



**'Keeping my mind strong': enabling children to discuss and explore issues relating to their perceptions of positive mental health through the arts.**

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| Abstract:        | <p><b>Abstract</b></p> <p><b>BACKGROUND:</b> The ramifications of mental ill health are enduring and potentially disabling. This research study focuses on using art to explore children's understanding and awareness of mental health issues.</p> <p><b>AIMS:</b> To explore the medium of 'drawing' as a method of communication by young people for expressing feelings and thoughts about what keeps their minds strong and what makes them happy as children.</p> <p><b>METHOD:</b> Arts-Based Research (ABR) was used as a primary mode of inquiry to collect data and conduct analysis.</p> <p><b>SAMPLE:</b> A total of 16 schools participated, with 10 from the primary school sector (children aged 5-11), and 6 from the post-primary sector (11+ to 18 years old). A total of 358 posters were submitted.</p> <p><b>FINDINGS:</b> Emergent themes suggested existence of the awareness of stigma, which accompanied mental health issues and social isolation. In addition perceptions of what makes children happy were also apparent e.g. family and friends. Similarities existed in the relationship between genders of a similar age group, and some differentiations presented between primary and post-primary educational sectors.</p> <p><b>IMPLICATIONS:</b> ABR offers children an opportunity to recognise and express their feelings. Early identification of a child's mental health problems may enable mental health nurses to engage in early intervention strategies to promote positive health functioning.</p> |

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|  | Keywords: Arts-Based Research, Mental Health, Stigma, Children, Health Promotion |
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## Abstract

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**Keywords:** Arts-Based Research, Mental Health, Stigma, Children, Health

**Promotion**

## Introduction and Background

On a global level, it is estimated that approximately 20% of youth experience a mental-health condition each year (United Nations Children's Fund, 2012). Furthermore according to the Healthy Young Minds Report (2015), around 10% of the world's children today are suffering from diagnosable mental health problems; mainly anxiety, depression, and stress. It is further projected that one in every four to five youth in the general population meet criteria for a lifetime mental health disorder that is associated with severe role impairment and/or distress (Merikangas et al., 2010).

Additional estimations indicate that over half of all mental ill health starts before the age of fourteen years, and 75% has developed by the age of eighteen (Murphy and Fonagy, 2012). Moreover mental health conditions adversely impact youth development, quality of life and ability to fully participate in their communities (Fisher and Cabral de Mello, 2011). The World Happiness Report (2015) cites research that has determined that over half of children who have a mental health problem will experience mental ill health as adults. Furthermore, it explains that mental health problems such as depression can be more disabling than physical problems such as arthritis or asthma.

In Northern Ireland (NI) approximately 25% of the population are children and young people (Northern Ireland Statistical Research Agency [NISRA] 2011). Additionally it has been determined that NI appears to have higher-than-average rates of attempted and completed suicide amongst young people (Largey et al. 2009). Furthermore, it is recognised that socio-economic disadvantage places children at increased risk of exposure to poor parental health, including mental ill health, and that such children are themselves at increased risk of developing chronic health patterns (Emerson and Hatton 2007; Rees et al., 2013).

Psychological and mental health is paramount to a person's overall health and functioning. Mental health problems significantly compromise a person's coping abilities, leading to low self-esteem, poor body image, social isolation/exclusion and dysfunctional relationships (Parry-Langdon 2008; Department of Health, 2009). Moreover mental health conditions affect young peoples' self-esteem, social interaction, and even, their chances of personal injury and harming themselves and others (Bradshaw et al., 2012). Unmistakeably, youth may face a number of stressors in the course of their development, and it is often more the accumulation of these risks which signifies greatest risk, rather than any one particular experience (Bradshaw et al., 2012; Young Minds, 2014).

1 The foundations for good mental health functioning are laid down in childhood, ensuring that  
2 children have the potential to lead positive lives, develop resilience and have the ability to  
3 cope with the challenges that life may bring (Cooper et al., 2005; Killen and Coplan, 2011).  
4 Good social, emotional and psychological health helps protect young people against  
5 emotional and behavioural problems, violence and crime, teenage pregnancy and the  
6 misuse of drugs and alcohol (Adi et al., 2007; Colman et al., 2007). Good mental health also  
7 facilitates young people in achieving developmental milestones that occur during  
8 adolescence (Kappahn et al., 2006; Gibb, 2010). Research has shown that age, family  
9 support, the absence of psychological problems, social support and a positive school  
10 experience are potent protective factors to self-harm (McMahon et al., 2010; Moran et al.,  
11 2012).

12 The advantages of using expressive arts as a means of communication are well documented  
13 within the literature (Hubley and Copeman, 2010; Malchiodi, 2005; and Wikstron, 2005). In  
14 addition the role of arts education in forming the competences for young people for life in the  
15 21st century has been widely recognised at European level (European Commission, 2009).  
16 Children need opportunities to consider ideas and topics that are meaningful to them and  
17 Barone and Eisner (2012) stated that Arts Based Research (ABR) is about enticing people to  
18 think more about important social issues. Leavy (2009) suggests that ABR is about  
19 completing the arch from 'word to image'.

