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# **University of Southampton**

Faculty of Faculty of Environmental and Life Science

School of Psychology

**No Mental Health Without Young People: A Thematic Synthesis of Young People's  
Views and Experiences of School-Based Group Mental Health Interventions and a  
Study Exploring Facilitators' and Young People's Experiences of a School-Based  
Internet Cognitive Behaviour Therapy (iCBT) Intervention Programme Called Braive-  
Managing Anxiety for Youth**

by

**Jesvir Dhillon**

Thesis for the degree of Doctorate of Educational Psychology

June 2021





# University of Southampton

## Abstract

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No Mental Health Without Young People: A Thematic Synthesis of Young People's Views and Experiences of School-Based Group Mental Health Interventions and a Study Exploring Facilitators' and Young People's Experiences of a School-Based Internet Cognitive Behaviour Therapy (iCBT) Intervention Programme called Braive-Managing Anxiety for Youth

by

Jesvir Dhillon

Mental health issues are becoming a major global health issue. Problems related to mental health often arise during adolescence as the brain matures. If these problems continue, they have the potential to influence young people's (YP's) developmental trajectories and predict future adult mental health problems. Schools are ideally placed to deliver mental health interventions. It is paramount that YP's voices are heard to ensure the success of mental health interventions. This research aimed to hear the voices of YP about their views and experiences of school-based mental health interventions within two studies.

Chapter 1 provides a systematic review and thematic synthesis of YP's views and experiences of school-based group mental health interventions. This review assessed findings from qualitative studies to help generate new insights into YP's perspectives of group school-based mental health interventions for YP at secondary-level education. Fourteen articles were identified through electronic databases. Data was thematically synthesised according to established guidelines. Five main themes were identified: sense of agency, experience of content, group dynamics, perception of environment and acknowledging and embracing change. The findings provide evidence that group mental health interventions need to be embedded within educational systems to promote YP's well-being. This review recommends how these can be implemented and how mental health problems could be prevented in the future.

Chapter 2 comprises a qualitative study exploring facilitators and YP's experiences of a school-based iCBT intervention programme called B-MAY for reducing YP's anxiety. A total of 31 interviews were completed which comprised 22 YP and 9 facilitators. The data was analysed using a reflexive thematic analysis. Four main themes were found: hopes for programme, ease of use, perceived efficacy of B-MAY and significance of relationships. Findings indicated positive

experiences of the intervention programme, with perceived strengths and barriers and suggestions of what an ideal school-based online intervention programme might be composed of. The findings provide an insight into how educators can implement digital interventions successfully within secondary schools with educational psychology support and potential future research.

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## Research Thesis: Declaration of Authorship

Print name: Jesvir Dhillon

Title of thesis: A Thematic Synthesis of Young People's Views and Experiences of School-Based Group Mental Health Interventions and A Study Exploring Facilitators' and Young People's Experiences of a School-Based Internet Cognitive Behaviour Therapy (iCBT) Intervention Programme called Braive-Managing Anxiety for Youth

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

**This work was done wholly or mainly while in candidature for a research degree at this University;**

**Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;**

**Where I have consulted the published work of others, this is always clearly attributed;**

**Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;**

**I have acknowledged all main sources of help;**

**Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;**

**None of this work has been published before submission**

Signature:

Date: 16- June 2021



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Waheguru Ji Ka Khalsa, Waheguru Ji Ke Fateh



## Definitions and Abbreviations

### Definitions and Abbreviations

Term or abbreviation	Definition
CYP	Children and young people
UK	United Kingdom
US(A)	United States (of America)
YP	Young people
NICE	National Institute for Health and Care Excellence
CYP IAPT	Children and Young People's Improving Access to Psychological Therapies
CBT	Cognitive behavioural therapy
cCBT	Computerised cognitive behavioural therapy
iCBT	Internet-based cognitive behavioural therapy
GAD	Generalised anxiety disorder
EPS	Educational psychology service
B-MAY	Braive-Managing Anxiety for Youth
LA	Local authority
SENDCo	Special educational needs disabilities coordinator
CAMHS	Children adolescent mental health service
ELSA	Emotional literacy support assistant
SDT	Self-determination theory
EP	Educational psychologist





# **Chapter 1    Young people's views and experiences of school-based group mental health interventions: a thematic synthesis**

## **1.1      Introduction**

### **1.1.1      Young people's mental health**

Worldwide, it is estimated that one in three children and YP suffer from a high level of anxiety and depression (Kieling et al., 2011; Polanczyk et al., 2015). In England, approximately one in six (16%) children and YP, aged 5 to 16 years, live with a diagnosable mental health problem (Vizard et al., 2020; Vizard et al., 2018). In comparison, large-scale studies and surveys in the United States (US) found that around 49.5% of YP aged 13 to 16 years live with mental health difficulties (Opara et al., 2021). Addressing these issues among such a huge number of children and young people is challenging, since there are various unmet needs, resulting in a worldwide public health pandemic (Patel et al., 2007; Patel et al., 2018).

Mental health issues become more readily apparent as children reach adolescence (Vizard et al., 2020). Numerous well-being issues, such as anxiety and depression, emerge as the brain matures. The period is marked by the transitional stage occurring between childhood and adulthood where YP experience various physical and psychological changes (Paus et al., 2008; Vizard et al., 2020). YP's sense of self transforms as they undergo adolescence (Coleman et al., 2011). According to Erikson (1950), the psychosocial stages of transition provide a way of understanding what occurs within this stage of development. At the same time, there are issues around diagnosis, as it is difficult for YP to access support services and confusion arises around how they perceive anxiety and depression (Fuller et al., 2000; Telles-Correia et al., 2018). Whilst many YP do not meet the diagnostic criteria for a mental health problem, they can still experience significant well-being issues that require addressing (Collishaw, 2015; Patel et al., 2018; Polanczyk et al., 2015).

If mental health difficulties remain unaddressed they can impact upon YP's developmental trajectory (Levin et al., 2009) and affect their emotional well-being on a longer-term basis (Shapero et al., 2013). According to the World Health Organization (2020), longitudinal research results reveal that up to half of all adult mental health issues emerge before the age of 14 (Auerbach et al., 2018; Roza et al., 2003). Poor psychological health during childhood and

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adolescence is connected to adolescent challenging behaviour, school exclusions, violence, substance misuse, academic failure and a risk of adult poverty (Fazel et al., 2014; Jenkins et al., 2011). According to a survey of 45 European and North American countries, mental health problems worsen with age with YP reporting increased uneasiness, irritability and sleeping issues through adolescence (Inchley et al., 2020; Organization, 2020). Therefore, YP need access to support for their emotional well-being issues at an early stage in order to ensure that these do not continue into adulthood (Patel et al., 2018).

There are a number of barriers to accessing support for YP. A systematic review of the pathways to emotional well-being services for YP across various countries showed there were complex pathways which involved multiple signposting to agencies complete with substantial delays in treatment and care (MacDonald et al., 2018). In the US, only 20% to 50% of adolescents receive care for emerging mental health challenges (Merikangas et al., 2010). In the United Kingdom (UK), the increasing demands on child and adolescent mental health services have resulted in around 75% of referrals not being able to access relevant support, as they do not meet the high thresholds for specialist care (Davies, 2014). If YP's mental health difficulties receive no intervention, there is the prospect of psychological deterioration prevailing (Jones, 2013).

There are, however, other barriers around accessing services, and these include social stigma, fear of breach of confidentiality, embarrassment, shame, poor recognition, a lack of connection to professionals, as well as a preference for relying on themselves to overcome their difficulties and the financial costs (Clement et al., 2015; Donker et al., 2013; Gulliver et al., 2010). Research suggests that YP fear their friends, peers or teaching staff discovering their mental health difficulties (Chandra & Minkovitz, 2006; Moses, 2010), and this leads to an increased reluctance to seek support and access specialist services. YP also stated that they were unlikely to access support services because they had experienced negativity and conversely noted that they were more likely to attend due to having positive past experiences along with being provided with support by family, friends or peers (Gulliver et al., 2010). For these interventions to be successful, there is a need for services to work at removing the barriers to accessing them, which includes thinking about generating a psychologically-informed approach to ensure that those most in need are supported (Naidoo & Wills, 2016).

A recent systematic review (Radez et al., 2021) identified various barriers to mental health support for YP including how professionals interact with YP and how a therapeutic relationship develops, i.e. the ability to trust someone new and overcome the systematic and structural barriers which also requires a reflection on gender, race, age and perception. To improve YP's willingness to engage in interventions, professionals and their services need to reflect on how they build the bridges to these marginalised groups. In addition, as more YP

struggle to access appropriate mental health interventions, services need to have improved accessibility to evidence-based interventions and develop early support systems (Roffey et al., 2016). Institutional changes and reflexivity can reduce stigma and improve help-seeking behaviour, and this needs to be embedded within practice (Kutcher et al., 2015; McGorry et al., 2013; Vidourek & Burbage, 2019).

At the same time there is great deal of evidence supporting mental health interventions for YP. Preventive and early intervention programmes do show an effectiveness in reducing anxiety for YP by equipping them with life skills to overcome adversity and hence fulfil their potential (Fazel et al., 2014; Neil & Christensen, 2009; Sapthiang et al., 2019). A 14-year prospective cohort study based in Australia revealed that bespoke interventions for YP enhanced their well-being, with the benefits extending to later in life (Patton et al., 2014). YP spend the majority of their time in school, which could prove optimal for delivering mental health interventions within an education setting with access to various communities and families (King & Fazel, 2019; Lyon & Bruns, 2019).

### **1.1.2 School-based mental health interventions**

Schools constitute the primary place where YP seek support or learn about access to support for mental health difficulties (Lyon & Bruns, 2019; Rones & Hoagwood, 2000; Werner-Seidler et al., 2017). They offer an ideal location to deliver mental health interventions to YP, within a setting where they are likely to feel safe and one with which they are familiar (Kern et al., 2017; Patel et al., 2013). Schools, for example, provide a protective setting to support YP's emotional literacy and coping skills (Van Gordon et al., 2019), which can influence a number of different areas such as academic attainment, peer friendships, family relationships, self-esteem, emotional control, behavioural expectations, social skills and moral development (Fazel et al., 2014). Schools can facilitate cross-sector collaboration to support the development of YP's resilience (Barry et al., 2013). Moreover, school-based interventions can reach more YP who are at risk of developing emotional issues. Educators can be supported in identifying those who are most at risk and reduce logistical constraints for YP (Creed et al., 2011). School-based interventions have the potential to provide interventions to marginalised YP who might not have access to well-being support outside of school, and interventions provided within school are likely to be more cost effective (Stallard et al., 2010a).

Trained school educators can play an important role in delivering mental health support to YP (Corrieri et al., 2013), building stronger and healthier relationships with YP as they become more aware of their emotional needs (Durlak & Weissberg, 2007). Furthermore, school-based mental health interventions can increase the number of evidenced-based interventions available

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to YP where support for mental health difficulties can be normalised to increase YP's likelihood of seeking support (Thorley, 2016). According to Fazel et al. (2014), a shift in focus away from specialist mental health services and towards reconfiguring the mental health provision within educational systems would target YP at different risk levels, reduce stigma and ensure an integration between mental health, education systems and other sectors over time.

School-based mental health interventions fall, broadly, into three types: universal, selective and preventive. Universal mental health interventions can be defined as targeting all YP, and resemble mental health promotions. They might target a whole school or a particular set of YP in a year or class group, for example, enhancing YP's social and emotional competencies by discussing key mental health topics within the school curriculum (Sklad et al., 2012). Selective interventions target YP who have existing mental health problems or who have a risk of developing them. Preventive interventions are often undertaken with YP who do not meet the threshold of access to mental health support but, in the meantime, might have considerable well-being issues which carry a risk of developing into a diagnosable mental health condition (Fazel et al., 2014).

Wells et al. (2003) conducted a systematic review of universal interventions in the US which included 17 studies investigating 16 interventions. They found that these types of interventions were effective if they were implemented continuously across an academic year with a specific focus on promoting emotional well-being. They suggested that universal interventions have a positive effect on YP, where they do not feel they are being stigmatised and so recommend universal interventions as the basis of a whole-school approach to well-being. One note of caution, however, has arisen from a systematic review of UK universal school-based interventions centred on promoting emotional well-being (Mackenzie & Williams, 2018). This review found that the interventions in seven secondary school-based studies had limited effectiveness. The results showed that the interventions were small in their eventual impact. However, other integrated whole-school approaches have shown that these interventions have successfully impacted upon YP's academic achievement by alleviating depression, improving behaviour and defusing anxiety whilst providing coping mechanisms (Weare & Nind, 2011).

Furthermore, promising results have also been developed for preventive interventions directed at those YP at risk of developing mental health difficulties (Kieling et al., 2011). A systematic review of seventeen studies looking at selective mental health interventions and their effectiveness showed a reduction of mental health stigmas. However, it was difficult to identify which aspects of the programme helped reduce the stigma (Mellor, 2014). Nevertheless, other evidence has shown that these school-based programmes' effects are not as long-lasting as researchers had hoped and can only last a few weeks or months (Feiss et al., 2019).

Although mental health interventions have been shown to increase well-being, it was found by Feiss and colleagues (2019) that schools did not provide enough support for YP's mental health problems. A systematic review and meta-analysis comprising 81 studies found that a programme's content and the age of the participants did not predict the overall effectiveness (Werner-Seidler et al., 2017). Meta-analyses of school-based mental health interventions quantifying the efficacy of these programmes reported small positive effect sizes, depression ( $g=0.023$ ) and anxiety ( $g=0.20$ ) (Dray et al., 2017; Werner-Seidler et al., 2017). Interestingly, as mental health interventions move towards a school-based setting, there is sparse research regarding YP's opinions on this transformation and why these studies have such a contrasting set of views (Rapee, 2000). Hearing from YP can provide fresh insight on their experiences and help find new approaches to improve services.

### **1.1.3 Young people's views and experiences**

According to Segrott et al. (2013), YP are often overlooked in the research since the school control access to these programmes and they can be considered a form of punishment for YP to attend. Incorporating the perspectives of YP who take part in mental health interventions will enable them to be better tailored and help reduce any barriers to access e.g. fear of stigma, stereotyping, peer conflict etc. (Churchman et al., 2019; Plaistow et al., 2014; Spencer et al., 2020). YP might know about mental health support and the available resources within school, but may not access the support or resources (McCutcheon et al., 2014), possibly out of fear of being stereotyped by their peers. This fear is an important factor for an adolescent during a period of rapid change and finding a self-identity (Huggins et al., 2016).

Whilst there may be external barriers to accessing services, the way the services operate might also be a factor as YP want a sense of connection with a professional undertaking an intervention (Bolton Oetzel & Scherer, 2003). They want someone who is non-judgemental, empathetic and caring and to feel heard and validated (Hollidge, 2013). Indeed, a study which sought to develop an understanding of what YP identify as a key components of mental health support found the importance of trusting, confidential relationships, further mental health awareness and training to be essential (Jago et al., 2020). Research indicates that poor relationships with school staff prevent YP from engaging in school-based services (DeFosset et al., 2017), so school staff need to develop personal qualities which enhance their emotional literacy in order for YP to trust them (Kendal et al., 2011).

As YP go through adolescence, neurodevelopmental changes occur and there is a shift from being family focused to seeking peer relationships which have a greater influence on their decision-making and their behaviour (Blakemore & Robbins, 2012; Telzer et al., 2018). The

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friendship groups that form within schools play an important role for YP, as YP often discuss issues with their peers rather than accessing interventions with an adult professional or family member (Patel et al., 2018). These relationships and support networks assist peers in managing conflict and risky behaviours, whilst also guiding their emotional responses (Telzer et al., 2014). Friendship groups within school also increase YP's connectedness and social relatedness (Curran & Wexler, 2017), which provides a sense of relatedness and belonging that generates feelings of importance, meaningfulness and value (Arslan & Duru, 2017). This need to belong among their peers and within school is a basic human motivation that helps people build and maintain positive relationships (Baumeister & Leary, 1995; Baumeister, 2012).

The construct of motivation has been used in relation to different theoretical approaches. However, it would be useful to understand how YP integrate school-based group interventions into their values. The self-determination theory (SDT) (Deci & Ryan, 1985) represents a helpful framework to understand the integration of school-based interventions. SDT is a theory of motivation, and self-determination is at its highest degree when someone has an 'intrinsic' motivation and engages in an activity for their own reasons and gains pleasure from the experience. Additionally, extrinsic motivation, such as receiving a reward, can prove influential. SDT is a model which explains people's motivation and the three requirements for it: autonomy, competence and relatedness (Ryan & Deci, 2000a; Ryan & Deci, 2000b). When these needs are met, intrinsic motivation is maintained. Extrinsic motivators such as are external rewards can help enhance intrinsic motivation, however sometimes it can lower one's self-determination when one becomes controlled by external rewards. This can then reduce one's sense of autonomy. Autonomy relates to the extent one believes outcomes will result from their behaviour, although external factors can also influence this (Ryan & Deci, 2002). Competence refers to the concept of optimal challenge and the confidence to manage and succeed in a task. Finally, relatedness refers to developing connections with others. SDT advocates that motivation, performance and development increase in a social context when these needs are met (Ryan & Deci, 2000b). Educators can create an autonomous learning environment through supportive practices and their role within groups which can enhance YP's competence, relatedness and autonomy during mental health interventions (Ryan & Deci, 2000a). School-based group interventions can create a supportive environment and improved relationships, which can, in turn, lead to better outcomes for example reduced anxiety. Evidence suggests that showing educators'

relatedness, a similar concept to belonging, helps YP's engagement (Niemiec & Ryan, 2009).

Belonging is an innate need that guides human behaviour. It is an important element for human survival, where there is a need to form and preserve positive interpersonal relationships (Baumeister & Leary, 1995; Ryan & Deci, 2008). Belonging is a multi-faceted construct, with elements of connectedness, relatedness and community membership (Master et al., 2017). Fostering school belonging within school-based mental health interventions is therefore important (Arslan, 2019b), as peer groups can help to build access points to the various interventions that are being offered. In school, YP want to relate and feel connected to other YP and educators, which allow them to feel safe and able to adapt socially to fit in (Libbey, 2004). There is evidence showing that a sense of school belonging can help prevent mental health difficulties (Benner et al., 2017; Shochet et al., 2007). Group interventions can also reduce stigma around mental health issues, allow for equal access to interventions and improved relatedness to peers (Kuyken et al., 2013).

It is paramount that YP's voices are heard to ensure that the various group interventions are tailored to YP's needs (Jago et al., 2020). A review of the current literature will make it possible to understand the effectiveness of service delivery (Larsson et al., 2018) and will enhance YP's engagement (Bohart, 2000). To date, little evidence has been gathered on YP's expectations and preferences regarding school-based group mental health programmes.

#### **1.1.4 Research aims**

The present paper expands the current literature regarding how YP experience services where they may feel stigmatised (Gronholm et al., 2018) and aims to provide further insight into how YP experience group based mental health interventions by gaining their perspectives on school-based support. Qualitative studies provide a comprehensive understanding of people's complex experiences in real-life contexts (Groleau et al., 2006), complimenting the depictions within quantitative studies (Lucas et al., 2007; Thomas & Harden, 2008). To date, qualitative approaches evaluating school-based mental health interventions remain underutilised. Indeed, there have been no previous systematic review addressing YP's experiences of group school-based mental health interventions, therefore, there would be clear value in providing an up to date synthesis of any findings from existing qualitative research studies.

This review aims to address the gap in understanding YP views and experiences through the question: what are YP's views and experiences of school-based group mental health interventions?

## **1.2 Method**

This review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009). Data extraction, analysis, and synthesis followed Thomas and Harden's (2008) thematic synthesis approach. This approach goes beyond the studies from the primary data and the authors' findings to produce new, higher order understanding of the phenomenon of interest, in this case, YP's experiences (Thomas & Harden, 2008; Thomas et al., 2012).

### **1.2.1 Search strategy**

An adapted PICO (population, phenomenon of interest, context) mnemonic was used as a search strategy (Stern et al., 2014). A systematic literature search was undertaken to search titles, abstracts and keywords using six electronic databases: Medline, APA PsycArticles, CINAHL Plus, Web of Science, ERIC, and APA PsycInfo. An initial search was performed on 4 February 2020, updated on 3 March and again on 6 April 2020, and reviewed again on 26 September 2020. Search terms were generated during the scoping of research for literature and using the key terms from the review question. Repeated iterations of the search terms were conducted to produce a comprehensive search to reflect the review research question. When search terms produced more papers than expected, a review of titles and abstracts was conducted to determine if the terms needed to be re-evaluated to ensure all papers were relevant to the research question (see Appendix A). Once search terms were agreed on with the project supervisors, the syntax of the search terms was adapted and truncated, where appropriate, to meet the requirements of each database with support from the university psychology librarian (see Table 1). These broad range of terms were selected given their relevance to the topic and due to the difficulties in finding qualitative research.

Further searches were conducted based on the reference lists of relevant papers to identify any related studies that might not have been picked up in the original search (Bastounis et al., 2017). Additional searches for articles and grey literature (unpublished dissertations/theses) were carried out using search engines, which included Google Scholar, ProQuest Dissertations and Theses Global to identify any papers that appeared relevant (e.g. those describing group experiences following an intervention), which were screened for eligibility by reading the title and abstract. Relevant authors were also contacted for suggestions on eligible articles.



**Table 1** Search syntax*Search syntax*

Search terms	Syntax used for APA PsycInfo
Population	“Adolescen*” OR “young people” OR “young person” OR “teen*” OR “youth*” OR “pupil*” OR “student*” OR “secondary education” OR “middle education” OR “secondary school*” OR “middle school*”
Intervention	“school-based intervention” OR “school-based mental health” OR “school program*” OR “school initiative*” OR “school treatment*” OR “school prevention*” OR “school scheme” OR “school-based” OR “school-based counsel*” OR “school-based psychotherapy” OR “school-based therapy” OR “school intervention” OR “school counsel*” OR “school psychotherapy” OR “school therapy” OR “school based intervention” OR “school based mental health” OR “school based” OR “school based counsel*” OR “school based psychotherapy” OR “school based therapy” OR “class* intervention” OR “class* therapy” OR “class* mental health” OR “class* program*” OR “class* initiative” OR “class* treatment” OR “class* counsel*” OR “class* psychotherapy” OR “class* therapy” OR “group counsel*” OR “group therapy” OR “group psychotherapy” OR “group-based counsel*” OR “group-based counselling” OR “group-based therapy” OR “group-based psychotherapy” OR “group based counsel*” OR “group based counsel*” OR “group based therapy” OR “group based psychotherapy”
Type	“qualitative” OR “mixed method*”
Experience	“perception*” OR “attitude*” OR “experience*” OR “voice*”
Condition	“mental health” OR “wellbeing” OR “well-being” OR “psychological health” OR “emotional health” OR “well being” OR “mental-health”

**1.2.2 Selection criteria**

The selection criteria were based on the research question: what are YP’s views and experiences of school-based group mental health interventions? The searches were limited to studies written and published in English. There were no restrictions on the publication date or publication type, however books and meta-analyses were excluded. Studies that employed

different types of qualitative methodologies (e.g. interviews, observations or focus groups) were included. All studies retrieved from the systematic literature search were screened using the PICO based inclusion and exclusion criteria listed in Table 2.

**Table 2** *Inclusion and exclusion criteria*

*Inclusion and exclusion criteria used for screening studies*

Study item	Inclusion criteria	Exclusion criteria
Population	<ul style="list-style-type: none"> <li>• Adolescents/young people aged 11–18</li> <li>• Within a secondary-level or equivalent educational setting</li> </ul>	<ul style="list-style-type: none"> <li>• Under 11 years old or over 18 years old. Participants within a primary-level or post-18 educational setting</li> <li>• Participants in a special or alternative provision (e.g. therapeutic school)</li> <li>• Population targeting a specific group (e.g. by gender, ethnicity, race or particular environmental circumstance)</li> </ul>
Intervention	<ul style="list-style-type: none"> <li>• An intervention delivered in a targeted or non-targeted/universal manner</li> <li>• An intervention that was preventive or focused on a specific mental health difficulty/difficulties, including social and emotional learning/skills interventions and/or interventions for problem behaviours (e.g. aggression, self-esteem or low mood, depression)</li> </ul>	<ul style="list-style-type: none"> <li>• Individual therapy or counselling</li> <li>• An intervention not associated with school. An intervention with no end point (e.g. a school ethos intervention). An intervention provided as a one-off standalone intervention</li> <li>• An intervention focused on non-mental health issues, such as learning difficulties, academic/language difficulties, neurodevelopmental</li> </ul>

	<ul style="list-style-type: none"> <li>An intervention provided at a school in a group setting (e.g. group therapy or group counselling), provided over time or over a set number of sessions</li> </ul>	disorders (e.g. autistic spectrum condition/disorder, attention deficit hyperactivity, or psychosis), physical health condition, nutrition, sexual health, alcohol/drug use/addiction, smoking cessation, or health-related conditions (pregnancy, obesity) or transitions
Type of research	<ul style="list-style-type: none"> <li>Primary research</li> <li>Academic journal articles/dissertations</li> <li>Peer reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Secondary research (e.g. meta-analyses or systematic reviews)</li> <li>Editorials, books or opinion articles</li> </ul>
Study design	<ul style="list-style-type: none"> <li>Qualitative study design</li> <li>Mixed-methods study design with a qualitative component</li> </ul>	<ul style="list-style-type: none"> <li>Only quantitative research</li> <li>Single case studies</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>Outcomes that considered the voices, perceptions, and/or experiences of young people/adolescents</li> </ul>	<ul style="list-style-type: none"> <li>Outcomes related to the voices, perceptions, or experiences of only professionals/facilitators</li> </ul>

### 1.2.3 Selection procedure

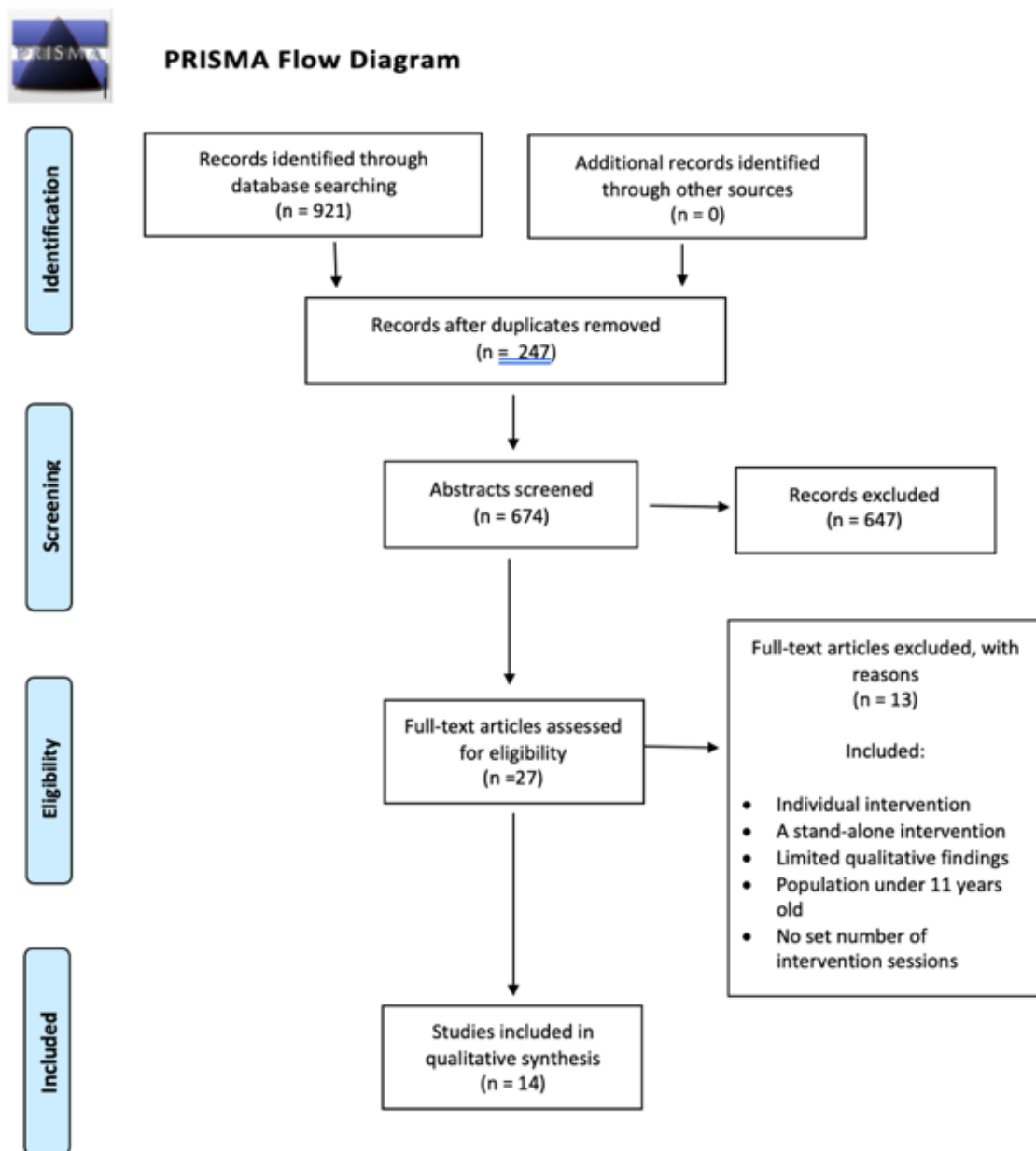
The database search yielded a total of 921 papers (Medline  $n = 90$ ; APA PsycArticles  $n = 9$ ; CINAHL Plus  $n = 98$ ; Web of Science  $n = 161$ ; ERIC  $n = 114$ ; and APA PsycInfo  $n = 449$ ). These were imported into Rayyan QCI ([rayyan.qcri.org](http://rayyan.qcri.org)), a web-based literature screening programme that facilitates screening the titles and abstracts of studies (Ouzzani et al., 2016). A total of 247 duplicates were removed and 674 papers were screened for relevance based on the title and abstract using the inclusion and exclusion criteria listed in Table 2. This screening led to the removal of 647 papers. If the relevance of the study was unclear, it was examined using the full text. The full text of 27 articles met the inclusion criteria for an in-depth screening. The full texts of 13 were excluded due to not involving the experiences of YP aged 11–18, due to being an individual or one-off intervention, or because the design of the study did not include a clear

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qualitative component in the findings section (see Appendix B). Additional papers were searched as part of this systematic review, however all were identified through database searches. A total of 14 studies met the criteria. The process is illustrated in the PRISMA flow diagram, see Figure 1.

**Figure 1** PRISMA Diagram demonstrating the systematic search process

PRISMA Diagram demonstrating the systematic search process



#### 1.2.4 Quality assessment

The 14 studies eligible for inclusion were quality assessed using the mixed methods appraisal tool (MMAT) (Hong et al., 2018). It is designed for use within a systematic review which includes qualitative, quantitative and mixed-methods studies, see <http://mixedmethodsappraisaltoolpublic.pbworks.com> for criteria (Hong et al., 2018; Hong et al., 2019). This tool is particularly helpful for the quality assurance of qualitative papers because it does not use a numerical scoring for each criterion, it focuses on methodological quality and

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trustworthiness of reported data (Hong et al., 2018; Pluye & Hong, 2014). The MMAT assesses studies based on two core quality criteria questions (clarity of research questions and if collected data address the research questions) and five specific quality questions (for qualitative studies, these are approach to research, adequacy of data collection, adequacy of findings from data, interpretation of data and coherence). The MMAT was used to provide a qualitative summary of the strengths and limitations of the studies included in the review and consideration of the quality of each study. Each study was rated using the following categories: adequately addressed, partially addressed, not adequately addressed, not stated and not applicable (see Appendix C for the full quality assessment data table). No studies were excluded based on their ratings, as this review sought to identify interesting and novel findings and there is no established quality cut-off for the exclusion of a paper (Thomas et al., 2012).

### 1.2.5 Data extraction

The data was extracted in relation to providing YP's views and experiences of school-based group mental health interventions. The researcher took a broad approach to exploring the data and analysed any data within studies that would help to understand the phenomenon (Thomas & Harden, 2008). All papers were read and then reread during data extraction. Data were extracted and tabulated from 14 papers (Appendix D). The data extraction table included (1) author name(s) and year; (2) background (including location); (3) participant information (including ages and group size); (3) length of intervention and facilitator information; (4) psychological underpinning of intervention and intervention type; (5) voluntary, compulsory or not specified intervention; (6) methodology/analysis; and (7) key experiences. Each of the papers included in this systematic review is numbered in Appendix D. The RefID column indicates the numbers by which the papers will be referred to throughout the synthesis.

### 1.2.6 Data synthesis

The guidelines for the thematic synthesis of qualitative research were used to identify, appraise and summarise the qualitative evidence of the studies (Thomas & Harden, 2008; Whitemore & Knafl, 2005). An iterative approach was used to synthesise the data. Full-text PDFs of all the included papers were exported verbatim into NVivo (version 12.6), a qualitative data analysis software package to help organise codes and support the data analysis. The researcher focused on content representing the views of YP under the headings labelled "findings" and/or "results" within the included papers as data.

The analysis and synthesis of these data followed Thomas and Harden's (2008) guidelines. The thematic synthesis consisted of three stages: (1) free line-by-line coding, (2) generation of descriptive themes and (3) development of analytical themes. Themes were continuously examined and interconnected where needed. The stages as undertaken in this review are outlined in Table 3.

**Table 3**            *Thematic synthesis summary*

*Thematic synthesis summary*

*Summary of the three stages (Thomas & Harden, 2008)*

1.	Free line-by-line coding
	During the first stage, studies were examined through line-by-line inductive open coding to summarise and organise the findings from the multiple qualitative and mixed-methods papers. All qualitative components of young people's experiences were coded after being read and reread, some included quotes and some included narratives from the authors. Codes were evaluated throughout the initial coding by the researcher and research supervisors. The codes were examined continuously to check if they had been interpreted consistently or needed clarity of meaning. Data on aspects of the study contexts, such as age, intervention and psychological underpinning, were also extracted at the same time and used to inform coding decisions throughout. An initial 108 codes were identified around specific meanings in NVivo. These were copied into a table where some codes were put together, identifying 105 codes. An example of the coding can be found in Appendix E, taken from NVivo.
2.	Generation of descriptive themes
	In the second stage, codes were collated and organised into descriptive themes, where codes were related and restructured throughout, and meaning was made around the themes to explain them and how they were similar to and different from each other through discussion of their relationships (Atkins et al., 2008). The researcher in collaboration with the research supervisors continuously linked and clustered codes. The researcher also used visual mapping to illustrate and explore the relationships between the codes to understand experiences, using a trial version of MindMaster mapping software from <a href="http://www.edrawsoft.com">www.edrawsoft.com</a> (see Appendix F for example). These codes were subsequently put into 10 descriptive themes (see Appendix G).

3. Development of analytical themes

In the third and final stage, the themes were revised, combined, separated or discarded several times into higher order themes, also known as analytical themes. This is where the descriptive themes moved beyond the original data coding extracted to identify new conceptual meaning. The concepts were accurately and comprehensively reflected in the data and provided meaningful information related to the research question. The researcher remained open and flexible throughout the synthesis by keeping logs of decisions and was transparent with supervisors in trying to develop new meaning. The analytical themes were then assessed for convergence with the researcher's supervisors to formulate the final superordinate themes (see Appendix H for notes from this).

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## 1.3 Results

### 1.3.1 Summary of study characteristics

Each of the papers included in this systematic review is numbered in Appendix D. The RefID column indicates the numbers by which the papers will be referred to throughout the synthesis. The database searches identified 14 papers that reported YP's views and experiences of school-based group mental health interventions. All papers were published between 2011 and 2020. Nine studies were carried out in the UK (including two in Wales and two in Scotland), two were carried out in the United States, and the remaining studies were carried out in Sweden (2), Portugal (3) and Uganda (11). YP ranged in age from 11 to 18. The duration of the mental health interventions was categorised by number of weeks, sessions or lessons. One intervention was 36 weeks/12 sessions (6), one intervention was 32 sessions/1–2 times per week (1), one intervention was delivered over 24 lessons (11), one intervention was 14 weeks (14), one intervention was 12 weeks (10), three interventions were 10 weeks (2, 7, 8), three interventions were 8 weeks (3, 5, 13), two interventions were 6 weeks (4, 12) and one intervention was 6 hours over a half term (9). The time duration for each intervention session was 35 minutes for one (1), two interventions had 50-minute sessions (5 and 14), one intervention was up to 60 minutes (11) and two interventions were 90 minutes (2, 3); for the remaining interventions, the time duration was not specified (4, 6, 7, 8, 9, 10, 12, 13, 14). Only one of the interventions was considered compulsory, as it was part of another lesson (1), five interventions did not specify (3, 6, 11, 12, 13, 14), and seven were considered voluntary (2, 4, 5, 7, 8, 9, 10). The groups were facilitated by a range of professionals. One group was facilitated by a researcher and a teaching assistant (4), one was facilitated by a life skills coordinator (9), five groups were facilitated by a professional who had been trained as a



facilitator or leader of that group (5, 7, 13, 8, 10), three groups were facilitated by a teacher/tutor (2, 11, 14), and four papers did not specify who facilitated the group (1, 3, 6, 12). The papers tended to focus on the views and experiences of YP and not on the group sizes. The main psychological underpinnings of the mental interventions were cognitive and/or behavioural theory (CBT; 1, 2, 4, 13, 14) and positive psychology (3, 6, 7, 8, 11, 12). Some mental health interventions also included aspects of self-determination theory (9, 10).

Seven studies used individual interviews (1, 4, 5, 9, 10, 11, 12) as the qualitative data collection technique, six papers used focus groups (2, 6, 7, 8, 13, 14) and one paper used an open-ended questionnaire (3). Qualitative approaches used to analyse data included ground theory (1, 14), content analysis (2, 3), interpretative phenomenology analysis (12), a combined analysis (9), and thematic analysis (4, 5, 6, 7, 8, 10, 11, 13). Two studies appeared to be from the same sample of YP, however, different methods of analysis were used within the studies, yielding different findings (7, 8): one used mixed research methods and the other used only qualitative research methods.

### **1.3.2 Quality appraisal**

The study quality assessment using the MMAT indicated that a majority of the papers had clearly expressed aims, and a qualitative approach was deemed appropriate to address these, suggesting good overall quality. The analysis was clearly described in each paper, and there was a coherent link between the data collected, analysis, interpretation and recommendations. However, one study (Lakes et al., 2019) did not clearly describe research aims adequately, and inferences were made within the study. Three papers (3, 7, 11) lacked clear information on the views and experiences of YP and focused on the views of others. There was also a lack of information on their methodological robustness. There were questions around the ambiguity of their recruitment strategy and the intervention details. There was a lack of consideration of the researcher's potential influence on the studies and how YP were recruited for the research. Full details are reported in the MMAT quality assessment tool in Appendix C.

### **1.3.3 Synthesis findings**

The researcher took steps to maximise rigour within the analytical process. Regarding the evolution of the synthesis, the researcher sought to make it a collaborative process, employing the supervisors to be reflective throughout the process and using discussions to consider the transparency and validity of the data, where the researcher checked back on the data and their context (Harris et al., 2018; Thomas & Harden, 2008). The thematic synthesis identified five main themes to understand YP's experience of group school-based mental health interventions: sense

of agency, experience of content, group dynamics, perception of environment and acknowledging and embracing change.

### **1.3.3.1 Theme one: sense of agency**

The sense of agency theme refers to the levels of control YP felt they had over their choices and actions. Some YP did not feel in control. There was a sense that they were being singled out and targeted to join an intervention group and lacked any control or choice over this: "...you picked the naughtiest in our year'. He goes 'no I didn't'. I went 'so what other kids mess around in our year that ain't in here'" (13, p. 387). YP commented on how they were seen as being "different" and "singled out" by school staff to participate in an intervention (14). Despite the interventions being voluntary for YP, there seemed to be a lack of control or understanding about this and no clear communication as to why they were asked to participate (11). YP made comments about how the school no longer wanted them and they were viewed as the problem (13, 14); this created "a negative and alienating experience" (13, p. 390). One young person experienced that the intervention was "dragging" and becoming repetitive (14, p. 132). YP preferred an informal participatory feel when exploring mental health difficulties (9). This increased YP's self-awareness so they were able to recognise themselves as agents to change their behaviour. For example, one YP said, "it helped me like identify and know my strengths and understand what to do and have a positive attitude" (12, p. 65).

Although this theme was not explicitly present across all studies, there was an implied sense in two further papers that YP needed to feel in control and have a choice regarding the interventions in which they participated (1, 8). YP reported a need to be interested in the interventions and to understand how an intervention might help them with their mental health difficulties (1, 13, 14). YP did change their sense of agency through being able to manage their emotions and participating in interventions of their choosing (1, 6, 8, 13, 14). For example, some YP described themselves as not lazy anymore or being more motivated after the intervention (6). One young person commented on their perseverance to continue: "...something I learned here was to not give up, like I guess if you wanna achieve something you know you just put your mind to it like it's possible" (6, p. 109). Some YP did comment that "at times they were feeling why should we attend the classes" (11, p. 13). Others said that at times, there was a sense they had changed and said, "I know how to control myself" (12, p. 63). YP commented that they were able to identify their own individual strengths (12, p. 66) and liked the informal participatory feel of their intervention (9). In two groups, this sense of agency resulted in the YP within the group taking turns leading the group or suggesting who might take the lead, which allowed YP to take charge of where

discussions went (8, 9). In another group, one young person reflected on how no one had forced them to come to the intervention but felt there was something in the content that prompted them to keep attending (12).

