this research is to make this message known not only to school nurses, but to all stakeholders, so their unique place can be valued.

A charity called The Kidstime Foundation exists to support families with mental illness, running training specifically designed to educate school based staff . A sub group of the charity 'Who Cares?' is developing training packages for school based staff, including a film made with young carers, which links closely the research body www.thekidstimefoundation (Appendix 10).* From hearing young carers speak in this fim, school nurses might recognise they have the skills to be that key neutral adult.

5.2 e Explaining mental illness

This data indicates that school nurses already have huge insight into issues affecting copmi. This may be in part what Polanyi (1966) terms 'tacit knowledge'; knowing more than they feel they know or can articulate; what Schon calls 'knowing in action' (McMahon R and Pearson A 1992, p.37) . But it is clear that participants feel ill equipped to explain mental illness to children. Referral to appropriate specialist services remains key, and this is not to suggest that school nurses should aim to replace higher tier therapeutic services, but another training film on The Kidstime Foundation website details how to explain mental illness in simple language to children (Appendix 10). This is to help the child associate the parent's illness with neurophysiological internal processes, rather than responding to their parent's behaviour emotionally.

A recommendation would be for school nurses to have access to these resources.

5.2 f Further educational recommendations

Ongoing education of qualified, experienced nurses with many claims on their time (**3** *" we are busy, busy, busy!"*) is a vast area for debate . Participants voiced a reasoned case for a detailed module on mental health issues, to bring them up to speed with their own students, who now have a specific module as part of their SCPHN SN training. **2** made a strong case

for training with a child development focus on the ongoing effects of parental mental illness, from 0-19 years. Though very different personalities, there was a striking thirst for knowledge from all four participants, likely to be reflected in school nurses of similar experience.

Making a distinction between the need for general awareness-raising on mental health issues and the specific support of children whose *parents* are mentally ill, there is a good case for commissioners to embrace targeted educational packages for school nurses. **4** verbalised a familiar perspective;

4*"We can all go and sit on training, cant we? But its about doing something with it and seeing why..."*

These might be styled as action learning sets in smaller groups, affording school nurses the opportunity to empower themselves and improve their own practice. Action learning can be particularly appropriate for skilled professsional such as these participants as it promotes learning from experience, then action on that learning (Meyer J in Pope and Mays 2006, p.123). This can reduce the tendency to feel passive and helpless in the face of professional obstacles, encouraging an active stance through mutual support and problem solving.Examples of local collaborative solutions might be studied (SCIE 2011).

Action learning might be effective in addressing strongly expressed need, such as the 'sinking metaphors' evidenced earlier. The free association may have been fanciful, but this statement is a cry from the heart, echoed by all school nurses interviewed, an 'SOS':

1 " *I feel that I am out of my depth, well out of my depth, I'm sinking, not dealing with mental health issues, you know there is so much of it, we don't have the training on board"*

Whilst **4** was particularly proactive in seeking out training sites online, it would make sense for time to be set aside for groups of school nurses to study together, perhaps accessing MindEd's new training portal at the Royal College of Paediatrics and Child Health(www.minded.org.uk) or RCN Young Carer's champion days (RCN 2013). MindEd also runs sessions on addressing stigma in mental health and reducing taboos, which data from this research indicates would be key to supporting young people.

In addressing specific educational opportunities, the good news within this study should be dissemintated to empower school nurses;Heidegger's 'appearing' through this IPA process has revealed a natural fit between what young people say they need and what school nurses feel they are able to offer. Awareness raising is to be known essential if past experience is to be used to assist present and future practice (Powell J in McMahon R and Pearson A).

Equipped with the serendipidous knowledge that they are just what is needed, school nurses may feel empowered to press for change.

5.3 Conclusion

In conclusion, this chapter has discussed issues arising from the evidence of the research project, offering specific recommendations for future school nursing practice and clinical education.

Chapter 6

6.0 **Reflections on the IPA process and philosophy**

Final reflections on the IPA study process will now be briefly discussed.