20 Furthermore, using ABR as a means of promoting mental health awareness amongst middle  
21 aged school children in the USA has also been reported (Reisz, 2012). With respect to  
22 people who experience mental health issues, Stickley and Hui (2012), proposed that utilising  
23 an arts in-reach programme enabled mental health clients to think about their futures  
24 restoring a sense of hope linked to their concept of recovery. Coad (2007) identified the  
25 significance of using research methods that were considered 'enabling' whilst engaging  
26 children and young people in the area of health care consultations. She suggested that  
27 whilst much progress had been achieved in this area particularly with respect to narrative  
28 techniques, there was less critical work in the utilisation of ABR. Earlier researchers  
29 (Prosser, 1998; Pink, 2001) have clearly indicated the significance and importance of arts-  
30 based techniques and their intrinsic link to the process of child development and early  
31 learning. Correspondingly, Hopperstad (2010), proposed that, children's drawings convey  
32 meaning and helps them to articulate ideas and perceptions in different ways to that of  
33 verbal language and in ways that they may not be able to verbalise it . This implies that  
34 children can use drawing to express their thoughts more clearly than using expressive  
35 language. Coad (2007) thus suggested that ABR enabled children to express their views  
36 across a wide range of the development continuum and pointed out that such activities were  
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1 rarely used in isolation but were operationalised with a combination of other research  
2 techniques, such as interviewing, quite effectively.  
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4 Recognition therefore of the myriad of issues that children and adolescents may face can  
5 enable mental health nurses to provide responsive and meaningful nursing and caring  
6 interventions that maximises on the young person's capacity for recovery. Development of  
7 knowledge and expertise in this important area of health and social care can ensure that  
8 nursing and health care delivery can be strategically planned to address the uniqueness of  
9 the needs identified for children and young people experiencing mental health problems or  
10 distress. This takes due cognisance of the Research for Better Health and Social Care  
11 aspirations and objectives (Department of Health and Social Services and Public Safety,  
12 2016).  
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## 20 21 **Methodology**

### 22 **The aim and objectives of the research**

23 The overall aim of the research study was to involve young people and their teachers in  
24 utilising ABR within their schools. ABR is an effective way to translate word into image in an  
25 expressive manner that promotes individualistic artistry, thus widening the concept and  
26 depth of communication in areas where the spoken word is perhaps difficult. Art teachers  
27 will thus facilitate the young people drawing a poster as a method of communicating and  
28 expressing their feelings and thoughts about what helps to keep their minds mentally strong  
29 and happy and moreover what they feel makes them sad or challenged as young  
30 people. Young people will be directed to provide a narrative interpretation of their own  
31 poster on the rear of it and this will be analysed for thematic content. Further, a poster  
32 analysis worksheet will be operationalised more objectively to provide further interpretation  
33 and analysis.  
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### 43 **The objectives were:**

- 44 1. To facilitate and coordinate with the teachers for the young people to complete the art  
45 posters at school level.
- 46 2. To gather teacher facilitated open and freely expressed narrative from children using  
47 three open-ended questions (Refer Figure 1).
- 48 3. To enable exploration of the child's own personal constructs concerning positive mental  
49 health and mental health issues within a wider context.
- 50 4. To determine the personal experiences of teachers in facilitating both the drawing activity  
51 and the children's experience of engaging with the teachers in the process.  
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## Ethical Approval and Procedures

All procedural, ethical and key considerations, (International Council of Nurses (ICN) 2006; Cohen et al., 2011) for ethical approval for the study were obtained from the relevant Educational Authority, School of Nursing Ethics Committee, Ulster University Ethics Committee and the respective School Principals within both the primary and secondary school sectors. Three discrete Participant Information Sheets (PIS) and consent forms were compiled for all participants and approved by Ulster University Ethics Committee. For all young people under sixteen years research information was sent to their parents and consent and approval for participation was provided by the parents. For those 16+ this was provided by the participant themselves. In advance of the semi-structured interviews, the teachers were also sent the PIS and a consent form. This ensured that all participants were fully informed of the research study in advance of providing consent to participate (Punch, 2006). Moreover, the opportunity was also provided to discuss any queries or concerns fully with the researchers within a month and prior to participation. This time period was built in to allow for any active queries from parents or participants. Thus fully informed consent was gained in advance and the teachers specifically were also asked to provide additional consent to audio recordings on a digital recorder.

## Data Collection

Data were collected from both the primary and secondary schools sector with a 50% (n=16) participation rate from the total school population. Young people were asked to draw a poster that they felt communicated and expressed their feelings and thoughts about what helps to keep their minds mentally strong and happy and moreover what they felt made them sad or challenged as young people. Data were thus collected as follows from both sectors:

1. The submitted art posters (n=358).
2. Narrative responses provided by the participant in response to three open-ended questions (Refer Figure 1) at the rear of their poster submissions (n=1074).

- 1                   3. Semi-structured interviews following the interview topic guide (Refer Figure 3) which  
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3                   were recorded with a convenient sample of the participating teachers, 36% (n=8).  
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7                   *Rationale*  
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10                  The submitted art posters (n=358), were further analysed using a critiquing framework  
11                  afforded by the National Archives (2012) which was modified and adapted (with the National  
12                  Archives permission) for the purposes of poster analysis within this research study (Refer  
13                  Figure 2). Further, the application of such a framework enabled the researchers to reduce  
14                  subjectivity and potential bias and as Coad (2007) suggests researchers should ensure that  
15                  using art based activities are planned and well thought out and thus not chaotic.  
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18                  Moreover, collecting qualitative narrative comments from the young people on the rear of  
19                  their own posters in response to three open-ended questions (Refer Figure 1) was viewed as  
20                  an enabling way to facilitate their own specific translation of their art into another mode of  
21                  communication, the spoken word, which could be further analysed by the researchers for  
22                  thematic content analysis using a framework as provided by Newell and Burnard (2006)  
23                  [Refer Figure 4].  
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26                  Finally, as the school art teachers facilitated the young people drawing the posters the  
27                  researchers included this group as it was felt that this would enhance reliability, validity and  
28                  credibility of the research process. Moreover, it was felt that they could add further rich  
29                  qualitative narrative to the research study. Semi-structured interviews were thus completed  
30                  by the researchers (ranging from 45-60 minutes duration), using a brief semi-structured topic  
31                  guide (Refer to Figure 3). These interviews were recorded ad-verbatim and also subjected  
32                  to a thematic content analysis framework as provided by Newell and Burnard (2006) [Refer  
33                  Figure 4]  
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**Sample (Refer Figure 5)**