### **1.3.3.2 Theme two: experience of content (which includes applicability, attractiveness, perceived relevance, format)**

This theme describes how YP needed to relate to and like the content within the interventions, and how the authors believed they related to the content. This was evident in nine studies (1, 2, 5, 6, 7, 8, 9, 12, 14). Content played an important role in the experiences of YP towards school-based mental health interventions. YP needed to be able to relate to and like the content of an intervention for it to be accepted. This appeared to be linked to positive experiences YP had of their interventions. YP in different interventions commented on how the content could be used and adapted outside their school base (1, 5, 8, 9). One young person learnt about a specific technique within the intervention and decided to use the technique at home: “...with the feelings tree I just let go of what I was thinking, jotted them down in a sealed envelope. It would stay on the tree. It was things which worried us. The day after we did that I went home and wrote them all down” (5, p. 46). Other YP discussed using techniques before sleep or before a test and seeing the benefits of applying intervention techniques outside school (2). Along with YP using differing techniques to help them manage their mental health difficulties (for example, listening to music, writing and breathing) (2), there was a strong need to be able to apply and relate to these techniques within their everyday lives (5, p. 46). Authors commented how YP were able to grow as they related to the content and saw how they had made progress over time in managing their emotions (1, 2, 5, 6, 8, 9, 12). Once YP had control over the techniques they wanted to use, according to the authors this counterbalanced “parts of the course that focused more on negative matters” (2, p. 5).

Views on content within interventions varied. Some YP preferred booklets (14), whilst other YP wanted more fun, eye-catching and entertaining content in the interventions (7, 8). Two authors explained the content needed to strike a balance between what was manualised and what was adaptable and flexible to the needs of the YP (14, 7). One female young person from a focus group commented, “It would not have been good [without the manual] because first we would talk a lot, and then we would not have anything to say, and then we would have started to talk about something else” (2, p. 7). YP valued content when it allowed aspects of “creativity”, as it allowed YP to express themselves freely (5, 7, 10). Two studies suggested that YP preferred more practical exercises such as movement activities or role play when addressing “serious

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matters” to which they might have to relate (1, 2). One young person described an intervention as “a little escape for me to actually be that little kid again...running outside and stuff, and this just lets me forget my problems that I have and just run around and be seven years old again” (10, p. 9).

The content of interventions needed to be applicable and relevant to YP personally, however YP acknowledged that they found it difficult to admit they had mental health problems and struggled to share this when participating in an intervention within school (14). YP suggested the content and strategies within two interventions were not applicable to their age group or their school life (2, 14), which made them dislike certain aspects of the content. Written activities, homework and reading in two studies were cited by the authors as being difficult for YP when trying to relate to the content (3, 5). The content required a sense of challenge both physically and emotionally for YP (1, 2, 10). However, the level at which this could be managed by YP was dependent on each individual. There was a need for adaptability and flexibility in the content and what YP needed:

Some students wanted to work more on what the group needed rather than working on what the manual focused on for a certain session. The students wanted to work with issues that were important to them rather than the issues specified in the manual. (2, p. 7)

This highlighted how working through issues with other YP in the group was significant to them.

### **1.3.3.3 Theme three: group dynamics (which includes friendships and other group aspects)**

Many YP and author perceptions spoke about the importance of group aspects within their interventions. One study author described that the “development of a dynamic and fertile rapport in the group was a critical element, which could only happen over a period of time” (9, p. 83). This was echoed across a range of studies (2, 5, 9, 10), and these studies highlighted the discussions between YP within the group as a “critical” part of their interventions, as group dynamics began to form and YP began to trust each other (2, 5). This trust developed into friendship building, which was a significant experience for YP within their intervention groups (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15).

YP valued the opportunities to meet different people within the groups (2, 4, 5, 8, 11). YP spoke positively about fostering positive peer bonding and peer support opportunities within the group (1, 2, 4, 5). The social element of the groups gave YP the confidence to talk to others with whom they might not have had any interaction or encountered without being in the group (1, 2,

5, 10, 11, 12). Authors (3, 6, 7, 8, 9, 13) explained how YP's confidence grew to a point where they were more open with others, could share their stories or emotions they were feeling, and were able to say, "I can give my opinion" (3, p. 180), "it has made me more confident and I can actually talk to people" (7, p. 124), and "I learned to have a voice" (6, p. 108). When it came to group members expressing themselves, YP stated that as they built friendships, they were able to "normalise" their feelings within the group and did not feel alone (2, 5, 7). One young person described if "...you're having a bad week, I don't know at school, you know that you've got these people there" (8, p. 7). The group provided YP with opportunities to share what might be important to them and learn from others within the group (1, 2, 5, 6). This was illustrated by one young person:

...it's not like the normal class. It's like somewhere you can actually express your feelings and how you feel during like within that week or if something's up. It's an open class and everyone just like here understands and listens to you. (6, p. 110)

Two studies suggested that friendship building helped reduce physical conflicts for YP as they improved their social skills and communication with others (5, 10). YP described how they were closer to each other in their group, more close knit, even described as "cozy" by one young person (2, p. 5; 1, 2, 6, 5, 10). This was illustrated by one young person:

I have become really good friends with other in the group... Even my friends I knew before I've become even better friends with. It brings the seven people closer together because with that ball game we got to know each other really well, everything about us. (5, p. 45)

In contrast, at the start of some interventions, there was a sense of reluctance within groups, which changed over time (2, 5). YP commented on how games and activities helped them to build friendships, especially when they had to say or write something down about other group members (2, 5, 11). Over time, one intervention group suggested that friendships were "privileged" over the actual intervention (13, p. 389). In one life skills intervention group, the author described the group building friendships through the development of their communication skills and applying what they were learning to interactions with those around them (11). YP discussed how friendship groups had changed over time being in the group and different friendship groups were formed (2, 9), as illustrated by one young person:

We wouldn't talk about these things normally. Not at all. And, cos of doing this, I have actually talked to Eamonn about it and to Farzan and Malik as well, but you know, I just wouldn't have done before. (9, p. 80)

YP started to form connections with other YP who had the same aspirations, similarities and could help each other to achieve their goals and feel safe (2, 11, 12, 13). This friendship

building was enabled by the facilitators who either set up or were part of the group; they were considered role models (8) or provided useful guidance around problems (14, 8). One group commented on how the role of the facilitator was different from the role of teachers at school; they felt that they also built a friendship with the facilitator without the constraint of them being their teacher (8). In contrast, another author suggested that YP became acquainted with a different way of thinking through the influence of their facilitator, who arranged the intervention (2, p. 5).

### **1.3.3.4 Theme four: Perception of environment**

This theme describes YP's perception of the environment. It was identified in 10 studies (1, 2, 5, 6, 7, 8, 9, 10, 12, 13). It refers to both YP's awareness of, and feelings about the environment created by being part of a school-based intervention. It was suggested that the environment provided a "safe space". YP described the space as being familiar because it was within the school and provided a level of protection they felt they needed (5, 8). One intervention group valued the informal participatory feel of the group, as it allowed them to explore their mental health difficulties when they felt ready (9, p. 83). Three studies described the environment as providing a calm and relaxing space (1, 10, 13); it was considered by YP as "a place that made them feel calm and where they could have a break from the stresses of school and home" (10, p. 6) and "a way to escape reality" (12, p. 66), where they could rest/relax and not focus on anything (1, pp. 8–9). This space with other YP helped individuals to experience changes in mood and to feel calmer and more relaxed (1, 10).

This theme also captured the notion that the intervention group gave YP the sense that they were not alone with their feelings because "everyone is the same" (7, p. 123). The group environment made YP reflect on their own feelings and realise that others have similar or more difficult feelings. This was illustrated in two studies (5, 13):

It helped me to know that I wasn't the only one to have problems like this. I thought I was the only one who had a really bad problem but I realised that other people have problems just as bad. I made friends. (5, p. 46)

She also felt that being with people she didn't really know made her realise that you don't know who has a problem, and in fact everyone has some problem or other. She said this made her feel better about herself and made her think that she wasn't the only one who was dealing with things. (13, p. 388)

Two different studies also described the group as a “family” who worked together (1, p. 11; 6, p. 110), and another study described how the group worked together so that no one was alone (7, p. 122). One study contained a narrative in which YP spoke of how lucky they were to be part of a group where they were visible and heard amongst a good mix of YP (13, p. 388).

As YP became more visible within the groups, their perspectives of themselves and others started to shift and change. One young person described that one might have thought “someone was tough and cool but subsequently realized that he or she was actually a kind person” (2, p. 5), and another study showed how a young person’s perspective towards other group members had changed:

I thought they would’ve just made a joke out of all of this cos that’s how they are. They take the piss. But they are being serious about it and that’s like, well, I wasn’t expecting that. (9, p. 82)

There was an additional perception that YP thought the group would involve deep conversations about difficult topics they might find difficult to discuss. However, YP’s perceptions were challenged, as groups were characterised by discussions and elements of “humour” (2, p. 4; 9, p. 83). YP appreciated being able to laugh (2, p. 4) and chat openly about mental health using their own language:

...flexibly structured, with plenty of space for the members of the group to take charge of the direction the discussion took, introducing humour at times and using their own language throughout. (9, p. 83)

... we’d never chat about mental illness and all that because we’d always be making jokes about all this stuff, and just calling each other tapped and everything, so it’s like, weird how come they’ve been talking about it seriously. I didn’t think they’d think about it like that, you know, like, properly think about it. To be honest, it’s impressed on me, that. That they’re deeper than I thought. (9, p. 82)

### **1.3.3.5 Theme five: acknowledging and embracing change**

This final theme was evident in 12 studies (1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 14). It refers to YP recognising the importance of their increased knowledge and skills from participating in a group intervention and their willingness to accept this knowledge and notice changes they can implement in their everyday lives. YP acknowledged that they felt better equipped and skilled to manage their own and empathise with other people’s mental health problems from participating

in the group intervention (2, 9, 12), and they recognised that mental health problems can happen to anyone. This was illustrated by one young person:

If my friend got a mental health problem before we'd done this then I wouldn't even really know what it was about, or what to do, or what to say to them, but now I feel that I would be able to deal with all of that and I could be a better friend cos I wouldn't be scared and I could reassure them they'd get better. (9, p. 81)

YP acknowledged that before participating in the group mental health intervention, they did not know what to do if someone else had a mental health problem (9), and they acknowledged that certain things can make such problems worse (12, p. 66). This increased knowledge made YP think about the words they use and the consequences of their actions. One male member of a focus group commented that it made him realise the importance of thinking "before doing something and not just acting before you have thought about it" (2, p. 5). YP talked about how they personally increased their knowledge and discovered strategies to manage their mental health problems (3, p. 180). Such strategies included YP writing their worries down on a feelings tree (5, p. 45) and stopping and thinking about what is important before reacting (6, pp. 108–109). This was illustrated by one young person, who said the following:

I kind of learned you can't control what happens around you so it's more of like, it's more important to know how to react towards it. So it's more of just like if you react calmly and like you don't stress over it or start thinking negatively then it won't really impact you in like a bad way so it's just more of like relaxing and like thinking like okay is this something worth stressing over like being mad at? (6, p. 110)

YP started to acknowledge who they were and what used to happen to them through participating in the group intervention, for example, being shy (7, p. 123; 10, p. 9) or getting bullied (7, p. 122). One young person described this journey of change in their behaviour:

At the start we were all mean to each other, we were getting into fights every week and they'd carry on into school, but now we're not fighting as much and I'm guessing that's getting me a bit more confidence because I was used to getting into fights. (10, p. 6)

Another young person commented on how they acknowledged and listened to their parents since participating in the intervention (10, p. 7). The content within group interventions played an important role in YP acknowledging change.

As YP started to acknowledge change, they also started embracing change; they discussed how they might adapt strategies such as study skills they learnt from participating in the group (11, p. 12), calming themselves when nervous (1, p. 10), trying to change their negative thought



patterns through using psychological approaches (2, p. 4; 4, p. 10) or managing their stress by reframing their thinking (3, p. 180), such as seeing different perspectives (2, p. 4). YP commented on the influence of embracing change and how it made them feel:

I seem more happier in school and I like school more, I enjoy it more or seem to and I care about my work more because if you're coming to school and you don't know what you wanna get at the end of it, you don't really care, you're just here, but when you know what you wanna do, you're more focused and you have that thought in your mind, I have to get this good grade for what I want to do so I need to focus. (12, p. 66)

YP across a range of studies noticed change in themselves and commented on how other people around them had noticed how much they had changed. One young person acknowledged how they used to spend time in their room and how they now talk to their family every day, which has helped them become closer (5, p. 46). Others shared how they were able to talk to people when they went shopping (2, p. 6; 8) or they contributed to their school lessons more than before (7, p. 123) and were able to manage their anxiety towards tests (1, p. 13). In three studies, YP talked about how they had previously been self-centred (10) but had noticed they were caring more for others, such as older people, or walking their dog, which was something they had not considered before (2, 5, 10, 11, 12). YP also reported that their ability to study and focus had changed; some YP had reduced their social media use (10) and were able to focus on their exams (11, 12) or everyday life situations (8, 9, 10). As YP embraced change, they saw how positive thoughts and attitudes helped them be happier and remain calm in various situations (2, 3, 4, 8, 12). Many YP described how they had found their voice and understood more about themselves (4, 6, 7, 8).

## 1.4 Discussion

This review identified 14 studies that addressed the question: what are YP's views and experiences of school-based group mental health interventions? Studies were examined for which both qualitative and mixed-methods approaches were employed and that comprised the views and experiences of YP from secondary schools. The quality assessment of these studies felt like an assessment of the quality of reporting rather than an assessment of the validity of the studies that had been peer-reviewed prior to being printed. Despite such limitations, the conclusions from this systematic review provide evidence of the YP's views and experiences across group school-based mental health interventions. The quality assessment indicated that although all 14 met the selection criteria, only ten papers followed a distinct methodology in terms of data collection and analysis, alongside drawing upon an interpretation that linked back to the methodology, which generated further recommendations. Although the remaining four papers met the quality

assessment criteria, they lacked a coherent methodology and details such as recruitment strategy, intervention and the researcher’s potential influence. The authors’ ability to report a robust method, analysis and findings within their studies may have been compromised by the word count in each journal. No studies were removed based on their quality assessment. The findings provide evidence of YP’s perspectives and experiences across various school-based group mental health interventions. A summary of the five themes identified is provided in Table 4.

The findings suggest that YP must have both control and choice (sense of agency) over the type of intervention group in which they participate. In addition, YP need a reason to participate, which entails being able to relate to and be interested in the content (experience of content). Thus, they need to be part of a safe group that helps build friendships within a group (group dynamics) and that operates in a calm and safe space (perception of environment), which creates a sense of belonging. Consequently, their knowledge increases, and they can embrace change (acknowledging and embracing change).

**Table 4**            *Thematic synthesis themes*

<i>Thematic synthesis themes</i>	
1.	Sense of agency
2.	Experience of content (including applicability, attractiveness, perceived relevance, format)
3.	Group dynamics (including friendships and other group aspects)
4.	Perception of the environment
5.	Acknowledging and embracing change

**1.4.1        Sense of agency**

This theme highlights that it is essential that YP are empowered on their journeys and have the ability to make their own decisions and choices. The ability to generate a sense of agency is highlighted in previous studies and is central to building confidence in participating in groups, particularly in relation to how peer relationships influence YP’s choices to participate in school-based group mental health interventions (Patel et al., 2018). YP have also articulated a fear of being stereotyped by other YP and teaching staff if they participate in groups that offer mental health interventions. This finding is reported in other research demonstrating that YP fear being stereotyped, stigmatised or embarrassed by taking part in mental health interventions (Huggins et al., 2016; Moses, 2010). If YP have a limited sense of agency within their groups, this is problematic because being able to make choices is essential.

YP also view positive past experiences as being important and are therefore more likely to attend a group due to past experiences. This is supported by previous research, which has shown that YP prefer self-reliance in their help-seeking behaviours (Gulliver et al., 2010). This systematic review suggests that any type of enforcement for YP to participate in mental health interventions should not be dictated by school staff or any other type of professional. Schools are designed to provide teaching and learning opportunities for CYP, but they also operate with rules and regulations that have not always been applied with sufficient emotional literacy (Lyon & Bruns, 2019).

This theme also fits with self-determination theory (SDT). YP require autonomy and the opportunity to make their own decisions to participate in a group mental health intervention. Additionally, YP need to feel a sense of competence and that they can manage their mental health difficulties. Relatedness can be understood through the sense of belonging approach (Baumeister & Leary, 1995). This approach correlates to how the social context influences belonging. Therefore, YP's connection within a group affects their motivation and confidence. It shows how YP motivation within the group can change. At the start of the group programmes, there may have been a lack of motivation and they felt they had to participate in the group intervention. However, over time, YP felt autonomous and started to enjoy attending the group due to the content, friendships and perception of the environment.

Consequently, schools must carefully consider whether an intervention is perceived as being voluntary or compulsory as well as the likely implications this might have on YP's decision to engage in an intervention. It would be useful for schools to monitor YP's sense of agency from the start to the end of an intervention to help identify what changes occurred and why they might have occurred when a YP becomes more or less engaged with the intervention.

#### **1.4.2 Experience of content**

The type of content presented is influenced by how the topic is presented. For example, some topics are more suitable for discussions, booklets, practical exercises or role playing. It is important for schools to consider the examples used within mental health interventions as the content of these examples influences what YP might learn and what they might be motivated to learn more about. Schools should consider what is relevant to YP across year groups, which would help identify the examples of mental health interventions that might be more applicable to increase YP knowledge. Schools could also examine how YP might implement what they learn from the mental health interventions and how the intervention content is phrased as YP can become disinterested in homework from the intervention if they feel it is not applicable to them.

Although this study highlighted the importance of content from YP's perspective to be relevant, a systematic review and meta-analysis showed that a programme's content did not

predict its overall effectiveness (Werner-Seidler et al., 2017). However, the review only identified two types of programme content: cognitive behaviour therapy (CBT) and interpersonal psychotherapy, which do not consider the diverse range of content that is used within mental health interventions. The current systematic review identified additional types of programme approaches (such as mindfulness, positive psychology and model of grief) and content and how YP engaged with it because schools must cautiously consider what type of content is relevant to their YP.

This theme suggests that the content of any intervention must strike a balance between being manualised and allowing YP to be creative. Such an approach fits with the three elements of SDT. YP must relate to the content of any well-being intervention. It must apply to them; the relevance must link to the format of the interventions, be attractive for YP to participate in and be produced in a way that is conducive for them to understand the content and feel a sense of competence. YP must be able to relate to the content of the intervention, which should also applies to their level of understanding and learning for them to feel autonomous in completing the content. The experience must build upon their current knowledge and create a willingness to become curious and motivated to expand their knowledge as they feel more competent. Then, YP can feel autonomous and engage in the content independently. The design of the content must appeal to a YP demographic and provide a learning challenge, meaning YP will become motivated to practice what they have learned. Additionally, YP will start to feel competent: when there is a challenge within the intervention, YP can act upon it.

YP's views of the content of school-based group mental health interventions highlight that there is a need for relevant interventions as they are more acceptable if they can relate to their existing interests, format, relevance and age of development. Schools must manage the balance between what YP need and the relevance of the school-based group intervention content.

### **1.4.3 Group dynamics (including friendships and other group aspects)**

Group dynamics are an essential part of individual YP's experiences because it is through building rapport that each YP begins to trust, to build friendships and to form connections. These findings illustrate that positive relational experiences and developing interpersonal bonds are fundamental factors in engaging YP in group interventions. Existing research suggests that YP are more likely to access services with other YP with whom they can build friendships, which improves their sense of well-being within the group (Patel et al., 2018).

These relationships create support networks within a group setting to help YP relate to the content and to implement the strategies previously suggested in the content (Telzer et al., 2014). A sense of connectedness with other YP has also been reported to aid the sense of being

part of the school ethos and of being connected as the individual's perception of the changes in their environment improves through actively participating in the group and through individuals feeling they have a voice to share within the group (Arslan & Duru, 2017; Arslan, 2019a; Curran & Wexler, 2017). In effect, these group dynamics create a safe space for YPs to discuss concerns that normally are not aired due to fear of being stigmatised (Segrott et al., 2013).

Rapport is built during these group interventions, which reduces the stigma related to discussing mental health. It also provides a sense of hope as well as builds camaraderie as YP become more aware of the barriers to accessing services, such as stigma and poor recognition (Gulliver et al., 2010). As YP accept their mental health difficulties, their fear begins to diminish, which allows them to discuss the specific challenges they face, to listen to others to make changes and consider where they might implement strategies to cope with mental health problems (Chandra & Minkovitz, 2006). As YP realise they are not alone in their individual challenges, stigmas that exist when discussing their mental health difficulties are reduced, which also potentially improves their desire to seek further help (Kutcher et al., 2015; Vidourek & Burbage, 2019).

This theme can be understood through a sense of belonging (Baumeister & Leary, 1995) and SDT. The formation of group dynamics sees YP build and maintain positive relationships with other YP, leading to a sense of belonging to the school and the group. These connections then create further belonging to a safe environment, and YP feel understood through sharing experiences. A positive environment also facilitates relatedness within SDT. An equal power exists between YP within a school-based group intervention where everyone believes they are there for the same reason, which helps to aid relatedness within the group.

Practitioners must consider how YP develop their potential within particular group settings through the social elements within the groups and must ensure that all group voices are heard. Facilitators or specific school staff who oversee these group mental health interventions play an important role in enhancing YP's well-being through their creation of a safe space in which YP feel they can participate and feel calm and relaxed. Facilitators play a role in how they foster positive group dynamics by how they form groups and pair YP to form connections and bonds with each other and how they provide a level of autonomy to YP.

#### **1.4.4 Perception of environment**

YP thrive in an environment that feels calm, safe and relaxed, that can be viewed as an escape from everyday schooling. YP perceive school differently depending on their circumstances and how they bond with an intervention group. The environment creates the feeling of an

'extended family' for YP, where humour can be used within the group environment. The environment also creates a sense that YP are not alone in how they feel.

This situation supports existing researchers who have suggested that the school environment provides a sense of familiarity and safety (Kern et al., 2017; Patel et al., 2013). YP will feel included or excluded depending on how they view and experience the school environment. This theme can be understood through the sense of belonging and Maslow's theory of human motivation (Maslow, 1943). One component of this hierarchy is safety, which is related to the environment, which must feel safe and secure through the predictability of the school and intervention setting. Such a scenario leads to a feeling of belonging, which allows YP to feel connected, related (as highlighted in SDT) and accepted by others. Therefore, creating an environment where YP can act as autonomous agents will help to improve their sense of self-determination.

### **1.4.5 Acknowledging and embracing change**

YP experience group-based school interventions as a journey of change. They first acknowledge a baseline, which also includes thinking about their strengths (which can be supported by those around the YP), before eventually experiencing and recognising positive change. This acknowledgement can be supported by others who might also witness the change and share it with YP. This illustrates the power of feedback in learning (Hattie & Timperley, 2007). Feedback is conceptualised as information given by an agent (young person, teacher or parent) regarding aspects of their performance or activity. It is important to track the progress of YP through feedback and change. The importance of being aware of change supports Thorley's (2016) research, which suggests that YP begin to seek help for their mental health difficulties when feelings of shame and stigma gradually diminish and when they begin to acknowledge and embrace change in their everyday lives. Through YP's understanding of their challenges, they are able to acknowledge and embrace change, which can then improve their help-seeking behaviours (Kutcher et al., 2015; Vidourek & Burbage, 2019).

This can also be understood by SDT. SDT suggests that social agents play a vital role in the development of intrinsic motivation. The social agents are likely to be school staff, other YP and parents/carers. If school staff and other YP perceive the intervention as helpful, YP are more likely to acknowledge the intervention and want to change. This theme shows how YP become more autonomous in engaging with the group interventions, feel more competent to make a change in their lives and can relate better to other people.

#### 1.4.6 Strengths and limitations

A key strength of this review is that to the author's knowledge, this is the first review examining YP's views and experiences of school-based group mental health interventions based on a synthesis of qualitative research. In combination with an existing synthesis of qualitative evidence focused on the stigma of mental health interventions (Gronholm et al., 2018), these two reviews improve the understanding of mental health interventions from a service user perspective. They suggest commonalities in the views and experiences in which YP describe a desire for a sense of control when participating in a mental health intervention as well as for supportive relationships and a group environment that enables them to change. A full acknowledgement of these needs will assist in the development and design of future mental health interventions for YP in secondary schools, which can be used across a range of YP school settings. This systemic review highlights the need to engage YP's voices using either qualitative or mixed-methods research studies to obtain rich descriptions of experiences, which is not possible using quantitative research. This review combines a broad range of intervention studies from selective to universal interventions to reflect YP's voices.

It is important to consider the limitations of this review, including the small evidence base captured. Despite a rigorous research strategy involving screening different databases, it is possible that the search did not capture all relevant studies in this area. Limiting the search to published studies that met the inclusion criteria could have excluded other studies that might have been relevant, and it is likely there was a publication bias and the possibility that unpublished studies could have contained relevant findings. The inclusion criteria also only focused on the term 'school-based mental health interventions' delivered in a group, and although other health-related interventions were missed, which may have included elements of mental health, other reviews exist that have covered individual interventions (Das et al., 2016). It is important to recognise that interventions vary in setup, such as age group, number of sessions and psychological approach, which could have influenced the way findings are presented and therefore made it difficult to compare and contrast the qualitative views and experiences across interventions. In addition, the school setup and ethos were not accounted for across the different studies, which could have influenced the findings included in each study (for example, being able to have access to a private room to facilitate groups as opposed to using an unsuitable space for group interventions). Moreover, most of the research evidence came from high-income countries, which may not be transferrable to other cultural contexts (Fazel et al., 2014).

#### **1.4.7 Future work**

Future research could explore YP's perception of school contexts in more depth. YP have discussed the need for a 'safe space', which provides familiarity and a level of protection. It would be interesting to explore what YP mean when they use the term 'safe space'. This could involve examining both environmental needs for managing mental health difficulties and enhancing existing forms of support to generate a greater sense of emotional well-being. Factors related to environmental space, how the group is made to feel safe and whether school ethos influences implementation could also be considered. A mixed-methods approach would allow for the exploration of what is already provided in school environments and for exploring YP's views of the school environment (O'Cathain et al., 2019) to identify the environmental characteristics needed for YP to engage in mental health interventions and to explore why they might be important.

Another important area for future research could be to explore how teaching staff perceive this type of therapeutic engagement with YP as it entails a different form of interaction. There is a distinct shift away from instilling discipline to generating a supportive environment. Research could specifically focus on their training needs and how they can be supported, such as by examining the role of reflective practice and how mental health services can provide support to facilitate this. Consequently, a psychologically-informed environment can be developed within the school system (Wiest-Stevenson & Lee, 2016).

### **1.5 Conclusion**

This review provides insights related to the views and experiences of YP who have participated in school-based group mental health interventions. It not only provides a detailed understanding of their experiences but also suggests ways in which professionals working with YP in a school setting can ensure that groups they set up or programmes they follow have the best chance of success. Agency, relatability and creating space for forging relationships are key components, and attending to these factors will help ensure that YP are supported in a way they value, which could ultimately lead to success.



## **Chapter 2    A qualitative exploration of facilitators' and young people's (YP's) experiences of a school-based internet cognitive behaviour therapy (iCBT) intervention programme called Braive-Managing Anxiety for Youth (B-MAY) for reducing YP's anxiety**

### **2.1    Introduction**

#### **2.1.1    Background**

The prevalence of well-being issues in children and young people (CYP) is deemed a significant societal concern (Rapee et al., 2009), with many underlying issues becoming apparent before the age of 14 (Goodman et al., 2011; Green et al., 2005; Kim-Cohen et al., 2003). In the United Kingdom (UK), it has been highlighted that 1 in 7 young people (YP) aged 11-16 experience well-being issues where 25% have also self-harmed or had suicidal ideational thoughts (Sadler et al., 2018). Anxiety is viewed as one of the main issues becoming more prevalent post-puberty (Cannon et al., 2013; James et al., 2013; Polanczyk et al., 2015) and this can lead to further problems in a number of areas: school attainment, development of peer relationships and family functioning (Davies et al., 2008; Ingul & Nordahl, 2013). If left unresolved adolescent anxiety can become even more entrenched leading to a clinical diagnosis in adulthood (Kessler & Üstün, 2004; Muris, 2006).

Psychological interventions are therefore required to treat these levels of anxiety before they become problematic in adulthood (Reynolds et al., 2012) but resources are often limited leaving many YP without specialist support (Merikangas et al., 2011). For example, over a quarter of referrals to children's specialist mental health services were rejected in 2018-2019 (Crenna-Jennings & Hutchinson, 2020). One effective intervention outlined by the National Institute for Health and Care Excellence (NICE) is cognitive behaviour therapy (CBT) viewed as the first-line treatment for anxiety in adolescence (James et al., 2013; James et al., 2005). This has led to the launching of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) but the demands for face-to-face therapy have surpassed the levels of capacity initially envisaged (Fonagy et al., 2017; Ludlow et al., 2020). To cope with the increased demand in services, digital interventions have been launched to meet the needs of a computer literate generation (Graham

& Reynolds, 2013; Stallard, 2013) with an increased interest in the use of digital and online technologies to meet the needs of CYP who have anxiety (Ebert et al., 2015; Grist et al., 2019; Hollis et al., 2017; Pennant et al., 2015; Riper et al., 2010). A further dynamic shaping this demand has been the impact of COVID-19 which has resulted in school closures, thereby increasing individual isolation due to reduced opportunities for socialisation for CYP. As a result, many educational and therapeutic services have moved online in order to deliver services to vulnerable YP (Golberstein et al., 2020; Sancı, 2020).

Digital well-being services are deemed to provide support on a flexible basis, as they offer anonymity, scalable services, low-cost implementation, ways to monitor well-being and access to support when needed (Hetrick et al., 2018). Digital technology can be divided crudely into two main types: computerised CBT (cCBT) and internet-based CBT (iCBT) (Andersson et al., 2016). cCBT can be provided offline, whereas iCBT can be provided only online. Internet-based CBT (iCBT) is stated to be effective (Andersson et al., 2016) for reducing symptoms for phobias and depression and generating recovery (Merry et al., 2012; Vigerland et al., 2013; Vigerland et al., 2016a; Vigerland et al., 2016b). iCBT interventions, similar to face-to-face CBT, are delivered in modules on a weekly basis (Andersson & Titov, 2014; Spence et al., 2020) and the research has shown that their impact has been promising as an efficient, cost-effective and non-stigmatising form of therapy (Hill et al., 2018; Jolstedt et al., 2018). In these sessions YP can learn various techniques, strategies and activities to manage their anxiety which they can draw upon within their everyday lives in an accessible, anonymous, flexible and interactive way (Christensen et al., 2014; Hetrick et al., 2018; Sauter et al., 2009). This way of providing support may be more relevant to a population who are familiar with digital technology when seeking advice as they can access the support immediately (Stallard et al., 2010b; Stallard et al., 2018).

The evidence that iCBT shows efficacy for adults with anxiety has grown substantially (Andersson et al., 2016; Richards et al., 2015). Evidence is also beginning to emerge regarding the efficacy and effectiveness of iCBT for YP, including reductions in anxiety and depressive symptoms as compared to those not receiving iCBT. In six meta-analyses, iCBT has shown small to moderate reductions of anxiety and depressive symptoms when compared to non-treatment groups (Ebert et al., 2015; Hollis et al., 2017; Pennant et al., 2015; Podina et al., 2016; Ye et al., 2014; Ye et al., 2015). Furthermore, iCBT programmes for YP show promising effectiveness and efficacy (Ebert et al., 2015; Hollis et al., 2017; Pennant et al., 2015; Podina et al., 2016). These iCBT programmes have included randomized control trials for iCBT in treating anxiety and depression, using eight to 27 studies in each meta-review and including a range of iCBT programmes for different levels of difficulties showing a high quality of research. The wide range of available iCBT programmes leads to issues in comparing their effectiveness and efficacy. These issues include: the different number of sessions used within these programmes, with some programmes having only 6 sessions and

other programmes with up to 20 sessions; the different ages of the participants using the programmes including children under 11 years old to young adults at 18 years old; the different theoretical underpinnings used within the programme, with some exploring situations from their users' experiences in the past and other programmes exploring how users manage their difficulties at the present time; how the programmes were implemented, as some were monitored by professionals and others were guided only by the person using the programmes; and the different measures used to evaluate the programmes, for example only using symptom based measures. Therefore, the gaps in the literature involve implementation and how YP benefit within the programmes. Hence, it is essential to understand the YP's experiences in these iCBT programmes and doing so could provide insight into what YP find effective and help to improve the efficacy of the programme.

iCBT for YP requires a considered reflection on the programme design in terms of its age-appropriateness, use of language (such as reading levels), degrees of personalisation, the tailoring of content and design layout to increase efficacy and effectiveness (Radomski et al., 2019; Radomski, 2019; Sauter et al., 2009). The designs of iCBT programmes differ greatly, with some emphasising exposure activities (Newton et al., 2016; Radomski, 2019; Vigerland et al., 2016a; Vigerland et al., 2016b) whilst others promote psychoeducational, self-monitoring and cognitive strategies (Calear et al., 2016; Hill et al., 2018). It means there is a lack of standardisation in the delivery of these programmes.

Well-being interventions within schools are being launched (Murphy et al., 2017) but there is a dearth of research which demonstrates their overall effectiveness in this setting. One of the positive aspects of these interventions is their flexibility; as iCBT programmes they can be delivered in secondary schools and facilitated by school staff which means that educators can play an important role (Lyon & Bruns, 2019). However, it has been noted there have been a number of challenges that have arisen in their implementation (Fixsen et al., 2010; Forman & Barakat, 2011) and this requires careful reflection on how they are being implemented and delivered (Kelly & Perkins, 2012). For example, it has been noted that a successful implementation of school-based CBT requires a need for a more robust organisational structure along with greater administrative support (Langley et al., 2010) as the interventions are based on implementing 8-12 sessions to help reduce anxiety (Werner-Seidler et al., 2017). It is therefore important that schools are provided with appropriate training and resources to provide practical and effective evidence-based programmes for YP (Haugland et al., 2017; Husabo et al., 2020).

Although previous research has been conducted on the effectiveness of the factors influencing an optimum delivery of iCBT, less is known about the experience of using these programmes in schools (Ly et al., 2015). In a review it appears that the current literature regarding

the experiences of YP using iCBT is scarce (Lenhard et al., 2016; Radomski, 2019). It is important that CYP are consulted and their perspectives are incorporated into the design of the envisaged iCBT interventions. YP's perspectives on the design, technical functionality and content of iCBT interventions are important for ensuring that enhanced programmes lead to better treatment outcomes (Grist et al., 2019). Correspondingly, more research is required to understand how iCBT is being experienced by YP along with the staff who facilitate these programmes. Therefore, robust research evaluations are required to gain an insight into how YP are experiencing these 'online therapeutic programmes' in schools (Grist et al., 2019).

### **2.1.2 Self-determination theory**

Self-determination theory (SDT) is a motivation theory used to develop intervention strategies to improve YP motivation in classes (Amado et al., 2014; Cheon & Reeve, 2015). According to SDT, humans have three basic psychological needs: competence, autonomy and relatedness (Deci & Ryan, 2000; Ryan & Deci, 2000a). A human's satisfaction is related to the development of intrinsic autonomous forms of motivation, such as participating in an activity for their own pleasure. This autonomy refers to performing actions and freely making choices. Competence is identified as the feelings when someone feels they can effectively continue despite challenge, and be able to exercise their capabilities. Relatedness is concerned with connection and socialising with others. YP need to feel competent, autonomous and related to an iCBT programme for them to participate successfully.

### **2.1.3 Current study**

The current research is a qualitative study that was nested within a larger pilot intervention trial aiming to evaluate the effectiveness of a newly developed school-based iCBT programme "Braive-Managing Anxiety for Youth" (B-MAY). B-MAY is designed to reduce anxiety and enhance the academic functioning and self-efficacy of the YP who participate in the programme. The trial was part of a collaboration between the University of Southampton, a local authority (LA) educational psychology service (EPS) based in the South of England and the company Braive (<https://braive.com>). Braive is an independent company providing iCBT programmes for well-being issues such as depression, anxiety and work-related stress by offering various e-learning tools to provide therapeutic support.

The B-MAY programme was initially aimed to support adults who have a generalised anxiety disorder (GAD) and has since been reconfigured for schools to support YP with anxiety in Years 7-9. It is based on groups of four YP working together on individual computers whilst being supported by a school-based facilitator. The participants have access to an online website, or an

app, and follow a 10-session online programme consisting of weekly sessions lasting approximately 45-60 minutes each. In these sessions the participants engage in watching videos, undertake activities and homework assignments whilst being monitored by filling in information which allows for session check-ups, all of which can be completed online.

The purpose of the main pilot trial was to evaluate the efficacy of B-MAY in reducing anxiety and enhancing academic functioning and self-efficacy (not reported in this thesis), with the qualitative exploration engaging with the participants' experiences of the programme (facilitators and YP, which is the focus of this thesis). From the results the University, EPS and the programme makers can then gain an oversight around its effectiveness when considering a further roll out of the programme within schools. It also allows for any adjustments to be made based upon the research results which means B-MAY could be a valuable addition to existing mental health support in secondary schools.

#### **2.1.4 Aims and objectives**

The aim of this research study was to explore the experiences of school-based facilitators and young people (YP) using the B-MAY programme in order to understand its effectiveness and also reflect on how to optimise any future delivery of B-MAY or similar online therapeutic programmes in schools. The overall research question was:

- What are the experiences of YP and facilitators using the school-based B-MAY programme to reduce YP's anxiety?

There were also two secondary research questions:

1. What are the perceived strengths and barriers for YP and facilitators using the school-based B-MAY programme?
2. What would an 'ideal' internet-based intervention programme for reducing anxiety, delivered within a school context, look like?

## **2.2 Methodology**

### **2.2.1 Participants**

Secondary school special educational needs disabilities coordinators (SENDCos) were responsible for identifying and selecting the student participants, based on their understanding of

## Chapter 2

the pupils' perceived need for ongoing support around generalised anxiety. The recruitment of the participants was therefore purposive and limited to those who were assessed as having anxiety, along with the teaching staff who took part in the programme taking the role of facilitator. Thirty-seven participants (10 facilitators and 27 YP) took part in the main trial and all of these participants were invited to be interviewed as part of this qualitative project (Braun & Clarke, 2019a; Braun & Clarke, 2019b; Guest et al., 2006; Saunders et al., 2018). Of these, one young person declined; one young person changed their mind about participating in the project; one school-based facilitator did not actively participate in the project and therefore was not interviewed; two YP were unwell at the time of interview and one other young person had relocated. The total sample therefore consisted of 31 participants, comprising 22 YP (12 females; 10 males) aged between 12–14 and 9 facilitators (8 females; 1 male) who were interviewed (see Table 5 for participant details). All of the participants were provided with pseudonyms in order to protect their identity and ensure confidentiality. Participants were interviewed between session 8 and 10 of the programme roll out, either just before or after the programme finished (this was due to participants taking slightly different amounts of time to complete the programme).

**Table 5** *Participants details*

### *Participant details (YP and facilitators)*

School	Participants (All names have been changed)	Numbers interviewed	Prior to interviews sessions completed
1	- Trent, Tami, Teddy and Tom - Trudy and Tabetha	- 4 YP - 2 facilitators	- 10 sessions
2	- Penny, Pippa, Peter and Paul - Polly	- 4 YP - 1 facilitator	- 8 sessions - 10 sessions
3	- Ben, Bart, Brody and Britney - Beth	- 4 YP - 1 facilitator	- 8 sessions
4	- Alana, Amy, Abi, Avery and April	- 5 YP	- 10 sessions

	- Alice and Angie	- 2 facilitators	
5	- Harry	- 1 YP	- 10 sessions
	- Henry	- 1 facilitator	
6	- Ray	- 1 YP	- 10 sessions
	- Rachel	- 1 facilitator	
7	- Faith, Flora and Felicity	- 3 YP	- 8 sessions
	- Fran	- 1 facilitator	

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### 2.2.2 Design

The overall study evaluation utilised a mixed method design, which allowed quantitative and qualitative data to be collected sequentially, analysed separately and integrated to interpret findings (Creswell & Plano Clark, 2011). The quantitative component conducted by a different researcher, aimed to explore the effectiveness of a school-based iCBT programme for reducing anxiety, as well as possible secondary benefits, such as enhanced self-efficacy and school attendance. The aim of the qualitative component conducted in this thesis was to explore the experiences of school-based facilitators and YP using the B-MAY programme in order to understand its effectiveness and optimise any future delivery of B-MAY or similar online therapeutic programmes in schools. Using a mixed method approach allowed for rigorous and comprehensive procedures to explore the effectiveness of B-MAY. Such an approach allows for comparisons and triangulations between quantitative and qualitative data and helps understand any contradictions between quantitative and qualitative findings (Flick et al., 2012). In this case, it allowed for engagement from multiple perspectives in order to evaluate the B-MAY programme.

