

→ Doing ←

MENTAL HEALTH RESEARCH

with CHILDREN
and ADOLESCENTS

A Guide to Qualitative Methods

→ by
MICHELLE O'REILLY
and NICOLA PARKER



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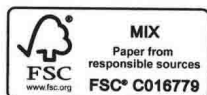
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ABOUT THE AUTHORS

Dr Michelle O'Reilly is a Senior Lecturer at the University of Leicester, for the Greenwood Institute of Child Health. Michelle has an interest in various areas of child mental health, undertaking research in autism, self-harm, family therapy and mental health assessments. She favours the methods of discourse and conversation analysis. Michelle is the director of two language-based research groups. The Language and Interaction Research Assembly (LIRA) is a University of Leicester interdisciplinary group who utilise a range of qualitative language-based approaches. Conversation Analysis Research in Autism (CARA) is an international group who utilise discourse and conversation analytic approaches in the study of autism. Michelle has recently published two books: *Research with Children: Theory and Practice* (Sage) and *A Practical Guide to Mental Health Problems in Children with Autistic Spectrum Disorder* (JKP).

Dr Nicola Parker is a Senior Clinical Psychologist currently working for the Cheshire and Wirral Partnership NHS Foundation Trust. She has clinical experience in the assessment and implementation of therapeutic interventions with children and families, particularly those in Looked After settings including foster care and adoptive families. Nicola also has a wealth of practical experience working with children and young people for more

than two decades as a Youth Worker, School Governor, Business Mentor and Prison Volunteer. In addition she has worked for Relate UK and Samaritans as a project manager developing curriculum for children and training counsellors in working with young people. Before embarking on a Clinical career, Nicola completed a PhD in Psychology to further her research interest in the interactions between adults and children in therapeutic settings. Her research is informed by a social constructionist perspective favouring the analysis of intergenerational interactions in therapy environments using discursive approaches.

PREFACE

This book is an introductory text to illustrate the key issues faced when undertaking a child mental health research project. It provides an accessible guide through each element of the research process from inception to dissemination/application. It is designed to help students, trainees, researchers, academics and others in health, mental health, social care, education, or other disciplines to plan and undertake a qualitative project. This is a timely text given the growing emphasis within mental health services on evidence-based practice.

The focus of this book is on doing research *with* rather than *about* children, which is congruent with the contemporary perspective of giving children their own 'voice' through research. Nonetheless, the importance of doing research with significant adults, including parents and professionals involved in caring for or working with children with mental health difficulties, is considered alongside this. The need for systematic and practical advice for researchers has dictated the focus of each chapter; each of which is filled with helpful tips and advice.

Definitions

Throughout the book a number of concepts/terms are employed. To assist you we outline the ways in which these are utilised. For example, where

the pronoun 'we' is used, we refer to the authors and the pronoun 'you' refers to the reader.

As this book focuses on child mental health research, we recognise the importance of defining the way in which we use the term 'mental health'. The definition utilised by the World Health Organization (WHO) which is most widely accepted defines mental health as:

... a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 2011: 1)

Whilst this applies to mental health in all populations, for children there are some additional specific indicators related to chronological and developmental age. One widely cited definition of child mental health is offered by the Mental Health Foundation (1999) and is used here as a benchmark against which mental health and mental health difficulties are demarcated in this book. The key elements are: to develop psychologically, creatively, spiritually, emotionally and intellectually; to initiate, develop and sustain personal relationships; to enjoy and use solitude; to be aware of others and express empathy; to learn and play; to develop a sense of right and wrong; and to be able to resolve problems and setbacks and learn from them.

We acknowledge there are a range of different terms used when referring to the absence of positive mental health, including mental illness, mental disorder, mental health problem, mental health difficulty, mental health conditions and mental ill health. Each of these terms tend to be underpinned by different models which dictate the terms favoured, for example, the medical profession may prefer terminology such as 'illness'. For the purpose of clarity and consistency in relation to conducting research we employ the general term 'mental health difficulty'.

Unless otherwise specified, we use the term 'child/children' throughout the book as an overarching category which encompasses children of all ages from 0–18 years. Where it is required to differentiate age groups we employ the categories of 'younger child', 'young child' and 'older child' to distinguish chronological age groups, 0–4 years, 5–11 years and 12–18 years respectively.

The term 'parent/parents' is used throughout the book to refer to all adults who have legal responsibility for children, this includes foster parents, adoptive parents, biological parents, step-parents, carers, legal guardians and local authorities.

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LIST OF ABBREVIATIONS

CA	Conversation analysis
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive behaviour therapy
CRB	Criminal Records Bureau (now referred to as DBS – see below)
DA	Discourse analysis
DBS	Disclosure and Barring Service
DP	Discursive psychology
GP	General Practitioner
IPA	Interpretative phenomenological analysis
OCD	Obsessive compulsive disorder
RCT	Randomised controlled trial
SRA	Social Research Association
UK	United Kingdom
WHO	World Health Organization

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