The target population of each participating school category within the educational catchment area consisted of (n=23) primary schools and (n=9) Secondary Schools. In total 16 schools participated, with 10 from the primary school sector (children aged 5-11), and 6 from the Secondary sector (children 11+ to 18 years old). A total of 358 posters were submitted. A Total of 22 teachers (n= 16 Primary and n=6 Secondary) took part in the art work submission. Within this sample a convenience sample of 8 teachers participated in semi-structured interviews.

**Data Analysis**

ABR is an attempt to extend beyond the limiting constraints of discursive communication in order to provide interpretations and meanings that would otherwise be inexpressible (Barone and Eisner, 2012), and thus using the posters and a poster analysis worksheet as an approach within data collection enhanced credibility and transparency for this ABR approach. Further, using the other combined data collection methods within this ABR study provided an integrative and innovative approach to data analysis procedures.

The poster analysis worksheets, young people's narrative and the transcripts from the audio interviews with the teachers provide for descriptive non-interpretative accounts that lack explanations or analysis thus requiring the researchers to interpret and make sense of these data. An interpretive art analysis approach in keeping with ABR was thus facilitated by the poster analysis worksheet. This enabled a detailed and critical examination of this data that provided meaningful understandings whilst concurrently enhancing empirical knowledge. This approach combined with thematic documentary analysis of the young people's narrative in response to the three questions and the transcripts from the teacher interviews enabled for a much more critical, interpretive and cross comparative exploration of all aspects of the data.

1 Document analysis is a social research method that involves extensive appraisal and  
2 interpretation of patterns within data. It classifies patterns and generalises results which are  
3 useful when looking at actions, events or occurrences (Silverman, 2001; Bowen, 2009).  
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5 Cohen et al., (2011) points out that in the examination of documents it is important to note  
6 that they do not speak for themselves but require careful analysis and interpretation.  
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8 Summaries were thus created for each group of primary or secondary school posters and  
9 these were progressively refined and analysed to create an overall composite summary  
10 within emergent themes. This allowed the researchers to evaluate and explore complex and  
11 diverse details within the data (Miles and Huberman, 1994).  
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21 The transcripts from the semi-structured interviews with the teachers were also analysed for  
22 emergent themes and sub-themes using Newell and Burnard's (2006) framework. These  
23 were subsequently further categorised and grouped within an overall thematic analytical  
24 approach to all of the existing data collection procedures. This facilitated cross comparisons  
25 of all data sets with the identification of shared and common themes, constructions,  
26 similarities and differences, providing synthesis and validation. These processes facilitated a  
27 comprehensive determination and understanding of all of the data sets collected.  
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## 36 **Results**

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39 The results from the poster analysis worksheets for both sectors are tabularised in Figure  
40 Six (Section 1.0). The key themes that were determined from the combined data synthesis  
41 of Primary/Secondary narratives and teachers semi-structured interviews were: **stigma,**  
42 **mental health issues, social isolation, supportive and protective mechanisms and**  
43 **positive mental health functioning.** These are presented and discussed in more detail  
44 within two discrete sections, the Primary and Secondary School Sectors.  
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## Section 1.0 Posters

Figure 6: Poster Analysis Worksheet Composite Results

| Details   | Primary School  |               |            | Secondary School  |             |         |
|---|---|---------------|------------|---|-------------|---------|
|   | Sector  |               |            | Sector  |             |         |
| Total Posters Presented   | 68.15% (n=244)  |               |            | 31.84% (n=114)  |             |         |
| What are the main colours used in the poster?   | Multiple colours of the rainbow are used frequently such as Red, Pink, Yellow, Orange, Green and Blue.<br><br>Purple and black are used in a small number of posters only, approx. 10.24% (n=25) only.  |               |            | All colours of the rainbow are evident such as Red, Pink, Yellow, Orange, Green, Blue, Black and Purple. Black as the only colour used is evident in approx. 33.3% (n=38) of all posters.   |             |         |
| What symbols (if any) are used in the poster?   | Symbols are used to represent material items such as a mobile phone/iPad/laptops/clothing/family pets/friends in approx. 63.9% of posters (n=156)   |               |            | Complex symbols and cyphers are used alongside other complex codes/signs on approx. 71.9% of posters (n=82)   |             |         |
| If a symbol is used, is it:   | Yes   | Yes           | Yes        | Yes   | Yes         | Yes     |
| Clear   | (n=148)   | (n=148)       | (n=23)     | (n=102)   | (n=102)     | (n=102) |
| Memorable   | No (n=96)   | No (n=96)     | No (n=221) | No  | No          | No      |
| Dramatic  |   |               |            | (n=12)  | (n=12)      | (n=12)  |
| Are the messages in the poster primarily:   | Visual  | Verbal        | Both       | Visual  | Verbal      | Both    |
| visual  | (n=210)   | (n=160)       | (n=180)    | (n=114)   | (n=80)      | (n=94)  |
| verbal  |   |               |            |   |             |         |
| or both   |   |               |            |   |             |         |
| Who do you think is the intended audience for the poster?   | Friends & Family (n=124):<br><br>The Teacher (n=35)<br><br>The University (n=45)  |               |            | Myself (n=76)<br><br>Others: including teacher, close friends & University Lecturer (n=38)  |             |         |
| What message or purpose/s is served by the poster?  | Messages suggest things that contribute to feeling happy, especially family, friends, pets, teachers and some television programmes. Things that make me sad are evident with messages about calling names, bullying and not having certain things such as the most up to date phone. |               |            | Messages point to positivity and feeling involved and connected to family & relationships as promoting mental health, with similar messages indicating a reverse relationship was also evident. Cyber bullying, intimidation, not having a voice with stigma and depression are cited as clear messages within posters that cause poor mental health functioning. |             |         |
| The most effective posters use symbols that are unusual, simple, and direct. Is this an effective poster? | Yes<br>(n=138)  | No<br>(n=106) |            | Yes<br>(n=110)  | No<br>(n=4) |         |