This study reports on the qualitative design part. A qualitative methodology was employed as the research was exploratory and the focus was on engaging with the participants' experiences (Silverstein & Auerbach, 2009; Willig, 2013). A strength of qualitative methods is that it provides greater depth and insight into what occurred so that interventions can be viewed from different angles (Reyes-Portillo et al., 2014). This approach is considered an appropriate method in educational settings as it provides a rich and deep understanding of contextual factors when considering the efficacy of an intervention (McDuffie & Scruggs, 2008). In terms of undertaking a focus group or arranging individual interviews, it has been noted that focus groups may prohibit the disclosure of sensitive information to the interviewer and this was particularly acute given the

need to uphold confidentiality around a sensitive topic (Punch, 2002). It was also felt individual interviews would allow a more in-depth and bespoke exploration as each participant’s experience would differ (Denscombe, 2003) potentially generating multiple perspectives (Fern, 1982; Heary & Hennessy, 2006).

In order to capture participants’ experiences of the B-MAY programme, a semi-structured interview was undertaken and a process of co-construction was then drawn upon to understand the world from the participants’ perspective (Boyatzis, 1998; Mertens, 2014). This approach was inductive (an evolving process where the focus is on the meaning making of the participants rather than imposing a pre-existing framework upon them (Braun & Clarke, 2006; Willig, 2013). Their views were gathered about the B-MAY programme. The interview schedule allowed for flexibility to depart from the preconfigured interview questions when required as each participant had their individual perspective which they wished to articulate (Creswell et al., 2007; Willig, 2013). The interviews therefore included a range of open-ended questions to elicit experiences and opinions. My epistemology and ontological position has been outlined in Table 6.

**Table 6**            *Summary of epistemology and ontological position*

*Summary of epistemology and ontological position*

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- **Epistemology** relates to the way the researcher is able to make truth claims based on the type of investigation they are involved in. Their philosophical position influences how a researcher’s interpretation shapes the research findings and requires reflexivity (Willig, 2013). This study was based within a social constructionist epistemological stance: people make sense of their experiences within an ongoing dialogue around what has taken place, drawing upon their personal stories which are constructed in relation to the wider world they are situated within (Cisneros-Puebla, 2007; Kim, 2001; Raskin, 2008). Social constructionism focuses on social processes (relational and dialogic) where individuals construct their meaning making within an ongoing dialogue with others and therefore knowledge is co-constructed (Burr, 2015; Castelló & Botella, 2006). This epistemological method allows for an inquiry-based approach, drawing upon a collaborative process operating between the researcher and participants in the development of knowledge (Fuller & Loogma, 2009; McNamee & Hosking, 2012).
- The **ontological** assumption adopted within this research was relativist. This presupposes reality to be multiple and relational as each individual operates with a



wider social context where they make sense of their individual experiences within a continuous process of meaning making (Denzin et al., 2017). For research, there is a requirement to acknowledge the complex and multi-layered nature of reality and engaging with this complexity means looking at how it is constructed from many different perspectives (Guba & Lincoln, 1994; Parker, 2004). By understanding that each person's experiences are constructed differently the focus is on both the similarities and divergences in each experience. From the analysis of these dynamics, and by drawing upon an inductive method, the links between individual experiences to a wider social dynamic can therefore be understood whilst at the same time being acutely aware that these dynamics are forever in flux (Berger et al., 1966).

- As outlined by Braun and Clarke (2013) the **researcher's position** is not neutral and distanced from the research and this requires ongoing reflexivity which means reflecting on my own values and perspectives. This was undertaken by engaging in continuous reflexivity to ensure that "I" as the researcher did not impose my own reflected values and biases upon the data in order to ensure it fitted a pre-existing template. I have been prepared to question my own method, approach and analysis for the validity of the research (Kvale & Brinkmann, 2009), which means thinking about my own values and beliefs which may produce bias (Van Dijk, 1997). As someone approaching the research within a role as a trainee educational psychologist, my interaction with the participants is shaped by my professional interest in supporting CYP to achieve a more enhanced form of emotional well-being as well as my personal interest in CBT. In an analysis of the transcripts, I am aware of the differences and divergences in relation to the participants in role, age and gender. This may mean that my social reality and world views are different to many of the participants, and this will influence how I interpret the data (Palaganas et al., 2017). A reflective journal and regular reflective supervision were used to explore my subjective experience within the research.
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### 2.2.3 Materials

The present study used qualitative interviews to explore the research questions and two individual semi-structured interview schedules were specifically designed from the outset (see Appendix I and J). These were developed in consultation with a research supervisor who had previous experience of conducting qualitative interviews. The interview schedules were constructed to include broad, open-ended questions with follow-up prompts (Braun & Clarke,

2013). Each interview ended with a final question of whether participants felt their experiences of the school-based iCBT programme had been covered. Table 7 outlines the design of these interview schedules. These interview schedules were piloted prior to commencing the research with two family members (two females aged 13 and 29) of the researcher where a hypothetical programme was discussed. These pilot interviews were audio-recorded using an electronic recording device and reviewed by the researcher and research supervisor to ensure they were considered appropriate and effective in engaging a discussion by ensuring the questions were clear and as neutral as possible.

**Table 7**            *Summary of interview schedules*

*Summary of interview schedules*

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1.            Facilitator interview schedule

This was designed to allow school staff to share their experiences of supporting YP with the B-MAY programme. The schedule included seven broad areas with follow-up questions. Interviews began by asking facilitators what they expected from the school-based iCBT programme. It then moved on to discussions about their experiences of the programme, any problems they experienced, what they liked about the programme, any concerns they had about the programme, potential changes they had noticed in the YP and any feedback they would give to the designers of the B-MAY programme and other schools thinking of using school-based iCBT programmes.

2.            Young person interview schedule

This included a participatory communication activity. This was a modified version of ‘the ideal self’ (Moran, 2001) based upon the principles of personal construct psychology (Kelly, 1955), named the ‘ideal iCBT programme’. Young people were provided with blank paper and coloured pens and asked to either draw or write about the B-MAY iCBT programme and then their ideal iCBT programme. The researcher prompted questions as the participants drew or wrote. Once completed, these were compared with each other if necessary. This participatory technique was used to try to help break down the power imbalances between the researcher and the interviewee (Thomas & O’Kane, 1998). The activity aimed to increase the young people’s enjoyment, engagement and perceived control (they had a choice if they wanted to draw or write to help encourage

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communication). All YP preferred to initially write down the functions of the B-MAY iCBT programme and their ideal iCBT programme, then discuss their experiences with the interviewer. None of the YP drew anything.

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#### 2.2.4 Ethics

The University of Southampton ethics committee and research governance (ERGO number: 46855.A2) granted ethical approval for this project (see Appendix K). Informed consent was gained from school headteachers, key staff members, facilitators and parents (Appendices L, M, N and O). The YP were provided with an information sheet (Appendix P) beforehand and they could decide whether to participate or not in the research on that basis. Parents were also sent an information sheet (see Appendix Q) and asked to consent to their children taking part. Confidentiality and anonymity were explained to all of the participants, both within the information sheets and in person verbally. All participants had the right to withdraw from the study at any time.

There was a risk that the interviews could cause participants further anxiety (Liamputtong, 2007) and it was agreed that I could draw on my therapeutic skills with CYP to provide a safe atmosphere when asking the questions. It meant being aware of the emotional stressors, noting body language and reflecting on what was taking place within the communication throughout the interview. It was explained to participants that they could stop the interview at any time if they felt uncomfortable or upset. Furthermore, a verbal debrief was deemed essential along with the provision of a debrief sheet (see Appendix R) undertaken with the facilitators and the YP at the end of the interview, which showed what support was available.

Further ethical considerations were raised around the B-MAY programme being produced by a privately funded service called Braive. The B-MAY programme was sourced by an LA EPS in the south of England, who negotiated a total sum with Braive to implement the pilot project. Schools did not purchase the programme, and they opted to be part of the project if they felt it was relevant to them. The project had to be authorised by the head teacher of each school. The EPS wanted to evaluate the B-MAY programme's effectiveness in order to determine the feasibility of rolling out the project in the future. The EPS worked closely with the University of Southampton to consider how to evaluate the programme. The evaluation method was suggested by one of the research supervisors, who worked in the EPS in the south of England; however, they were only involved in setting up the project and commenting on the written study. The company Braive did not have any input on how the study was designed or on the main study findings. The researchers only had correspondence with the EPS and not with the makers of B-MAY. The

findings showed no bias, as evaluated independently by university researchers. Two schools that participated in the project highlighted an additional ethical consideration. They requested a familiar staff member present in the room with the YP when the researcher interviewed them, to which the researcher agreed.

### **2.2.5 Procedure**

Seven secondary schools (approached by the EPS of one local authority) agreed to commence the programme in April 2019 and staff from each school were invited by the EPS to attend a facilitators' day on 13 March 2019. The EPS provided training on how to set up and deliver B-MAY and the researchers presented their plans for this trial study. In March 2019, the researchers sent an electronic and postal research pack to the SENDCo of each participating school, including both the quantitative and qualitative elements of the project (the quantitative element was carried out by another TEP). The participating schools were then sent further information which included letters and consent forms (Appendix L-Q) that were to be discussed with parents of the YP who were identified as having anxiety issues. These were completed prior to the start of the programme. Participating schools then ran the B-MAY intervention. Before the end of the programme, facilitators were contacted to arrange a convenient time for interviews to take place and all interviews were conducted between 9 July 2019 and 18 July 2019 in a quiet room at the participants' schools.

At the start of the individual interviews, each participant was welcomed and the researcher introduced themselves and engaged in an informal discussion to build rapport and help the participants to feel relaxed. The researcher reviewed a consent or assent form with each participant at the start of the interview (see Appendices J and L) and checked if the participant was able, willing and happy to proceed, reminding them of their right to withdraw. Participants were informed that the interviews would be audio recorded, held securely and transcribed verbatim. Then, once transcription was complete, the audio recordings were deleted. Participants were assured anonymity and confidentiality but were informed that should they disclose anything that indicated they, or others, might be at risk of harm, this would be passed onto a safeguarding lead within school. Participants were also given the opportunity to ask questions before the interviews started.

The researcher followed a semi-structured interview schedule (Appendix I & J) and asked follow-up questions to explore ideas when needed. Questions that were difficult to understand were explained using alternative simpler vocabulary. Once the interviews were complete, participants were thanked for their time and invited to ask any questions. The researcher made anonymous notes after each interview in a reflective journal to record anything that might not be

captured during transcription. Each participant received a debrief sheet when they completed the quantitative part in the follow-up of the programme (Appendices R). Participants were presented with a £5 Amazon voucher as a thank you for taking part in the research.

The audio recordings from each interview were immediately transferred to a folder on a university-issued password-protected laptop which was accessible only to the researcher. Each individual audio file was then password protected. All data was held in accordance with General Data Protection Regulations (GDPR) (Macenaite, 2017). The audio recordings were listened to and transcribed verbatim by the researcher using Microsoft Word. The researcher reviewed the audio recordings and transcriptions to ensure accuracy and then the audio recordings of interviews were deleted.

The guidance on data saturation, referring to the point at which newly collected codes or themes would not provide any further information for the investigation, was not followed (Mason, 2010). Historically, the thematic analysis research has referenced data saturation widely; nonetheless, the concept has come under scrutiny and been challenged (Low, 2019). Researchers have tried to provide concrete guidance on how many interviews is enough for data saturation. However, disagreements between researchers show that data saturation is not consistent with reflexive thematic analysis because the idea of how many data items would result in saturation is subjective idea and cannot be determined prior to the analysis (Braun & Clarke, 2021). The researcher deemed the data would continue to provide new information across a wide range of schools and participants, based on the study type (Saunders et al., 2017; Braun & Clarke, 2006). Moreover, the researcher had made a prearranged plan and schedule to interview the participants at particular times/dates. Therefore, it would have been difficult to identify when data saturation would have occurred.

### **2.2.6 Data analysis**

A reflexive thematic analysis was used to code and identify the themes by drawing upon the participants' perceptions and experiences (Braun & Clarke, 2006; Braun & Clarke, 2013; Braun & Clarke, 2019a; Clarke et al., 2015; Clarke & Braun, 2017; Clarke & Braun, 2018). Thematic analysis focuses on interpreting and understanding the data by building from an inductive method, initially coding the data to then think and reflect upon it to develop the main themes, based upon mapping the way participants make sense of their experiences (Maguire & Delahunt, 2017). The themes are composed of various codes which underpin their formation, and these are derived from the data extracts.

The interview transcripts were analysed using an inductive reflexive thematic analysis. It was chosen as a clear and structured approach where dominant themes were identified (Braun &

Clarke, 2006; Braun & Clarke, 2013; Charmaz, 2006). The six-stage approach to thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2013) was used as a guide together with the coding procedures (Saldaña, 2015). Both frameworks allow for reflexivity and flexibility as data was gathered and analysed at different stages (Patton, 1990). NVivo (version 12.6), a qualitative data analysis software package, was used to help organise the transcripts and code transcripts in a ‘codebook’ approach that combines the structured coding procedures of thematic analysis and a contextual nature of meaning. These stages have been outlined in Table 8. See example coding in Appendix V taken from NVivo and examples transcripts in Appendix W of a young person and facilitator.

**Table 8**            *Thematic analysis summary*

*Summary of the six phases of thematic analysis proposed by Braun and Clarke (2006), as applied to the current analysis*

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1.	Familiarisation with the data
	<p>The researcher actively immersed themselves within the data by initially reading and rereading through the transcripts (Lapadat &amp; Lindsay, 1999; Willig, 2013). The transcripts were reviewed in blocks: block 1 consisted of reading the YP’s interviews and block 2 consisted of reading the facilitators’ interviews. Each transcript was read line-by-line several times to ensure a high-level of familiarity. Notes of initial ideas were made using post-it notes and creating mind maps. These consisted of semantic extracts line-by-line (exploring explicit meaning) and latent (implicit meaning) level extracts, too (Braun &amp; Clarke, 2006; Clarke &amp; Braun, 2017). The reflective journal was cross-referenced in a reflexive iterative process when reviewing transcripts to remind the researcher of their initial impressions of the participants and how they articulated their views.</p>
2.	Generation of initial codes
	<p>After the transcripts were imported into NVivo 12, open coding was carried out separately in the two blocks. The researcher identified basic units of meaning within the transcripts in a systematic way, noting codes based on participants’ accounts and relating this to the research questions where appropriate (Willig, 2013). This was presented and discussed with the researcher’s supervisors. The process evaluation of complex interventions was then drawn upon as a framework (Moore et al., 2015) to help identify codes within the intervention. A second level of coding was completed, and patterns were identified using this process evaluation framework and an initial YP and facilitator coding map was</p>

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developed by the researcher and presented and discussed with research supervisors for quality assurance. NVivo was used to record code title and frequency which created a hierarchy of codes (Willig, 2013), helping to create an initial codebook.

### 3. Searching for themes

The codebook and maps were discussed and re-evaluated in discussions with the researcher's supervisors. The similarities between the coding map from the facilitators and that of the YP resulted in decision with researcher and their research supervisors to group the codes together from the YP and facilitators, as it better captured important information from the data. The YP' and facilitators' maps and codebooks were collated due to the similarities between the documents. There was a lack of variability, and the researcher felt the facilitators' maps and codes mapped onto those for the YP. Therefore, the maps and codebooks were combined to provide a richer picture of the findings. Further patterns of meaning across the codes were recognised once the maps and codes were combined. Themes and different levels of themes began to be generated from the data in an active process by the researcher (Braun & Clarke, 2019a). These were compared and cross-referenced across the transcripts to ensure the themes were sensitive to the data.

### 4. Reviewing themes

A revised coding manual was made using extracts. The original codes were combined/clustered, divided, linked or removed throughout the process depending on what was found in the data (Joffe & Yardley, 2004). Themes were constructed, checked and altered through checking the codes in each transcript and re-checking if there was a clear distinction across the transcripts. Some themes were considered higher-order themes depending on their relationship to each other. To represent the themes and subthemes graphically, a thematic map was created and refined several times (journey shown in Appendix X).

### 5. Defining and naming themes

The themes were continually compared with the coded interview transcripts. A thematic map was created and discussed with research supervisors and amendments were made following several discussions. The coding manual was continually assessed and reassessed in how the themes were being applied to the raw data. A final coding manual (see Appendix Y) was applied across all the transcripts with clear definitions for each theme and subtheme to produce a coherent narrative using the chosen data extracts. A final thematic map was then created (Figure 2).

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6. Producing the report findings

The agreed themes and subtheme development were guided by the reflexive thematic analysis procedure (Braun & Clarke, 2019a). The final step involved presenting findings in a detailed and meaningful way in accordance with the research questions and objectives, as shown in remaining part of this thesis.

The researcher was responsible for coding all the data to ensure the trustworthiness and rigour of the research (Mays & Pope, 2000). The researcher drew on the concept of trustworthiness (Lincoln & Guba, 1986) to ensure their readers of the acceptability and usefulness of the research (Nowell & Albrecht, 2019). The criteria for trustworthiness were broken down into 1) credibility, 2) transferability, 3) dependability and 4) confirmability (Lincoln & Guba, 1986). These stages have been outlined in Table 9, along with examples of how these criteria have been met by this piece of research.

**Table 9**                    *Four trustworthiness qualities of qualitative research*

<i>Four trustworthiness qualities of qualitative research, as applied to the current analysis.</i>	
1.	Credibility is defined as how the findings present plausible information drawn from participants’ data and these are understood to be fair interpretations. This was demonstrated through engagement in the data, use of pilot interviews, checking with the research team throughout data collection and about the interpretations and potential findings both in relation to this study and to the main trial. Researcher biases were acknowledged within the supervisory team.
2.	Dependability involves the process of logical, traceable and clear documentation. The researcher provided in-depth methodological descriptions and records of coding procedures to allow other researchers to replicate the research, if required (Appendix X).
3.	Transferability refers to a detailed description of enquiry. The analysis was conducted by the researcher, independently, with support from their supervisor research team where thinking processes were openly discussed. The findings were compared with those of the main trial (through discussions with the TEP conducting the main quantitative efficacy trial) and similar research. The efficacy trial analysis found that



the B-MAY intervention did not result in significant reduction in anxiety or self-efficacy or attendance (see Appendix Z for a summary of the quantitative results). Therefore part of this qualitative analysis was to explore possible reasons for this/ help understand why this might have been the case.

4. Confirmability means demonstrating an audit trail of the research. The researcher has tried to establish a trail of interpretation and findings derived from the data through findings, reflective journal and ongoing discussions.
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## 2.3 Findings

A thematic analysis identified four main themes and thirteen subthemes encompassing the YP's and facilitators' views of B-MAY and school-based iCBT programmes (see a thematic map in Figure 2). Each subtheme is discussed in turn below with examples of coded-text segments. Within the themes, any perceived strengths and barriers for YP and facilitators using the school-based iCBT programme have been identified and summarised (Table 10). The suggestions for what might comprise an ideal YP school-based online intervention programme are then presented (Table 11).



**Figure 2.** *Thematic map (four overarching themes and thirteen subthemes)*



### **2.3.1 Theme one: hopes for programme**

This theme describes the participants' beliefs about what the B-MAY programme would offer and what they wanted in their 'ideal programme' for reducing anxiety. Participants discussed the need for 'accessibility' and 'tailoring' within the programme and their desire for 'privacy'.

#### **2.3.1.1 Subtheme: accessibility**

The YP discussed their hopes for the programme highlighting they should be able to choose when and where they could work on it with access to immediate strategies for dealing with anxiety provoking situations. They described wanting programme tabs or sections where "[you] press on it and then you see the techniques to help with it..." (Flora, young person) such as breathing techniques along with an insight into why they were panicking. The YP stated that the B-MAY programme was accessible, however, it could also be improved.

One drawback was that the B-MAY programme required a session-by-session commitment which meant, for example, that session three could not be accessed unless both session one and session two had been completed. Facilitators also highlighted that the programme needed to be more flexible to meet specific needs at a particular juncture rather than offering a manualised 10-week process which was generic:

Well, I would imagine that if a student was dealing with a particular issue at a particular time, we might try to focus on that specifically, rather than in the 10-week programme we had... It didn't necessarily always match up precisely with what the student's feeling, what they needed or where they were at. (Henry, facilitator)

Whilst this facilitator (Henry) highlighted one particular perspective another facilitator (Polly), stated that it teaches "...key ideas in an accessible way without being patronising" (Polly, facilitator). The YP however raised concerns that it was not easily accessible and used jargon that was not school-related such as 'ruminate' or 'intolerant'. There were also age-related differences

around accessibility as two facilitators stated that it was less accessible for YP aged 12-13 years and appeared aimed at those aged 14 or above.

It was also noted there was a need to access wider support networks such as telephone counselling to discuss certain confidential issues or to access online counsellors through a chat system. It was also highlighted that anonymised peer support groups could also provide a way of sharing individual experiences with other young people in order:

To be able to read and comment on life situations you've had and for others to read and help you with it. It's like, so you might have had a bullying situation or something and you'd like to type it all down and post it. You have to know, like everyone can see it. And if you want to post it in public then people can see it and maybe like relate to it and sort of like comment on it, to try and help you with it. So, it's like sharing your experiences with someone else and then people can comment on it. Then they think about what help you could get from each other and you could see other people's comments as well. (Amy, young person)

The concept of sharing experiences rather than viewing them as individual experiences was therefore deemed as paramount for gaining insight by this YP (Amy). This raised other issues around how the programme was therefore tailored.

### **2.3.1.2 Subtheme: tailoring**

This theme reflects a hope that the programme could become tailored to their particular requirements. The following YP (Brody, Trent) also highlighted a sense of frustration around revealing their experiences without any clear guidance around how this should be undertaken. The programme was highly detailed and at times appeared 'confusing' (Trudy, facilitator). In resolving these issues, the role of the support facilitators appeared essential in clarifying the material with individuals and groups because:

If it was without a teacher (facilitator) it would it be quite a bit harder... So obviously if we had something that we didn't understand, they can come over and explain it to us. They,

I'm not sure if they were given a sheet but they just knew what to do on the website.

(Brody, young person)

Again, the issue of clarity of the programme was raised by Trent who revealed how the facilitators provided prompts around navigating around the site:

The teachers (facilitators) helped us to fill out the answers, so if I could not think of anything, let's say 'I did not like going out by myself', the teachers would say did you feel this or that? So they were there to help me think of more answers.... they always helped you to try and get an answer. It just made it easier, I would write something down, they would ask did you do that, I would think 'oh yeah' I did do that and they would say write it down. (Trent, young person)

The facilitators (Fran, Tabetha) felt their educational role allowed them to tailor and differentiate the material in the programme and then match this to the needs of the YP. As they had background information on the challenges and strengths of the YP they could scaffold them to complete the activities:

I know there were lesson plans in the documents that we were given, but I think any teaching professional, you want to make it your own and you want to tailor it to the group of students that you know. It's thinking about, 'Okay, what's appropriate for them? What will be good in this situation? What do we need to discuss? What don't we need to discuss? How are we going to follow up I think a little bit more closely the outcomes?

(Fran, facilitator)

Fran raises the issue around how to make the programme more salient to the students' experiences and talks about tailoring the programme to their needs. The issue of lack of fluency in reading was also raised by another facilitator (Tabetha) and this meant undertaking a group activity as some YP lacked the ability to work through the programme by themselves.

Obviously for that particular group, there's a couple in there that aren't fluent readers, so we always went through the programme with them. We just start to read it as a group together. Then work individually, you don't have to necessarily share what you're putting

down or anything like that, but it just helped for those that weren't really able to keep up by themselves. (Tabetha, facilitator)

Whilst this support helped the YP to be able to make sense of the programme, the idea of a group reading the instructions together raises further issues around confidentiality as who was accessing the support was no longer confidential.

### **2.3.1.3 Subtheme: privacy**

Issues were raised by the YP around anonymity and privacy and concerns were raised about confidentiality after the data was inputted, especially about who had access to the data and how this was interpreted. This lack of clarity influenced whether the YP could self-disclose any personal information which was potentially sensitive. Overall, the YP discussed a fear of being judged by others and one YP (Pippa) raised concerns about revealing too much about herself: "Sometimes, you might need privacy if you are going through things, like you don't really want to share" (Pippa, young person). In response, one YP (Peter) suggested there should be a 'private' anonymised section which provided one way of resolving this issue:

I would want a safe space, like if you share something on there you can choose if you want to share your thoughts. You might want to cover up your name, say if you want to use a fake name or use real name and express if you want to keep it and then update every so often. Then there could be an option of a padlock to share your things with other people or if you want to keep it locked.... I didn't know if people were going to see it or not. I didn't know if people were going to take it down, like the people who monitor it, saying like 'oh that's not really something to worry about', 'I don't think this is really worth it.' (Peter, young person)

This uncertainty about how the information was later viewed and shared led to two YP dropping out of the programme:

...It was a student who dropped out because he wasn't happy in putting his data on the computers. He wasn't confident with that bit and where it was going. His replacement dropped out a few weeks later for the same reason. (Henry, facilitator)



As the facilitator revealed there was a lack of confidence in the online system as initially this required the students to use their personal mobile phones in order to access it; it meant each person was identified by their number. In trying to remedy this issue, the facilitators tried to ensure the programme was completed on desktop computers in the school computer suites. However, the YP had a heightened awareness of their environmental surroundings when inputting data as it meant thinking about how much they had panicked, felt stressed and their underlying triggers over the past week. Again, a fear of being judged by others was raised, especially if someone viewed their computer and this was raised by two YP (Avery and Peter): “[what] ...if someone were to look at my computer?” (Avery, young person) and “I felt a bit nervous if people looked at my screen and thought differently” (Peter, young person). Confidentiality was breached according to one YP (Trent) who stated “...you would put a lot of the time into it and then someone would see it and tell someone” (Trent, young person). The integrity of the system was therefore questioned as the YP were visible to others. In addition, the YP were excused from lessons to complete the programmes which required them to explain to their teachers and the other pupils the rationale for their exit from the class. Again, this raises issues around confidentiality.

### **2.3.2 Theme two: perceived efficacy of B-MAY**

This theme explored the participants’ perception of the B-MAY programme and if it was deemed as useful for alleviating anxiety drawing from the YP and facilitators’ experiences. Overall, the YP’s perception was influenced by ‘multimedia learning’, along with the ‘helpfulness’ of the programme and ‘evidence of change’.

#### **2.3.2.1 Subtheme: multimedia learning**

Multimedia learning relies on various inputs drawing upon verbal (narration or text) and non-verbal forms (illustration, photograph, animation, video etc.) (Mayer, 2005; Mayer, 2014) and these have been found to facilitate learning (Renkl & Scheiter, 2017; Schroeder & Cenkci, 2018). In response, the programme used different forms of multimedia communication, including animated videos, typing in answers, multiple-choice questions, practical exercises and reading exercises. Individuals’ perception of the B-MAY programme was influenced by their experiences

of the range of multimedia learning techniques and 'interactive' nature within the programme. YP preferred a variety of multimedia learning where they were taught in different ways each session.

In relation to the reading exercises the YP stated they did not want to read long pieces of text, instead they wanted to watch a video or complete an online activity: "I like the fact there was videos, so you could just sit and watch a video, think through it and it sort of explained it more, rather than just sitting there and reading something" (Britney, young person). Videos were seen as being more user friendly as opposed to reading text as noted by one YP (Abi): "... that was sometimes a bit too much" (Abi, young person). This perception was backed by one facilitator who suggested the YP "...needed different ways of learning the same things" (Angie, facilitator) to meet their different learning needs. In response both the YP and facilitators discussed their concerns that the programme was repetitive based on reading about a situation, watching a video and then completing an activity. Other suggestions for engagement entailed the use of variations such as games, videos and bubbles which included information and illustrative photos with much less emphasis on text.

### **2.3.2.2 Subtheme: evidence of change**

Despite the challenges that have been highlighted, a number of positive dynamics were noted around how the YP eventually coped with anxiety. The YP described noticing certain positive changes as they implemented certain strategies discussed in the programme:

I speak to people more, I have the confidence, when I'm out I have the confidence to actually speak. I have changed from using it (B-MAY) ...Yeah, I used the exercises, like the breathing exercises, I used that for a dance show because I really used to panic before them. Well, it stopped me from passing out so that's a good thing. I don't panic as much.  
(Britney, young person)

The breathing exercises were noted as having a practical usefulness which allowed one YP (Britney) to overcome her anxiety before a performance and another YP (Pippa) also highlighted the benefits of this technique: "A couple of weeks ago we had exam week, I used that and felt a lot calmer." Another YP described how they had resolved the anxiety they were facing in the classroom:

I just feel easier on myself. I don't feel as stressed out. I'm okay. Usually it's like when I was in class before the teacher is you shouting at me non-stop, I'd get really stressed out. My anxiety, I have less of it and deal with it better. (Harry, young person)

This YP (Harry) speaks about how he deals with his anxiety and is able to cope much better thereby reducing the overall stress levels in the class. Small changes were also noted by the facilitator (Alice) where "One particular girl for about three weeks, she couldn't come up with a positive, and then for the last three weeks, she has come up with one" (Alice, facilitator). There was however a lack of overall clarity, apart from the breathing techniques, about what was facilitating the change in the YP. There was a sense that the role of the facilitators was vital as the YP were approaching them during the school day to discuss how they managed their anxiety.

### **2.3.2.3 Subtheme: helpfulness**

This theme relates to the quality of the overall content and usefulness of the B-MAY programme and how this influenced perception of the programme as noted by the facilitators (Beth, Polly) as the former stated "I wish they had another 10 sessions" (Beth, facilitator) whilst the latter stated, "it was really valuable just as a standalone [programme]" (Polly, facilitator). The ideas that were outlined within the programme helped them develop their own interventions as they had used some of the programme content for other students who were currently not part of the programme group. Whilst the facilitators discussed its usefulness one YP (Flora) also felt it was beneficial as she:

...worked around my fears instead of changing it, which actually reassured me... it could be helpful in a lot of schools, especially in bigger schools where people probably wouldn't be able to get the support they needed... (Flora, young person).

Flora felt reassured around her fears and noted a positive effect, also noting that the programme would be useful in schools that lacked resources because there was insufficient support.

### **2.3.3 Theme three: ease of use**

This theme refers to the extent to which YP can use the programme to reduce their anxiety. All participants reflected on the ease of use of the 'practical exercises', 'IT and resources', 'programme navigation', 'pace within the programme' and its 'scheduling'.

#### **2.3.3.1 Subtheme: practical exercises**

The focus of the theme refers to the different exercises and techniques that were part of the programme, including session check-ins, mindfulness, breathing exercises, the observation model, videos, progressive muscle relaxation and various other functions. All the YP described different practical techniques within the programme that suited them more than others and this highlighted the need for a bespoke form of support. There were some difficulties however as the facilitators noted that certain techniques, such as the progressive muscle-relaxation technique, made the YP self-conscious. Instead, it highlighted that simple to follow exercises such as the controlled breathing techniques, the stress bucket and the imagination exercises, where the participant floated away or were engaged in letting their problems float away, were particularly useful.

When the YP and facilitators were asked to comment about what they recollected as most notable, the B-MAY videos were cited as being easy to understand and one YP (Tom) stated that "...they explained how it was through picture; they did scenarios that explained what people go through" (Tom, young person). Similarly, Polly a facilitator also highlighted that: "The videos gave a little bit of clarification and some information which we went through together" (Polly, facilitator). Another YP (Britney provided further elaboration as she stated:

I like the fact there was videos. You could just sit and watch a video and think through it as it explained it more, rather than just sitting there and reading something. I like how it was set up and slowly eased you into it, it wasn't just write down a situation. It first makes you think about it and then write it down. Then you put it into like an observation model." (Britney, young person)

The video provided a way to ease her into thinking about her situation and allowed her to move into an observation model. Rather than react through writing, she was given time to think and reflect.

### **2.3.3.2 Subtheme: programme navigation**

This theme refers to the functionality of moving around the B-MAY programme and a number of navigation challenges were cited as frustrating (Tom) in having to scroll up and down or to go backwards to access the appropriate content material. Two YP (Flora, Bart) suggested improvements to the programme as it required:

...more of a drop down menu of things, like sections on Facebook and then a section of why things happen. I feel like then I would be able to access information I need quicker and I know exactly what I want to find. (Flora, young person)

Flora outlines she already uses Facebook and was used to this model as it has a drop-down menu whilst Bart stated:

I think having a menu selecting the week would be better. I'm not sure if there was one but I couldn't find one. So having a more accessible sort of menu bar, like a tab at the top. So maybe a lessons tab and then you would click on that and it would list the different lessons like week 1 and week 2. That would be good touch. (Bart, young person)

Other YP also suggested a 'how-to-use' or manual alongside the programme to help with navigation. This echoes with their current knowledge of how social media applications are designed. There is a contrast as the facilitators described the layout and programme as being easy to use, the YP in comparison appeared to be more familiar with other programme layouts which they found more accessible.

### **2.3.3.3 Subtheme: IT (information technology) and resources**

IT entails thinking about the different types of computer technology along with the supply of computers that are also available to use. There were a number of resource difficulties that arose such as being able to access and set up specialist equipment. This resulted in the facilitators

having to either contact the school IT specialists or programme makers for further advice. Another drawback as outlined by one YP (Brody) is that the participants had to provide their own personal headphones:

The teacher had to play the videos because our computers in school don't allow us to watch a video as they turn off the sound and we need to have headphones plugged in to listen to the videos. So the teacher sat at the front to play the videos. This helped as we did not have to find headphones. (Brody, young person)

The school policy had not caught up with this new innovation and it meant that the YP worked in groups rather than as individuals. One facilitator (Fran) describes several initial difficulties that the participants faced when setting up the programme as there was a lack of IT support:

We had huge issues to start with, IT issues that we hadn't anticipated not necessarily linked to B-MAY, but linked to our networks. We couldn't get the emails to work. We had to setup Gmail accounts. Even simple things like the students registering and signing up, the school email system wouldn't accept the ones that were coming in. They blocked them before they even got to the students. IT issues were a huge problem. We thought we would be able to use iPads. I'm new to the school, I trusted that people would say, yes you can use this and it will work. I didn't realise how unreliable it was, we needed to use Chrome, we couldn't use it and it ended up with me facilitating sessions and that's quite often watching from my laptop the films and the students who took part actually doing it on their phones. Originally, we set up that we would use a room that had computers in, then we were in a room on our own. Unfortunately, the computers couldn't facilitate what we needed. (Fran, facilitator)

Another challenge that was faced related to the school infrastructure which militated against the students being able to facilitate the programme whilst other issues were related to the programme design. As a result, the facilitators had to innovate, and this entailed the students using their personal phones. There was a sense that these teething problems had a direct impact upon how the students subsequently reacted to the programme.

#### 2.3.3.4 Subtheme: scheduling

This theme relates to how the initiative was planned and then set up because in retrospect this required a considerable amount of pre-planning including talking to the YP beforehand. It also required creating a schedule to balance the YP's engagement in the school curriculum with their attendance on the programme. One facilitator (Rachel) highlighted it meant that the school needed to think ahead rather than just launch the programme:

It's just the planning and the set-up... Maybe it was partly our fault as well, leaving it quite late, I don't know, to get names. If we're going to do something like this again, we need to think about it right at the beginning of an academic year, and then have those names identified early, and then plan for it, and talk to them, and prepare them for it, possibly. Rather than just say, "This is what we are doing." It all happened quite quickly. Planning and preparation, and to know fully how you're going to carry out, how they going to take part in the groups, what they're going to do... I think, if we were to do it again, we'd choose somebody different to do it so that there's more time dedicated to it... (Rachel, facilitator)

Facilitators also spoke about the various personal time constraints they faced, as in implementing the programme, and these affected how they navigated through the course content. It meant some conversational elements were missed as these facilitators (Tabetha, Beth) noted: "...quite a lot of time that you need to dedicate to the programme... if you've got quite a busy timetable, perhaps is not best for us to do it" (Tabetha, facilitator).

Echoing Rachel, Tabetha noted that there was a need to dedicate time to the programme which meant balancing it against the timetable requirements, and furthermore, it needed someone else other than teachers to run it. This sentiment was also echoed by Beth (facilitator): "...if you need someone to go the extra mile and create a tool that you can write down or something to keep, then it needs more time" (Beth, facilitator).

There were a number of factors therefore that entailed the full benefits of the programme were not rolled out. Firstly, it meant the requirement of a specialist input, someone other than teachers to facilitate the programme. Secondly, the YP were also actively seeking support from

the facilitators outside of the designated classroom activities whilst the facilitators were constrained by the school timetable.

### **2.3.3.5 Subtheme: pace within the programme**

This theme relates to how the programme was spread out and paced. The facilitators said they had to miss out parts of the session to ensure they had time to focus on relaxation techniques, as these were deemed the most important aspects of the intervention as the YP learned to manage anxiety. There was a sense of urgency in the programme's pace and it was noted by one facilitator (Henry) that "...there were too many tasks to complete per session" (Henry, facilitator). The content also varied each session, and the initial session took considerable time to go through whilst the others were less demanding in terms of time.

YP also felt the pace of the sessions varied. Pippa (young person) commented "...there were times where I didn't finish anything. I went off and did it at home" whilst Tami stated "...you need time in the programme to think properly" (Tami, young person). The programme asked the YP to reflect about what arose during the past session, which the participants found difficult to do initially but later they became more proficient. There was also a sense that the YP needed to undertake the activities within their own time as Alana stated:

...sometimes it was hard to catch up because everyone is at different stages of it. It was just I couldn't keep up with some of the things. I found it difficult to remember things. I did it at home, I watched the video. I found I could remember it better. I don't know because we were trying to get to the next activity but I could watch it in my own time. I did it at my own speed. I can go through it in my own time. Yeah, if I have time I would do it again in my own time. (Alana, young person)

The school had focussed upon the YP undertaking the activities within the school day, but Alana felt she was able to complete the activities at her own pace. Another YP (Bart) outlined how he was initially rushing through it and then realised that he was missing out on vital aspects of the programme:



...the pace was a key point, going slowly through it. So you could pick up all the key information off of it rather than rushing through, you may sort of like miss out on key points... As the weeks progressed, I was eventually slowing down and I was becoming more thorough and thinking back, which kind of helped. (Bart, young person)

Bart highlights that it was through reflection that he began to make sense of the various components of the programme as he became more focussed. This assisted him to gain from being involved.

### **2.3.4 Theme four: significance of relationships**

This theme describes the importance of building relationships such as with other pupils and the facilitators.

#### **2.3.4.1 Subtheme: within group**

Whilst Alana highlighted that she wanted to do the programme at home, the group dynamic was also cited as being important. This was because of the issue that they struggled with individually and were reticent to speak about it now appeared as a commonality. The YP shared their experiences within a group setting and appreciated talking to each other about their anxiety and this generated a sense of belonging and support within the group as one YP (Trent) stated “... you see you’re not the only person who thinks like that. Just knowing that you’re not the only person going through this, other people are” (Trent, young person). By speaking to other people in the group they connected to each other (connectedness) and developed a strong bond over time (relatedness). The sense of connection (belonging) also became important as:

I guess it did help being in a group, you could see other people thought the same, you didn't feel left out, you didn't feel I'm the only one experiencing this. I felt like all these people are going through it too. (Paul, young person)

Some facilitators described needing to remove themselves from the group to allow the YP to bond with each other: they felt their presence was a barrier to the group building friendships. YP also described how they had a choice about what they shared in the group and how this

helped them move forward in their thinking. The sharing element helped YP connect with one another and the idea they were not alone in their problems with anxiety made them feel reassured. There was a sense of togetherness being generated and this was also outlined by another YP (Teddy) who stated “... it felt like you could share things without worrying about what people think” (Teddy, young person) and whilst these two participants were male, this was also articulated by a female participant (Pippa) who outlined a sense of interconnectedness which allowed them to support each other: “...if ...someone is going through the same things, you could give them ideas on how to deal with it” (Pippa, young person).

This sense of mutual support therefore was one of the important positive dynamics that arose from undertaking a group activity.

### **2.3.4.2 Subtheme: with facilitator**

This theme reflects on the positive relationships that developed between the facilitators and the YP as the former developed insights into the pupils’ issues. The relationship with the facilitator needed to be at the right level for YP to ensure they were not feeling smothered.

Some YP described that their pre-existing relationships with their facilitators made it easier to relax and bond at the start of the programme, as they did not need to familiarise themselves with someone new. It was highlighted by Pippa, for example, that this form of support was extremely useful as she stated, “It was better for me because she (facilitator) was like there for me when I was in year 7 as I had a rough year.” Knowledge about the development of relationships therefore became key to building up rapport and trust as Flora (YP) stated that the facilitator was engaged in:

...a few get-to-know-me sessions because she was a new teacher as well. She only joined two months ago. We played games to get-to-know-each-other which was nice... She would talk to us which I preferred as she got to know us in-depth. (Flora, young person)

The facilitator and teacher roles therefore began to alter, as the facilitator builds rapport and trust with the students which led to a different form of interaction with the YP. YP described journeys in their relationships, from not knowing their facilitators to having ‘good’ friendships

with them and feeling comfortable. They described how facilitators were available when needed, and supported them during the programme. They appreciated that the facilitators could help resolve problems in person if needed, either before or after the sessions. Facilitators approached the relationship with the group differently: some were actively involved in the programme and intervened in the group to promote engagement. For example, one facilitator spoke about engaging in short chats just before and after the sessions where “...it just helps to develop that positive relationship with the students. It feels nice to help them through it, really” (Tabetha, facilitator). Meanwhile, another facilitator (Polly) also drew upon this form of engagement as she revealed that she: “...encouraged them with chats and through little bits here and there” (Polly, facilitator). Other facilitators’ relationships were enabled through their active participation in the group, from watching the videos with the YP to doing the practical techniques. “I found that, I mean the teacher cared! Like some teachers would just go their emails or something and just leave us to watch the video, like not really caring” (Bart, young person). The fact that the teacher cared was seen as highly positive as opposed to those facilitators who disappeared, and this comment reveals that the YP welcomed the input from the facilitators as opposed to not wanting them to participate within the group.