"The power of IPA study is judged by the light it sheds in the broader context" (Smith and Osborn 2003, p.56).

The detailed structure of IPA provided a clear framework. It felt as though the integrity of each participant was retained, though the readers' interpretation is required to complete the hermeneutic circle. Light was shed on individual participants' worlds, which could be linked into themes across the four participants. Conveying these insights to the reader is acknowledged as a technique that needs practice and the support of supervision, so that what seems clear to the researcher is not chaos to the reader.

Re-linking themes to overall analysis is complex. Having completed this level of research, there is a niggling desire to return to the original transcripts and begin again. This raises a problem with such a qualitative method; if someone else were to interpret the interviews, how different would they be? Does this matter? Yardley's criteria were adhered to throughout (Box 7), with the aim of producing data of quality.

6.0 a Box 7 Yardley's criteria for assessing quality of IPA

- Sensitivity to context:
- Commitment and rigour
- Transparency and coherence
- Impact and importance (Smith et al 2013)

But if qualitative research may be more concerned with representing what is perceived as reality, rather than accurately presenting truth (Mays and Pope 2000, in Gerrish and Lacey 2006), how significant are these findings anyway? Whilst aware of the need to 'bracket off' prior knowledge, some results generated were not unexpected; once aware of the literature evidence base, it was unsurprising that the school nursing skill set fitted well with young people's perceived need. The perspectives of participants however, were illuminating. IPA might be seen as an reliable way to gain insight into a lived world different from one's own.

On reflection, deconstructing sentences (4.5), did not work. It was felt that words within a sentence needed their structure for their sense. But free-association (4.5) felt effective;

enabling leaps of intuition, which could then be either endorsed or dismissed by reference back to the raw data.

One observation of IPA is that the philosophical theories underpinning it are those of the European idealists. These philosophers were not writing research handbooks and sometimes seem to be referenced out of context, to suit the method.

Since it can be seen that the IPA process raised as many questions for the researcher as answers produced, it may be useful to cite one more philosopher;

“Ensconsed in his study, scepticism holds sway, but the moment he steps outside and ‘makes merry with his friends’, the dark conclusions fade” (Garvey J. citing Hume D 2006 p.71).

And to finish with the wisdom of a child:

“Adult and children’s services should just listen to what we have to say and actually take it on board” (Young Carer. The Children’s Society 2011).

Chapter 7

7.0 **Conclusion**

In conclusion, this study has aimed to explore the extent to which school nurses view themselves as equipped to lead practice in supporting children whose parents have mental illness. Adhering to the IPA framework has enabled the researcher to develop three key themes, linked to the original aims of the study. It is hoped that this process has offered some insight into school nurses' perception of their own eduational needs, their confidence to lead and their understanding of young people in this area of practice.

The study has afforded the researcher an opportunity to embrace IPA as a research method and to critically assess this method of qualitative research during the process.

It is unusual to be able to draw firm conclusions from such an approach and due to the small scale of the study, it is not possible to generalise from these findings to wider practice. It is also important to interpret with caution, mindful of the reservations and limitations school nurses express about their own practice. However, findings from this research do suggest that school nurses, with their unique skill set and consistently child centred approach, are potentially well placed to meet the needs of young people whose parents have mental illness, given the appropiate training and investment in their service. Findings disseminated from this study will aim to adhere faithfully to all findings, appropriate to the spirit of an IPA study.

*The researcher declares a non-financial interest in The Kidstime Foundation, as a member of the Taskforce for The Who Cares Project.

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Appendices

Appendix 1 The Role of the School Nurse

Appendix 2 Characteristics of IPA

Appendix 3 Information Sheet

Appendix 4 Consent Form

Appendix 5 Supervision Sheet

Appendix 6 Interview Advice and tool

Appendix 7 The IPA Process

Appendix 8 Research Diary Extracts

Appendix 9 Initial Noting Extract

Appendix 10 DH Blogging Invitation

Appendix 11 The Kidstime Foundation