## Section 1 Primary School Sector:

### 1.1 Children's Narratives

#### ***Stigma***

Attitudes are formed at a young age, and it is important to prevent young people developing negative attitudes towards people with mental health problems and that it's ok to talk about mental health. There was strong evidence of cultural, peer and societal influences within the portrayal of children's art, clearly articulating both positive and negative influences for mental health functioning. Children highlighted the difficulty telling their friends, family and teachers when experiencing mental health problems. They recognised the importance of creating an open culture around mental illness and challenging discrimination.

*"Sometimes words hurt more than actions, like bullets."  
"There is a person under the insults."*

#### ***Mental Health Issues***

Bullying affects young people's mental health, emotional well-being and identity. Moreover, the relationship between bullying and mental health is complicated by the nature of these issues: some young people are bullied as a result of their mental health issues; and some young people develop mental health issues as a consequence of being bullied.

*"My friend got bullied by two of the p.7's, the teacher had to sort that out and he had to leave his last school because of that."*

*"People have many problems but no one knows. So those weird times when someone in your class starts to cry, ask if they are ok?"*

#### ***Social Isolation***

Social isolation and mental health problems co-occur in childhood and children may struggle to cope with the social challenges that accompany their progression through the early school years. Children identified the importance of '*not being alone*' and getting support from their parents, relatives, teachers, other adults and their friends.

*"I hated school, I was on my own. I never wanted to go back but my teacher helped me."*

### ***Supportive and Protective Mechanisms (Insert picture 1)***

As children get older they appear to demonstrate more awareness of physical, psychological, social, financial and cultural issues. Young children particularly 5-7 year olds portrayed vibrant colours and representations of things in their art work that made them feel happy or sad i.e. mum and dad, siblings, home, best friends, teachers and family pets. There was an emergence of other core things such as relationships and trusting friendships (*Best Friends and Buddies*). Other issues relating to things that made them unhappy were examinations (*Transfer Test*), and perceived lack of material possessions. Exemplars from children's narrative indicated an understanding of the importance of supportive networks that were directly influential in promoting positive mental health functioning.

*"Forget about the past, think about the future. Be grateful for what you have."*

*"Sit down and have a family meeting."*

*"Being with my family."*

*"When you are worried watch your favourite T.V programme. Like if I was worried I would watch my favourite programme 'Good luck Charlie'."*

*"My friends and playing with my sister, mummy and daddy makes me happy."*

### ***Positive Mental Health Functioning (Insert picture 2)***

Children's posters demonstrated how children endeavoured to find methods of coping and adaption with respect to stressful life experiences, which in turn produced adaptive coping strategies that helped them to foster resilience. Children identified the importance of relationships, belonging and personal achievement as key drivers in promoting their positive social and emotional well-being including a sense of purpose, connectedness and meaning.

*"Sharing with friends and playing together."*

*"Looking forward to my Birthday party."*

*"Doing my best work."*

*"Being with my family."*

## Section 1.2 Teachers Narratives

### **Stigma**

Teachers reported that a significant number of students have experienced, or currently live with, a mental health problem. However, the school environment can negatively impact on students' mental health due to the pressure of academic achievement. Teachers reported that even though mental health issues exist, mental health awareness is still not talked about routinely and welcomed the opportunity to instigate discussions on mental health issues.

*We discussed how common this type of ill health is and how less a stigma there is attached to it now.”(T1)*

### **Mental Health Issues**

Mental health problems can range from the worries we all experience as part of everyday life to serious long-term conditions. The early years of a child's life are critically important and positive early experiences provide a broad range of skills and learning capacities. It is imperative that all gatekeepers of children's welfare are concerned in promoting positive mental health functioning and well-being of children of all ages. In so doing, this will help to prevent or limit the severe and enduring effects of mental illness.

*“Even with small children anxiety and worry are really big issues, many people are just too afraid to talk about them, in recent years we have introduced a counsellor who is talking to children as young as seven. Everything from family break ups to bullying.” (T3)*

### **Social Isolation**

It is within the school environment that children obtain many of their early social experiences and develop peer relationships. This process can be hindered in various ways e.g. Children may experience rejection by classmates, or they may themselves withdraw from social activities which may have an impact on mental health.