## 2.4 Discussion

This study explored the experiences of the school-based facilitators along with the YP who participated in the B-MAY programme (iCBT intervention), aiming to reduce the participants' anxiety over a 10-session intervention. It should be noted that the quantitative evaluation of the programme showed no significant improvements in anxiety or self-efficacy or attendance as a result of completing the BMAY programme. The focus was on both the positive outcomes as well as the challenges revealed by the participants after they were interviewed. After undertaking an analysis of their transcripts four key themes were identified: hopes for programme, perceived efficacy of B-MAY, ease of use and significance of relationships (see Figure 2). These themes became the basis for answering the research question(s).

### 2.4.1 Research question 1: What are the experiences of YP and facilitators using a school-based iCBT programme to reduce YP's anxiety?

The findings highlighted that the overall experiences of B-MAY were positive, and this reflects the wider literature that iCBT is useful for mild to moderate issues (Stallard et al., 2010b). Furthermore, the 'perceived efficacy of the B-MAY' intervention improved as the participants familiarised themselves with the programme. This was aided by noticing change within themselves, the use of multimedia learning in the programme and the helpfulness of the programme in their everyday lives. This reflects previous findings where YP had positive experiences of having relative independence from adults and long-term benefits of iCBT (Lenhard et al., 2016).

A unique aspect of this study is that the iCBT programme was used within a school in a small group context, supported by a facilitator. The iCBT programme seemed to require a higher level of facilitator support and some YP reported a perceived lack of support from their facilitator. Furthermore, as the YP and facilitators often had rudimentary computer skills it led to drop out rates as some YP had to work through computer issues without support; this is illustrated by previous research where a lack of support was considered a barrier to people adhering to

computerised mental health programmes (Dane & Schneider, 1998; Donkin et al., 2011; Gerhards et al., 2011). Within the group there was a sense of cohesion and interconnection, as the YP shared their ideas along with experiences and the mutual support that was offered by differing group members was valued by the YP, as shown in previous research where there needed to be balance of autonomy and support (Lenhard et al., 2016).

It was noted there was an initial reticence outlined by the facilitators about undertaking a facilitating role as this impinged upon their other duties as they stated they were not therapists. Despite not being therapists, the YP viewed the facilitators as crucial to the success of this programme, and this backs up the research findings outlined by (Baumeister et al., 2014), which suggests better outcomes for interventions when guidance is included. Although previous research (March et al., 2019) has recommended that a therapist should be introduced mid-treatment, this study highlighted the importance of simply having someone present at all times. This form of support has previously been noted as central (Newby et al., 2014; Robinson et al., 2010) as YP often speak to the facilitators outside of the programme. In the current study, YP spoke of the importance of their relationship with facilitators as it helped support their sense of personal belonging within the group, possibly improving their quality of social connections made within, and outside of, the group (Osterman, 2000). It meant the YP were supported on a continuing basis, and it also meant thinking about being flexible in how the boundaries were applied. Another benefit was that the facilitator was able to step in when issues arose in the school context outside of the B-MAY sessions, so they could provide ongoing helpful prompts and practical advice tailored to the YP's needs. The value of the facilitator role to YP has been recognised, however this increased time demands on the facilitator did interfere with their other everyday responsibilities. Previous research has reported that a blended format of iCBT and in-person sessions was superior to standalone iCBT and face-to-face CBT in reducing anxiety (Sethi et al., 2010; Sethi, 2013; Topooco et al., 2019). It is therefore critical for schools to provide adequate resources, training, support and time for facilitators to fully commit to the programme.

#### **2.4.2 Research question 2: What are the perceived strengths and barriers for YP and facilitators using a school-based iCBT programme?**

This qualitative evaluation of the B-MAY programme provided perceived key strengths and challenges identified by the YP and facilitators (Table 10). These findings highlight opportunities to improve B-MAY or similar iCBT programmes in schools.

The programme provided accessible content on strategies for YP to manage their anxiety. Both the facilitators and the YP noted that the multimedia learning opportunities (session check-ins, observations and videos) were perceived as being useful as they made simple concepts easy to understand. In particular, the videos provided clarity when dealing with real life situations. Sustained engagement in the programme appeared to be influenced by the content. Facilitators and YP found the interface for programme simple and easy to navigate. However, the content was not always considered appropriate; YP found some of the examples and written instructions used within the programme difficult to understand and relate to. The facilitator played a significant role in supporting the YP when content was difficult to understand and provided useful examples and simple terminology. This had an influence on the pace of the programme, as some YP took time to complete parts of the programme and others completed parts of the programme quickly. It was difficult to find a balance of pace given YP's various learning needs. Prior research highlighted the importance of adapting material to the reading level of the individual participants (Martinez et al., 2008). Some facilitators had additional support available from other members of staff, which could have influenced their knowledge and confidence. Facilitators' knowledge and confidence has been identified in existing research as a crucial factor in terms of programme effectiveness (Dane & Schneider, 1998; Taylor et al., 2014), therefore facilitators might benefit from ongoing supervision and training. YP also wanted immediate access to strategies to manage anxiety in times of difficulty, which was not always readily available within the programme as they needed to go through each session one-by-one to reach what they wanted. School-based interventions therefore need to strike a balance between accessible content within the programme and the level of facilitator support required for YP.

The programme allowed an opportunity for YP to notice change in themselves and were able to implement strategies they had learnt in the programme within school. Facilitators also got

an opportunity to either observe or discuss when YP had implemented a strategy. The practical exercises within the programme allowed YP to choose which strategies were relevant to them such as mindfulness, deep breathing, using the observation model or re-watching the videos in times of difficulty. Participants felt positive about the programme being run in schools, consistent with other classroom-based CBT (Shochet et al., 2001; Taylor et al., 2014; Wolfe et al., 2008). Social interaction within the group, and with the facilitator, was important for the YP and helped them to feel at ease, accepted, reassured, develop friendships and feel a sense of belonging as the sessions progressed. They developed an awareness that others were experiencing the same feelings and this helped them to 'normalise' their anxiety, as has been found in other school-based CBT programmes (Rodgers & Dunsmuir, 2015). Within the groups the participants gained mutual support, viewed as one of the key positive outcomes. This form of support entailed positive relationships were built with the facilitators as well as with other YP in the group.

One of the challenges that hampered the smooth running of the programme was a lack of pre-preparation as the facilitators revealed they had underestimated the length of time required to set up the intervention sessions and resources needed within school. Previous research has demonstrated the need for a holistic approach (Shochet & Ham, 2004) prior to launching the intervention and it became clear that communication was key. For example, there was a lack of appropriate equipment as the participants had to use their own headphones because the school did not have any spare ones. Other issues related to timetabling and ensuring the facilitators were released from their classroom duties each session, whilst the B-MAY programme software required continuous up-dating which meant gaining access to passwords. These were not always available, and it took time to update the programme and constant communication with the IT department. Due to the time constraints, it led to abandoning certain aspects of the 10-session programme. School need to ensure time and support networks are appropriately allocated to help implement the intervention

Another barrier for YP using the programme is around the lack of clarity about privacy and confidentiality; YP questioned who had access to their data entered into the programme. Facilitators reported that two YP abandoned the programme because they had concerns around data privacy and some YP wanted to try the programme out at home without anyone seeing their data. Certain safeguards had been put in place, such as the use of anonymous emails, whilst the

YP had signed consent forms to share protocols but still there were ongoing concerns around confidentiality that had not been alleviated. Confidentiality has often been found to be a barrier for YP when accessing other internet-based programmes (Booth et al., 2004; Gulliver et al., 2010). YP have a heightened awareness of privacy and confidentiality which might be useful to incorporate into the programmes YP participate in. Despite these concerns, there was still a sense of positivity among the participants and this echoed other research findings (Shochet et al., 2001; Taylor et al., 2014; Wolfe et al., 2008).

**Table 10** *Perceived strengths and barriers*

*Perceived strengths and barriers to using the school-based iCBT programme.*

Themes identified	Strengths*	Barriers*
Hopes for programme - accessibility	<ul style="list-style-type: none"> <li>• Availability of strategies for managing anxiety (Y,F)</li> <li>• Ensuring strategies are user friendly (F)</li> </ul>	<ul style="list-style-type: none"> <li>• Wanting access to all programme sessions (Y,F)</li> <li>• The unavailable immediate strategies for anxiety (Y)</li> <li>• Needing young person friendly content (Y)</li> <li>• Lack of school-related examples (Y,F)</li> </ul>
Hopes for programme - tailoring	<ul style="list-style-type: none"> <li>• Facilitator support to differentiate content and provide solutions (Y,F)</li> <li>• Sufficient examples (Y,F)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of simplified language (Y,F)</li> <li>• Difficult to understand explanations of activities (Y)</li> </ul>



	<ul style="list-style-type: none"> <li>Facilitators' skillset</li> <li>compliment programme</li> <li>tailoring (Y,F)</li> </ul>	
Hopes for programme - privacy		<ul style="list-style-type: none"> <li>Concerns about anonymity within the programme causing young people to drop out (Y,F)</li> <li>Lack of privacy within the school environment when completing the programme (Y, F)</li> <li>Awareness of others knowing personal information or that they are attending the programme (Y,F)</li> </ul>
Perceived efficacy of Braive - multimedia learning	<ul style="list-style-type: none"> <li>Various teaching methods (Y,F)</li> <li>Use of videos to explain concepts (Y,F)</li> <li>Interactive mix of media within programme (Y,F)</li> <li>Useful sequence of learning content within each session (Y,F)</li> </ul>	<ul style="list-style-type: none"> <li>Some difficulties in reading long paragraphs within the programme (Y)</li> <li>Repetitive sequences of media content within sessions (Y)</li> </ul>
Perceived efficacy of Braive - evidence of change	<ul style="list-style-type: none"> <li>Noticing change within themselves over time (Y,F)</li> </ul>	

	<ul style="list-style-type: none"> <li>• Reflecting within the check-up sessions in the programme (Y)</li> <li>• Implementing the taught strategies to manage anxiety outside the programme (Y,F)</li> </ul>	
Perceived efficacy of Braive - helpfulness	<ul style="list-style-type: none"> <li>• Overall valuable programme (Y,F)</li> <li>• Content usefulness (F)</li> </ul>	
Ease of use - practical exercises	<ul style="list-style-type: none"> <li>• Session check-ins (Y,F)</li> <li>• Mindfulness and breathing exercises (Y,F)</li> <li>• Observation models (Y)</li> <li>• Relating to the videos (Y,F)</li> <li>• Preference for individual practical exercises (Y)</li> </ul>	
Ease of use - programme navigation	<ul style="list-style-type: none"> <li>• Simple interface of the programme (Y,F)</li> <li>• Easier navigation on the programme iPhone and iPad app (Y)</li> </ul>	<ul style="list-style-type: none"> <li>• Confusing functionality within the programme (Y,F)</li> <li>• Time consuming navigation (Y,F)</li> </ul>
Ease of use - IT and resources		<ul style="list-style-type: none"> <li>• Lack of resources within school to implement programme on up-to-date software systems</li> </ul>

		<p>or availability of computers/laptops (Y,F)</p> <ul style="list-style-type: none"> <li>• Requiring access to be granted from IT to use the programme (Y,F)</li> <li>• Teacher could only play videos on their system (Y,F)</li> <li>• Difficulties and time needs to set-up the programme within individual schools (F)</li> </ul>
Ease of use - scheduling	<ul style="list-style-type: none"> <li>• Flexibility in scheduling the programme with students (Y,F)</li> </ul>	<ul style="list-style-type: none"> <li>• Adapting the programme to individual school and student needs (Y,F)</li> <li>• Time constraints within school in implementing and setting up the programme (F)</li> </ul>
Ease of use - pace within the programme	<ul style="list-style-type: none"> <li>• Familiarity and repetitiveness of the programme helped young people to pace themselves within the programme (Y)</li> <li>• Made young people think more widely (Y)</li> <li>• Coming together as a group at different parts of the sessions (Y,F)</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulties in finding the right pace for all young people (Y,F)</li> <li>• Under and over-estimating time it might take to complete activities within the programme sessions (Y,F)</li> <li>• Needing to complete sessions at home (Y)</li> </ul>

Relationships - within group	<ul style="list-style-type: none"> <li>• Sense of belonging created (Y,F)</li> <li>• Reassurance they were not alone (Y)</li> <li>• Strength of friendship bonds created (Y,F)</li> <li>• Being able to choose to share within the group (Y)</li> <li>• Support networks creates (Y,F)</li> </ul>	
Relationships - with facilitator	<ul style="list-style-type: none"> <li>• Forming relatable relationships (Y,F)</li> <li>• Availability to talk to facilitators before and after sessions (Y)</li> </ul>	<ul style="list-style-type: none"> <li>• Knowing the right level of involvement for a facilitator to intervene (F)</li> </ul>

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*\*Type of person who expressed their viewpoint (Y - young people viewpoint, or F - facilitator viewpoint)*

### 2.4.3 Research question 3: What might comprise YP's ideal internet-based intervention programme for reducing anxiety?

All participants shared they had not used another programme like B-MAY and therefore could not compare it with another programme. However, a number of suggestions were put forward around what an ideal programme might look (See Table 11 for further details).

Ideally, YP hoped the programme could be personalised to meet their individual needs. This meant using user-friendly language based on relatable real-life examples. They also wanted

more multimedia learning input such as someone reading out the information along with photographs and illustrations with less text. In particular, the YP wanted gaming technology to enhance the interactive experience. Previous research has incorporated gaming technology into tech-assisted iCBT, which had produced positive outcomes (McCashin et al., 2019). This could help with differentiating the programme to different learning needs for YP.

They also wanted to access strategies which could reduce their anxiety during the day along with access to mental health professionals, online counsellors or telephone services. This could include a referral procedure which is built into the programme. In terms of the information they inputted, they wanted to have a choice around whether to share their information or keep it private. They also requested a more user-friendly format with easily accessible sections which provided further information or explanations of terminology. This raises the importance of pilot testing the programme during development to ensure the interpretation of what is considered user-friendly and the idea of what is private is met.

**Table 11** *Ideal school-based internet-based intervention programme*

*What an ideal young person's school-based internet-based intervention programme might comprise*

Theme	Suggestions included*
Hopes for programme – accessibility	<ul style="list-style-type: none"> <li>• Tabs or sections to access information easily within the programme (Y,F)</li> <li>• Access to immediate strategies to help reduce their anxiety when needed (Y,F)</li> <li>• Personalised programme folder (Y)</li> <li>• Full access to the programme sessions to use as and when needed (Y)</li> <li>• School and young people-related examples within the programme (Y,F)</li> </ul>

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	<ul style="list-style-type: none"> <li>• Young people user-friendly content within the programme (Y,F)</li> <li>• Access to support networks to share experiences with other young people (Y,F)</li> <li>• To be signposted to mental health professionals/services, e.g. online counsellors or telephone services (Y,F)</li> </ul>
Hopes for programme - tailoring	<ul style="list-style-type: none"> <li>• Facilitators to adapt material to young people's needs (Y)</li> </ul>
Hopes for programme - privacy	<ul style="list-style-type: none"> <li>• Choices within the programme to share information or not, e.g. private sections within the programme (Y)</li> <li>• A more private space to complete the programme (Y)</li> </ul>
Perceived efficacy of Braive - multimedia learning	<ul style="list-style-type: none"> <li>• To be able to choose the multimedia learning format for communicating the content to them (Y)</li> <li>• Clear and succinct information to read, e.g. note format (Y,F)</li> <li>• Minimal writing (Y)</li> <li>• Mixture of content to including gaming, videos, information bubbles and illustrative photos (Y,F)</li> </ul>
Perceived efficacy of Braive - evidence of change	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
Perceived efficacy of Braive - helpfulness	<ul style="list-style-type: none"> <li>• Ongoing sessions to be available if needed (F)</li> </ul>
Ease of use - practical exercises	<ul style="list-style-type: none"> <li>• To be able to adapt practical exercises to their needs (Y,F)</li> <li>• Animated video situations (Y,F)</li> </ul>

Ease of use - programme navigation	<ul style="list-style-type: none"> <li>• 'How-to manual' or a drop-down menu for using the programme (Y)</li> </ul>
Ease of use - IT and resources	<ul style="list-style-type: none"> <li>• Fewer IT problems (Y,F)</li> </ul>
Ease of use - scheduling	<ul style="list-style-type: none"> <li>• Facilitators need time to schedule and set-up the programme (F)</li> </ul>
Ease of use - pace within the programme	<ul style="list-style-type: none"> <li>• Ensuring the correct time is allocated between sessions (F)</li> <li>• A variety of content within the programme (Y)</li> <li>• Personalising a programme pace to a user's needs (Y)</li> </ul>
Significance of relationships - within group	<ul style="list-style-type: none"> <li>• Allowing young people to share problems within a group (Y)</li> </ul>
Significance of relationships - with facilitator	<ul style="list-style-type: none"> <li>• Actively involved programme facilitator (Y)</li> </ul>

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*\*Type of person who expressed their viewpoint (Y - young person viewpoint, or F - facilitator viewpoint)*

#### **2.4.4 Educational implications**

Most importantly this study highlights the benefits of eliciting both the facilitators' and YP's voices to help understand their views, perceptions and experiences of a school-based iCBT intervention for reducing anxiety. The use of a qualitative research method allowed for the participants to convey their insights beyond the quantitative efficacy of the intervention. By participating in the programme, the YP developed a sense that they were not alone and that others experienced similar feelings which provided a sense of inter-connection and understanding.

The findings of this study are linked to theory (see below) which also provide a particular insight to educator's perception around how to implement these digital interventions successfully within secondary schools. For example, time for pre-planning should be prioritised in order to ensure the appropriate human resources and equipment are allocated prior to launching an intervention. The perception of the programme is key to how the YP then make use of it, whilst another crucial dynamic is the type of relationships that form during the 10-session intervention. Overall, positive perceptions of B-MAY suggest that schools should consider how to offer in-house support for YP with anxiety without relying on external agencies, like CAMHs. The Department for Education (DfE) with the Department of Health and Social Care have been looking at various strategies to enhance emotional well-being amongst young people (Department of Health & Social Care & Department for Education, 2018; Department of Health & Social Care and Department for Education, 2017). B-MAY could provide a next step in transforming children and YP's mental health provisions within schools, as suggested in the green paper.

The role of educational psychologists is important because they can provide support to the facilitators such as facilitating peer supervision, allowing the facilitators to learn from other highly skilled practitioners around how to successfully implement iCBT programmes. For example, they can provide support around safeguarding referrals, dealing with levels of complexity, reassuring facilitators and scaffolding their confidence. They could also create a peer supervisory programme, where experienced facilitators are paired with novices, so the skill base becomes enhanced.

This research project was conceptualised, and the data collection was completed, before the COVID-19 pandemic. Research with adolescents revealed that psychological well-being issues have been exacerbated by the COVID-19 lockdown (Imran et al., 2020; Lee, 2020; Zhou et al., 2020). As many YP have been home schooled through online platforms, there is likely to be greater familiarity, acceptance and digital awareness in using online platforms. Therefore, there is a need for a more substantial roll out of the iCBT programme in order to help alleviate the levels of increased anxiety and identify whether the themes identified still apply.



### 2.4.5 Theoretical implications

Interpreting the study's findings can be achieved through SDT. This relates to how motivated YP were towards engaging and persisting with the programme. SDT suggests that people are naturally intrinsically motivated and this can be enhanced by extrinsic motivators such as rewards. However, YP need to satisfy certain conditions to enhance their motivation. SDT postulates the need to satisfy psychological needs through relatedness, competence and autonomy (Deci & Ryan, 2000; Ryan & Deci, 2000a). Additionally, SDT proposes that connecting with other YP and the facilitators fulfils YP's need for relatedness. YP report that significant relationships with other YP and the facilitators played a crucial role in engagement with B-MAY. It shows that autonomy was supported and fostered by the facilitators and other YP in their group because it allowed for improved self-determination. The B-MAY programme lends itself to encouraging autonomy through allowing YP to complete aspects of the programme in their own time and generates feelings of competence through the repetition of activities. Such a situation shows how autonomy-supporting facilitators can foster self-determination, which can also influence the environment where YP learn (Reeve, 2012). Facilitators can enhance feelings of relatedness to encourage engagement with the B-MAY and YP's overall motivation.

YP also described how they noticed changes which affected their motivation (Theme: perceived efficacy of B-MAY). Such feelings were either described by others, themselves or within the B-MAY programme. The support from others and multimedia learning opportunities has been shown to enhance feelings of relatedness, which can, in turn, improve motivation (Deci & Ryan, 2012). This support helped YP relate to the B-MAY programme. YP also reported receiving support from others outside of the programme who noticed a change in their wellbeing which would positively affect their motivation with the programme. Conversely, YP reported privacy concerns as there were elements of the programme they were unclear about, such as where their information was going and who could access it. This can potentially reduce YP's motivation as they may feel a lack of control (autonomy) and belief in the programme (competency).

The findings from this study showed that all three aspects of SDT could be fostered when using B-MAY. Relatedness could be found through YP's relationships with others in the group and their facilitators. These relationships grew through YP sharing problems and experiences with

other YP and their facilitators. It is considered that interactions within the group were an internal motivation and an external social process of motivation. The groups were connected to facilitators through ongoing acknowledgement, scheduling, support and encouragement. They felt competent using the programme, including the practical exercises of session check-ins and other activities. YP's competence was supported by facilitators engaging in practical exercises and helping YP expand their coping strategies. Finally, there was a sense of autonomy: YP were free to complete or review the programme on an individual basis, choose activities to suit their needs and make choices about whether to share problems with the group.

### **2.4.6 Strengths and limitations**

This study aimed to explore facilitators' and YP's experiences of a school-based iCBT programme and one strength is that it was the first evaluation of the B-MAY 10-session programme in secondary schools. Individual interviews with both programme facilitators and YP enabled a rich understanding of the perceptions and views of both groups and the shared challenges experienced in implementing and engaging in an iCBT programme in schools. Future programmes could be tailored in line with these views by seeking the experiences of the participants who engage in these programmes.

The data analysis and codes within the analysis were shared with the research supervisors to monitor the researcher's objectivity in the process and a reflective journal was kept ensuring interpretation of the data was reflexive. A limitation of the study is that due to time constraints, the data analysis and thematic map were not shared with participants which would have helped to ensure findings were representative of their experiences. However, the findings were shared with the EPS who planned to distribute them more widely.

Currently there is limited research regarding YP and facilitator experiences of iCBT (Weineland et al., 2020) and fewer within schools. The semi-structured interviews were undertaken with the 9 facilitators and 22 YP and this provided rich qualitative data. The sample of YP were well balanced with respect to gender, but all of the participants were White-British from one LA. As the Department of Education (2019) reports that 31.3% of YP in secondary schools are from a minority ethnic origin, the results of this study cannot be assumed to represent the views

of minority ethnic YP and facilitators, and future research should seek to replicate this study within this population across a range of LAs. Culture and ethnicity may be significant variables along with geographic location as CBT rests upon European-American values (Naeem, 2019; Stone et al., 2018). However, CBT aims to modify core beliefs, which can vary across cultures (Tam & Wong, 2007) and has been adapted transculturally with promising results (Amin et al., 2020; Coutinho et al., 2017; Guo & Hanley, 2015; Kananian et al., 2017). However, to the authors knowledge, no studies have been conducted with an ethnically diverse range of YP using iCBT (or CBT).

Another limitation of both this study and previous research is that no socioeconomic status information was formerly gathered about the participants. Access to electronic devices for home-school learning was not readily available for those YP who are from deprived backgrounds (Cullinane & Montacute, 2020) as access to a computer and broadband are significant barriers to accessing internet-based interventions for YP from a low socioeconomic status, which has been increasingly reported during the COVID-19 pandemic (Van Lancker & Parolin, 2020).

This study shows that any comparison between schools and their implementation of the iCBT programme can be problematic as it was noted there were significant variances between facilitators and their role requires standardisation. Analysis showed that these individual variances were apparent and these also shaped the YP's perception of the usefulness of the programme. Findings suggests facilitators' involvement in the programme varied greatly across schools, with some actively being involved with guidance for the YP and others leaving them to complete the programme in their own time. In future, this could be incorporated into the facilitator training.

The long-term impact of the programme also requires further research as this study concentrated on the participants experiences after 8, 9 or 10 sessions. It may be useful to undertake a follow up (e.g. at 3, 6 or 12 months) to ascertain the long-term benefits as opposed to the short-term ones. In this study, the programme was delivered during the last academic term of the year and it is possible that the YP might have forgotten strategies over the summer holidays. This would not have been captured in the interviews as they were conducted before the summer holidays. It should be noted, the quantitative evaluation of the programme showed no

significant improvements after follow-up after the summer holiday. The programme might have been better suited to the first term as YP could implement the strategies throughout the academic year and facilitators could monitor their progress.

Unfortunately, each school showed a lack of understanding of and adherence to the programme's implementation. It was unclear from individual interviews with facilitators and YP how individual schools implemented the programme. The results suggest that the facilitators' commitment varied greatly: some demonstrated a high level of involvement with the YP, while others showed low-level involvement, in which YP were left to complete the programme independently. The quantitative results (as evaluated by a different researcher) showed no significant between-group differences in anxiety, self-efficacy or attendance. The qualitative findings suggest the importance of the relationship with facilitators for implementing the programme and for its impact. The result also suggest the need for clearer instructions and training so that the facilitators can implement the programme successfully. Head teachers could be made more aware of how staff are allocated time to implement the programme in order to ensure its success. Future research could explore programme adherence and assess facilitators' experiences of implementing it with adolescents. Such data would add meaningful value to how YP can be supported effectively.

## **2.5 Conclusion**

This study is the first to explore facilitators' and YP's experiences towards the B-MAY iCBT programme. Given that the main quantitative study yielded non-significant results in reducing anxiety or self-efficacy, this qualitative analysis offers some insight and suggestions for the further development of the programme and for future designs of digital iCBT interventions. Educational psychologists can play an important role in the implementation and design of future iCBT programmes within schools, given their specialist knowledge in understanding wider systems that support YP.

Future research should further explore both qualitative and quantitative evaluations of the programme and examine YP and facilitators' experiences of implementing the programme to understand how they can be supported. This could provide important insights into the effectiveness of B-MAY, which may help better understanding of the support that facilitators and YP might need. This qualitative analysis suggests that B-MAY appears to have some positive benefits for YP and should continue to be offered to schools and supported by EPs. However, further research is needed, as not all YP may benefit equally from B-MAY and the skills required by facilitators to support B-MAY warrants further exploration as this appears pivotal for a successful implementation.



## Appendix A Search terms strategy

### REVIEW SEARCH FINAL

Search terms (16) – removing group and putting it under interventions as a number of relevant journals are not coming up
<p><b>POPULATION:</b> “Adolescen*” OR “young people” OR “young person” OR “teen*” OR “youth*” OR “pupil*” OR “student*” OR “secondary education” OR “middle education” OR “secondary school*” OR “middle school*” <b>AND</b></p> <p><b>INTERVENTION:</b> “school-based intervention” OR “school-based mental health” OR “school program*” OR “school initiative*” OR “school treatment*” OR “school prevention*” OR “school scheme” OR “school-based” OR “school-based counsel*” OR “school-based psychotherapy” OR “school-based therapy” OR “school intervention” OR “school counsel*” OR “school psychotherapy” OR “school therapy” OR “school based intervention” OR “school based mental health” OR “school based” OR “school based counsel*” OR “school based psychotherapy” OR “school based therapy” OR “class* intervention” OR “class* therapy” OR “class* mental health” OR “class* program*” OR “class* initiative” OR “class* treatment” OR “class* counsel*” OR “class* psychotherapy” OR “class* therapy” OR “group counsel*” OR “group therapy” or “group psychotherapy” OR “group-based counsel*” OR “group-based counselling” OR “group-based therapy” OR “group-based psychotherapy” OR “group based counsel*” OR “group based counsel*” OR “group based therapy” or “group based psychotherapy”</p> <p><b>TYPE:</b> “qualitative” OR “mixed method*” <b>AND</b></p> <p><b>CONDITION:</b> “perception*” OR “attitude*” OR “experience*” OR “voice*” <b>AND</b></p> <p><b>CONDITION:</b> “mental health” or “wellbeing” or “well-being” or “psychological health” or “emotional health” OR “well being” OR “mental-health”</p> <p>“GROUP”?</p> <p>(“Adolescen*” OR “young people” OR “young person” OR “teen*” OR “youth*” OR “pupil*” OR “student*” OR “secondary education” OR “middle education” OR “secondary school*” OR “middle school*”) <b>AND</b> (“school-based intervention” OR “school-based mental health” OR “school program*” OR “school initiative*” OR “school treatment*” OR “school prevention*” OR “school scheme” OR “school-based” OR “school-based counsel*” OR “school-based psychotherapy” OR “school-based therapy” OR “school intervention” OR “school counsel*” OR “school psychotherapy” OR “school therapy” OR “school based intervention” OR “school based mental health” OR “school based” OR “school based counsel*” OR “school based psychotherapy” OR “school based therapy” OR “class* intervention” OR “class* therapy” OR “class* mental health” OR “class* program*” OR “class* initiative” OR “class* treatment” OR “class* counsel*” OR “class* psychotherapy” OR “class* therapy” OR “group counsel*” OR “group therapy” or “group psychotherapy”</p>

<b>OR “group-based counsel*” OR “group-based counselling” OR “group-based therapy” OR “group-based psychotherapy” OR “group based counsel*” OR “group based counsel*” OR “group based therapy” or “group based psychotherapy”) AND (“qualitative” OR “mixed method*”) AND (“perception*” OR “attitude*” OR “experience*” OR “voice*”) AND (“mental health” or “wellbeing” or “well-being” or “psychological health” or “emotional health” OR “well being” OR “mental-health”)</b>
<b><i>MEDLINE, APA PsychInfo, APA PsycArticles, CINAHL Plus with Full Text</i></b>
= <i>TOTAL</i> Medline 81 (39 group) APA PsychInfo 405 (156 with group) APA PsycArticles 7 (0 with group) CINAHL Plus with Full Text 84 (43 with group) <i>Web of science - 139 (52 with group)</i> <i>ERIC - 105 (31 with group)</i> Full total = 821

### Search repeated September/ October

Medline 90

APA PsycArticles – 9

CINAHL Plus with Full Text - 98

Web of science - 161

ERIC - 114

APA PsychInfo – 449

Total 921



## Appendix B Excluded papers

References	Reasons for Exclusion
Parsons, A., & Dubrow-Marshall, L. (2019). "I'm able to put my thoughts into picturing them physically"-Phenomenological experiences of Dance Movement Psychotherapy in a Secondary School: Unexpected empowerment over external contingency. <i>The Arts in Psychotherapy</i> , 64, 1-8.	An intervention for individual young people not a group intervention
Churchman, Anamaria, et al. "A qualitative analysis of young people's experiences of receiving a novel, client-led, psychological therapy in school." <i>Counselling and Psychotherapy Research</i> 19.4 (2019): 409-418.	An intervention for individual young people not a group intervention
Goodwin, J., Bradley, S. K., Donohoe, P., Queen, K., O'Shea, M., & Horgan, A. (2019). Bullying in schools: an evaluation of the use of drama in bullying prevention. <i>Journal of Creativity in Mental Health</i> , 14(3), 329-342.)	A stand-alone workshop/ intervention
Hickman, A. L. (2014). Evaluating a School-Based Day Treatment Program for Students with Challenging Behaviors.	One day programme intervention
Broderick, P. C., & Metz, S. (2009). Learning to BREATHE: A pilot trial of a mindfulness curriculum for adolescents. <i>Advances in school mental health promotion</i> , 2(1), 35-46.	Qualitative component of design lacked information in findings

Yau, S. S., Pun, K. H., & Tang, J. P. (2011). Outcome Study of School Programmes for Reducing Stigma and Promoting Mental Health. <i>Journal of Youth Studies</i> (10297847), 14(1).	An intervention only for individual young people. Qualitative component of design lacked information in findings
Cobbett, S. (2016). Reaching the hard to reach: Quantitative and qualitative evaluation of school-based arts therapies with young people with social, emotional and behavioural difficulties. <i>Emotional and Behavioural Difficulties</i> , 21(4), 403-415.	An intervention with no set number of sessions
DeLuca, J. S., Tang, J., Zoubaa, S., Dial, B., & Yanos, P. T. (2020). Reducing stigma in high school students: A cluster randomized controlled trial of the National Alliance on Mental Illness' Ending the Silence intervention. <i>Stigma and Health</i> .	Qualitative component of design lacked information in findings
Martinez, C.M. (2011) Spark: programme evaluation of school-based group therapy for at-risk students. Thesis	Children were under 11 year olds who participated in the study
Baetens, I., Decruy, C., Vatandoost, S., Vanderhaegen, B., & Kiekens, G. (2020). School-based prevention targeting non-suicidal self-injury: a pilot study.	An intervention with no set number of sessions
Kerner, S. S. (2015). The efficacy of interpersonal psychotherapy-adolescent skill training (IPT-AST) in preventing depression: a mixed methods approach (Doctoral dissertation, Rutgers University-Graduate School of Applied and Professional Psychology).	An intervention provided after school and an intervention with no set number of sessions

<p>Dariotis, J. K., Cluxton-Keller, F., Mirabal-Beltran, R., Gould, L. F., Greenberg, M. T., &amp; Mendelson, T. (2016). "The program affects Me'Cause it gives away stress": Urban students' qualitative perspectives on stress and a school-based mindful yoga intervention. <i>Explore</i>, 12(6), 443-450.</p>	<p>Children were under 11 year olds (elementary) who participated in the study</p>
<p>Glass, K. L. (2017). The utilization of group art therapy as a framework to enhance relationship building skills among emotionally disturbed students.</p>	<p>An intervention provided in an alternative educational setting for children under 11 years old</p>



## Appendix C Quality assessment of included studies

✓ = adequately addressed, ✓\* = partially addressed, ✗ = not adequately addressed, NS= not stated & NA = not applicable

RefID	First Author	Year	Citation	Screening Questions			Qualitative Studies			
				Are there clear research questions?	Do the collected data allow to address the research questions?	Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis and interpretation?
1	Butzer	2017	Butzer, B., LoRusso, A. M., Windsor, R., Riley, F., Frame, K., Khalsa, S. B. S., & Conboy, L. (2017).	✓	✓	✓	✓	✓	✓	✓
2	Garmy	2015	Garmy, P., Berg, A., & Clausson, E. K. (2015).	✓	✓	✓	✓	✓	✓	✓
3	Freire	2018	Freire, T., Lima, I., Teixeira, A., Araújo, M. R., & Machado, A. (2018).	✓	✓	✓	✓* to an extent – lacks detailed information	✓* to an extent – lacks detailed information	✓* to an extent – lacks detailed information	✓* to an extent – lacks details as based more on quantitative results/findings

## Appendix C

4	Weeks	2017	Weeks, C., Hill, V., & Owen, C. (2017).	✓	✓	✓	✓	✓	✓	✓
5	Riley	2012	Freir, Lima, Teixeira, Araujo & Machado (2018)	✓	✓	✓	✓	✓	✓	✓
6	Lakes	2019	Lakes, K., Nguyen, H. M., Jones, M., & Schuck, S. E. (2019).	✓✗ Somewhat	✓✗ Could be clearer	✓	✓	✓	✓	✓
7	Jayman	2019	Jayman, M., Ohl, M., Hughes, B., & Fox, P. (2019).	✓	✓	✓	✓	✓✗ focused on club leaders	✓✗ to an extent – lacks details	✓
8	Jayman	2019	Jayman, M., Ohl, M., & Fox, P. (2019).	✓	✓	✓	✓	✓	✓	✓
9	Lindley	2012	Lindley, E. (2012).	✓	✓	✓	✓	✓	✓	✓
10	Manner	2020	Manner, J., Doi, L., & Laird, Y. (2020).	✓	✓	✓	✓	✓	✓	✓
11	McMullen	2020	McMullen, J., & Eaton, P. (2020).	✓	✓	✓	✓	✓✗ focus on teacher views	✓✗ less focus on student views	✓✗ teacher focus led
12	Pritchard	2016	Pritchard, M., & Van Nieuwerburgh, C. (2016).	✓	✓	✓	✓	✓	✓	✓
13	Evans	2015	Evans, R., Scourfield, J., & Murphy, S. (2015).	✓	✓	✓	✓	✓	✓	✓

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14	Boyle	2011	Boyle, C., Lynch, L., Lyon, A., & Williams, C. (2011).	✓	✓	✓	✓	✓	✓	✓
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## Appendix D Data extraction table

*Data extraction table*

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
1	Butzer, B., LoRusso, A. M., Windsor, R., Riley, F., Frame, K., Khalsa, S. B. S., & Conboy, L. (2017). A qualitative examination of yoga for middle school adolescents. <i>Advances in school mental health promotion</i> , 10(3), 195-219.	A Qualitative examination of Yoga for middle school adolescents / USA	7 <sup>th</sup> grade (age 11-12) / unclear group sizes	6-month / 32 class sessions / 35 minutes 1 to 2 times per week	Mindfulness and didactic experimental activities / Kripalu Yoga in the schools (KYIS) curriculum intervention	C – part of PE classes	Qualitative / 16 interviews conducted post-intervention 6-weeks after completion of intervention / random selection of equal male-female / interviews lasted 26 minutes in length (range 14 – 45 minutes) / grounded theory	Analyses revealed 13 themes that can be organized into two general categories relating to usability (i.e. student perceptions of the usefulness, learnability, and convenience of the yoga intervention) and effects (i.e. student perceptions



Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
						•		of the direct results of the yoga intervention). Positive experiences of yoga on self-regulation, social interaction, substance misuse and academic performance
2	Garmy, P., Berg, A., & Clausson, E. K. (2015). A qualitative study exploring adolescents' experiences with a school-based mental health program. BMC	DISA (Depression in Swedish adolescents) intervention / universal program targeting adolescents approximately 13–15 years old / preventive program / Sweden	89 adolescents participated / median age was 14 (range 13–15) / unclear group sizes	10 weekly manual-based sessions, each of which was 90 min long with 7–18 students / 2 tutors	Based on cognitive-behavioural techniques for changing negative thoughts, communication training, problem-solving strategies, exercises to strengthen social skills and social networks, and increased	V	Qualitative / 12 focus groups with 24 adolescents / either male or female focus groups / interviews lasted for 30-70 minutes / content analysis	Intrapersonal strategies – directed thinking, improved self-confidence, stress management, positive activities  Interpersonal awareness – trusting the group, considering others

# Appendix D

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
	Public Health, 15(1), 1074.				participation in health promotion activities.			Structural constraints – negative framing, emphasis on performance
3	Freire, T., Lima, I., Teixeira, A., Araújo, M. R., & Machado, A. (2018). Challenge: To Be+. A group intervention program to promote the positive development of adolescents. Children and Youth Services Review, 87, 173-185.	Challenge: To Be+, aimed to promote positive development of adolescents, focusing on positive emotions, character strengths, and optimal experiences / evaluation of programme / short-term program / Portugal	99 adolescents in 9 <sup>th</sup> grade (55 girls / 44 boys / 74 adolescents in experimental group / 13-17 years old (mean 14.34)	8-week sessions of 90 minutes each week / 6 intervention groups / unspecified facilitator	Universal intervention / Challenge: To Be+ (Challenge: To Be Plus), which is based on positive youth development and positive intervention assumptions / intends to improve adolescents' skills and competencies to enable them to produce their own development such as positive emotions and strengths-based positive psychology / structured activities, reflections and	Not specified	Mixed method questionnaires / “Reflecting on the session...” with questions – individual evaluation of at the end of the sessions / content coded for analysis based on question	The intervention program was positively perceived by the adolescents in general / higher levels of self-talk and reflection when thinking Increasing personal knowledge Acquired knowledge Shared personal characteristics Valued sessions New outlooks

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
					positive self-evaluation / manualised	•		
4	Weeks, C., Hill, V., & Owen, C. (2017). Changing thoughts, changing practice: examining the delivery of a group CBT-based intervention in a school setting. Educational Psychology in Practice, 33(1), 1-15.	Examining the delivery of a group CBT-based intervention in a school setting to reduce anxiety / UK	19 girls ages 11-14 years old / 2 experimental and 2 control groups	6 week intervention / researcher and teaching assistant	Bespoke intervention designed by the educational psychologist, using the programme: Cool Connections with Cognitive Behaviour Therapy (Seiler, 2008), and Anxiety: Cognitive Behaviour Therapy with Children and Young People (Stallard, 2009)	V	Mixed method / post-intervention, semi-structured interviews were conducted with school staff and pupils and a focus group was held with parents from one school / thematic analysis	Main themes: Commissioning the group Measuring change Managing the therapeutic process in school Pupil engagement
5	Riley, A. (2012). Exploring the effects of the 'Seasons for Growth' intervention for pupils	Exploring the effects of the 'Seasons for Growth' intervention for pupils	2 groups in Year 7 and 8 (total 12) / 6 males and 6	8 weeks / 50 minute sessions	The theoretical underpinning of SFG is informed by Worden's Task	V	Mixed method / individual semi-structured interviews 2	Themes: Satisfaction with the programme

# Appendix D

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
	Growth' intervention for pupils experiencing change and loss. Educational and Child Psychology, 29(3), 38.	experiencing change and loss / UK-Wales	females / aged between 11:8 and 13:6		Model of Grief (Worden 1991; 1996). / Manualised group intervention led by a trained facilitator (a 'companion') for YP with loss and grief		month after programme / thematic analysis	Macro v micro level Activities Circles of support Acquiring coping strategies Group vs individual input Suggested improvement
6	Lakes, K., Nguyen, H. M., Jones, M., & Schuck, S. E. (2019). I am me: adolescent perspectives of a school-based universal intervention program designed to promote emotional competence.	I Am Me: Adolescent Perspectives of a School-Based Universal Intervention Program Designed to Promote Emotional Competence / USA	70 adolescents participated in the study / 16 students (grade 10-12) – first wave or study / 54 students (grades 9-10) / university intervention programme	3 phases – 12 sessions each / over one academic year / 36-weeks	I Am Me focuses on teaching life skills that build confidence and empathy, and it encourages adolescents to set goals, continue their education, build a future career, and pursue their dream for ages 12-18	Not specified	Mixed methods / Focus groups at the end of the school year only with the I Am Me program participants / thematic analysis	Participants perceived improvements in their emotional competence Participants perceived improvements in self-esteem, self-confidence, and self-acceptance Participants perceived improvements in their perceptions of life events – both big and small

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
						•		<p>Participants perceived improvements in key social skills, including communication and problem-solving.</p> <p>Students perceived the I Am Me class as a supportive, safe place to grow</p> <p>Students believed the lessons they learned were relevant and would have a lifelong impact</p>
7	Jayman, M., Ohl, M., Hughes, B., & Fox, P. (2019). Improving socio-emotional health for pupils in early secondary	Improving socio-emotional health for pupils in early secondary education with Pyramid: A school-based,	126 participants / aged 11-14 (52 males and 74 females) / groups 10-12 young people / 65	10-week programme / club leaders and pyramid volunteers	Supports socio-emotional well-being (SEWB), which comprises emotional, psychological, and social aspects of well-being	V	Mixed methods / focus groups to gather participants' perceptions of impact and overall effectiveness / 65	Five global themes: perceived outcomes, identity, pyramid development and diffusion, pyramid legacy

# Appendix D

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
	education with Pyramid: A school-based, early intervention model. British Journal of Educational Psychology, 89(1), 111-130.)	early intervention model / UK	participants in the focus groups				attendees / thematic analysis	
8	Jayman, M., Ohl, M., & Fox, P. (2019). Improving wellbeing for pupils in early secondary education with Pyramid Club: a qualitative study investigating behaviour change drivers. The Psychology of Education Review, 43(2).	A qualitative study investigating behaviour change drivers to improve wellbeing for adolescents in early secondary education / UK	65 young people / 11-14 years old (24 male and 41 female) / attended 1 of 8 Pyramid clubs	One 90-minute session each week over 10 weeks / Trained, volunteer club leaders (including university	Pyramid Club is a manualised programme targeted at children (7-14 years) who internalise their difficulties (e.g. are anxious or socially withdrawn).	V	Qualitative / focus groups were approximately 45 minutes long and were conducted within 3 weeks of a Pyramid Club finishing / thematic analysis	Five global themes: pyramid schema, pyramid 'graduate', behaviour change drivers, challenges and threats, and progression and influence.

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
				students and members of the school community).		•		
9	Lindley, E. (2012). Inclusive dialogue: the way forward in anti-stigma mental health education?. Journal of Public Mental Health	Inclusive dialogue sessions to overcome anti-stigma of mental health / UK	Year 10 / group of 7 students age 14-15	Series of 6 hour long discussions which engaged a group over a half term / life skills coordinator	Inclusive dialogues: to enable young people to look at the issue from a number of different perspectives and second, to equip them with the resources to construct open and positive positions towards others who may be experiencing or have experienced mental illness.	V	Qualitative / individual interviews / coding frame (includes grounded theory, thematic analysis, discourse analysis)	Confidence in talking about it (mental health problems) Responding to others in distress Knowledge and understanding Capacity for empathy Surprise at each other's contributions
10	Manner, J., Doi, L., & Laird, Y. (2020).	Forest school experiences from at risk adolescent	12-13 year-old / 8 adolescent girls	12 -week blocks in local	Forest School is an outdoor learning programme aimed	V	Qualitative / in-depth individual interviews	Key themes:

# Appendix D

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
	'That's given me a bit more hope'— adolescent girls' experiences of Forest School. Children's Geographies, 1-14.	girls e.g. anti-social behaviour or CAMHS involvement / UK-Scotland		block / Forest school qualified leader	at improving wellbeing and resilience / preventative / behavioural outcomes / child-centred approach		across the weekly sessions lasting 20-35 minutes/Interpretative approach to thematic analysis	Mental wellbeing and resilience Community and social interaction Learning Perception of Forest School
11	McMullen, J., & Eaton, P. (2020). The impact of a school-based life skills intervention in Ugandan secondary schools: perspectives of teachers and students. Pastoral Care in Education, 1-20.	School-based life skills intervention for social and emotional learning / living-well intervention / Uganda	12-14 years old / classroom intervention / 3 schools and interview a male and female student from each school = 6 students	24 lessons plans / 45-60 minutes Fields of Life (FOL), an international development charity supported / teachers with pastoral care, counselling or	6 lessons in each of the overarching themes: 1. Living Well with Ourselves and Others; 2. Living Well with Worry and Stress; 3. Living Well with Life's Issues; 4. Living Well in the Future.	Not specified	Qualitative / nested within a trial / individual semi-structured interviews / thematic analysis	Pupil themes: Impact on social, emotional and behavioural well-being, study skills, the skills and approaches of teachers, challenges



Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
				child protection responsibility		•		
12	Pritchard, M., & Van Nieuwerburgh, C. (2016). The perceptual changes in life experience of at-risk adolescent girls following an integrated coaching and positive psychology intervention group programme: An interpretative phenomenological analysis.	PPI's group programme and coaching at their school to analysis perceptual life changes and perceived quality of life for at risk students of becoming NEET (not in education, employment or training) / UK	15 years old / Unclear on group size and sample / 3 girls were asked to be interviewed	6 week coaching and PPI group programme / unclear facilitator	Positive psychology interventions and coaching programme	Not specified	Qualitative/ individual semi-structured interviews / Interpretative Phenomenological Analysis (IPA)	Themes: better control of emotions/reactions, increasing experience of 'positive' emotions and thoughts, identification of purpose and meaning of life

## Appendix D

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
	International coaching psychology review, 11(1), 57-74.							
13	Evans, R., Scourfield, J., & Murphy, S. (2015). The unintended consequences of targeting: young people's lived experiences of social and emotional learning interventions. British Educational Research Journal, 41(3), 381-397.	Social and emotional (SEL) interventions / The Student Assistance Programme (SAP) / Wales	Age 12-14 / 41 students / each group 8-12 students / mixed secondary schools	8 sessions weekly/ 2 trained facilitators	Theoretically underpinned by social cognitive theory (Bandura, 1986) and the social development model (Catalano and Hawkins, 1996).	Not specified	Qualitative / Observations of 32 support group sessions - A participatory approach to observation / focus groups after observation 60-75 minutes / thematic analysis	Key findings: (1) identification may be experienced as negative labelling resulting in rejection of the school (2) the label of SEL failure may serve as a powerful form of intervention capital, being employed to enhance students' status amongst peers. Possession of this capital is contingent on continued resistance of the intervention (3) targeting of discrete friendship groups may lead to the construction of

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
						•		intervention 'outsiders' as students seek safety through the reification of pre-existing relationships (4) students may seek to renegotiate positioning within targeted friendships groups by 'bragging' about and reinforcing anti-school activities, leading to deviancy amplification.
14	Boyle, C., Lynch, L., Lyon, A., & Williams, C. (2011). The use and feasibility of a CBT intervention. Child and Adolescent Mental Health, 16(3), 129-135.	A Cognitive Behaviour Therapy (CBT) based guided self-help programme has been adapted for use in secondary schools / Scotland	12-14 year-old / 14 classes of 20 students / 10 students in focus groups	Weekly class with a former teacher who led class discussions / 50 minute lessons with 7	Personal and social education (SSE) weekly class / 7 booklets and class discussions	Not specified	Mixed method / Questionnaires using Likert 1-5 scales / focus groups selection dependent on questionnaire selection / ground theory	Key themes: acceptability, guidance, changes, target population

Appendix D

Ref ID	Citation	Background / country	Participants age / group size / sample	Duration of intervention / facilitators	Psychological underpinning of intervention	Voluntary (V) or compulsory (C) or not specified	Methodology / analysis	Key experiences
				booklets (7 classes)		•		

## Appendix E Sample of coding

The screenshot displays the SLR software interface. On the left, a sidebar lists various data categories: DATA (Files, File Classifications, External), CODES (Nodes), CASES (Cases, Case Classifications), NOTES (Memos, Annotations, Memo Links), SEARCH (Queries, Query Results, Node Matrices, Sets), and MAPS (Maps). The main window shows a table of references with columns for Name, Files, Referen..., and Created On. The table lists 24 references, each with a unique identifier and a date. The right pane shows the 'Reference' tab for a selected reference, displaying the text excerpt and the coding results.

Name	Files	Referen...	Created On
Ability to reframe thoughts	6	11	24 Nov 2020 at
Adaptability of exercises...	4	5	24 Nov 2020 at
Ambition changes	1	4	25 Nov 2020 at
Applying intervention acti...	5	12	24 Nov 2020 at
Appropriateness of interv...	1	1	3 Dec 2020 at
Balancing of manualised l...	1	1	24 Nov 2020 at
Being able to problem sol...	3	4	25 Nov 2020 at
Being judged within a gro...	1	1	3 Dec 2020 at
Being physically more act...	2	2	24 Nov 2020 at
Being picked on for group...	1	1	3 Dec 2020 at
Being singled out for inter...	1	1	3 Dec 2020 at
Beneficial strategies	2	2	24 Nov 2020 at
Benefit of having a non-s...	1	1	25 Nov 2020 at
Building relationships ove...	2	2	25 Nov 2020 at
Caring about group	5	6	25 Nov 2020 at
Changing thought-attitud...	2	3	24 Nov 2020 at
changing thoughts and a...	6	15	24 Nov 2020 at
Collaboration - not alone	1	1	25 Nov 2020 at
confidence in talking	2	10	25 Nov 2020 at
Connecting their personal...	3	5	25 Nov 2020 at
Decreased use of social...	1	1	25 Nov 2020 at
Difficulties in relating to a...	1	1	3 Dec 2020 at
Disliking writing and readi...	2	2	24 Nov 2020 at
Ensuring intervention con...	2	2	24 Nov 2020 at
Entertaining intervention	2	2	24 Nov 2020 at
Everyone is the same	1	1	25 Nov 2020 at
eye catching design	1	1	3 Dec 2020 at
Facilitator role model	1	1	25 Nov 2020 at
Facilitators influenced var...	2	2	3 Dec 2020 at
Facilitators organisation o...	1	1	24 Nov 2020 at
Family get together	2	2	24 Nov 2020 at

**Reference 1: 0.23% coverage**

The students gave the example that if they felt too bored to attend school, they could think of the pleasant experience of meeting their friends and then feel better. Viewing things in a new light was highlighted as significant.

**Reference 2: 0.10% coverage**

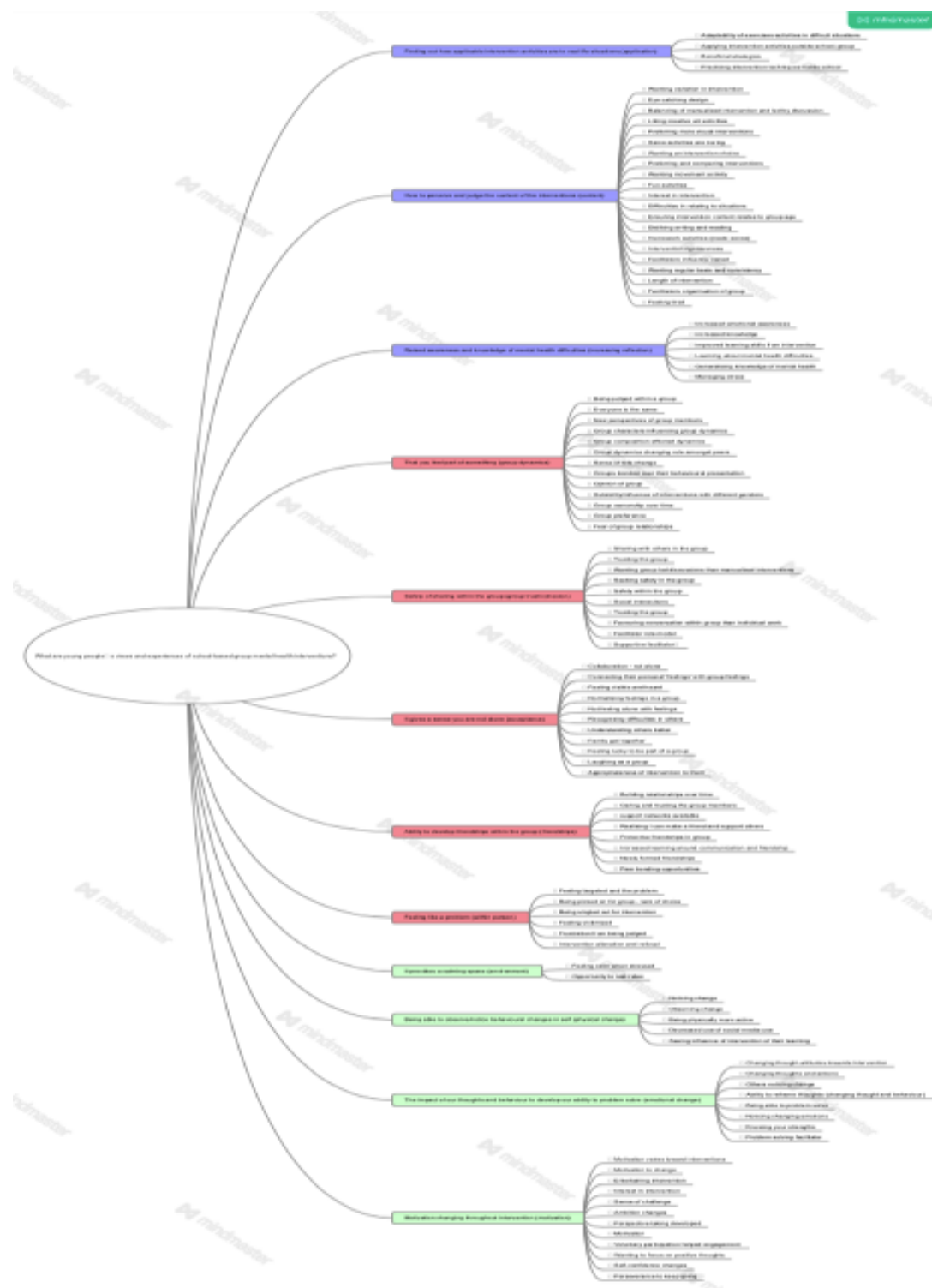
I used to think lots of bad stuff about myself, now I think a bit more positive thoughts. (Pupil Y)

**Reference 1: 0.14% coverage**

One pupil explained how the process of writing down his worries and putting them on the feelings tree helped him to recognise his emotions:

## Appendix F Visual map of codes and descriptive themes

Sample taken from Mindmaster mapping software (edrawsoft.com)



## Appendix G Line-by-line coding and descriptive codes

Descriptive codes	Line-by-line coding
<b>Applicability/relevance of intervention</b>	<ul style="list-style-type: none"> <li>• Adaptability of exercises-activities in difficult situations</li> <li>• Applying intervention activities outside school-group</li> <li>• Beneficial strategies</li> <li>• Practicing intervention techniques inside school</li> <li>• Interest in intervention</li> <li>• Motivation to change</li> <li>• Motivation varies toward interventions</li> <li>• Perseverance to keep going</li> <li>• Interest in intervention</li> <li>• Appropriateness of intervention to them</li> </ul>
<b>Increased knowledge and skills as a result of the intervention</b>	<ul style="list-style-type: none"> <li>• Increased emotional awareness</li> <li>• Increased knowledge</li> <li>• Improved learning skills from intervention</li> <li>• Learning about mental health difficulties</li> <li>• Generalising knowledge of mental health</li> <li>• Managing stress</li> <li>• Changing thought-attitudes towards intervention</li> <li>• Changing thoughts and actions</li> <li>• Ability to reframe thoughts (changing thought and behaviour)</li> <li>• Being able to problem solve</li> <li>• Knowing your strengths</li> <li>• Problem solving facilitator</li> </ul>
<b>Views on content +ve/-ve</b>	<ul style="list-style-type: none"> <li>• Wanting variation in intervention</li> <li>• Entertaining intervention</li> <li>• Eye catching design</li> <li>• Balancing of manualized intervention and led by discussion</li> <li>• Liking creative art activities</li> <li>• Preferring more visual interventions</li> <li>• Same activities are boring</li> <li>• Wanting an intervention choice</li> <li>• Preferring and comparing interventions</li> <li>• Wanting movement activity</li> <li>• Fun activities</li> <li>• Difficulties in relating to situations</li> <li>• Ensuring intervention content relates to group age</li> <li>• Disliking writing and reading</li> <li>• Homework activities (made sense)</li> <li>• Intervention rigorousness</li> <li>• Wanting it on a consistent and regular basis</li> </ul>

	<ul style="list-style-type: none"> <li>• Length of intervention</li> <li>• Suitability/influence of interventions with different genders</li> <li>• Voluntary participation helped engagement</li> <li>• Sense of challenge</li> <li>• Wanting group led discussions than manualised interventions</li> </ul>
<b>Ability to develop friendships</b>	<ul style="list-style-type: none"> <li>• Building relationships over time</li> <li>• Caring and trusting the group members</li> <li>• Support networks available</li> <li>• Realising I can make a friend and support others</li> <li>• Protective friendships in group</li> <li>• Increased learning around communication and friendship</li> <li>• Newly formed friendships</li> <li>• Peer bonding opportunities</li> </ul>
<b>Safety/trust of sharing within the group (safety)</b>	<ul style="list-style-type: none"> <li>• Sharing with others in the group</li> <li>• Trusting the group</li> <li>• Seeking safety in the group (check and put together)</li> <li>• Safety within the group</li> <li>• Social interactions</li> <li>• Trusting the group</li> <li>• Favouring conversation within group than individual work</li> <li>• Facilitator role model</li> <li>• Supportive facilitator</li> </ul>
<b>It gives a sense you are not alone (sense you are not alone)</b>	<ul style="list-style-type: none"> <li>• Collaboration - not alone</li> <li>• Connecting their personal 'feelings' with group feelings</li> <li>• Feeling visible and heard</li> <li>• Normalising feelings in a group</li> <li>• Not feeling alone with feelings</li> <li>• Recognising difficulties in others</li> <li>• Understanding others better</li> <li>• Family get together</li> <li>• Feeling lucky to be part of a group</li> <li>• Laughing as a group</li> <li>• New perspectives of group members</li> <li>• Groups bonded over their behavioural presentation</li> <li>• Everyone is the same</li> </ul>
<b>Group dynamics are important</b>	<ul style="list-style-type: none"> <li>• Being judged within a group</li> <li>• Group characters influencing group dynamics</li> <li>• Group composition affected dynamics</li> <li>• Group dynamics changing role amongst peers</li> <li>• Sense of role change</li> <li>• Opinion of group</li> <li>• Group ownership over time</li> <li>• Group preference</li> <li>• Fear of group relationships</li> <li>• Facilitators organisation of group</li> <li>• Facilitators influence varied (+ve/-ve)</li> </ul>



<b>Feeling that they are ‘the problem’</b>	<ul style="list-style-type: none"> <li>• Feeling targeted and the problem</li> <li>• Being picked on for group - lack of choice</li> <li>• Being singled out for intervention</li> <li>• Feeling victimized</li> <li>• Frustration from being judged</li> <li>• Intervention alienation and refusal</li> </ul>
<b>Calm space</b>	<ul style="list-style-type: none"> <li>• Feeling calm when stressed</li> <li>• Opportunity to rest-relax</li> </ul>
<b>Notice changes</b>	<ul style="list-style-type: none"> <li>• Noticing change</li> <li>• Others noticing change</li> <li>• Noticing changing emotions</li> <li>• Observing change</li> <li>• Being physically more active</li> <li>• Decreased use of social media</li> <li>• Seeing influence of intervention on their learning</li> <li>• Ambition changes</li> <li>• Perspective taking developed</li> <li>• Wanting to focus on positive thoughts</li> <li>• Self-confidence changes</li> <li>• Feeling tired because seeing change (doing change)</li> </ul>

## Appendix H Analytical themes notes

**Question: What are young people's views and experiences of school-based group mental health interventions? Thematic synthesis**

### Descriptive codes:

- Applicability/relevance of intervention
- Increased knowledge and skills as a result of the intervention
- Views on content +ve/-ve
- (Ability to develop friendships) Friendship
- (Safety/trust of sharing within the group) Safety
- (It gives a sense you are not alone) Sense not alone
- (Group dynamics are important) Group dynamics
- (Feeling that they are 'the problem') Feeling they are the problem
- Calm space
- Notice changes

### Analytical theme ideas 1:

- **Embracing change**
- Acknowledgment of change - **acceptance of what you can and cannot change** – seeing change emotionally and physically in others and self
- Group aspects – trust, cohesion, dynamics, shared history – **feeling a sense of belonging** as friendship develop over time within a group through shared understanding? **Offset by sense of otherness and effort**
- Activities helping develop interactions and common sentiments
- **Sense of agency** – do I really need this or am I being forced to participate?
- **Perception of environmental** set up needs within schools - who will know, what teacher

### Analytical themes story 1:

You need to see the relevance, like the content, be part of safe group, build relationships, in a calm space WHICH leads to sense of belonging, increased knowledge AND change. However, also risk that if any one of these is not 'right' that the sense they are the problem will dominate. Can this sense exist if all the other features "protective factors"? are in place?

Analytical theme ideas 2:

- **Embracing change**
- Acknowledgment of change - **acceptance of what you can and cannot change** – seeing change emotionally and physically in others and self (the relevance of the intervention to one's life/ situation)
- **Group aspects** – trust, cohesion, dynamics, shared history – **feeling a sense of belonging** as friendship develop over time within a group through shared understanding? **Offset by sense of otherness and effort**
- Activities helping develop interactions and common sentiments
- **Sense of agency** – do I really need this or am I being forced to participate?
- **Perception of environmental** set up needs within schools - who will know, what teacher (comes from set-up/structural/ organisational factors around the 'applicability and relevance of the intervention', 'positives and negatives', 'knowledge and skills')

Analytical themes story 2:

You need to have control (**sense of agency**), like the content (**acknowledging and embracing change**), be part of safe group to build relationships (**group aspects**), in a calm space (**perception of environment**) WHICH leads to sense of belonging, increased knowledge AND change.

However, also risk that if any one of these is not 'right' that the sense they are the problem will dominate. Can this sense exist if all the other features "protective factors"? are in place?

'If any of these factors are not in place, the sense that they are the problem might dominate'? This may not be so in all certain circumstances

## Appendix I Facilitators interview schedule post intervention

### Ensure facilitators are given an information sheet and consent forms are signed

Thank them for the taking the time to take part in our research. We are interested in....

*Gather demographic data: Job title, gender & number of years in current job role*

Explain the interview will take around 30-60 minutes and will be recorded on a recording device

Would you like to ask any questions before we begin?

### Section 1: Expectations: school-based iCBT (Braive) intervention programme

1. Firstly, could you tell me, from your perspective, what the school-based programme was for?
2. What did you know about it before you started the intervention with young people?
3. What were you expecting from the programme?
4. How many young people attended your group? *Gather demographic information (age, gender etc)*

### Section 2: Experience

5. How was programme used within your school?
  - Tell me how you found the school-based intervention programme (at first/as you progressed)?
  - How did you find the interventions suggested? Videos and exercises?
6. How did you find facilitating the intervention programme with young people?
  - How did you find it as helping/supporting the young people (inside and outside school)?
  - What aspects (if any) of support the group did you find the easiest to do?
  - What aspects (if any) of support the group did you find difficult to do?
7. How were you supported with facilitating the intervention with the young people? Was this effective? If yes, how? If not, why not and what would help?
  - What training and supervision were you provided with? Was this useful? How and why?
  - Did you adapt the programme in any way? What did you do and how did it help? Why did you do that?

### Section 3: Dislikes

8. What problems if any did you come across (if any) whilst using the school-based programme?
  - *What happened?*
  - What problems (if any) did you come across during the sessions?
  - What problems (if any) did you come across within the group you were supporting?
  - What did you do about them and what deviation did you make?

### Section 4: Likes

9. Can you tell me what you liked and worked well about the school-based programme?
  - What was helpful? Why? How? What are, in your opinion, the most effective elements?
  - Where there some aspects of the programme that were more helpful than others?
  - Can you tell me what you liked about the sessions or particular parts of the sessions?

#### Section 5: Concerns

10. Can you tell me what concerns or difficulties you have about the school-based programme?
  - What were your concerns or difficulties? Why? How
  - Were there some aspects of the programme that caused you more concern than others?

#### Section 6: Changes

11. Tell me about anything in your group that you feel has changed from the following programme?
  - Can you tell me if the young people's anxiety has changed or any other areas?
  - Can you tell me what changed? Was this different to before?
  - Can you tell me how you came to notice the group changing?
  - Why/how you do you think things changed?
  - Tell me anything you feel has changed from supporting/facilitating the school-based programme?

#### Section 7: Anything else/feedback & advice

12. Is there anything else you think I should know? Is there anything we haven't covered?
  - What would you feedback to the people who designed the school-based programme?
  - What advice would you give to schools thinking about using the school-based programme?

Thank you very much for giving up your time today to speak to me. Here is a debrief sheet

## Appendix J Young people interview schedule post intervention

### Ensure young people are given an information sheet and consent forms are signed

Thank them for the taking the time to take part in our research. We are interested in....

*Gather demographic data: gender, age & year group*

Explain the interview will take around 30-60 minutes and will be recorded on a recording device

Would you like to ask any questions before we begin?

<b>Activity and interview:</b> <ul style="list-style-type: none"> <li>• Drawing the school-based iCBT Braive intervention programme</li> <li>• Drawing the ideal iCBT intervention programme</li> <li>• Interview and exploration</li> </ul>	<b>Equipment/resources needed:</b> <ul style="list-style-type: none"> <li>• A4 plain paper (optional A3 plain paper)</li> <li>• Coloured pens and pencils</li> <li>• Eraser optional</li> <li>• Quiet room</li> </ul>
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### Instructions/guidelines:

<b>Stage 1: Building the school-based Braive iCBT intervention programme</b> Ask the young person to remember the Bravie - iCBT programme and different functions it had. Explain that they can draw anything they remember and that there is no right or wrong way of doing this activity.	<b>Stage 2: Building the IDEAL iCBT programme</b> Ask the young person to think about the kind of programme they would like to have to help with their anxiety. This is not a real programme but one they can imagine and create. It is their ideal programme to help to reduce their anxiety. Explain that they can draw anything they like and that there is no right or wrong way of doing this activity.
--	---

### PROMPT:

- What does that mean?
- What impact do you think that has?

If the young person does not want to draw, they can write down some ideas or talk about some ideas

**Activity questions:** What is that? What's is happening here? Why is it important? What was that like? How does that work? Why do you remember that or why is that there?

### Section 1: Expectations

1. What did you know about the programme before you started in the intervention group?
2. What were you expecting from the programme?
3. What was programme used for?

### Section 2: Experience

1. How many people were in your groups? Who were they?
2. How was school-based intervention programme used within your school?
3. How did you find it in the group? What was that like? What was helpful and not helpful? Good and not so good
4. Did you use it at home or outside of school? Or after school? How was that? Did you do anything different from the instructions
  - Tell me how you found the programme (at first/ as you progressed)?
  - How did you find the interventions suggested? Videos and exercises? How did they make you feel?
  - How was the programme structure?
  - What were the main functions of the programme? What did you do on the programme?
  - What support did you get from the facilitator/teacher whilst using the programme? *How did it work? What was that like? How often did they occur? What was it like to have that support?*
  - Did you use the programme inside and outside of school? How often was this?

### Section 3: Dislikes

1. What problems did you come across (if any) whilst using the school-based programme?
  - *What happened?* What problems (if any) did you come across during the sessions?

### Section 4: Likes

1. Can you tell me what you liked and worked well about the school-based programme/Braive?
  - What was helpful and useful? Why? How? What are, in your opinion, the most effective elements?
  - Were there some aspects of the programme that were more helpful than others?
  - Can you tell me what you liked about the sessions or particular parts of the sessions?

### Section 5: Concerns

1. Can you tell me what concerns or difficulties you have about the school-based programme?
  - What were your concerns or difficulties? Why? How
  - Were there some aspects of the programme that caused you more concern than others?

### Section 6: Changes

1. Tell me if you feel you have changed from using programme?
  - Can you tell me what has changed? Was this different to before?
  - Can you tell me how you came to notice the changes?
  - Why/how you do you think things changed?
  - Tell me anything you feel has helped the change?

### Section 7: Anything else/feedback & advice

1. How is your anxiety? Has your anxiety changed?



2. Is there anything else you think I should know? Is there anything we haven't covered?
  - What would you feedback to the people who designed the school-based programme?
  - What advice would you give to young people thinking about using the school-based programme?

That brings me to the end of my questions. Is there anything I haven't asked you that you feel we need to know? Do you have any questions or comments for me, either about the process, this interview, or anything else?

Thank you very much for giving up your time today to speak to me. Here is a debrief sheet (talk them through).

Thank you for participating, you will receive a £5 amazon voucher for participating.

Appendix K Ethical approval

ERGO II

Ethics and Research Governance Online

UNIVERSITY OF  
Southampton

Home

Submissions

46855.A2 - Quantitative and qualitative study to exploring the effectiveness of a school-based iCBT intervention for anxious adolescents (Amendment 2)

Submission Overview

Submission Questionnaire

Attachments

History

Details

Status

Category

Submitter's Faculty

Approved

Category 

A

Faculty of Environmental and Life Sciences (FELS)

The end date for this study is currently 01 December 2020

Request extension

If you are making any other changes to your study please create an amendment using the button below.

Latest Review Comments

03/07/2019 10:26:14 - RIG: Approved

No comments

## Appendix L Consent form for school head teacher

Consent form for school head teacher  
Ergo number: 46855, Version 4, Date: 15/03/2019



### CONSENT FORM FOR SCHOOL HEAD TEACHER

**Study title:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researcher name:** Jesvir Dhillon and Fiona Marsh

**ERGO number:** 46855

**Date of submission:** Version 4, Date: 15/03/2019

*Please initial the box(es) if you agree with the statement(s):*

I have read and understood the school head teacher information sheet (Version 4, Date: 15/03/2019) and have had the opportunity to ask questions about the study.	
I agree for the participant(s)/staff member(s)/young people of the school to take part in this research project and agree for their data to be used for the purpose of this study.	

Name of Head Teacher of school (print name).....

Signature of Head teacher of school.....

Date.....

Name of researchers: Fiona Marsh and Jesvir Dhillon

Signature of researcher .....

Date.....

## Appendix M Consent form for key staff member

Consent form for key staff member

Ergo number: 46855, Version 4, Date: 15/03/19



### CONSENT FORM FOR KEY STAFF MEMBER

**Study title:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researcher name:** Jesvir Dhillon and Fiona Marsh

**ERGO number:** 46855

**Date of submission:** Version 4, Date: 15/03/2019

*Please initial the box(es) if you agree with the statement(s):*

I have read and understood the key staff member information sheet (Version 4, Date: 15/03/2019) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and for my data to be used for the purpose of this study.	
I understand my participation is voluntary and I may withdraw myself and/or my data at any time during the process, or up to one month after the study has finished, for any reason without my rights being affected.	
I agree to keep any information I provide about the young person, or any information shared by the young people taking part in this study, confidential unless the young person gives consent for this information to be shared or for safeguarding reasons.	

Name of key staff member at school (print name).....

Signature of key staff member at school.....

Date.....

Name of researchers: x and Jesvir Dhillon

Signature of researcher .....

Date.....

## Appendix N Consent form for facilitators

Consent form for facilitators  
 ERGO number: 46855, Version 4, Date: 15/03/2019



### CONSENT FORM FOR FACILITATORS

**Study title:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researcher name:** Jesvir Dhillon and Fiona Marsh

**ERGO number:** 46855

**Date of submission:** Version 4, Date: 15/03/19

*Please initial the box(es) if you agree with the statement(s):*

I have read and understood the facilitator information sheet (Version 4, Date: 15/03/2019) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	
I understand my participation is voluntary and I can withdraw myself and/or my data at any time during the process, or up to one month after the study has finished, for any reason without my rights being affected.	
I agree to the interview being audio-recorded and I am happy for the researcher to use anonymous quotes from my interview when reporting the study.	
I agree to keep any information I provide about the young person, or any information shared by the young people taking part in this study, confidential unless the young person gives consent for this information to be shared or for safeguarding reasons.	

Name of facilitator of school (print name).....

Signature of facilitator of school.....

Date.....

Name of researchers: x and Jesvir Dhillon

Signature of researcher .....

Date.....

## Appendix O Consent form for parents

Consent form for parents

Ergo number: 46855, Version 5, Date: 01/04/19

UNIVERSITY OF  
Southampton

### CONSENT FORM FOR PARENTS

**Study title:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researcher name:** Jesvir Dhillon and Fiona Marsh

**ERGO number:** 46855

**Date of submission:** Version 5, Date: 01/04/19

**Please initial the box(es) if you agree with the statement(s):**

I have read and understood the parent information sheet (Version 5, Date: 01/04/19) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	
I agree that my child can take part in this research project and agree for my child's data to be used for the purpose of this study.	
I agree to provide the researchers with data regarding my child's school attendance and pupil premium eligibility.	
I understand my child's participation is voluntary and that he/she may withdraw from the interaction with the researchers (at any time) for any reason without his/her rights being affected.	
I understand that should my child withdraw from the study then the information collected about them up to this point may still be used for the purposes of achieving the objectives of the study only.	
I agree to the possibility of my child taking part in an interview for the purposes set out in the participation information sheet and understand that this will be recorded using audio and written notes.	
I understand that my child may be quoted directly in reports of the research but that they will not be directly identified (e.g. my child's name will not be used).	

## Appendix P Information sheet and assent form for young person

Information sheet and assent form for young person  
Ergo number: 46855, Version 5, Date: 01/04/2019

UNIVERSITY OF  
Southampton

**Title of project:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researchers:** Fiona Marsh & Jesvir Dhillon

You are being invited to take part in the above research. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is unclear or you would like more information before you decide to take part. You may like to discuss it with others, but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign your assent at the end of this leaflet.

### Why are we doing this research?

Jesvir and Fiona are researchers at the University of Southampton. We are carrying out a research project to find out whether an internet-based cognitive-behavioural therapy programme (called Braive) can help young people to feel less worried and more able to succeed and attend school. Braive is a 10-week programme that has been developed especially for schools by Clinical and Educational Psychologists. It uses Cognitive Behavioural Therapy (or CBT for short) to help young people manage their worries, by exploring the links between their thoughts, feelings and behaviours. For more information about Braive you can visit the website: <https://braive.com> or you can contact the researchers or EPs (contact details below).



### Why have I been asked to participate?

You have been invited to take part, because you are in Year 7, 8 or 9 and [insert SENCO name] thinks Braive might be useful for you. Approximately 56 young people from schools across Bournemouth have also been asked to participate. Your school head teacher is aware of this study and has given permission for you to participate if you wish to.

### What will happen to me if I take part?

- We will ask you to complete three short online questionnaires (including about your worries), which should take you about 30-40 minutes.
- You will then be allocated to one of two groups: group one will be able to start using Braive straight away, and group two will be able to begin Braive in September.
- When it is your turn to begin using Braive, you will be part of a small peer group in school, which will be led by a 'facilitator' (a member of school staff). As a group and sometimes individually, you will work through new information and interactive activities each week, for 10 weeks. It may take up to one hour per week, but your school will allocate time for you to do this. Occasionally the facilitator might ask you to practice activities outside of the sessions, but this will be optional.
- After 10 weeks of Braive, pupils in group one will be asked some interview questions to find out what they think about Braive. The researcher will read through this information sheet with the pupils and check that they still give assent to be interviewed. These conversations will be audio-recorded and might take about 30-60 minutes.
- After 10 weeks of Braive, pupils in group one will be asked how much they used the programme. Pupils in group one and two will be asked to complete online questionnaires. These questionnaires will be repeated in September, and then this will be the end of the research study. At this point, group two will begin using Braive.



### **Are there any benefits in my taking part?**

We hope that Braive will help you to feel less worried and more able to succeed and attend school. We will also be giving you a £5 voucher at the end of the study, to say thank you. Your feedback will give us a better understanding of whether Braive is helpful for reducing young people's worries. We can then use this information to help other young people like you.

### **Are there any risks involved?**

We cannot foresee any risks in taking part in this study. However, if you are finding it difficult to complete Braive or cope with your worries, there are a number of people you can speak to. This might be someone you know, like your parent or guardian, a teacher or a friend at school. You can also get support from outside of school, such as from Childline. People at Childline can talk with you about your worries and will keep any conversations confidential. This means your name and any other personal information you share will be kept secret, so no one will be able to identify you. You can speak to someone on Childline by calling 0800 1111 or use their webpage at [www.childline.org.uk](http://www.childline.org.uk)

### **What data will be collected?**

Data will be collected at different times throughout the study.

- At the start of the study we will ask you to tell us your age, gender and ethnicity. Data on your attendance and pupil premium eligibility will be collected from your parent.
- The main questionnaires we will be asking you to complete are about your worries and self-efficacy (the belief in your ability to succeed), which will be collected at 3 time points (at the start of the study, after 10-weeks and then 3 months later). At the same time, we will also ask similar questions to your parent and a member of school staff who knows you well.
- If you are in group one, your facilitator will record how much you use Braive during the 10 weeks, and you will be asked if you used Braive outside of the sessions.
- You will complete the questionnaires online via Southampton University's 'iSurvey' (a secure online system for collecting questionnaire answers). Your facilitator or another member of school staff will be present, in case you would like help with the questions.
- After 10-weeks we will ask students in group one some interview questions to find out what you think about Braive. These conversations will be with Jesvir (researcher) and will be audio-recorded.

Before you start Braive, you will be given a unique identification (ID) number to keep your real name and identity secret. We will then ask you and the staff at your school to use this ID number whenever you complete a questionnaire on iSurvey. This will enable the research team to know who has completed the questionnaire. But do not worry, any data entered into iSurvey is encrypted (given a secret code) and only accessible to the researcher after several security checks.

Your assent form and any other written information about you, will be collected and sealed in an envelope, and stored in a locked cabinet only accessible to the researchers and their supervisors. This written data will then be entered onto the researcher's password protected laptop using your ID number. Interview audio recordings will be given pseudonyms (a made-up name) and transcribed into an encrypted file on a password protected laptop. At this point the audios will be destroyed. These steps will reduce the risk of you being identified by others.



### **Will my participation be confidential?**

Your participation and the information we collect about you during the research will be kept strictly confidential, which means your name and any other personal information you share with us or your school staff will be kept secret, so no one will be able to identify you. However, if there is a risk of harm to yourself or others, the researchers and/or your school staff will have to share this information with others and this may be without your permission. But if this happens, we will always try to discuss it with you first.

Only members of the research team (including Jesvir, Fiona and their supervisors) and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

Any of your personal details entered into Braive will be immediately anonymised by giving you an identification number (ID). This data will only be accessed by employees of Braive (as necessary for the safe operation of Braive) and Microsoft (who process and store your information safely). Any information you enter into Braive during the 10 weeks can be made accessible to your facilitator and the researchers, but you get to decide this at the start and can change your mind at any point throughout the programme.

### **Do I have to take part?**

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to sign your assent at the end of this form to show you have agreed to participate. Your parents will also be asked if they consent to you taking part.

### **What happens if I change my mind?**

If you choose to take part in this study, you have the right to change your mind and withdraw at any time without giving a reason. This will not affect your access to Braive. You may wish to withdraw entirely, or you may choose to withdraw from carrying out Braive, but still be willing to complete the follow up questionnaires and interview. If you do wish to withdraw entirely, we will need to use the data that has already been collected (such as your worry or self-efficacy questionnaire), so that we are still able to work out if the Braive programme is effective for young people. We are not able to remove any of your data if it is **one month after** the study has finished [October 2019]. If you want to withdraw, you will need to let your facilitator know that you no longer want to carry on with Braive and/or the study (questionnaires and interview), who can then report this to the researchers. Or you can contact the researchers directly at:

[f.i.marsh@soton.ac.uk](mailto:f.i.marsh@soton.ac.uk) (Fiona Marsh) or [j.dhillon@soton.ac.uk](mailto:j.dhillon@soton.ac.uk) (Jesvir Dhillon).