*“The school environment is not only a place of learning, it also creates opportunities to develop friendships and social networks, and provides access to support structures, all of which have a significant influence on the development of young people.” (T5)*

### **Supportive and Protective Mechanisms**

Teacher's perceived that by undertaking the art project and through a discussion of mental health issues, students displayed an increased interest in learning about mental health and were perceptive of the importance of positive mental health promotion.

*"I feel it is so important for them to have friends who support them in school and for them to thrive at school and home." (T1)*

### **Positive Mental Health Functioning**

An important means to promoting children's mental health is an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

*"It served to dissolve any ideas the children had that mental ill health is for the 'mad' and not for very ordinary, healthy people." (T6)*

*"I feel it is so important for them to be educated in recognising symptoms in themselves and in others and to develop their empathy towards others." (T7)*

## **Section 2 Secondary Sector**

### **Section 2.1 Young Peoples Narratives**

#### **Stigma (Insert picture 3)**

Students developed proposals to promote positive messages of mental health through the media, and local authorities i.e. education, health services and police. Moreover young people demonstrated a mindfulness of complex mental health issues i.e. living with stigma as indicated in the following statements.

*"Mental disorders are not adjectives' like....you look so anorexic, I was feeling so depressed yesterday, my mum yelled at me last night she is so bipolar.....mental health should be taken more seriously by everyone."*

*"Some people think that just because you have a mental illness that you should be treated differently from everyone else and that is not right."*

1 *"Everyone has issues. Movies tell us that people with mental health problems are*  
2 *dangerous or scary or even stupid but that's what life is."*

3  
4 *"Some people with problems may not show it due to paranoia or embarrassment."*

### 7 **Mental Health Issues (Insert Picture 4)**

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9 It is evident that young people have varied levels of understanding about mental health, and  
10 that children and young people associate mental health issues with the ramifications of  
11 bullying.  
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16 *"Mental health can damage your confidence in life and make you want to kill*  
17 *yourself."*

18 *"Depression is not something to laugh about or belittle."*

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20 *"Bullying, drugs, alcohol, and anxiety affect young people this leads to feeling*  
21 *down."*

22 *"Bullying can push you towards suicide and bullying can lead to depression."*

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25 Furthermore these young people identified that bullying and the use of social media  
26 negatively caused them severe annoyance and distress. Consequently, some young people  
27 identified that these factors were attributed to increased levels of anxiety, stress and poor  
28 mental health.  
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34 *'The Dark Truth', "Mental health to me is an important issue as it is normally hidden*  
35 *beneath the surface causing pain and suffering! It's difficult to live with mental health*  
36 *issues, overthinking and depression makes you self-doubt and harm, feeling stuck in*  
37 *your own head with no escape! It's a deep and dark life!"*

### 38 39 40 **Social Isolation (Insert picture 5)**

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42 Having mental health problems and experiencing discrimination has a detrimental influence  
43 on an individual's self-esteem and confidence. This can result in increased isolation from  
44 society and reinforce feelings of exclusion and social withdrawal.  
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49 *'Words can hurt more than actions' "The person is surrounded in black to*  
50 *resemble how when you're in depression you feel like you are alone in the dark while*  
51 *everything going on around you is great and happy and bright."*

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53 *'Drowning' "This artwork represents the sadness and loneliness that people who*  
54 *suffer with bad mental health experience every day. I used pastels to create a*  
55 *smudged effect which represents the feeling of drowning. I went with the colour*  
56 *purple as to me the colour purple symbolises sadness and depression."*



### ***Supportive and Protective Mechanisms***

In the 11+ age category there was an increased awareness of a myriad of factors that either contributed to increased happiness or detracted from their perceived sense of life satisfaction. Core antagonists for poor self-esteem issues were directly influenced by school and peer pressure, lack of privacy and space. Significantly the issue of relationships, sexuality, and gender identification appeared to cause conflict with respect to self-esteem and self-awareness. Conversely were relationships with a partner, teacher or parent were perceived as meaningful this appeared to contribute to positive mental health functioning.

*'Express your Emojis' "Talk to someone and express your feelings. Even a supportive text message could be the start of someone's mental recovery."*

*"Recognise the signs! Talk to someone! Get Help! Don't suffer in silence!"*

### ***Positive Mental Health Functioning***

Exemplars from young people's narrative indicated an understanding of the importance of social connectedness and supportive networks that were directly influential in promoting positive mental health.

*"Without a positive mind, you won't have a positive face, life or mind-set or health functioning."*

*"Your mind controls your body. Why should you neglect your most important attribute?"*

## **Section 2.2 Teachers Narratives**

### ***Stigma***

Teachers conveyed that when they introduced the context of undertaking the art work project that this resulted in diverse reactions from the young people on the subject of mental health. All teachers concurred that there had been a positive change in attitudes towards mental health/illness evidenced through discussions on how to challenge prejudice associated with mental illness.

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*"We discussed how certain things like depression or alcohol/drug abuse can be stigmatised and how this inhibits someone looking for help."(T8)*

*"It served to dissolve any ideas that young people had that mental ill health is for crazy people not for 'ordinary' people like you and me." (T4)*

### **Mental Health Issues**

Teachers outlined an understanding of the myriad of contextual influences that result in the prevalence of mental health problems in young people. Teachers perceived a higher prevalence of mental health issues as experienced by their students.