### **What will happen to the results of the research?**

The findings of this research will be reported back to Bournemouth's Local Authority (who funded this project) and published in the researchers' theses and possibly in a research journal. However, your personal details will remain strictly confidential, and research findings made available in any reports or publications will not include information that can directly identify you without your specific consent. We can also provide you with a short summary of our key research findings.

### Where can I get more information?

If you have any further questions please speak to [\[insert SENCo's NAME\]](#) and they should be able to help you. Alternatively, you can contact us directly at: [f.i.marsh@soton.ac.uk](mailto:f.i.marsh@soton.ac.uk) (Fiona Marsh) or [J.Dhillon@soton.ac.uk](mailto:J.Dhillon@soton.ac.uk) (Jesvir Dhillon).

### What happens if there is a problem?

If you have a concern about any aspect of this study, please speak to [\[insert SENCo's or facilitator's name\]](#) or you can speak to the researchers who will do their best to answer your questions (please use emails above). If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)).

### Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can be found on its website

(<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at

<http://www.southampton.ac.uk/assets/sharepoint/intranet/Is/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf>

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

Information sheet and assent form for young person  
Ergo number: 46855, Version 5, Date: 01/04/2019



### ASSENT FORM FOR YOUNG PERSON

**Study title:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researcher names:** Jesvir Dhillon and Fiona Marsh

**Participant ID number (to be completed by researcher):**

If you would like to take part in our study, please sign your name below and return this page to your school SENCo within one week of receiving this letter. Please keep the rest of this booklet, as you may want to read it again at a later date.

Your full name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## Appendix Q Parent information sheet

Information sheet for parent  
Ergo number: 46855, Version 5, Date: 01/04/2019



### Parent Information Sheet

**Title of project:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researchers:** Fiona Marsh & Jesvir Dhillon **ERGO number:** 46855

*You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.*

#### What is Braive?

Braive is a company founded by Henrik Jahren (Clinical Psychologist), who develops courses for common mental health difficulties, based on Cognitive Behavioural Therapy (CBT). CBT is a short-term, goal focused therapy that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behaviour that are behind people's difficulties, and so change the way they feel. The 'Braive Anxiety Programme' is a 10-week internet-based CBT (iCBT) course, developed and adapted for schools by the Braive team and Bournemouth's Educational Psychology service. The programme uses information and activities to help young people manage their worries, by exploring the links between their thoughts, feelings and behaviours. For more information about Braive or the Braive anxiety programme, please visit the website: <https://braive.com> or you can contact the researchers and/or Educational Psychologists (see contact details below).

#### What is the research about?

Jesvir and Fiona are researchers at the University of Southampton. We are carrying out research to explore the use and experiences of the 'Braive Anxiety Programme' (herein referred to as 'Braive') for anxious adolescents in secondary schools. The main aim of this research is to find out if Braive is effective for reducing adolescent anxiety and improving self-efficacy and academic outcomes. The researchers also aim to gain people's experiences and opinions of the Braive programme.

#### Why have my child and I been asked to participate?

The school your child attends has invested in Braive from Bournemouth local authority Educational Psychology Service. Your child has been invited to take part, because they are in Year 7, 8 or 9 and *[insert SENCO name]* thinks Braive might be useful for them. The information you provide can help us to evaluate if Braive is effective for reducing your child's anxiety. Approximately 56 young people from schools across Bournemouth have also been asked to participate.

#### What will happen to my child and I if I take part?

- If you wish to participate in this research you will need to sign the parent consent form, help your child to sign their assent form and complete the questionnaire about your child, before returning them to your child's school SENCo in the envelope provided. This will need to be completed by the **22nd March** at the very latest to ensure your child can participate.



Information sheet for parent

Ergo number: 46855, **Version 5, Date: 01/04/2019**

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- Once you and your child have given consent/assent, your child will be asked to complete several online questionnaires. They will also be put into one of two groups: group one will be able to start using Braive straight away (in April), and group two will begin Braive in September 2019.
- When it is your child's turn to begin using Braive, they will be part of a small peer group in school, which will be led by a 'facilitator' (a member of school staff). As a group and sometimes individually, your child will work through new information and interactive activities each week, for 10 weeks. It may take up to one hour per week, but the school will allocate time for your child to do this, with minimal disruption to their other learning. Occasionally the facilitator might ask your child to practice activities outside of the sessions, but these will be optional.
- After 10 weeks of Braive, the young people in group one will be asked some interview questions to find out what they think about Braive. The researcher will read through the young person information sheet again with the pupils and check that they still give assent to be interviewed. These conversations will be audio-recorded and might take about 30-60 minutes.
- After group one have finished 10 weeks of Braive, the young people in both groups will be asked to complete online questionnaires, which will be repeated after 3-months (in September). You will also be asked to complete corresponding anxiety questionnaires about your child at these two time points (**even if they have not started Braive yet**). These questionnaires will be posted to you by your child's school and need to be returned to your child's school SENCo in the envelopes provided. Once the final data collection has been completed in September, the research study will finish and pupils in group two will start Braive.

#### **Are there any benefits in my child taking part?**

We hope that Braive will help your child to feel less worried and more able to succeed and attend school. Your data will give us a better understanding of whether Braive is helpful for reducing young people's anxiety, which we can then use to evaluate the programme and help other young people. We will also be giving your child a £5 voucher at the end of the study, to say thank you.

#### **Are there any risks involved?**

We cannot foresee any risks in taking part in this study. If your child requires further support, the researchers will ensure they are signposted to someone who might be able to help. However, if your child is finding it difficult to complete Braive or cope with their worries, please contact your child's school. You and your child can also get support from outside of school, such as from Childline or the Educational Psychology Service, where they will keep any conversations confidential. You can also speak to someone on Childline by calling 0800 1111 or use their webpage at [www.childline.org.uk](http://www.childline.org.uk)

#### **What data will be collected?**

At the start of the study you will be asked to complete a questionnaire regarding your child's anxiety, their school attendance and pupil premium eligibility. The attendance and anxiety questionnaires will be repeated after group one have completed the 10-week programme and then again after 3 months. Your child will be asked to complete online questionnaires about their

worries, self-efficacy and demographics (including their age, gender and ethnicity). Data on your child's programme usage will be collected by their facilitator (if they are in group one). After the 10-week programme, your child may have an interview to find out what they think of Braive, which will be audio recorded and carried out with Jesvir (researcher). Other than your relation to your child, we will not be collecting any other personal data about you.

Before your child starts Braive, they will be given a unique identification (ID) number to anonymise their identity. This will be shared with the school's SENCo and facilitator. The young people, key staff member and facilitator will be asked to use this ID number whenever they complete a questionnaire on 'iSurvey'. iSurvey is a very secure system, which encrypts the data and is only accessible to the researcher following several security questions and passwords. This will enable the researcher to track your child's data, whilst ensuring their identity is kept anonymous. A master copy of your child's real name and allocated ID number will be stored on Bournemouth EP service's secure network.

Apart from your questionnaire, all the data will be collected via the University's iSurvey. All consent forms and your questionnaire will be collected by the school SENCo and sealed in an envelope.

Once collected by the researcher or assistant EP, this data will be stored in a locked cabinet only accessible to the researchers and their supervisors. This written data will then be entered onto the researcher's password protected laptop using the young person's identification number. Interview audio recordings will be given a pseudonym and transcribed into an encrypted file in a password protected laptop, before being destroyed. These steps will reduce the risk of your child being identified. Both researchers have also been DBS checked, so are safe to work with children and young people.

#### **Will my participation and my child's participation be confidential?**

Your child's participation and the information we collect from you during the research will be kept strictly confidential (using the steps discussed above). Only members of the research team (including Jesvir, Fiona and their supervisors) and responsible members of the University of Southampton may be given access to data about your child for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your child's and your information, as a research participant, strictly confidential. Any personal details entered into Braive will be immediately anonymised, by giving your child an identification number instead of using their name. This data will then only be accessed by employees of Braive (as necessary for the safe operation of Braive) and Microsoft (who process and store the information safely). Any information your child enters into Braive during the 10 weeks can be made accessible to their facilitator and the researchers, but your child gets to decide this and can change their mind at any point throughout the programme.

Anything that your child tells the researchers during interview or in their questionnaires, as well as the information you provide in your questionnaire, will be kept confidential unless there is a risk of harm to you, your child or others. If this is the case, we will have to share this information with others and this may be without your or your child's permission. But if this happens, we will always try to discuss it with you and/or your child first.

Information sheet for parent  
Ergo number: 46855, Version 5, Date: 01/04/2019

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### Do I have to take part?

No, it is entirely up to you to decide whether or not to take part. If you decide that you and your child want to take part, you will need to sign the parent consent form to show you have agreed to participate.

### What happens if I change my mind?

If you choose to take part in this study, you have the right to change your mind and withdraw at any time without giving a reason. This will not affect your child's access to Braive or participation in the study, if you wish for them to continue. If you do wish to withdraw entirely, we will need to use the data that has already been collected (such as yours and your child's worry questionnaire), so that we are still able to work out if the Braive programme is effective for young people. We are not able to remove any of your data if it is **one month after** the study has finished [October 2019]. If you want to withdraw yourself and/or your child from the research, and/or the Braive programme, then you will need to let your child's school know, who will then report this to the researchers. You can also contact the researchers directly at: [f.i.marsh@soton.ac.uk](mailto:f.i.marsh@soton.ac.uk) (Fiona Marsh) or [J.Dhillon@soton.ac.uk](mailto:J.Dhillon@soton.ac.uk) (Jesvir Dhillon).

### What will happen to the results of the research?

The findings of this research will be reported back to Bournemouth's local authority (who funded this project) and published in the researchers' theses and possibly in a research journal. However, any personal details will remain strictly confidential, and research findings made available in any reports or publications will not include information that can directly identify you or your child without your specific consent. We can also provide you with a short summary of our key research findings.

### Where can I get more information?

If you have any further questions please speak to **[insert SENCo's NAME]** and they should be able to help you. Alternatively, you can contact us directly at: [f.i.marsh@soton.ac.uk](mailto:f.i.marsh@soton.ac.uk) (Fiona Marsh) or [J.Dhillon@soton.ac.uk](mailto:J.Dhillon@soton.ac.uk) (Jesvir Dhillon).

### What happens if there is a problem?

If you have a concern about any aspect of this study, please speak to **[SENCo's or facilitator's name]** or you can speak to the researchers who will do their best to answer your questions (please use emails above). If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)).

### Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal



Information sheet for parent

Ergo number: 46855, Version 5, Date: 01/04/2019



data by the University can be found on its website

(<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at

<http://www.southampton.ac.uk/assets/sharepoint/intranet/ls/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf>

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer ([data.protection@soton.ac.uk](mailto:data.protection@soton.ac.uk)).

**Thank you for taking the time to read this information sheet.**



## Appendix R      Debrief form for facilitator and young person

Debrief form for Braive facilitator  
Ergo number: 46855, Version 2, Date: 26/02/19

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**Title of study:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

### **Debriefing Statement** (Version 2, 26/02/19)

This research explored whether an internet-based cognitive behavioural therapy programme (called Braive) in schools can help to reduce young people's anxiety, whilst improving their self-efficacy and academic outcomes (attendance and academic self-efficacy). It is expected that Braive will have a positive effect on each of these outcomes, whilst being a useful experience for both young people and their facilitators. Your data will contribute to our understanding of whether Braive can be successfully used in secondary schools, and whether it is effective for young people with anxiety.

You have the right to withdraw your data one month from today and, if you chose to do so, the information you have given us will not be used in our report. If you do not contact us, then your data will be used anonymously, which means that our reports will not include your name or any other identifying characteristics. This research did not use any form of deception and all participants were made aware of the study's aims and how their data would be used. If you would like a summary of our research findings or have any further questions, please do not hesitate to contact us at the following addresses:

Fiona Marsh: [F.L.Marsh@soton.ac.uk](mailto:F.L.Marsh@soton.ac.uk)

Jesvir Dhillon: [J.Dhillon@soton.ac.uk](mailto:J.Dhillon@soton.ac.uk)

**Thank you for taking part in our research. We greatly appreciate your support, and sincerely hoped you benefitted from the experience of facilitating Braive.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name:

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)).

# Thank you!

**Title of project:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Aim of the project:**

To find out if the Braive programme could help young people to feel less worried and improve other things, such as school attendance and self-efficacy (the belief in your ability to succeed)! We also wanted to find out what young people **in group one (who received Braive)** thought of the programme and ways it could be improved.

**You helped us with:**

- Several questionnaires e.g. about your worries and self-efficacy
- You might have also had an interview about Braive



**What will happen now?**

Your involvement in the project will help us to understand whether Braive is helpful for young people with anxiety. We might then be able to use Braive in other schools to help other young people like you! Do not worry, your answers on the questionnaires and during interview **(if you had one)** will be kept confidential. This means your name and any other personal details will be kept secret, so no one will be able to identify you. If you want to withdraw your data, you have **one month from today** to let us know.

**How can I find out about the project?**

If you like, we can send you a summary of what we found. Please ask your facilitator or teacher and they can let us know!

**What if you have more questions for us?**

Your school has our email addresses and contact details, so you can ask any further questions whenever you like.

**What if I need more help with my worries or have concerns?**

If you need advice or help on how you feel, there are a number of people you can speak to. This might be someone you know, like your parent or guardian, or an adult you trust at school.

You can also get support from outside of school, such as from Childline. People at Childline can talk with you about your worries and will keep any conversations confidential. You can speak to someone on Childline by calling 0800 1111 or use their webpage at <http://www.childline.org.uk/>.

Please turn over ➡

Debrief sheet for young person  
Ergo number: 46855, Version 3, Date: 15/03/19



**Thank you again for participating in this project!**

Signature:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)).

## Appendix S School head teacher gatekeeper permission

Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

Ergo number: 46855, Version 2, Date: 15/03/19



### School Head Teacher Gatekeeper Permission

Fiona Marsh and Jesvir Dhillon are researchers and Trainee Educational Psychologists at the University of Southampton. We are currently completing a thesis project to explore the use and experiences of an internet-based cognitive behavioural therapy programme (called Braive) in schools for anxious adolescents. This project **has been/subject to be approved** by the University of Southampton ethics board.

As part of our project, we will need to gain your permission to carry out our research in your school and collect data from your staff, parents/guardians and pupils, as explained in the 'School Head Teacher information sheet' (version 4, 15/03/19). All responses to our questionnaires and interviews will be kept strictly confidential and remain anonymous in our thesis project reports. The results of this project can also be made available to all participants on completion.

If you have read the 'School Head Teacher information sheet' (version 4, 15/03/19) and agree for this research to take place in your school, please sign below or if possible e-mail us at [f.l.marsh@soton.ac.uk](mailto:f.l.marsh@soton.ac.uk) (Fiona Marsh) and [j.dhillon@soton.ac.uk](mailto:j.dhillon@soton.ac.uk) (Jesvir Dhillon) to confirm that you are willing to allow access to staff, parents/guardians and students providing they agree to take part.

Name of Head Teacher of school (print name): .....

Signature of Head teacher of school: .....

Date: .....      .....

Name of researchers: Fiona Marsh and Jesvir Dhillon

Signature of researcher: .....

Date: .....      .....

## Appendix T Facilitators information sheet

Information sheet for facilitators  
Ergo number: 46855, Version 4, Date: 15/03/2019



### Facilitators Information Sheet

**Title of project:** Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

**Researchers:** Fiona Marsh & Jesvir Dhillon

*You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.*

#### What is Braive?

Braive is a company founded by Henrik Jahren (Clinical Psychologist), who develops courses for common mental health difficulties, based on Cognitive Behavioural Therapy (CBT). CBT is a short-term, goal focused therapy that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behaviour that are behind people's difficulties, and so change the way they feel. The 'Braive Anxiety Programme' is a 10-week internet-based CBT (iCBT) course, developed and adapted for schools by the Braive team and Bournemouth's Educational Psychology service. The programme uses information and activities to help young people manage their worries, by exploring the links between their thoughts, feelings and behaviours. For more information about Braive or the Braive anxiety programme, please visit the website: <https://braive.com> or you can contact the researchers and/or Educational Psychologists (see contact details below).

#### What is the research about?

Jesvir and Fiona are researchers at the University of Southampton. We are carrying out research to explore the use and experiences of the 'Braive Anxiety Programme' (herein referred to as 'Braive') for anxious adolescents in secondary schools. The main aim of this research is to find out if the programme is effective for reducing adolescent anxiety and improving self-efficacy and academic outcomes. The researchers also aim to gain people's experiences and opinions of the Braive programme.

#### Why have I been asked to participate?

Your school has invested in Braive from your local authority Educational Psychology (EP) Service and believe that you might like to facilitate the programme. You will be part of several schools across the local authority who have been asked to participate. Your participation will help us to investigate whether Braive is effective for reducing young people's anxiety and their experiences of using Braive in school with a facilitator. We also aim to gain your experiences and opinion of Braive. Your school head teacher is aware of the study and has given permission for you to participate in the study if you wish to do so.



**What will happen to me if I take part?**

- Once you have signed the consent form, you and your school will be part of the research exploring the use and experiences of Braive in schools for reducing young people's anxiety.
- Your school SENCo, with support from the EP service, will decide on the young people from your school who will participate in the programme. These young people will either be using Braive straight away in April (group one) or in September (group two).
- The researchers will then ask you to complete an online questionnaire via Southampton University's 'iSurvey' (a secure system for collecting questionnaire data) and ask you to support your pupils in answering online questionnaires about their worries and self-efficacy. Pupils in both groups will need to complete these questionnaires, regardless of when they start Braive.
- If you are facilitating Braive for pupils in group one, you will receive training in March and ongoing support from the EP Service in how to implement the programme and provide support to your pupils. You will then lead a small group of pupils to complete the 10-week programme. During Braive, your pupils will sometimes work individually or as a group for around one hour per week, with optional practice activities to complete outside the sessions. You will also be asked to record how much your pupils use Braive, using a 'Braive usage table' provided by the researchers.
- If you facilitated group one, you will take part in an interview after the programme has finished, to find out what you thought about implementing Braive. This interview will be audio-recorded and take about 30-60 minutes. You will also be asked to support your pupils in both groups again to complete their online questionnaires, which will be repeated after 3 months (in September).
- If you are facilitating group two, you will receive your training and ongoing support from the EP service in September. Once the final data collection has been completed for both groups of pupils in September, the research study will finish and group two will be able to start Braive. This means that no further evaluations of group two will be carried out by the researchers, so your school may want to consider evaluating your pupils' progress internally.

**Are there any benefits to me taking part?**

You will receive free training and ongoing support from the EP service throughout the research study duration. As a facilitator, you will be contributing to your pupils' ability to access a programme, which could help to reduce their anxiety. We can then use this information to evaluate the effectiveness of the Braive programme and help young people in other schools.

**Are there any risks involved?**

We cannot foresee any risks in taking part in this study. You will be supported by the EP service and researchers, who you can contact at any point throughout the study duration.

**What data will be collected?**

At the start of the study, you will be asked to rate how well you know the pupils in your group. If you are facilitating a group that begins Braive straight away, you will be asked to complete a Braive usage record throughout the 10 weeks. We will also ask to interview you, to gain your experiences and opinions of Braive. This will be audio-recorded and carried out on school premises at a time

convenient for you. Other than your role within the school, we will not be collecting any other personal data about you.

Before the young people start Braive, they will be given a unique identification (ID) number to anonymise their identity. This list will be shared with yourself and the school's SENCo. You will be asked to use this ID number when you complete a questionnaire on iSurvey. This will enable the researcher to track the young person's data, whilst ensuring their identity is kept anonymous. A master copy of the young person's real name and allocated ID number will be stored on Bournemouth EP service's secure network.

The data you provide will be collected via the University's iSurvey. This is a very secure system, which encrypts the data and is only accessible to the researcher following several security questions and passwords. All consent forms and written data will be collected by the school SENCo and sealed in an envelope. Once collected by the researcher or assistant EP, this data will be stored in a locked cabinet only accessible to the researchers and their supervisors. This data will then be entered onto the researcher's password protected laptop using a young person's identification number. Interview audio recordings will be given a pseudonym and transcribed into an encrypted file on a password protected laptop, before being destroyed. These steps will reduce the risk of you and your pupils being identified. Both researchers have also been DBS checked, so are safe to work with children and young people.

#### **Will my participation be confidential?**

Your participation and the information we collect about you during the research will be kept strictly confidential, unless there is a risk of harm to yourself or others. If this is the case, we will have to share your information with others and this may be without your permission. However, we will always try to talk to you about this first. You will be expected to keep your pupil's participation in Braive, as well as any information you provide about the pupil or information shared by the pupil, confidential unless the pupil gives consent for this information to be shared or for safeguarding reasons.

Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

#### **Do I have to take part?**

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to sign the facilitator consent form to show you have agreed to participate.

#### **What happens if I change my mind?**

You have the right to change your mind and withdraw at any time without giving a reason and your participant rights being affected. You may wish to withdraw entirely, or you may choose to withdraw from facilitating Braive, but still be willing to complete the follow up interview. If you do wish to withdraw entirely, we will need to use the data that has already been collected (such as your familiarity rating), so that we are still able to work out if the Braive programme is effective for

young people. We are not able to remove any of your data if it is **one month after** the study has finished [October 2019]. If you want to withdraw from the study, you can contact the researchers directly at: [f.i.marsh@soton.ac.uk](mailto:f.i.marsh@soton.ac.uk) (Fiona Marsh) or [J.Dhillon@soton.ac.uk](mailto:J.Dhillon@soton.ac.uk) (Jesvir Dhillon). If you no longer wish to carry on facilitating Braive, you will need to discuss this with your school SENCo so that they can arrange for a new facilitator to take over the role.

#### **What will happen to the results of the research?**

The findings of this research will be reported back to Bournemouth's local authority (who funded this project) and published in the researchers' theses and possibly in a research journal. However, your personal details will remain strictly confidential, and research findings made available in any reports or publications will not include information that can directly identify you without your specific consent. We can also provide you with a short summary of our key research findings.

#### **Where can I get more information?**

If you have any further questions, please speak to [insert school specific SENCo's name] and they should be able to help you. Alternatively, you can contact us directly at: [f.i.marsh@soton.ac.uk](mailto:f.i.marsh@soton.ac.uk) (Fiona Marsh) or [J.Dhillon@soton.ac.uk](mailto:J.Dhillon@soton.ac.uk) (Jesvir Dhillon).

#### **What happens if there is a problem?**

If you have a concern about any aspect of this study, please speak to [insert school specific SENCo's name] or you can speak to the researchers who will do their best to answer your questions (please use emails above). If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)).

#### **Data Protection Privacy Notice**

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Information sheet for facilitators

Ergo number: 46855, Version 4, Date: 15/03/2019



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To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

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**Thank you for taking the time to read this information sheet!**

## Appendix U Timeline for project

Exploring the usefulness of an internet-based programme (called Braive) in schools for reducing young people's anxiety.

Ergo number: 46855, Version 1, Date: 26/02/19

### Timeline for Braive project

Date	School responsibilities	Researcher responsibilities
<b>11<sup>th</sup> – 15<sup>th</sup> March</b> (depending on ethical approval)	<ul style="list-style-type: none"> <li>Read through Braive Research pack</li> <li>Sign school consent and gatekeeper forms</li> <li>Confirm students participating in April and September Braive groups</li> <li>Send out all information and consent forms – returned forms to be placed in sealed envelope ready for researcher to collect.</li> </ul>	<ul style="list-style-type: none"> <li>Send paper and electronic copy of Braive Research pack</li> <li>Follow up call to answer any queries and confirm participation</li> </ul>
<b>13<sup>th</sup> March</b>	<ul style="list-style-type: none"> <li>Facilitator training for April group carried out by Bournemouth EPS.</li> </ul>	<ul style="list-style-type: none"> <li><b>Attending facilitator training to:</b> <ul style="list-style-type: none"> <li>Present our research project.</li> <li>Collect any sealed envelopes with consent forms from facilitators</li> <li>Answer any queries</li> </ul> </li> </ul>
<b>18<sup>th</sup> March</b>	<ul style="list-style-type: none"> <li><b>Deadline for all consent forms</b> (especially parent and young person)</li> </ul>	<ul style="list-style-type: none"> <li><b>Researcher to phone schools to confirm consent has been gained.</b></li> </ul>
<b>18<sup>th</sup> – 29<sup>th</sup> March</b>	<ul style="list-style-type: none"> <li><b>Data collection time 1</b> – online <u>iSurveys</u> to be completed by the young people, and their facilitators and key staff members.</li> <li><b>Attendance and pupil premium data to be collected from the SENCo via iSurvey.</b></li> </ul>	<ul style="list-style-type: none"> <li>Researcher to email SENCo and facilitator links to online <u>iSurveys</u>.</li> <li>Researchers available on the 22<sup>nd</sup> and 29<sup>th</sup> March to support data collection and collect sealed envelopes.</li> </ul>
<b>1<sup>st</sup> April – 29<sup>th</sup> June</b>	<ul style="list-style-type: none"> <li><b>Braive starts for April group!</b></li> <li>Facilitators to carry out Braive for 10 weeks.</li> <li>Facilitators to complete Braive usage questionnaire weekly.</li> </ul>	<ul style="list-style-type: none"> <li>Bournemouth EPS and researchers to provide ongoing support.</li> </ul>
<b>1<sup>st</sup> – 12<sup>th</sup> July</b>	<ul style="list-style-type: none"> <li><b>Data collection time 2</b> - online <u>iSurveys</u> to be completed by the young people, and their key staff members.</li> <li><b>School SENCo to send out parent questionnaire</b></li> </ul>	<ul style="list-style-type: none"> <li>Researcher to send copy of parent questionnaire (via post and email)</li> <li>Researcher (Fiona) available on 28<sup>th</sup> June and 5<sup>th</sup> July to support data collection and collect parent questionnaires.</li> </ul>
<b>1<sup>st</sup> – 23<sup>rd</sup> July</b>	<ul style="list-style-type: none"> <li><b>Interviews</b> for students and facilitators who have completed Braive.</li> <li>Attendance data to be collected from the SENCo via iSurvey.</li> </ul>	<ul style="list-style-type: none"> <li>Researcher (Jesvir) to contact school SENCo to arrange interviews.</li> <li>Jesvir to carry out interviews</li> </ul>

## Appendix V Coding examples

The screenshot shows the Braive application interface. The top menu bar includes Home, Create, Data, Analyze, Query, Explore, Layout, and View. The left sidebar contains a navigation tree with categories: DATA (Files, Facilitator, Young people, File Classifications, Externals), CODES (Nodes), CASES, NOTES, SEARCH, and MAPS (Maps). The main panel displays a conversation with F9 Beth, with text segments highlighted in yellow. The right sidebar shows a list of annotations and a vertical timeline with colored bars representing different coding categories: Coding Density, Accessibility, Practical exercises, IT issues, and Young person friendly.

Conversation text:

I: people outside the doors, which is really annoying, the kids running around screaming, which they do.

Beth: Okay, because it was very loud outside that they weren't able to do it or what was it?

I: They just thought if you just get distracted, I don't know. Maybe breathing exercise is not for them, or maybe they could have given them a go in a better area because probably being in a confined space would be better because it is really open and big. When we click the links to revisit tasks towards the end, it didn't work. It would just come up, "You don't have access for that," so then we couldn't go back to the observation model and things like that.

I: That's something they wanted to go back to?

Beth: Well, you were meant to, toward the end it says, "Now go back and..."

I: Revisit what you've done?

Beth: You say, "Click here," but that didn't work. That was something that was just a bit annoying. Then I think we all discussed that we weren't really keen on the words symptoms and treatment, because they were like, "We're not ill, miss." I was like, "I know you're not," so then I was, "Oh, I don't like that either."

I: How often did that come up?

Beth: Treatment? Yes, quite a lot, and symptoms, map your symptoms and stuff like that, and so that made them feel like they were ill, because I then had to just reassure them, I was like, "It's not like..." They're working on it, I just said, "Don't worry about the word 'symptoms.'"

I: Did that just come up in the last session yesterday?

Beth: It's happened before. Obviously they don't see but from my part it says, "Manage your patients as well," so then I'm like, "Oh," I really do feel they're as well...

I: Even from your side?

Beth: Yes.

I: You felt like you're giving a treatment?

Beth: Yes, and I'm not a doctor, but they're not sick, so yes.

I: Okay. That's useful to know.

The screenshot shows the Braive application interface. The top menu bar includes Home, Create, Data, Analyze, Query, Explore, Layout, and View. The left sidebar contains a navigation tree with categories: DATA (Files, Facilitator, Young people, File Classifications, Externals), CODES (Nodes), CASES, NOTES, SEARCH, and MAPS (Maps). The main panel displays a conversation with YP13 AMY, with text segments highlighted in yellow. The right sidebar shows a list of annotations and a vertical timeline with colored bars representing different coding categories: Coding Density, Accessibility, Practical exercises, IT issues, and Young person friendly.

Conversation text:

AMY: I think voices were helpful.

I: Why were the videos helpful?

AMY: The videos, it told you what to do in a situation in the future. I usually worry a lot about the future. I'm always worrying about the future.

I: What did it help you to do then? The videos...

AMY: It really made me calm down about certain things. I'm like worrying about pretty much anything at once. So I'm sort of need some things to stop worrying about. And know what to do in that situation.

I: So the video helped that (Yeah). How did they help?

AMY: They just like, get you prepared for those sort of things.

I: Okay so it's like the videos help you prepare for things that you're thinking about in the future.

AMY: I mean I'm usually like, I think to myself like being anxious helps you prepare for things. Like when you actually know what to do then and it's easier for you to be ready for it and not have to be anxious while you're doing those things...

I: Is that something that you learned from the Braive programme or did you know it before?

AMY: Braive programme.

I: So that's something you've learned from the Braive programme. So as you've progressed through the programme, how have you found it?

AMY: Quite good.

I: What have you found good?

AMY: Mainly the videos, the videos.

I: Okay. You've talked about that. What did you think about how the programme was set up, so you said to me you had weekly sessions... What did you think about that?

AMY: Well, I think some of it was quite complicated like trying to get into the sessions. Then I think is quite good like with the questions to do each week before you started the session.

I: You thought they were good...

AMY: Because it showed me how like, how, better or worse I was doing.

I: So what questions were these?

AMY: They had like a questionnaire every week it would have the same questions but I feel like you can see a big difference because they'd have like this chart and this squiggly line of how it's progressed or not progressed. So you'd like to tick these boxes and finish these questions.

I: Oh okay so you'd tick these boxes and it shows what you were on one week and how it's changed the next week?

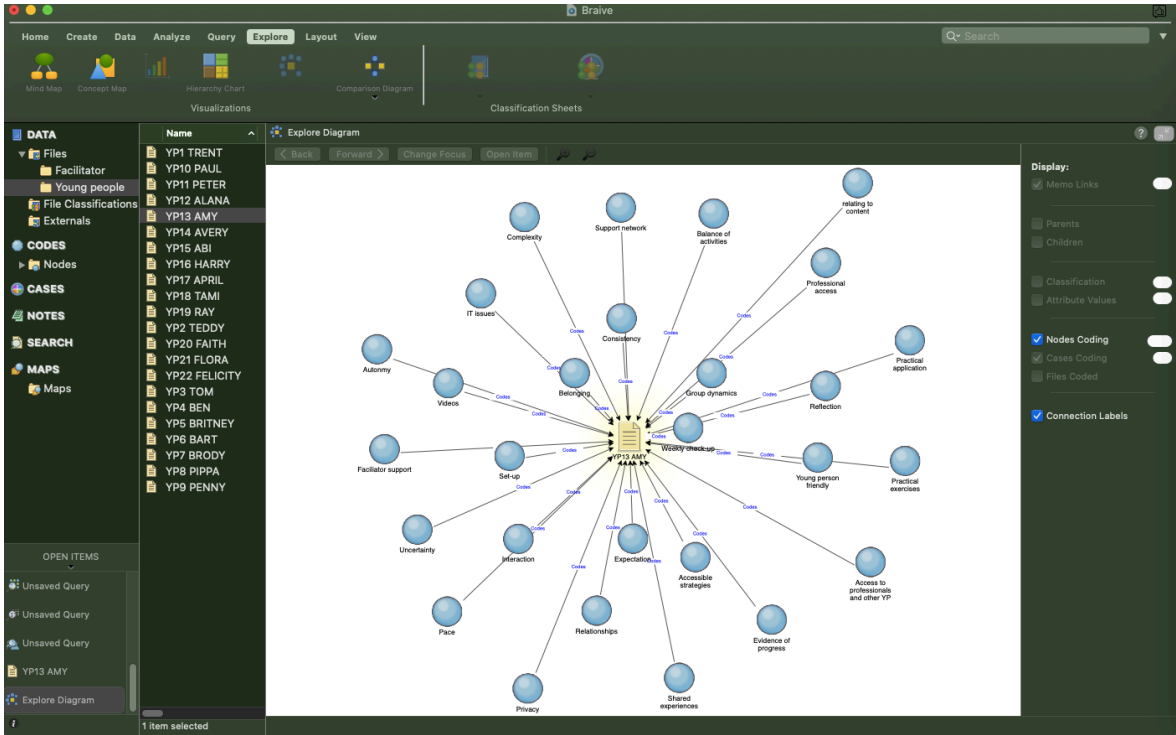
AMY: So there was like a questionnaire and when you would like to tick the boxes it wouldn't tell you how you are at that moment or what you had the last week. But once you've done the whole session, you'd be able to go back and see how everything's gone.

I: And why did you find useful?

AMY: I don't know. I just think maybe knowing I'm doing better than I was or worse (laughs).

I: So it showed you something so if you're doing better or worse, something about seeing it?

AMY: Maybe I found it helpful to show if the Braive website is helping.



## Appendix W Transcript examples (young person and facilitator)

### Interview Participant Facilitator 1, Secondary school

Project Title: A qualitative exploration of facilitator and young people's experiences of the school-based internet cognitive behaviour therapy (iCBT) Braive intervention programme for reducing adolescent anxiety.

Interview date, time, location: 09/07/19, T school (mixed)

Interview: JD("I")

Interviewee: Participant 1 ("Trudy"), female

Duration: 35 minutes

Completed 10 weeks of the Braive programme

### Interview Transcript

Introductions completed.

**I:** Okay, so if we just start off by getting some information about your job title and how many years you've been in your current role?

**Trudy:** I'm a learning support assistant. I've been here for four years, going into my fifth year. I've taken on a different role now, so I oversee physical and sensory need and sort of run the inclusion room.

**I:** Okay, so it's quite varied, kind of varied job now as you've been here such a long time, five years. Okay. The plan for the interview, this will last about 30 to 45 minutes. I'm just going to ask you questions as we go along. Would you have any questions for me before we begin?

**Trudy:** No.

**I:** Nothing to ask before we begin. What I try to do is divide into sections just to make it more of a conversation about your exploring the usefulness of the programme. To start off, could you tell me from your perspective what the Braive Programme was for?

**Trudy:** From my perspective, I suppose something that the kids could take away and practice and use. We'd have this room that they could learn all these different skills, but then they could take that away with them and use it now, in the future, and just to manage their anxiety and just notice that they're anxious, get that from it.

**I:** Before you started the programme with young people, what did you know about the Braive Programme?

**Trudy:** Obviously, we went to the training day. I didn't know too much, just that it was used - I think it was originally for adults, wasn't it?

**I:** Yes.

**Trudy:** And that it'd been just researching on children, but I didn't know much else in what I'd done on the training day, if that makes sense. (Laughs)

- I:** That's absolutely fine. Is there anything that you were expecting from the programme?
- Trudy:** Just tools that they could use really. That's something I wasn't-- from the training day, I was expecting that there would be something that they could take away, if that makes sense.
- I:** Is there particular type of tools that you felt--?
- Trudy:** Yes, so something they could use to manage their anxiety. Just something that they could learn to take away with them.
- I:** To take away and to use outside as well?
- Trudy:** Yes.
- I:** Okay, and so how many people attended the group?
- Trudy:** It was the four students and then the two facilitators.
- I:** Two facilitators?
- Trudy:** Yes.
- I:** What are the average ages of the children who came and the gender?
- Trudy:** We had three males and one female. The female was-- she's in year nine. I don't know, I think about 14? 13, 14?
- I:** Yes, that's fine. The others?
- Trudy:** Yes, and then the others were in Year 8, so 12.

**I:** Okay, so there's four people in the group and there's three males and one female. Now, we're moving on to the experiences of it. How did you use the programme within your school, how did it work?

**Trudy:** Every week, we need to have just an hour booked out in this room. They all had a laptop each and we use that big computer there and we just went for it and played the videos. Then they did the activities separately. Sometimes we finished a bit earlier, so we put it all on the whiteboard up there and just go through the scenarios.

**I:** Scenarios together or--?

**Trudy:** Yes, it was all together. They would share if they wanted to, we did it like that.

**I:** Okay. How did you find the Braive programme at the beginning and as it progressed?

**Trudy:** Yes, so we had a bit of an issue at the beginning because they couldn't-- I can't remember exactly, I think they couldn't go on their programme, that they couldn't continue, and it kept coming up with an error. That was quite an issue, they couldn't do any of the activities. They were frustrated actually because they wanted to do it. We had to do it on the-- because it worked on ours, we could do it on that computer. Then once the issues were resolved, it worked really well. There were no other issues, that was really smooth.

**I:** Okay, so there's technical things that are going on?

**Trudy:** Yes, it was just that, that was the issue.

**I:** Okay. As it progressed, how did you find it?



- Trudy:** Do you mean just--?
- I:** I know at the start you had the issues and then after that-
- Trudy:** Yes, it was fine. It was really good. It worked fine. It was just really useful. Yes.
- I:** Is there particular things that you found useful?
- Trudy:** The videos were really good. They explained things really clearly, which was good. The drawings were good. Yes, activities were good. I feel that those little examples-- and some of the examples I didn't find that useful because they hadn't been changed, they were still for adults. I can't think off the top of my head, but there would be one and it'd say like, "Oh, if I was at work, I would do this," but obviously you can't relate to the kids, so we were having to come up with our own examples of how to fill out their activities.
- I:** How did you find that?
- Trudy:** That was okay. It was all right, but some of them wouldn't really share, and obviously they don't need to share. We were trying to come up with ideas, general ideas, but we couldn't really get any more specific.
- I:** When you were sharing ideas, did some people take them on board or some people did and some people didn't?
- Trudy:** Yes, they did. Yes.
- I:** Okay. Was there any issues with that, did you feel?
- Trudy:** No, no, that was fine. I feel like if this was still in the future, if other kids are going to do it, that would be really useful to have different examples.

**I:** Different examples?

**Trudy:** Yes.

**I:** Were these the examples in the videos?

**Trudy:** No, in the activities. I'm trying to think, it was just things that when they could use some of their skills, you had to think of a scenario, but the examples we were talking about, "Oh, if I had to do a meeting at work," so we were trying to say, "Oh, if you had to do a presentation at school." I feel like that'd be really useful if they had more school-related examples.

**I:** School-related. Okay. Yes. You've touched upon how did you find the videos and the exercises and strategies, is there anything else you want to add to that in terms of how you found them?

**Trudy:** Yes, I think some sessions were quite short and some-- Well, there was a lot to do. The videos and that were great, but I think just actually some of the activities could be moved a bit around if that makes sense. Because some sessions, we were done after half an hour and others, we were right to the end.

**I:** Were there particular sessions do you remember?

**Trudy:** I wish I'd written them all down to be honest. I think it was the ones mainly towards the beginning were quite-- those ones, I can't remember what they're called-

**I:** Common thinking errors.

**Trudy:** Yes, that was a really, really tough session, but towards the end, there were quite-  
- there wasn't very much in them, so.

- I:** Okay, so the beginning, it was a long sessions or--?
- Trudy:** Yes, at the beginning. Towards the end, it was-- Yes.
- I:** You feel like some of the bits could be put into...
- Trudy:** Yes, made them all a bit more of the same sort of time, I think that would be useful.
- I:** Okay, that's useful to know. How did you find facilitating the programme with the young people?
- Trudy:** Yes, fine. I think it was really good actually. I really enjoyed it. I think you get to build a good relationship with the kids, so that was good.
- I:** Okay, and so the building relationship was very important to them?
- Trudy:** Yes.
- I:** Is there any aspects of the group you found easiest to do than others?
- Trudy:** How do you mean?
- I:** You supported them within doing the programme. Is there any particular things that you found the easiest to do when you're supporting them?
- Trudy:** Yes, probably like we would follow, because we were given the handouts and stuff. I found it easy to read from the computer and just go for it with them. Just reading from the computer the news and-- The booklet was great for getting yourself prepared. I suppose that part of it I found quite useful and easier to just read off there and explain.
- I:** Following what they're doing...

- Trudy:** Yes. That was really good. Yes, no, it was really good. It was just quite simple.
- Nothing was really confusing. Some of the activities were a little bit that you had to sort of stop and do them part by part if that makes sense. It was all quite easy.
- I:** Did you find things difficult in supporting the group, so the four people?
- Trudy:** Sometimes I suppose if we... Because one of the members he likes to chat a lot and he's quite open to sharing things, and a few times he was talking more than others. The others were trying to sort of engage them a bit, but they were... We found that quite hard if that makes sense. If we were trying to think of a scenario, they didn't want to share or didn't have anything to share.
- I:** Okay, so is it like a lot about the group members and how you put them together and if someone was sick, it changed-
- Trudy:** Yes, it did.
- I:** What was kind of going on?
- Trudy:** Yes.
- I:** I guess, how did you manage that? So you tried to manage that?
- Trudy:** Yes. I mean, that was okay because we just-- In some cases when there was just two of them. Actually, that worked really well, because you could-- I didn't know you could read-- I think they were found it easy to share. You could really I suppose be more individualised if that makes sense. If they weren't in, we'd have to catch them up, which was fine. They didn't get that sort of little bit at the end where we'd share an idea or if that makes sense. We did it that way--

- I:** Sometimes, I guess sometimes, having a smaller group was really useful for certain children. Then certain times is also, as a group, it was useful as well because sharing ideas or getting people to speak as well. It's like, I guess it's something about-- Is it something about the number of people...
- Trudy:** Yes, I suppose so.
- I:** Who is in the group?
- Trudy:** Yes. I suppose the characters are in there as well, but it was useful sometimes to have all of them bouncing off each other a bit. Other times, it was quite nice just to have the two of them and sort of really looking at the material.
- I:** That's something you found difficult. How were you supported with the Braive intervention? How were you supported?
- Trudy:** Do you mean by like support by X?
- I:** Yes.
- Trudy:** Obviously, we were in contact with a few people in those issues and that was great. Everyone was really, just pick up the phone and they answer or call you back straight away. That was really useful. Yes, just felt really supported. Yes.
- I:** How did it work? As in, how were you supported in kind of facilitating the Braive? Did you contact them? I didn't know how it worked.
- Trudy:** When we had the issues, we contacted, I think it was at the beginning. We contacted someone, and it was always over the phone or email and we were just sort of sending these things and they come back with answers. I think it was like a Q&A kind of thing, but I don't know how it works. That's what I mean. That's the

part I don't know what happened because it suddenly started working. We were like, "Yes, it's all work." We just cracked on that. I mean, they were there if we needed.

**I:** Did you have any ongoing support or during the time that you were there, how did it-- I'm not sure how it worked.

**Trudy:** I'm just trying to think. Not really, it was just once or once it was all sorted, we just got on with it and then we just got few emails about doing the surveys and stuff. Everything felt quite set up. It hasn't felt like we're thinking, 'Oh, what are we doing next?' We'd know what we're doing.

**I:** The setup?

**Trudy:** Yes.

**I:** What do you mean about the setup?

**Trudy:** The timeline of things and we're well aware of the dates and it's not like we're thinking, 'Well, what's happening now? What's' we just know.

**I:** It's very clear about what was going on then, as well?

**Trudy:** Yes.

**I:** That was just think about that kind of support. Did you get any further training or supervision that you're provided with?

**Trudy:** No.

**I:** Okay. Did you adapt to the programme in any way?

- Trudy:** I'm just trying to think. Well, yes, some of the words we found were a little bit. I think it was difficult for the group to understand and their understanding was not there I think. I think it was the words, worry and rumination. The word, rumination, we just thought that it was just confusing to the kids, so we changed some of the words to past and future worry, things like that, but we didn't really adapt the programme and then thought about it, then just giving more examples and changing some of the words.
- I:** The words. Yes. Again, did they find that useful when you adapted the words and the scenarios as well?
- Trudy:** Yes.
- I:** Okay. Okay, and then if we think about moving on to dislikes and kind of things, what problems, if any, did you come across using the Braive Programme?
- Trudy:** Obviously, we had the IT issue. There wasn't a lot of problems, really, it was just that initial bit that it took a few weeks to sort out, but there was nothing else...
- I:** Nothing?
- Trudy:** Nothing, no, no problem. No.
- I:** What about during the sessions or anything that arose?
- Trudy:** No, we didn't have any problems. No.
- I:** Okay. Okay, and then if we think about things you liked about the program, can you tell me what you liked and what worked well with the Braive programme.
- Trudy:** Yes, I think the videos, again I just thought they were really useful.

**I:** Why?

**Trudy:** It's just that giving a clear explanation and I think the kids like that. That visual and auditory, you pick up more. Just what they use on the drawings are quite nice. I like the little saying at the end of the video, we all like that to the point we're all saying, "Building healthy minds." We like that, they like that. I did like the activities, some of them are tricky, but I did like them. I just feel that if you had the right examples, that would be better and that would make it more user friendly. Yes, if that makes sense.

**I:** The things you found tricky, what were they?

**Trudy:** Just trying to think. It was the examples. I wouldn't say tricky, that's the thing. There was nothing really tricky. It was just that wasn't really helpful that it was related to work or driving a car, they can't do any of that. It was just us thinking of ideas, but it wasn't tricky. It was just having space to think about them if that makes sense.

**I:** I guess it's thinking more widely to relate to them.

**Trudy:** It's just a bit annoying in a way?

**I:** Yes because it wasn't related to school and they couldn't put themselves in those scenarios.

**Trudy:** Yes, that's it. Yes.

**I:** Okay. You talked about the video is really helpful, is there any other really elements of the programme that you found really helpful?

**Trudy:** I liked the Super Skills, I thought they were good.



- I:** Super Skills?
- Trudy:** Yes.
- I:** You've got a lot there (on the board).
- Trudy:** Yes, we've got a little out there, yes. I feel like the tools that we printed out and they wrote on, I thought that was good. Every week, we'd say to them, "Have you used this," and they had. I found actually the most, like the isometric relaxation PMR there, they seemed to really like those two in particular.
- I:** Okay, so there's particular ones that they really like?
- Trudy:** Yes. I feel actually that's one thing I've just thought of. Some of the activities. What are they called? We play the clip and it would be someone talking through and you close your eyes. I think it was the mindfulness ones. I feel like some of them could have been a bit confusing and more accessible, some kids don't see or hear the things. I don't know, to have be a bit different, to have like them more relatable because I think there was one talking about a river. I think it would have been helpful to have other things, to hear a river for example, do you see what I mean? To have that sense in there, because it was talking about leaves floating on a river. It was very confusing and the all the kids were not sure, I feel like kind of a bit of a river sound to help them understand, that would be really relaxing. I feel like just different types of those that they could choose.
- I:** Did it not have that sound, it had another sound?
- Trudy:** No, it was just someone talking. They said afterwards, so someone was like, "Oh, I just pictured a really rushing river," and it wasn't supposed to be like that. I think

if you had the sound of a river just gently flowing, they would be able to engage in that more, because it was just so silent. It was just sort of, "Picture it going down a river," but they couldn't really do that.

**I:** Okay, so one of them imagined it was rushing river?

**Trudy:** Yes, and then someone else just couldn't imagine it at all and so it was difficult.  
Yes, so I feel it was hard.

**I:** Okay, so it's something about the description of having sounds about whatever that kind of mindfulness that they're trying to do?

**Trudy:** Yes.

**I:** Okay. That was thinking about the sessions. We talked about what you liked about the session. Is there any other elements that you liked or that were helpful?  
You've talked about... Yes, sorry.

**Trudy:** No, no, you carry on.

**I:** You talked about, there's two, the PMR and the isometric relaxation were two very helpful thing, so carry on what you were saying...

**Trudy:** The whole programme was enjoyable, if that makes sense. It was just very easy to follow. There was a few things that we had to explain in more depth, but just the way it was set out. Like I say, some of them could have been longer, but it was just quite easy, videos played nicely. I just felt it was really useful, the kids enjoyed it, they came away with things. I just thought it was just really useful overall.

**I:** Okay, that sounds good. Okay, so we've touched upon what particular parts of the session you particularly liked as well. If we think about any concerns or difficulties

you have with the Braive programme, can you tell me about any concerns or difficulties you had with it? You kind of touched upon them as well.

**Trudy:** Other than what I've said, concerns, again it's some of the words maybe, like the rumination. I don't know if that's needed, because some of our kids found that hard, that was difficult. But there's no concerns, I think the videos were great. I really like them. No, I can't think of anything that was a real problem.

**I:** That's absolutely fine. That's fine. Okay, and then if you think about changes, could you tell me about anything that changed within the group following the Braive programme?

**Trudy:** Yes. Well, the kids were saying that they felt a lot better, that they were using these skills. I feel like at the start they were all quite quiet, not really sure. Towards the end of the programme, they were so much more confident. To us, they don't seem the same. The girl that we had, she's a bit different, I'm not sure how much use it's been for her. The other three, I feel like they've been really engaged because that's the thing with the programme, it's great, but I feel like they really do need to try these activities and stuff outside of it, and the others have. I'm not sure how much she's done of that, she said she has, but the others, I can really see that they're trying to.

**I:** In what way have they changed?

**Trudy:** They're just more confident and more aware of what makes them anxious or more aware of how they behave when they're anxious or how they feel. It was quite the observation model we've got up there. They could pick out how

somebody else might feel when something happens. They just seem much more aware and confident in knowing what skills to use if they're feeling worried.

**I:** Why do you think they changed, do you feel?

**Trudy:** I don't know, I think that they wanted to change, I think that helps. I think they were aware-- I don't know, I feel like they weren't aware that they were anxious, but at the start of the programme, they then thought, "Yes, I'm getting these symptoms, so I'm going to try some of these things I've learned." Now, they just feel more confident in themselves, they can recognise these things if you see what I mean.

**I:** You said that you saw them, they wanted to change, is that something you knew at the beginning?

**Trudy:** No, we didn't know that. I think it's when we offered it to them, they sort of, "Yes, I'm going to grasp that." I say that they want to change. I just feel like you can tell that they want to change, because they are using these skills outside of the sessions, if that makes sense, and they come back and they tell us, "I used that, I did this." They'll openly say, "Oh, I did the PMR really well." If you're wanting to change, you'll do those things. We said that in the session. It only really works if you do these things and practice them. We didn't really know that they wanted to do that. I think they just grasped it and just went with it.

**I:** You started to notice that they were coming to you discussing things outside of the sessions with you and you were noticing started noticing changes?

**Trudy:** Yes.

- I:** In terms of the one person you were talking about, you don't feel that they've changed or?
- Trudy:** Yes, I don't know, she's very quiet anyway. I do a lot of one-to-one work with her. I can see the others, because we see them a lot in our room as well. I can see them pushing themselves. You could just see it. I can't even explain how. Because you're supposed to challenge yourself, I sort of say, "Your super skill is to do this and that," but I just feel that she doesn't seem engaged. I don't know, I just don't feel that she... I don't know because she didn't want to or she's just that nervous and... or, I don't know.
- I:** For the others, you see them actively doing those things and making a change whereas for her, you don't see it?
- Trudy:** Yes. The others were willing to push themselves I think out of their comfort zone. I'm not sure she was willing. She did do a few things. Like at the end, I think we just did a game like hangman or something and we were sort of, "Do you want to take a turn?" She did do things like that. She did push herself, but I'm not sure... The others pushed themselves that little bit more.
- I:** Okay. I guess there's something about motivation and they seemed that they were much more motivated to do that as well. I guess we've touched upon a lot of the group and why you think things have changed. Could you tell me anything that you... that changed from the way in which you supported the group or did it...?
- Trudy:** Yes, I suppose at the beginning, because the sessions were quite long, we just did them and then off they went kind of thing. The sessions were not as long, so we had a lot of free time. We thought, "Well, we'll use this," and so we do the

observational model as a group or we just discuss things. We talked about mindfulness and just some of the apps you can use and find online or on YouTube, so we saved them to have a look at those kind of thing as well, because I was looking at Braive obviously. We supported them in that way of just giving them a few more tools I suppose that they can look at home. Just using that time for more of a discussion. I think one of the boys, I think he's moving in September I think. I don't know. I think he's moving school or something. We talked about that as a group, and how would he be feeling. We just added those little bits. We sort of said to them, if anyone wants to come talk to us, if they need anything, they never did. They all quite open up. There was nothing. We've just did it in that way.

**I:** Okay. I guess you had the opportunity to use some of that time to really pinpoint things and put them into practice and you put the... Like you said, about the boys engaged and it can be put into simple terms to discuss as a group, which was useful.

**Trudy:** Yes.

**I:** That's interesting. I guess is to think about-- Is there anything else for you I should know, was there anything that we haven't covered you feel?

**Trudy:** No. I think it for us, it was really useful to have... I mean, they were useful, the printouts that we had. We found it useful to write these things all on a whiteboard. Again, we've written up some examples, like the stresses there. Other than just changing the examples, I think it was all very straightforward. It's already useful. The printouts were really handy. I think that's it, really. Yes.

- I:** Okay. If you have got feedback to people who design the Braive programme, what would you feedback to them in terms of designing the programme?
- Trudy:** Probably, that some of the activities, so it would have like a whole list of, one, put this in the blue box, put that in the yellow box, put this in the red box, and it was also just there. I think that would be useful fit. That was separate. Obviously, I think it's nice to have it all in one diagram, but if there was a way that you could do it separately, and then it put it together. It was like, we'd read it all out, and then we'd have to be like, "Right. Okay, so in the blue box, you put this," then we'd have to wait more to do that. Then just that step-by-step just to make it easier and the examples. I said about the little mindfulness thing. If there was some sort of-- I think it's quite useful for them to be able to hear a sound or some sort of sense that they could imagine that they're there, for example. What else was there? The programme did, other than the IT issue, it run really smoothly. Other than those little things, it was fine. It was good.
- I:** Okay, that's really good. If you were giving advice to schools about using the Braive programme, what advice would you give them at the schools?
- Trudy:** I think it's really useful to have a small group and do those group discussions. I thought that was really useful, actually. The programme itself was great, but then to give-- If they didn't have the examples, but to give your own anyway, just have a general discussion about it. I don't know. Making sure the group feel that they can talk to you and you sort of build a relationship with them much. I think that's important as well.
- I:** Okay. Is there any other advice you'd give schools about thinking about using the Braive programme?

**Trudy:** I suppose, again, like keeping it... I know that's probably what everyone would do anyway, but keeping the same time, I think that was really important. Same room.

**I:** Same room, same time.

**Trudy:** That's something I forgot to mention. One of our students actually downloaded it on his iPad. He was on that. That was quite good. If you've got students that want to use-- if they got their own laptops, he really enjoyed that and he can just easily access it. That's something actually I feel like that would be really useful.

**I:** Was he able to access at school when he was in school then as well?

**Trudy:** Yes, but the video's on now. I don't know if that's something that's going to come online. When he did a catch-up session, I had to log in onto the computer so he could watch the videos, but he'd do it all on his iPad. He really enjoyed that. I think that's quite useful.

**I:** Yes, that sounds really good. Okay. I think we've come to the end of the interview. Is there anything else that you want me to know, anything that I haven't asked or...?

**Trudy:** No, I think that's it.

**I:** Okay, thank you very much for your time.

**Trudy:** Thank you.

**I:** Thank you. I'll stop there.



**Interview Participant young person 5, Secondary school**

Project Title: A qualitative exploration of facilitator and young people's experiences of the school-based Internet Cognitive Behaviour Therapy (iCBT) Braive intervention programme for reducing adolescent anxiety.

Interview date, time, location: 12/07/19, B school (mixed)

Interviewer: JD("I")

Interviewee: Participant 5 ("Britney"), 14, female, Year 9

Duration: 33 minutes

Completed 8 weeks of the Braive programme

**Interview Transcript**

*Introductions completed.*

I: Okay so I just want to say thank you for taking part in the research. So what I'm interested in is thinking about your experiences of the Braive programme for reducing anxiety. So can I start off by thinking asking what how old you are and what year group you're in?

Britney: I'm 14 and I'm in Year 9.

I: So this interview is going to last about 30 to 60 Minutes. Do you have any questions before we start?

Britney: Nope.

I: I'm just going to get some paper. So the first thing I want you to start off by doing, is thinking about the Braive programme and I want you to write down anything you remember about the Braive programme. You can draw it; you can write it whatever you like and there's no right or wrong answer. It just to think about what you used in the Braive programme what you remember. I've got some pens.

*Drawing/writing*

Britney: I think that's it.

I: Okay, let's just go through it. Do you want to read them to me?

Britney: Putting problems in a bucket and filling water.

I: What was the what was that about?

Britney: It was like an observation model I think.

I: Okay. And how does it how did it work?

Britney: I mean it's like you put your problems in a bucket. Like you write it all down and you'd get that water and watch problems floats away. (Okay). The what if situations were you'd create a situation and you'd like, what if this happened, what if that happened and how to cope with that. (Yeah). How to cope with difficult situations like breathing exercises and if you hyperventilate or something like that.

I: So coping things and breathing exercise, so are they the main things you remember?

Britney: Yeah. Yeah and the leaf.

I: The leaf?

Britney: Where you are breathing and you have your eyes closed and you have to imagine things flowing past you and you put your problems on a leaf and watch flow away.

I: Okay. Okay. So is it a leaf and the breathing exercises and putting your problems in a bucket are things that you remembered. (Nods).

Britney: Okay and if I now you can draw on this this page or I have another piece paper, I just want you to think about an ideal programme. So you've done your part way through the Braive programme. I want you to think about an ideal programme, what it would have. It could still have these things (pointed) but it could have other things. There's no right or wrong answer. It doesn't have to be a real programme but just things that can imagine you would like in a programme to help young people with their anxiety. You can draw or you can write, whatever you like.

*Drawing/writing*

Britney: That's all I've got really. I think it would be the same.

I: What have you written here?

Britney: Like being able to speak to other people, going through the same thing but like with like code names, like another name and talk about how each other feels

I: Okay. How would you do that? If that was an ideal programme that you could, like you said speak to other people going through the same thing. How would it work for you?

Britney: I think it would be based on an observation model like you could do. Like you make an observation model and then it would like link it to someone else's.

I: So you mean as in you would write down in an observation model and then someone else would write down then it would link you to someone else who has experienced the same or similar things.

Britney: Yeah that's it.

I: I guess, would it be just seeing that observation model because you've said being able to speak to the other person.

Britney: Yeah so basically like a chat or chat room. So like you can message each other.

- I: Okay okay but you talked about how they would be hidden with code names as well, and that being important.
- Britney: Yeah, so that like, someone doesn't feel like you're going to see them in real life and tell everyone what's happened.
- I: Yeah that sounds like an interesting idea as well. And is there any anything else that you'd like in an ideal programme. So you want the similar or same things as what is in the Braive programme too. Is there anything else that you would want?
- Britney: Not that I can think of.
- I: No, you can always come back to anything. I'm going try and explore the Braive programme you've done or that you've been doing

***INTERUPTION***

- I: Okay. So first thing I want to ask you is about the Braive programme, what did you know about the Braive programme before you started?
- Britney: That it was something online to help your anxiety.
- I: OK. Did you hear anything else?
- Britney: No not really just that it was anonymous.
- I: And what were you expecting from the programme?
- Britney: I was expecting to just sit in a room and speak with other people in my year about things, I didn't really think about putting your problems in to like a computer and then figuring out coping ways.
- I: Ah, how did you find that then? You were expecting something else?
- Britney: Yeah, I think it made more sense to be honest, to be on a computer or go through tasks, it made more sense.
- I: So that helped you?
- Britney: Yeah.

- I: How do how did it help?
- Britney: So I find I find it easier to write down than speak about something. Like if I have a problem I'd rather write down than speak to someone.
- I: Okay so you found that useful. So actually writing down on a computer rather than speaking. (Yeah). So how did you use the programme, how do you use the programme at school and outside? Generally how do you use it since you started.
- Britney: Yeah well, we did it every Wednesday last period of school. We were told if we needed it outside of school we could log in. (Okay). We sort of like learnt the exercises and then at the end of the session we talked about what we can when we are at home.
- I: Okay. And have you have you use things?
- Britney: Yeah I used, I think, it was like a breathing exercise, I used that for dance shows because I really to panic before them. (Ah, I see).
- I: How have you found that?
- Britney: Well it stopped me from passing out (laughs) so that's a good thing.
- I: Okay, so you said you use breathing before dance shows that you've done (Yeah). Okay and if I think about your experience with the Braive programme, how many people were in your group?
- Britney: I think, wait, one, two, three, four, I think five.
- I: Five and what ages or year group were they in?
- Britney: All in same year as me (nine), yeah, same year
- I: And how did you find that?
- Britney: It was a lot nicer to know they were in my year because it felt like I'm not on my own.
- I: Okay, in terms of the people in the group, how many girls or boys?
- Britney: I was the only girl in there.

- I: Okay. And how did you find that?
- Britney: It was fine. It did not make much difference to me.
- I: So you said you met up every Wednesday the last period of the day and how have you found it within the group, you said to you it was good that they were in the same year group. Is there any other things that were helpful within that group or that weren't helpful?
- Britney: Like I said, we all did the same. We did it all together. We didn't do it separately, we like spoke about it and then did what we felt. Like it was nice knowing that we all knew what we were doing. Having a reassurance.
- I: Okay. So you did it together and it was it was reassuring that you actually did it as a group of people together. (Yeah). Is anything that wasn't so good in the group?
- Britney: Not necessarily in the group I think it was more the fact we were in a room that had windows and everyone could see and hear us.
- I: What type of room was it?
- Britney: It was a room, it was upstairs and there is corridor, there was like windows going into the corridors. Anyone in the corridor could literally look through the window and distract you.
- I: Is there any other reasons you did not like the room apart from people distracting you?
- Britney: Like if we had a breathing exercise and we had our eyes closed. It would worry me that someone is starring outside.
- I: Okay so it's important that no one can see or you might feel other people knowing what is going on (Yeah).
- Britney: It needs to be a safe space.
- I: Yeah that makes sense. Is there any other things that you found helpful not so helpful in the group, good or bad?
- Britney: No not really, that's it.

- I: And you said you used the breathing exercises when you were outside school for a dance. (Yeah). And is any of the times that you used to things or have you been able to log at home or anything like that?
- Britney: No I've not really logged on at home. I sort just tried to distract myself with things. I do the thing where it, five things you see, four things you hear...
- I: What's that?
- Britney: It's like a card I've got but I can never remember it. It's a sort of thing to distract you when it sort of brings you back into your own space when your mind is wondering off and your minds not normal.
- I: So that something in the Braive programme?
- Britney: Yeah it's in one of the videos.
- I: You've used it. How often have you used it?
- Britney: I use it a lot in class like if something stresses me out.
- I: Okay so is that it like every time you're at school or every time you sit in class?
- Britney: I do it most of the time.
- I: Okay and how have you found it?
- Britney: It works, like it actually calms me down, like it sort of gives me something to think about and then go back to it with a fresh mind.
- I: Okay, that's useful. Okay, I know they have not finished the programme. (Yeah). So if we think about how you found the programme at the beginning and it's progressed for you? What you, how you found it in your journey?
- Britney: At the beginning I sort of looked at it and thought it's not going to help me. I never think sitting somewhere and talking about something is going to help. I just don't see it working. But as slowly got on, I started to realise that it was slowly helping me deal with things. Like at the beginning I would never go out and see my mates. I would stay at home and wouldn't leave. Slowly I started going out more and seeing people. I was like, that's clearly the Braive programme working.

## Appendix W

- I: Okay. So you feel like you've seen it work (Yeah). So you started going out with friends...
- Britney: I speak to people more, I have the confidence, when I'm out, so when I'm out I have the confidence to actually speak.
- I: Okay and you feel like that is because of the Braive programme? (Yeah). So initially it was really difficult and you didn't think it was going to doing a programme like this was going to help you but you've seen it has had an impact.
- Britney: Yeah it has.
- I: How have you found it with the Braive programme, everything about the Braive programme, doing it weekly. How have you found it during sessions?
- Britney: It's like helpful to reflect on the week. Instead of trying to think back, say you did it once a month and thinking back to a month you don't really remember, so when you reflect on a week it sort of brings it all back.
- I: So you like the way it's actually and weekly and to reflect on that week? (Yeah). Okay. And is there any other things as you've progressed in the programme that you've found useful or not so useful?
- Britney: Well I think it's just in general health and gaining my confidence back.
- I: Okay. And how have you found the strategies that they've suggested. How have you found them? You've talked about some of them that you have started using in class. If we think about which ones you've used.
- Britney: So the breathing, obviously distracting myself or like one where we were looking at a situation and thinking, what we are thinking if that what someone else is thinking. I'm thinking this but in reality none of that going to happen. I do that now, like when I go out I think something bad is going to happen but I always think it but it never happens. So I don't know why I'm over thinking it, that helps me a lot. So changing my thinking, inside one that we were looking at situation and thinking.
- I: Right is there things in the programme that you found useful.



- Britney: I like doing the weekly check-up. It makes you stop and think about how you've actually been feeling. I normally I'd just go in I my day to day life and not think about what I did in the week or how I was feeling during the week. When we did to each week you think, oh, you think about what happened in the week and you see your improvement.
- I: Okay so seeing you improve? So just by doing the weekly check-up you felt like you were seeing it. (Yeah) So we've talked about some of the strategies and how did you find the structure of the programme. I'm thinking about structures like the you know the week to week but also within the sessions and how it was laid out each. What did you think about that?
- Britney: I like the fact there was videos, so you could just sit and watch a video, like think through it and it sort of explained it more, rather than just sitting there and reading something like that and I like how it was set up to slowly ease you into something, it wasn't just write down a situation. It sort of eases you into it, like first think about it and then write it down and then put it onto like an observation model.
- I: OK. So it was like that it's like a step by step process (Yeah). When you say eased you in, what do you mean?
- Britney: Like it was not straight in your face quickly write something down. So you had time to think, it was not rushed.
- I: Okay so it's like the right kind of pace (Pace). Is there anything else you wanted to add?
- Britney: No I don't think so.
- I: And then how were you supported within the programme? Did you have a teacher with you?
- Britney: Yeah. We had, first we started off with X and X. And then it was just X every week. It was like difficult at first as none of us could log in. At first, it was like everyone stressing about the fact we've missed out weeks. Then we had someone from Braive come in and then sort it all out. And then after that it was all fine.

## Appendix W

- I: Okay so you had a couple of weeks that...
- Britney: Yeah it was like trying to figure out what was wrong. Our emails wasn't working so we couldn't carry on.
- I: So did you do the first week?
- Britney: Yeah we did the weeks but we started later on.
- I: Okay. Did you get to log in on the first session?
- Britney: No, I think misses, I think Miss had her so we just used her. So instead we just used hers but wrote it down. So instead of doing it on our computer we her one and just wrote it down.
- I: And then you then you did it on computers yourself (Yeah). How did you find out did you find it on a computer? And how did you find having the teacher Miss X, how did you find it with them?
- Britney: It was a lot of help. It is nice knowing that they're there because if you had a question and they would come and help. It's like we had the support if we needed it.
- I: Okay so they were like available. And so how did it work as in did you go through the programme, did you do it yourselves or how did it work?
- Britney: Miss would obviously do the video on the screen when we got to the video but we would do our weekly check-up and then we would wait for each other to finish, if bits to read, read them and then they we would go through some examples then we'd fill it in ourselves.
- I: And how did you find that process?
- Britney: It was easier, like when to speak about it because it's hard to think of like what to do yourself, so when we'd all sit there and talk about it, it would make you realise what you're doing.
- I: Okay. So it was useful to check in with everyone as well. (Yeah). You said the teacher was very supportive. Okay so if we think about anything you didn't like

about the programme. Was there any problems that you came across using the Braive programme?

Britney: I think the only problem was like how many breathing exercises there was. I was I felt as if we were repeating a lot. Like sometimes when you have to follow the sort of like a circle when it goes out and in, it's like how your meant to breathe. I sort of found a lot of us struggle with that. It sort of made you panic thinking oh we're breathing too fast or breathing too slow and make sure and think how you're breathing.

I: Okay. So you start thinking more about how you're breathing, when and what kind of speed you are doing it.

Britney: Yeah I think it made us worried even more.

I: So that's something you didn't like in the programme. And what would you think would be a better alternative to that?

Britney: I think it would just be talking about like, counting in your breathing or watching your breathing instead of like having us follow how to breathe.

I: So you had something on the screen.

Britney: Yeah and you'd have to watch it and you have to breathe at the same time as that.

I: So you're saying you should do something that you like doing, say counting yourself, that would be a better way of doing it. Okay and is there any other kind of problems that you came across in the programme you did it didn't like or feel could be improved?

Britney: No that was it.

I: So we kind of touched upon some of these. So can you tell me things that you liked that worked well in the Braive programme for you?

Britney: Putting our problems, say, writing them all down and thinking of how we can cope with that or thinking how we could change how we would deal with that

because it makes you think when you're back in that situation, oh maybe I can try this one, if that doesn't work I can try a different one

I: Okay so it gave you some things to do things to do (Yeah). And is there any other parts of the program you really liked?

Britney: I liked the fact that we would sit and watch a video, I don't know why. It's sort of like calming. (Yeah). You sit down and watch and it, makes you think, yeah, so you can relate to the video.

I: Okay. So it was a really relatable to watch the video. (Yeah). A calming kind of video to watch. Is there anything else that you liked about the programme you wanted to add?

Britney: No that its.

I: That's okay. Is it a particular element that you found really effective in the programme more than others?

Britney: It just be how to cope, that was the best thing that helped me. How to cope with things because when I'd go out and be in a situation I'd think 'oh what did I say to myself' at the time when I was thinking about the situation. So if I start panicking I'd think, oh no, I told myself how cope, so I need to use that.

I: Okay so how to cope kind of strategy was something was really useful...And can you tell me what you liked about the sessions or the particular parts of sessions that you would like?

Britney: I liked it when we'd sit down and talk about each other's problems. So if we were doing examples we'd all sit there and we'd would talk about things that we've gone through.

I: Okay so how do how did that work in the programme?

Britney: Like every week when we were doing say like we're in the observation models, we all like sit there and talk about something and maybe we would write on our own, and talk about like different situations and how that they can affect each other. So we're not all in different situations, we can relate to each other.

- I: So did you write some being first or did you talk about a group first?
- Britney: Talk about it in the group first.
- I: Why do you think it was that so effective?
- Britney: I feel like it just gave you some reassurance, that you are not on your own, that we can relate.
- I: Okay so it's like you're sharing the situations are in. Was there any other particular parts of the sessions that you liked?
- Britney: Like doing the observation model so you can think about everything. So it's just a reflection of yourself.
- I: Is there any concerns or difficulties that you had with the Braive programme apart from that you talked about the I.T. issues? The other thing you talked about was the breathing
- Britney: No I think that's it.
- I: I now want to think about kind of changes and you kind of touched upon this as well. So you've told me that you have changed, you started using things in this classroom and outside like for a dance class and you started to use them elsewhere. So you've noticed that you've changed, is that any other ways you feel the Braive programme has changed you?
- Britney: I think it just built my confidence in general. I would use what I've said in Braive and like think about it whenever I need it, it was always there. Yeah it built my confidence.
- I: So you've start to notice these changes as well. (Yeah). And I guess, why do you think the Braive programme helped you make those changes?
- Britney: I think it just helped me reflect and sit and think. Because normally I'd be like its fine I'll leave it. But doing this sat me down and made me think about what was actually going on.

- I: Okay. And even a you talked about earlier about you said being in the room and sitting down and thinking and reflecting on these things helped you with the Braive programme as well. So just being in a room doing the programme with other people kind of helped... Is there anything else that you feel has helped you change?
- Britney: I think it's just having the support from people around me as well. Like my family they really support me, they always check on me every day like I got out to school they will ask me about a day like that, just in general.
- I: That's useful. So we are coming to near the end so if we think about your anxiety now and you kind of said it has changed, how has it changed?
- Britney: I feel like I'm just less worried. I'd do something, I feel like I worry if it goes wrong then that it's like nothing ever going to go perfectly. And I think if something goes wrong I'll learn from that. Like I don't sit and wonder and I'm like if I don't do it then I'll regret it, and if I do it and it goes wrong, I'll just learn from that. I don't panic as much. There's little things like I'm out my family and then go can you go and ask for that. I'm like 'no', I'm not, I'm scared because I'm like I'll fall over or something. Yeah. But the fact that my parents pressured me into doing it, sounds horrible, but they pushed me into doing that, and after nothing goes wrong. I think, oh, maybe I don't have to be worried.
- I: Okay yeah. So you feel like you're doing things more than you did before. That you're able to do that you did not do before. So it's a couple more questions, what would you feedback to the designers of Braive programme? Would you tell them or feedback to them?
- Britney: It does help. It was like genuinely helpful, like maybe people will look and think it's not going work because that what I did, but does and you just got to tell people that because they're not going to believe it at first.
- I: Yeah and then what about kind of the design of the programme, what would feedback to them about the design?
- Britney: That it was good how they ease you into it, and they put videos in and I like the fact that the videos were drawn as well, it was just all the videos were sort of like

cartoons or like it was as if someone was drawing the situation out which I feel helped because it's like that's what you do in your mind, you draw situations out in your mind, it's sort of like watching the pictures in your mind if they were like in front of you.

I: Okay yeah that's good. Yeah and you found that useful because it was like drawing.

Britney: Yeah, it's like a visual representation.

I: Yeah okay and so the next question is, what advice would you give to a young person and thinking about using the Braive programme?

Britney: Don't hesitate and don't be worried about what you are saying and because you're not the only person. Like you may think you're the only going through that one situation but I'm sure somewhere someone's going through the same.

I: Is there any other advice you'd give them thinking about using the programme?

Britney: That don't worry about what other people thinking around you. Don't worry about that just worry about yourself.

I: Okay good. Okay. It's so interesting that brings me to end of my questions. Is there anything that you feel I should know that we haven't covered or would be useful to know about the Braive programme?

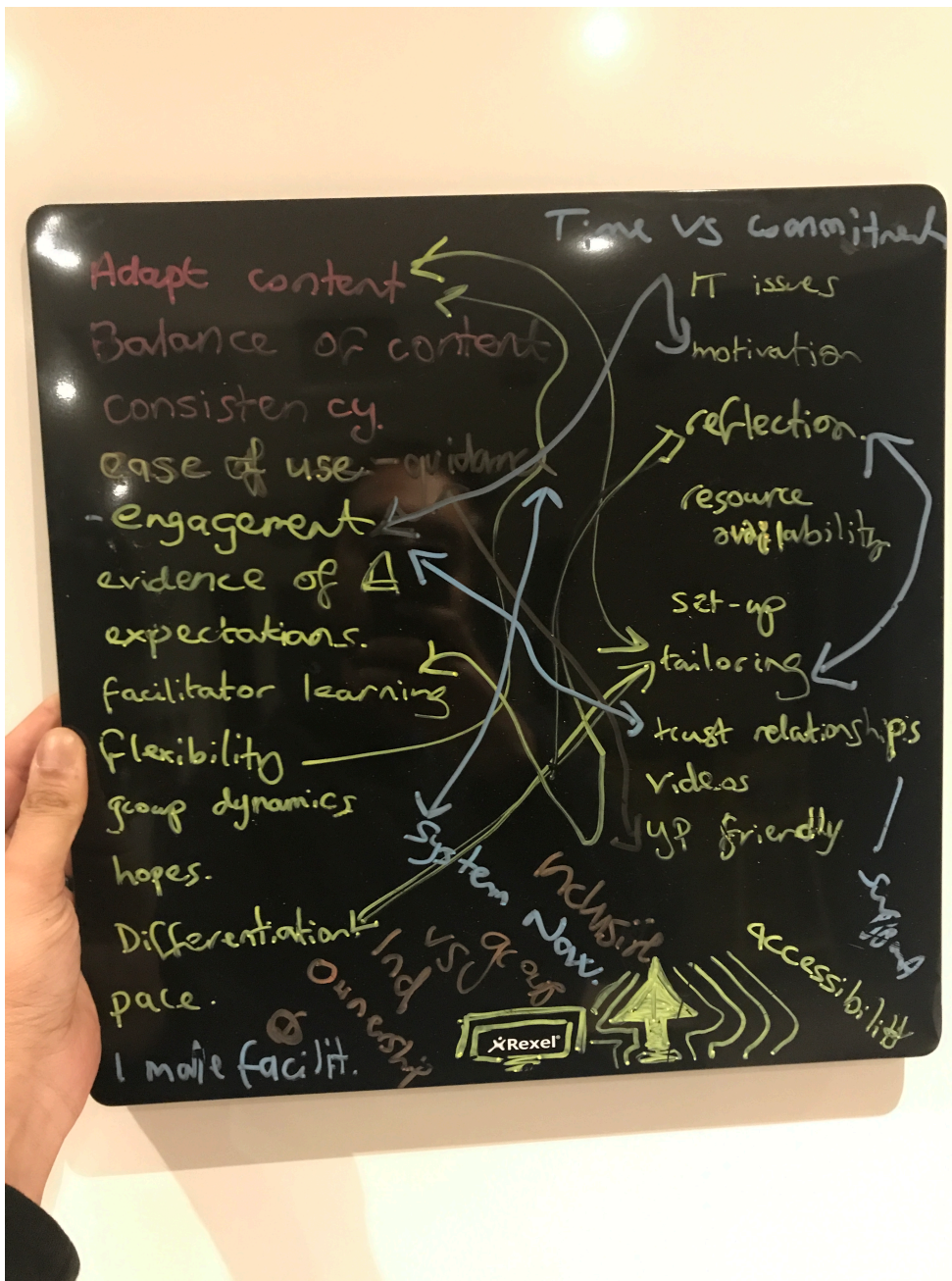
Britney: I think it covered everything.

I: Okay so we'll finish the interview there.