*"I know there are children too scared or too shy to talk about how they are feeling. We have to change that, and make it ok especially for boys. I know that they find it really hard to talk and then of course they are ridiculed by their friends and end up worrying and fretting on their own." (T8)*

Furthermore the everyday actions of effective teachers and their positive relationships with the children were found to actively promote the positive mental health of their students.

*"As a result of undertaking the whole mental health discussion I had to consult with a child's parents and introduce a counsellor... things were just not right at home...a divorce."(T6)*

### **Social Isolation**

Teachers indicated the need for collaborative and collegiate processes between the home, the school, and the local community. Further, they perceived that this collaboration with the University in areas relating to mental health was innovative and supportive and a positive step in the right direction of promoting health with children and young people.

*"We all need to be singing from the one hymn sheet when it comes to mental health and not working in isolation." (T2)*

### **Supportive and Protective Mechanisms**

Teachers also reported that their involvement in the art project resulted in enhanced relationships with their students, which were sustained beyond the project life. In addition teachers have attended key presentations and workshops at annual mental health conferences, pertaining to adolescent self-harm, suicide awareness, depression and emotional resilience. Other themes that related to the importance of supportive and protective mechanisms utilised were; the child's family, friends, school teachers and material possessions.

*"I think discussions regarding mental health are important, whether we're talking about stigma, or whether we're talking about people not necessarily knowing what mental health really is about."(T5)*

### **Positive Mental Health Functioning**

Teachers have a key role to play in the implementation of emotional well-being and mental health knowledge in young people. Their access to young people, places them in a prime position to interact with those with less obvious mental health problems such as depression or anxiety, who may otherwise be missed by mental health services. They also have the ability to address interrelated academic, emotional, behavioural, and developmental needs.

*"I found the main benefit of undertaking this project was that it gave the teacher the opportunity to discuss in-depth the need to look after your mental health as well as your physical health."(T4)*

*"Together we discussed a range of ways of preserving our mental health as well as the steps to be taken if unwell." (T6)*

### **Discussion**

Within this study ABR provided opportunities and challenges for the participants that included the deeply personal and sometimes intimate nature of artistic enquiry (Leavy, 2009; Bresler, 2010; Barone and Eisner, 2012; McNiff, 2013). Moreover, ABR provided children and young people with the opportunity to communicate their feelings through visual illustrations, to portray a sense of their meaningful affective experiences throughout their lifespan. Bresler (2010) suggests that ABR is based on the notion that the processes and

1 products of art can contribute to research, as is evident within this study. Furthermore, Coad  
2  
3 (2007) has articulated its importance in engaging children and young people in health and  
4  
5 social care consultations. Bishop and Picard (2007) in their review of Coad's work have also  
6  
7 advocated its utilisation and state that art in its broadest form offers the researcher  
8  
9 unparalleled opportunities for investigations. Furthermore, this study has reinforced the  
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11 views that ABR demonstrates positivity in promoting mental health awareness and in finding  
12  
13 unique ways for effective communication other than verbalisations (Hopperstad, 2010;  
14  
15 Reisz, 2012; and Stickley and Hui, 2012).  
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17  
18 It is known that significant importance has been placed upon primary and secondary schools  
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20 to become effective agencies for promoting the social and emotional well-being of young  
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22 people (Stewart-Brown, 2006; Morrison and Kirby, 2010; Rees et al., 2013; and The Pursuit  
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24 of Happiness Report, 2015). The key significance of this ABR study lies in its evaluation of  
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26 an inclusive approach to raising young peoples' awareness of mental health and well-being.  
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28 Moreover, this study highlighted that the teachers felt their active participation within this  
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30 study enabled discussions on mental health issues, which helped to promote mental health  
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32 awareness and break down social isolation barriers. Emotional well-being is critical in  
33  
34 developing a healthy successful school community including developing a pupil's social,  
35  
36 emotional and behavioural skills (Thompson et al., 2012; The Pursuit of Happiness Report,  
37  
38 2015). This ABR study offered children and young people an opportunity to recognise and  
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40 express their feelings in an open, honest and quite often, in a much thought provoking  
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42 manner. This supports the view that ABR thus becomes an enabling component for young  
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44 people who have difficulties in articulating or verbalising their needs and consequently  
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46 provides insightful and meaningful interpretations for mental health nurses working in this  
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48 area of health care (Hopperstad, 2010; Reisz, 2012).  
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53 Drawing can invigorate a young person's ability to interrogate and relate better with the world  
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55 around them, and the supportive and collegiate nature of this was very evident within this  
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57 study. This can enable them to cultivate positive hopes or dreams, increase their confidence  
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1 and the aptitude for independent analytical thought. It can also help them to develop the life  
2 skills and resilience to manage their life's journey. Within this research study emergent  
3 themes of *supportive and protective mechanisms and positive mental health functioning*  
4 were clearly evidenced.  
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10 Children and young people can experience a range of mental health problems throughout  
11 their life continuum, and can respond or cope with this in a variety of positive or often  
12 negative ways (Rees et al., 2013). This ABR study reinforces this view and demonstrated  
13 the participants' individualistic interpretations and coping abilities to mental health issues  
14 throughout their life-span. Childhood and teenage years are a time when coping with many  
15 different situations and unfamiliar challenges like examinations, relationships and many  
16 other endogenous and exogenous pressures of growing up occur. Within this ABR study  
17 participants highlighted examples of being bullied, either physically, psychologically or via  
18 media as precursors to seriously affecting their physical and mental health resulting in  
19 sadness and loneliness, lack of confidence, poor self-esteem, and becoming anxious and/or  
20 depressed. Similar findings are also reported upon within Family Lives (2016).  
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33 Mal-adaptive coping responses may result in school avoidance as a means of coping even  
34 long after the bullying has stopped. The effects of bullying are direct, pleiotropic, and long-  
35 lasting with the worst effects for those who are both victims and bullies (Copeland et al.,  
36 2013). This ABR study also highlighted the important role teachers had to play in managing  
37 issues of bullying more proactively.  
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45 Within this study similarities were evident in the relationship between boys and girls of a  
46 comparable age group, across different schools. This was particularly evident with respect to  
47 their perception of events that depicted happiness or sadness in their lives. Notably,  
48 differences existed between the primary and the secondary sectors with respect to how  
49 colours were operationalised within the posters and in their representation of factors  
50 perceived to make them happy or sad. In particular older children appeared to focus more on  
51 the significance of trusting relationships including teachers, friends and family, material  
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1 possessions and the influence of peer pressure. When these were problematic in their lives  
2  
3 there was a greater tendency to use darker colours such as black and purple within the  
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5 posters. In contrast, younger children appeared to focus more on family, friends and pets,  
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7 and brighter colours were also more evident primarily.  
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11 This ABR study highlighted that the individualistic nature and context of personal  
12  
13 relationships were core issues for many young people. Both children and young people  
14  
15 outlined how relationship difficulties/disharmonies or breakdowns, even within their own  
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17 families, could be devastating for them. Some young people focussed more on how  
18  
19 relationship difficulties influenced their sense of self, their self-confidence, self-esteem and  
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21 their mood, particularly where these were same sex relationships. Young people also  
22  
23 depicted that there was a parental or teacher expectation for them to cope with life's  
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25 demands no matter what was happening in their personal lives; even if they had family  
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27 problems, personal problems or mental health difficulties. Moreover, in some cases poor  
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29 academic results were considered detrimental to their pursuit of happiness and positive  
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31 health functioning.  
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35 It is recognised that stigmatizing attitudes including media images do not respect people with  
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37 mental health problems and living within such a culture often leads to self-stigmatization  
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39 also. Nearly nine out of 10 people (87%) with mental health problems have been affected by  
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41 stigma and discrimination (Time to Change, 2008). The findings of this study show that  
42  
43 young people are acutely aware of the effects of stigma associated with mental ill-health.  
44  
45 Positive mental health is important to all of us especially during the transition and inherent  
46  
47 challenges to becoming a young adult within a modern and evolving technocratic society. It  
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49 is at this point in our lives that many of the personal choices, personal errors and personal  
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51 opportunities occur that may determine the nature of our adult life.  
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55 Young people, especially in the older age categories also identified and recognised the  
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57 impact of mental health difficulties on individuals, families and communities', and  
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59 demonstrated an acute awareness of the effects of stigma, discrimination and bullying within  
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1 not just school but also society as a whole. Some expressed a reluctance to seek help when  
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3 feeling stressed, or depressed.  
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6 It is recognised that adult mental health services are often not designed or delivered in ways  
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8 that young people wish to engage with, and the fear of being stigmatised for having a mental  
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10 health problem is also a major factor in young people's decisions not to access help from  
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12 mainstream, traditional mental health services.  
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14 Barone and Eisner (2012, p.1) state:  
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17 *“ABR represents an effort to explore the potentialities of an approach to*  
18 *representation that is rated in aesthetic considerations and that when it is at its best,*  
19 *culminates in the creation of something close to a work of art.”*  
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21 Therefore utilising ABR as a facilitative medium for children and young people is clearly an  
22  
23 enabling process in exploring issues related to mental health which can effectively promote  
24  
25 psychological well-being and mental health awareness. This active participation of children  
26  
27 and young people in ABR research must be harnessed (Coad, 2007; Bishop and Picard,  
28  
29 2007) by mental health services to enhance professional understanding of the uniqueness of  
30  
31 children and young people's experiences and meanings attached to their lives as they grow  
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33 and develop.  
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### 36 37 **Limitations**

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39 This study only collected data using ABR from one large educational authority and therefore  
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41 caution should be exercised in generalising the findings to all young people. Applying the  
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43 principles of ABR data collection with a larger population sample might increase the cost and  
44  
45 time for such data collection, but could yield useful comparative data, particularly in  
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47 comparing urban and rural educational institutions. Some young people might have more  
48  
49 worries about participating in the ABR study if they were less confident for fear of being  
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51 unable to accomplish the artistic/creative task. Moreover, the employment of ABR can  
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53 present data analysis problems if researchers move beyond the poster analysis worksheet  
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55 and attempt to enter the world of analytical art therapy, which is not what ABR is about. A  
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57 further limitation of this research study is evident in collecting and analysing narrative  
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1 responses to three open-ended questions from the posters. Much richer qualitative enquiry  
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3 using focus groups may have enabled young people to describe their artworks or provide  
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5 more details to facilitate more critical and analytical interpretation.  
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## 9 **Conclusions**