## Appendix X Thematic maps and theme generation over time

Figure 3. Initial codes and theme ideas

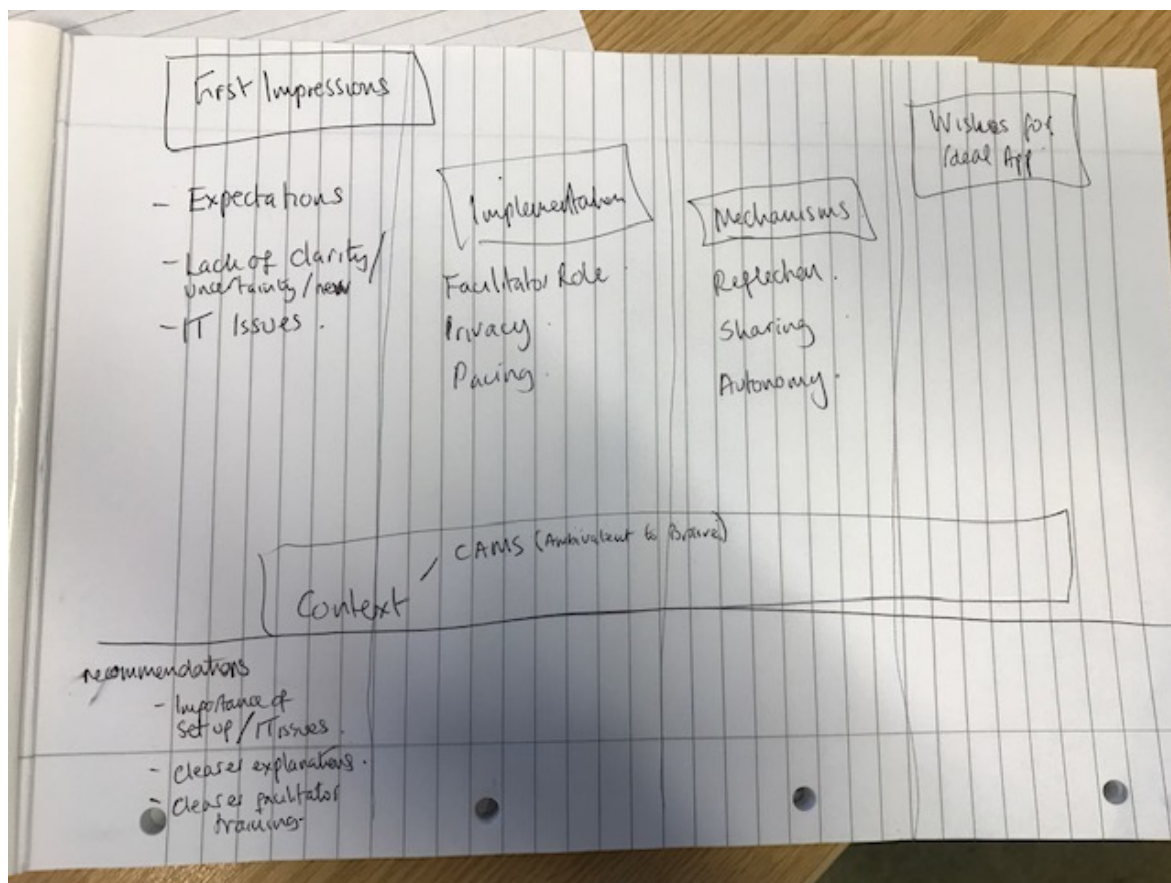
Initial codes and theme ideas





**Figure 4.** Ideas within research supervision using process evaluation map

Ideas within research supervision using process evaluation map



**Figure 5.** Framework for process evaluation for young people experiences

Framework for process evaluation for young people experiences

First impressions	Implementation	Mechanisms	Wishes
<ul style="list-style-type: none"> <li>• Expectations</li> <li>• Uncertainty</li> <li>• Environmental security</li> <li>• Prior/Existing relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Set-up / consistency</li> <li>• Group functionality               <ul style="list-style-type: none"> <li>• Pacing</li> </ul> </li> <li>• Privacy / Security               <ul style="list-style-type: none"> <li>• Videos</li> </ul> </li> <li>• Weekly check-ins</li> </ul>	<ul style="list-style-type: none"> <li>• Reflection               <ul style="list-style-type: none"> <li>• Trust</li> <li>• Belonging</li> </ul> </li> <li>• Evidence of change               <ul style="list-style-type: none"> <li>• Autonomy</li> <li>• Navigation</li> </ul> </li> <li>• Facilitator role</li> </ul>	<ul style="list-style-type: none"> <li>• Support network</li> <li>• Access to professionals               <ul style="list-style-type: none"> <li>• Time</li> <li>• Ease of use</li> </ul> </li> <li>• Tailoring to multimedia needs               <ul style="list-style-type: none"> <li>• Differentiation</li> </ul> </li> <li>• Accessibility of strategies</li> <li>• Young people user friendly               <ul style="list-style-type: none"> <li>• Balance of content/information</li> </ul> </li> </ul>
Context	<ul style="list-style-type: none"> <li>• Balance of content</li> <li>• Practical application</li> </ul>		
Recommendations	<ul style="list-style-type: none"> <li>• IT issues</li> <li>• Facilitator training</li> </ul>		

**Figure 6.** Framework for process evaluation for young people experiences

Framework for process evaluation for young people experiences

First impressions	Implementation	Mechanisms	Wish for ideal application/ programme
<ul style="list-style-type: none"> <li>• Time allocation needed</li> <li>• Environmental security</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement levels</li> <li>• Resources availability               <ul style="list-style-type: none"> <li>• Group set-up</li> <li>• Pace</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Differentiate tailoring to needs</li> <li>• Navigation and flexibility concerns               <ul style="list-style-type: none"> <li>• Videos</li> </ul> </li> <li>• Motivating and managing group dynamics               <ul style="list-style-type: none"> <li>• Facilitator learning</li> <li>• Trusting relationships</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• ?</li> </ul>
Context	<ul style="list-style-type: none"> <li>• Balance of content</li> </ul>		
Recommendations	<ul style="list-style-type: none"> <li>• IT issues</li> </ul>		

*Framework for process evaluation (young people)**Block 1 – young people’s experiences using framework for process evaluation*

<b>First impressions</b>	<b>Implementation</b>	<b>Mechanism</b>	<b>Wishes</b>
<ul style="list-style-type: none"> <li>• Expectations varied</li> <li>• Uncertainty towards the programme</li> </ul>	<ul style="list-style-type: none"> <li>• Motivation?</li> <li>• Set-up</li> <li>• IT issues – resources availability</li> <li>• Consistency</li> </ul>	<ul style="list-style-type: none"> <li>• Practical exercises</li> <li>• Evidence of progress and change</li> <li>• Shared experiences</li> <li>• Relating to content within programme</li> <li>• Reflection ability</li> <li>• Privacy of programme and information</li> <li>• Practical application of strategies</li> <li>• Group dynamics</li> <li>• Relationship building</li> <li>• Ease of use and navigation</li> <li>• Weekly check-ups</li> <li>• Pace</li> <li>• Autonomy</li> <li>• Sense of belonging / support network</li> <li>• Facilitator support</li> </ul>	<ul style="list-style-type: none"> <li>• Young person friendly</li> <li>• Privacy</li> <li>• Accessibly strategies</li> <li>• Tailoring/personalisation (reading/writing needs)</li> <li>• Multimedia access to differentiate learning</li> <li>• Access to additional information/signpost</li> <li>• Access to professional and others with similar needs</li> </ul>
<b>Context</b> <ul style="list-style-type: none"> <li>• Reflection</li> <li>• Repetition</li> <li>• Positive experiences</li> </ul>			
<b>Recommendations</b>			

*Framework for process evaluation (facilitators)*

*Block 2 – facilitators experiences using the framework for process evaluation*

<b>First impressions</b>	<b>Implementation</b>	<b>Mechanism</b>	<b>Wishes</b>
<ul style="list-style-type: none"> <li>• High expectations</li> </ul>	<ul style="list-style-type: none"> <li>• Motivation</li> <li>• Set-up</li> <li>• IT issues</li> <li>• Time flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Tailoring/ differentiation</li> <li>• Functionality of content</li> <li>• Trusting relationships</li> <li>• Group dynamics</li> <li>• Videos</li> <li>• Pace</li> <li>• Practical exercises</li> <li>• Evidence of change</li> </ul>	<ul style="list-style-type: none"> <li>• Young person friendly</li> <li>• Privacy</li> </ul>
<b>Context</b> <ul style="list-style-type: none"> <li>• Reflection</li> <li>• Supervision support and guidance</li> <li>• Positive experiences</li> </ul>			
<b>Recommendations</b>			

**Similarities**

- IT issues and navigation issues within the programme
- Motivation appears to be important for the impact of the group/willingness
- Young person friendly platform with examples they can relate to
- Privacy seems like an ongoing theme throughout
- Group support
- Pace impacts on young people which the facilitator controls

**Differences**

- Expectations varied and more uncertainty for young people
- Levels of facilitator input related to time allocated to them for the programme impact on what is take away from the programme
- Genders wise – boys seem to relate to the programme differently in term of reflection and their level of engagement with the programme/relating to the programme

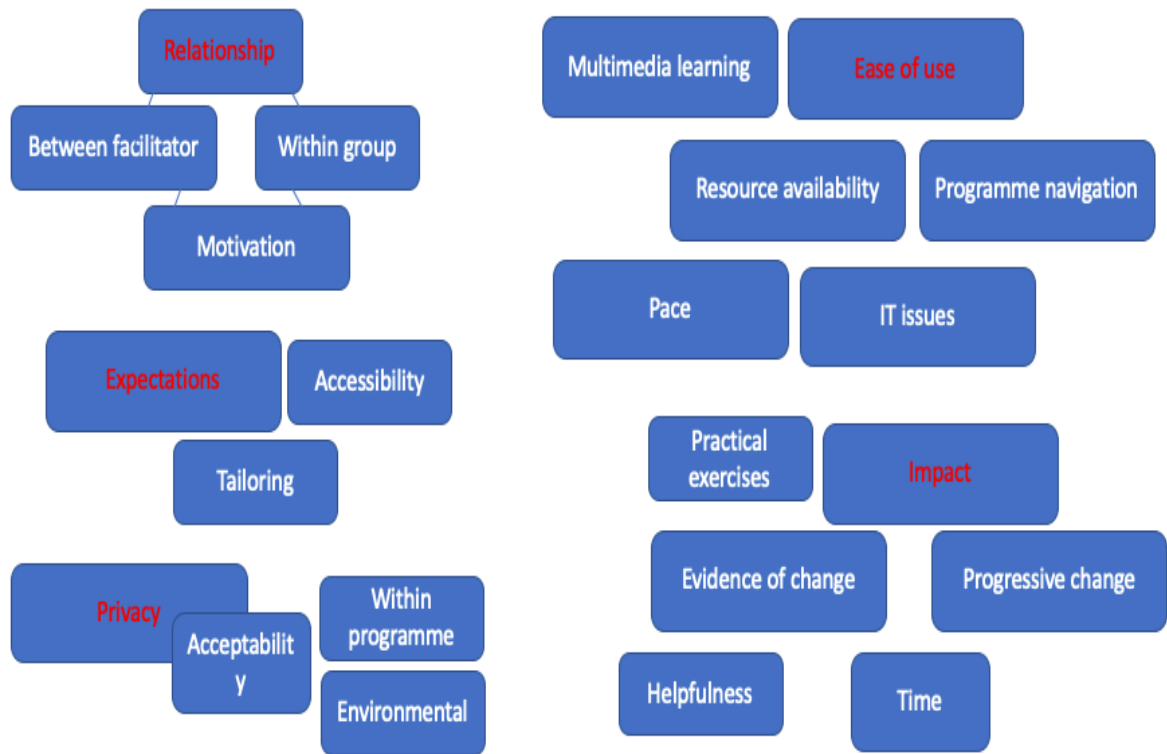
**Interaction**

- IT issues is related to resources availability in schools e.g. access to computers
- Facilitators tried to tailor and differentiate where young people wanted tailoring and differentiating in different multimedia
- Young people's relating to the content is impacted by the facilitator level of tailoring/differentiation and trust/relationships to the facilitator

**Figure 7.** Combined young people and facilitator codes and themes

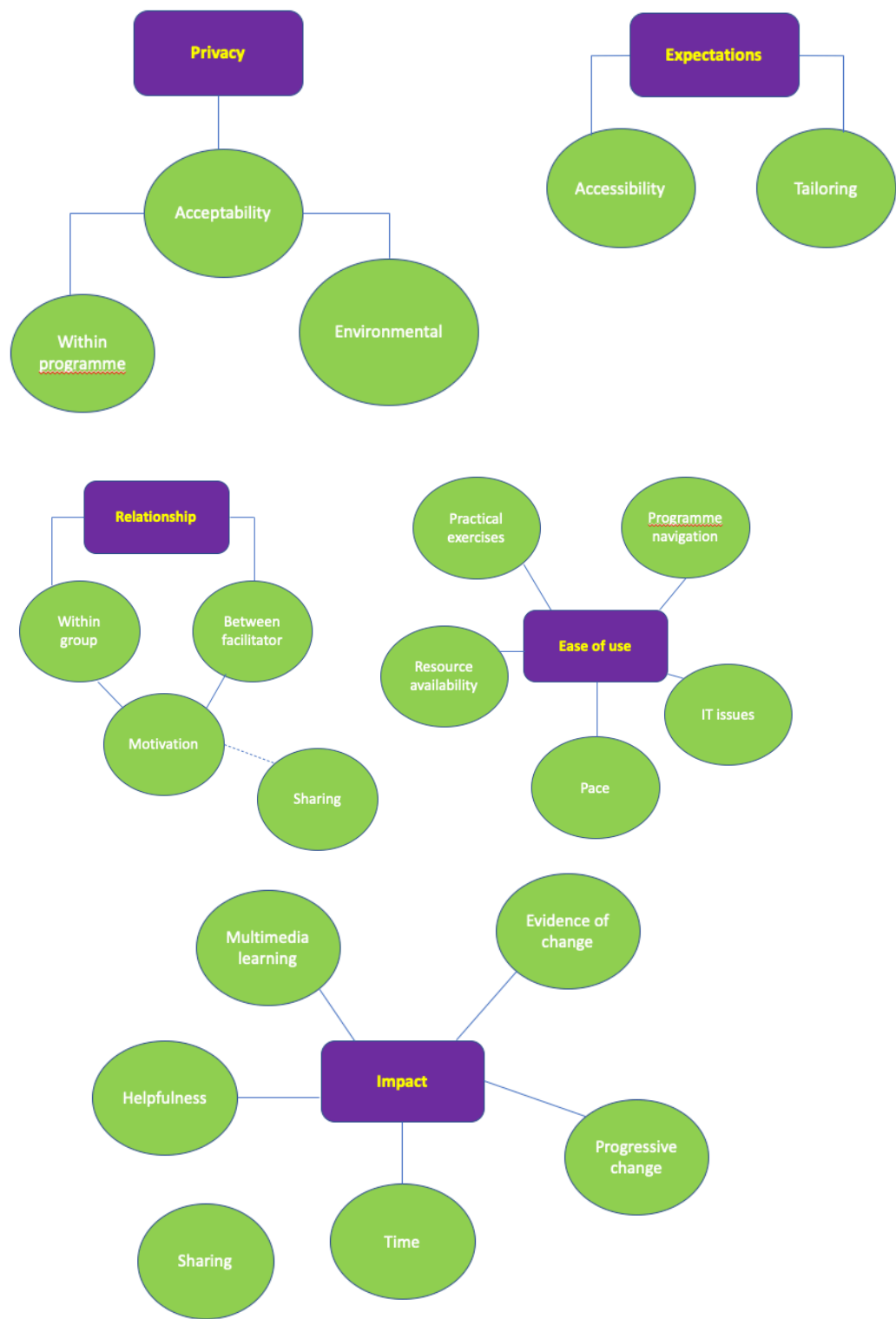
Combined young people and facilitator codes and themes

A qualitative exploration of facilitator and young people's experiences of the school-based Internet Cognitive Behaviour Therapy (iCBT) Braive intervention programme for reducing adolescent anxiety.



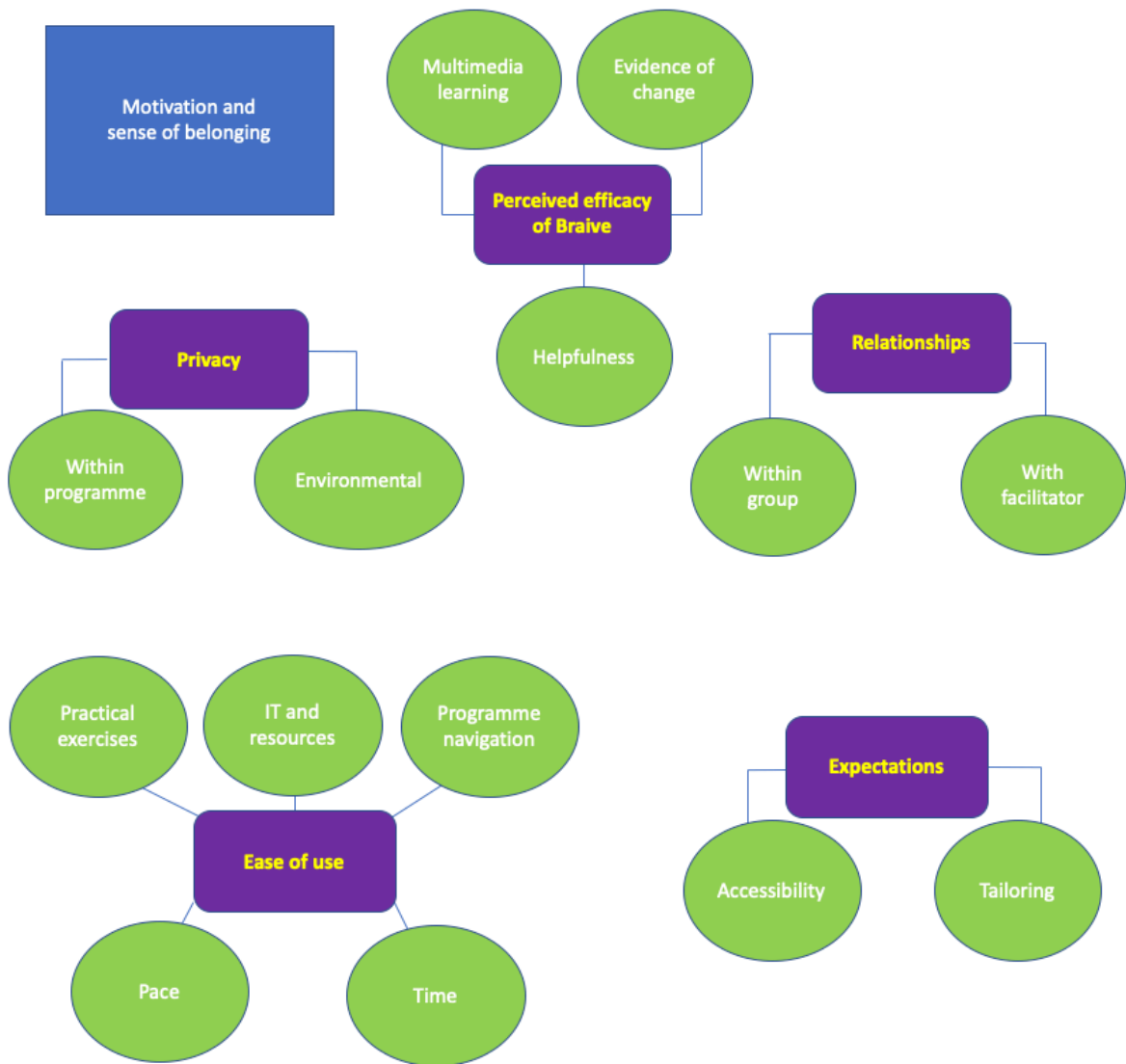
**Figure 8.** Young people and facilitator thematic map 1

Young people and facilitator thematic map 1

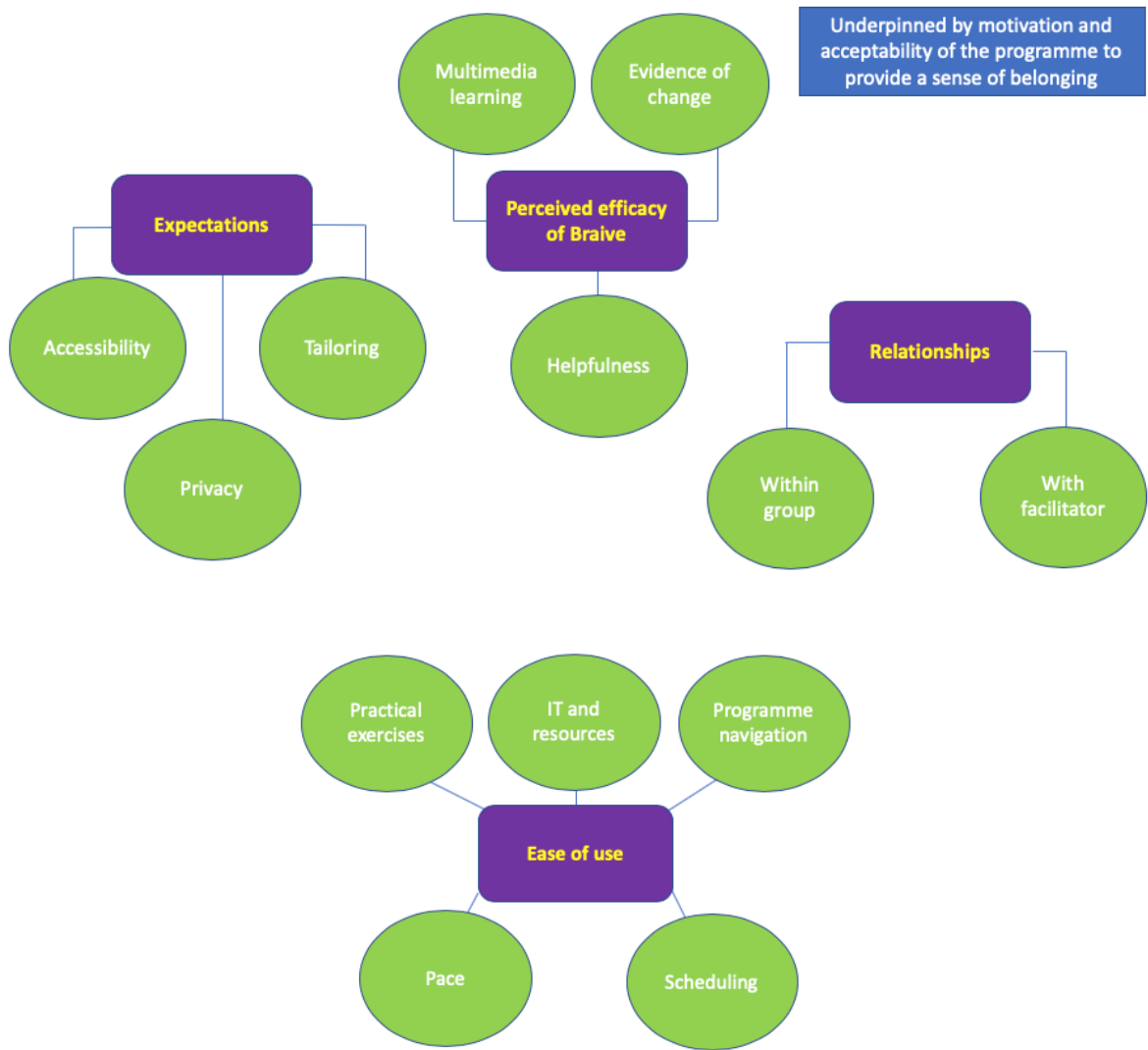


**Figure 9.**    *Young people and facilitator thematic map 2*

*Young people and facilitator thematic map 2*



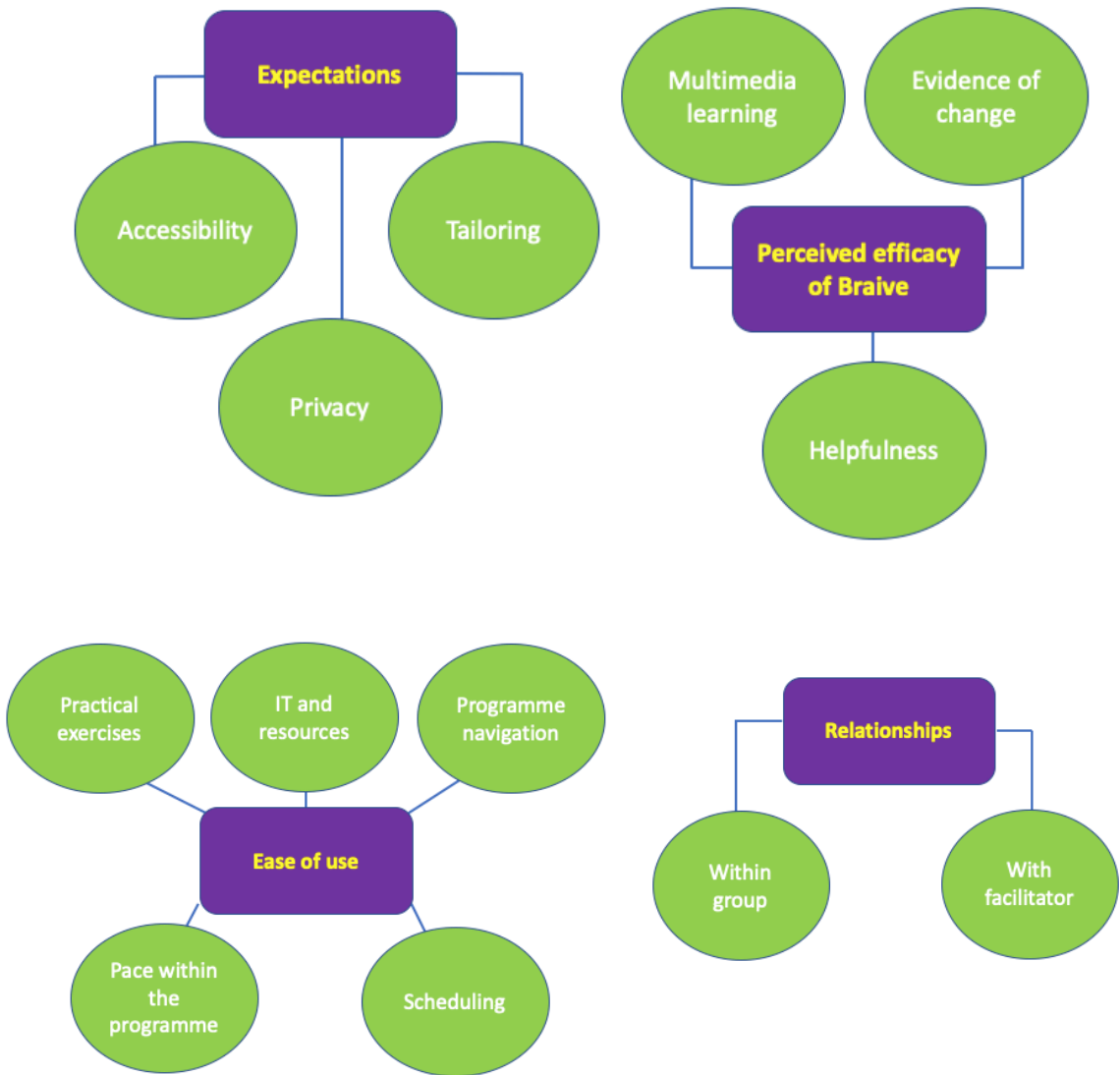
**Figure 10.** *Young people and facilitator thematic map 3*  
*Young people and facilitator thematic map 3*





**Figure 11.** *Young people and facilitator thematic map 4*

*Young people and facilitator thematic map 4*



## Appendix Y      Coding manual

Theme	Subtheme	Description	Illustrative quote	Differentiation
Significance of relationships	Within groups	This describes the relationships within groups with other young people. It describes how the intimate space of the group has helped young people connect with one another and provide a sense of belonging	<p>“Sometimes a few of the girls didn't want to communicate which was obviously fine because it was a personal subject. A lot of people are like that, and sometimes it's frustrating for me because, ‘<i>I want you to trust me.</i>’ I just wish some people can just open up a little bit more so we could actually have an in-depth conversation about it.” <i>Flora YP</i></p> <p>“It would be weird to do it by myself because I had to do one by myself. I can’t remember why but I had to do it by myself. It felt weirder than doing it in the group. But sometimes even when I do it in the group it feels weird too.” <i>Avery YP</i></p>	This relationship within the group created a shared understanding, trust and a sense of belonging/security for the young people. This in turn motivated the young people to continue to build relationships within the group.

	With facilitator	<p>This accounts for the relationship between the facilitator and the group of young people. This considers if there were pre-existing relationships or newly formed relationships between the young people and their facilitator. It considers the extent to which the facilitator tried to be actively involved in the programme and intervene within the group to promote engagement to understand the young people</p>	<p>"I thought it was good because it's good to have a teacher and if you needed them, they were there and would not say no we're busy, you could go and get them and they will help you. Yeah, I thought that was quite good because they're still there but they weren't like there smothering us." <i>Abi YP</i></p> <p>"I can't say to be honest but I think the fact that there was some familiarity perhaps made the initial stages a bit easier. They didn't need to familiarise themselves with a new person. They came in being familiar with me from the get-go and that perhaps helped them relax a little bit to start with. Whether or not it was a good or bad thing over the longer period of the programme, I can't really say." <i>Henry facilitator</i></p> <p>"It's little opportunities for chitchat that I've had rather than arranging one to one sessions with them. If one's been there before the others, we had a bit of a chat about how it's going. I've encouraged them with chats and through little bits here and there." <i>Polly facilitator</i></p>	
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Perceived efficacy of B-MAY	Multimedia learning	The programme used more than one medium of expression or communication e.g. visual videos, writing, multiple choice questions, practical techniques and reading. Young people discussed how they wanted a variety of multimedia learning techniques	<p>"The videos sort of brought it into a real-life aspect. So it was giving examples, it was mapping cognitive mindsets of people and what they done to sort of help...It was the information that was written down but in video form, with animation... visually seeing the animation was better than doing the reading and stuff. So rather than just having large sections of paragraphs, it was better. Watching a video and hearing someone say it. I thought that helped. I just find I think that we modern people and children just find videos more interesting than reading. Actually visually seeing and hearing was better." <i>Bart YP</i></p> <p>"Because sometimes it's hard to just read a lot. It's better to do a mix of things. This is easier than reading, with videos. It's better to show it than reading it. Yeah, it's like short ones because sometimes like readings, it's quite difficult to read a lot. So having short ones, which are easy to read are really important. Yeah so, I didn't really understand some paragraphs during Braive." <i>Alana YP</i></p> <p>"It's nice so at the start to do your weekly check-ups and then you'd get tasks, but then you do videos as well. It's not just like writing... I</p>	
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			<p>liked the videos the most, as I'm a visual learner. It doesn't matter what type of learner you are; it has all the different types. It will give you more insight into problems and how to deal with them."</p> <p><i>Pippa YP</i></p> <p>"It's great, it's really interactive. For example you've got video, like situations, you get to pick the situations, so you could have a better understanding in one situation than another one. Because you could see, they'd give you an example of someone going through something. They show you what you shouldn't do and what you should do. They can teach you a lesson and then you can start dealing with it in the best way you can." <i>Pippa YP</i></p>	
	Evidence of change	Participants discussed how they or others had changed over the course of the programme. Young people had been able to implement strategies to help with their anxiety. They were able to describe how they had changed over time	<p>"Yeah, I used, I think, it was like a breathing exercise, I used that for dance shows because I really use to panic before them. Well it stopped me from passing out so that's a good thing...I use it a lot in class like if something stresses me out...I feel like I'm just less worried. I'd do something, I feel like I worry if it goes wrong then that it's like nothing ever going to go perfectly. I think if something goes wrong, I'll learn from that. I don't sit and wonder and I'm like if</p>	

			<p>I don't do it then I'll regret it, and if I do it and it goes wrong, I'll just learn from that. I don't panic as much." <i>Britney YP</i></p> <p>"At the beginning I sort of looked at it and thought it's not going to help me. I never think sitting somewhere and talking about something is going to help. I just don't see it working. But as I got on, I started to realise that it was slowly helping me deal with things. Like at the beginning I would never go out and see my mates. I would stay at home and wouldn't leave. Slowly I started going out more and seeing people. I was like, that's clearly the B-MAY programme working." <i>Britney YP</i></p> <p>"I think he's been here a lot and I know he's had a lot of absences in the past." <i>Rachel facilitator</i></p> <p>"On our account that was quite useful as well that we could see the mental health progress over time. I've noticed change definitely. One student made me laugh because he said, halfway or towards the end, "I don't feel studying anymore it's not useful." Another student I've noticed quite a lot seems just generally calmer. One</p>	
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			<p>day they were sent to our isolation room, they came down and said "Oh, I'm not going." All I did was mention just think about some of the things that we've done in Braive and try and put that into this situation now. That conversation just seemed to really work.</p> <p>Eventually, he went on down, and when we had our group, he shared that with the group that it happened and that actually he put what we've spoken about into practice, and I thought that was really good. I had spoken to his mum. I suppose that was halfway through the programme. She said that she noticed a difference with him at home and he will take himself away from the situation to calm down rather than getting angry at home and things like that. I have noticed a positive change in the students." <i>Tabetha facilitator</i></p>	
	Helpfulness	Participants considered the quality and help provided by the overall B-MAY programme. Participants described suggestions of how to improve the programme to make it more useful	<p>"It's very valuable. I think I'm always going to lean towards sitting in a room and talking to somebody. I don't think that giving them something else on a computer screen is always the best, that was my feeling about it initially and sitting in front of a computer screen isn't going to have a massive impact but actually, it's a really powerful tool. They need that support alongside it. They need the people to talk to and that other aspect of it but actually, I was</p>	

			<p>surprised with how much they've got from it. Well, I hope they got from it. Certainly, I've seen from the way they've engaged with it, it been much more than I thought they would or could. I think it's a really well put together programme.” <i>Polly facilitator</i></p> <p>“There wasn't anything I didn't like. I really liked the whole project, how it was set up. It was set up really well and there wasn't anything wrong with it. There was a lot of things that I've liked because they were all helpful. I found it really good and it was just all helpful. The whole website, I felt like everything helped me. I'd say that it's a really good programme and that it helps a lot with coping with anxiety and that it's a very good website for people with bad anxiety. It's worth using because it will help you a lot because it's helped me quite a bit. I would say to them that it helps a lot and that they should use it.” <i>Faith YP</i></p> <p>“I think because you know what you need to sort out, you know what you need to work on. It can help you and you can do it like bit by bit, so you can choose that thing first and try and work on that. I</p>	
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			guess it just teaches you more so you know more about what's right. You just become more aware.” <i>April YP</i>	
Ease of use	Practical exercises	The different exercises and techniques within the programme were discussed including the weekly check-in, mindfulness, breathing exercises, observation model, the videos, progressive muscle relaxation and various other functions within the programme	<p>“The students really liked the more physical ones like the progressive muscle relaxation techniques and things like that. They seemed to really engage well with that. A lot of them seemed to like isometric relaxation and progressive muscle relaxation because you can do it anywhere.” <i>Tabetha facilitator</i></p> <p>“Some bits of it, they seemed to really like and some bits they didn't like. I think they all found the relaxation a little bit awkward. The first time when we did that, we had our eyes shut when we were doing the relaxation thing, but a lot of them weren't.” <i>Alice facilitator</i></p> <p>“I like the fact that the videos were drawn, the video were sort of like cartoons, it was like someone had drawn out the situation which I feel helped because that's what you do in your mind, you</p>	

			<p>draw situations out in your mind, it's sort of like watching the pictures in your mind if they were like in front of you." <i>Britney YP</i></p> <p>"You could put down your thoughts and how you're feeling. It could change your feelings and the videos and activities helped." <i>Tami YP</i></p> <p>"I like to see illustrations and stories because it made me feel more comfortable. It was less formal. I felt like I was watching it and it wasn't pressurised, I was relaxed. I could watch the videos... the videos just need to be relatable situations like panicking or schoolwork and stuff like that." <i>Flora YP</i></p>	
	Programme navigation	Participants commented on the functionality of moving around the B-MAY programme	<p>"...with the internet and things like that, and getting onto the page, there were setbacks and it made them (young people) lose a little bit of faith, a little bit of trust in the programme, because they're like, "This is meant to be easy, miss." I'm like, "I know." They're like, "Why isn't it working?" because it was almost like we were all trying to figure it out together, I think those things held it back, going around the system. <i>Beth facilitator</i></p>	

			<p>“...sometimes it was a bit confusing in a way, where you were putting things (in the programme)...I remember having this up and down arrow thingy and we were supposed to be adding things and we didn't know if we were putting things at the at the bottom or the top or something. I still don't know.” <i>Tom YP</i></p> <p>“Finding each week was hard because I'd go to lesson one and then have to skip all the way through to get to where I wanted. I just kept clicking to continue every week until I was up to the week I needed to be at. I think having a menu selecting the week would be better. I'm not sure if there was one but I couldn't find one. So having a more accessible sort of menu bar, like a tab at the top. So maybe a lessons tab and then you would click on that and it would list the different lessons like week 1 and week 2. That would be good touch. Then once you finish it, it's like levels in a game where you sort of unlock the next one until you finish it.” <i>Bart YP</i></p>	
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	IT and resources	Participants talked about IT issues and how access to resources varied within their school environments	<p>"I can't remember exactly, I think they couldn't get on their programme, they couldn't continue, and it kept coming up with an error. That was quite an issue, they could not do any of the activities. They were getting frustrated actually because they wanted to do it. Obviously, we had the IT issue. There was not a lot of problems, it was just that initial bit that it took a few weeks to sort out, but there was nothing else." <i>Trudy facilitator</i></p> <p>"Most of it was simple. It was only because of how the school's Wi-Fi works. They block access because I couldn't get to do certain things as I couldn't get past certain bits. Like when you have to go into a certain web page you need the source code and you need to do some tricks to get around it. School will sometimes block it, then you needed help to get through it. The school Wi-Fi was blocking most of stuff, we had to work around it or we kept having to refresh the page a few times to get through it. That's really it." <i>Harry YP</i></p> <p>"It was like difficult at first as none of us could log in. At first, it was like everyone stressing about the fact we've missed out weeks.</p>	
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			Then we had someone from B-MAY come in and then sort it all out, after that it was all fine.” <i>Britney YP</i>	
	Scheduling	Participants commented on how differently the groups were planned, set-up and time constraints of the intended programme	<p>“Every week, we needed to have an hour booked out in this room. They all had a laptop each and we used that big computer there for playing the videos. Then they did the activities separately. Sometimes we finished a bit earlier, so we put it all on the whiteboard up there and just went through the scenarios.” <i>Trudy facilitator</i></p> <p>“As I said, lots of the conversational elements were taken out due to time restraints. We were not able to engage in that sort of thing to the extent that you probably want to and I'd have liked to.” <i>Henry facilitator</i></p> <p>“We did it weekly on different periods on different days. So it could have been, maybe if something's come up, it could have been earlier or later, it wasn't the exact same period every day of every week.” <i>Peter YP</i></p>	

			<p>"I'd advise perhaps that outside of the Braive sessions, certain students might require a bit of an extra chat, just 5-10 minutes at some point during the day. Just to go over and sort of solidify some of the topics." <i>Henry facilitator</i></p>	
	Pace within the programme	<p>Participants talked about how the programme was spread-out and paced</p> <p>The pace varied amongst individuals but they were brought back together as a group</p>	<p>"I think that there were too many tasks to complete per session. Again, I know the idea was we spend a lot more time conversing and then having the group chats, which I'd like to do and we weren't able to do as much as I would have liked. Increasing the amount of time available for that would be really useful. I think there's the main factors, just reducing the number of tasks per session." <i>Henry facilitator</i></p> <p>"Like it was not straight in your face quickly write something down. So you had time to think, it was not rushed." <i>Britney YP</i></p> <p>"Yes, there was different ones, some of them were an hour. Like I said, we don't know what they filled in because we didn't watch</p>	.

			<p>over them. The first one was 75 minutes, that was a bit weird. They've got 40 minutes and then 60 minutes some towards the end was number 9, took 120 minutes to do, and made a couple of 30 minutes." <i>Angie facilitator</i></p> <p>"One person was done straight after another, then another and then another. So literally we were moving on really fast." <i>Brody YP</i></p> <p>"I think some things it was hard to express for different questions. It was hard to write what maybe it was the wrong question that was asked. I couldn't really answer it (some questions)." <i>Peter YP</i></p>	
Hopes for the programme	Accessibility	Young people and facilitators hoped for access to immediate strategies for anxiety, an adolescent friendly programme and access to support networks/materials or other professionals when needed	<p>"Having different sections with solutions, so having a section for anxiety. I know B-MAY did this. They did panic attacks and they'd say what it did, what they were, how to solve it and then they'd say breathing techniques, what to do about all of this and I liked that and I probably would put that in ideal for anxiety. Yes, videos or writing to understand why these things happen which I said before and having places to write. If I just need to get something off of my</p>	

			<p>chest and I don't want it to be on a piece of paper, I can write it onto my phone or a computer or something like that." <i>Flora YP</i></p> <p>"Making it not worded for adult, sometimes I could not understand it." <i>Alana YP</i></p> <p>"Some of the language sometimes I think was still very tailored to all the adults. Perhaps I couldn't give an example which is not very useful for you but trying to make it a little bit more friendly kind of already has been quite a lot as now." <i>Henry facilitator</i></p> <p>"They could maybe shorten it to the main points. Well, It would depend on if there was a video or a lot of information, she would play the video or read it out. It's probably better being read something than if you are a slow reader." <i>Pippa YP</i></p>	
	Tailoring	Participants commented on their hope for differentiation and support from the facilitator. Facilitators discussed how	<p>"Yeah it was good, if we needed them (facilitator), they'd come over. They'd go round sometimes just check in and make sure we are alright. Knowing I could ask the teacher for help whenever,</p>	



		<p>they adapted the material to the needs of each group</p>	<p>instead of just sitting there and having to do it all ourselves.” <i>Brody YP</i></p> <p>“I think training was good, that what we attended on that day. We're shown everything. I just felt I was a little bit in the deep end with it and I feel like... because I'm not mental health trained. I don't know much about anything. I felt that perhaps it was a lot to take on for someone who's not got that background, possibly. Maybe some sort of guidance.” <i>Rachel facilitator</i></p> <p>“So say... I can't think... So say if there was a load of writing say, they would read it with you to help you instead of us reading it. Yeah, they'd make it more understandable. Yeah for me personally I am not good at reading. It better for them to read it out.” <i>Teddy YP</i></p> <p>“They would talk with us about it and stuff. Make sure we got all the stuff.... like if you got stuck on something you could tell them. They helped you understand it.” <i>Alana YP</i></p>	
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	Privacy	<p>Young people discussed who could access and retrieve the personal information they inputted into the programme and if it was anonymous</p> <p>Participants highlighted their uncertainty around confidentiality within the school environment</p>	<p>"I would want a safe space, like if you share something on there you can choose if want to share your thoughts. You might want to cover up your name, say if you want to use a fake name or use real name and express if you want to keep it and then update every so often. Then there could be an option of a padlock to share your things with other people or if you want to keep it locked.... (In Braive) I didn't know if people were going to see it or not. I didn't know if people were going to take it down, like the people who monitor it, saying like 'oh that's not really something to worry about', 'I don't think this is really worth it.'" <i>Peter YP</i></p> <p>"I always keep it private, I wanted like a separate 'not' section (on programme). You should be able to delete it or you can keep it. Just like how you've done notes in your phone or something." <i>Flora YP</i></p> <p>"Sometimes, you might need privacy if you are going through things, like you don't really want to share it. But not like all the time. Well, like my brother is really ill at the moment and I didn't really want to talk about it, like if I do the weekly check-up, if I'm</p>	
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			<p>not like feeling too good, I'd like a little privacy bit (on the programme)." <i>Pippa YP</i></p> <p>"I don't even remember who dropped out after the first week and that student dropped out because he wasn't happy in putting his data on the computers. He wasn't confident with that bit and his replacement dropped out a few weeks later." <i>Henry facilitator</i></p>	
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## Appendix Z      Summary of the quantitative results

**Empirical paper:** Anxiety has been identified as one of the most common youth mental health problems worldwide (Polanczyk et al., 2015). Despite this, many young people in the UK are not accessing the professional support they need (NHS, 2018). Internet-based Cognitive Behavioural Therapy (iCBT) has received growing interest for supporting anxious youth, with emerging evidence of its effectiveness for young people aged 7-18 (Grist et al., 2018). The following study aimed to explore the effectiveness of a school-based iCBT programme for reducing anxiety, as well as possible secondary benefits associated with the programme, such as enhanced self-efficacy and school attendance. In total, 54 pupils (aged 11- 14) from eight mainstream secondary schools were allocated to the waitlist control or intervention group, before completing questionnaires at pre-intervention (T1), post-intervention (T2) and follow-up (T3); their parents and 'Key Staff Members' (KSM) also completed corresponding anxiety and attendance questionnaires. Mixed model ANOVAs revealed no significant between-group differences on anxiety, self-efficacy or attendance. However, both groups showed significant decreases in overall, generalised, and panic anxiety (KSM- and parent- reported) between T1 and 2. Only KSM-reported differences in generalised anxiety were sustained at T3. Implications for educational psychology and avenues for future research are discussed.

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