10 This research paper demonstrates an approach using ABR as a method of data generation  
11  
12 with children and young people and illustrates the intrinsic value of such an innovative  
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14 approach to understanding these groups as they interact with health and social services  
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16 provision. It provides meaningful and invaluable insight into catalysts for keeping children's  
17  
18 minds strong. It also enables young people to discuss and explore complex and  
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20 interconnected issues relating to their perceptions of factors that promote positive mental  
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22 health. Conversely, it enables discussion on those factors that may result in health  
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24 deterioration, particularly stigma in mental health.  
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28 ABR as an approach to educational research presents many challenges, but similarly it  
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30 creates essential and important professional understandings in core areas of mental health  
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32 care for nurses working with children and young people. Mental health nurses must be  
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34 proactive and strategic in the delivery of responsive and compassionate services to children  
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36 and young people that takes due cognisance of their lived experiences and their  
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38 interpretations throughout their life continuum to becoming adults. Relying solely on the  
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40 client to use traditional methods for communicating within health and social care may not  
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42 provide the holism that is aspired to; rather it may be minimalistic in its approach to young  
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44 people who may wish to choose art as a means of verbalising.  
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47 The topic of children's mental health is of current international concern and this paper adds  
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49 to the existing body of knowledge about resilience and coping for children and young people.  
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51 It is crucial that ABR exploration studies like this promote and demonstrate the efficacy of  
52  
53 using ABR in promoting positive mental health and well-being of children and young people.  
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55 Moreover, active participation of children and young people in research is critical to ensure  
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57 that such service provision addresses the unique needs for those who need to access it.  
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1 The authors suggest that ABR techniques not only facilitates such active participation, but  
2 enhances the understanding for nurses working in these areas, which in turn helps to  
3 promote more effective caring and compassionate strategies to promote positive mental  
4 health in young people.  
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### 10 **Key points**

- 11 • The understanding of mental health issues affecting children and young people  
12 nationally and internationally presents challenges for provision of effective and  
13 responsive mental health nursing. This paper presents an understanding of using art  
14 as a means of gathering data with Primary and Secondary school children, from a  
15 large educational authority in the UK.  
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- 22 • Little is understood about how children view the world around them in terms of  
23 positive mental health functioning, or how they express themselves using art as a  
24 medium. Ensuring an understanding of this myriad of issues facing children can be  
25 an enabling influence to develop mental health practice and education standards for  
26 all practitioners working within health and social care.  
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- 32 • It illustrates how the use of arts based research (ABR) is an enabling influence for  
33 children to explore issues relating to positive mental health functioning and factors  
34 related to 'keeping their minds strong'. This empowers them to develop further their  
35 coping strategies and mental health resilience.  
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- 41 • Early identification of potential mental health problems and positive intervention  
42 strategies are paramount to ensuring children's emotional health and well-being as  
43 they continue to grow and develop. This paper adds to the existing body of  
44 knowledge in child and adolescent mental health.  
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Figure 1: Open Ended Questions

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| <b>Q1.</b> What is the title of your poster?                      |
| <b>Q2.</b> What is your poster about?                             |
| <b>Q3.</b> What message are you communicating within your Poster? |

Figure 2: Poster Analysis Worksheet

|   |               |
|---|---------------|
| <b>1. What are the main colours used in the poster?</b>   |               |
| <b>2. What symbols (if any) are used in the poster?</b>   |               |
| <b>3. If a symbol is used, is it:</b>   |               |
| a. Clear (easy to interpret)?   | <b>YES/NO</b> |
| b. Memorable?   | <b>YES/NO</b> |
| c. Dramatic?  | <b>YES/NO</b> |
| <b>3. Are the messages in the poster primarily visual, verbal, or both?</b>   |               |
| <b>4. Who do you think is the intended audience for the poster?</b>   |               |
| <b>5. What message or purpose/s is served by the poster?</b>  |               |
| <b>6. The most effective posters use symbols that are unusual, simple, and direct. Is this an effective poster?<br/>YES/NO</b>                                      |               |
| <i>Adaptation of a Poster Analysis Worksheet, designed and developed by the Education Staff, National Archives and Records Administration, Washington, DC 20408</i> |               |

Figure 3: Semi-Structured Interview Topic Guide used with Teachers

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| <b>Q1. Introduction &amp; reaffirm title:</b><br>Keeping my mind strong': enabling children to discuss and explore issues relating to their perceptions of positive mental health through the arts | (a) Outline researchers' background  |
|  | (b) Confirm verbal consent for study   |
|  | (c) Reaffirm consent for recording field notes   |
|  | (d) Assure participants of confidentiality   |
| <b>Q2. What are your general thoughts and feelings around facilitating the art project?</b>  | (a) Effective/ineffective medium   |
|  | (b) Has the pupil demonstrated an understanding of mental health issues                        |
|  | (c) What messages are being communicated by the pupils?  |
| <b>Q3. What are your thoughts and feelings about the actual posters being painted?</b>   | (a) Is this poster effective with use of colours and symbols                                   |
|  | (b) Does the pupil express an intended audience/group for their poster                         |
|  | (c) What messages do you feel are communicated within the poster, colours, sense of drama etc. |

**Figure 4:**  
**Overview of Thematic Content Analysis, guided by Newell and Burnard (2006)**

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|--------------------|--|
| <b>Stage one</b>   | Notes were made after each interview regarding the topics talked about during the interview. Notes were also made following reading through the children's narrative in response to the three open ended questions. These notes constituted memos similar to field notes of an idea, theory, thought or feeling that occurred to the researchers.  |
| <b>Stage two</b>   | These i notes were read searching for general themes. The aim was to focus and become more familiar with the data. General notes were written up at this stage for example: there were discussions about the meanings and interpretations of colours and symbols and messages within the art work.   |
| <b>Stage three</b> | The researchers read through these notes and the notes from the children's responses to open ended questions several times and thematic headings were written down to describe different aspects of the content. In this stage the researchers used words and phrases, recorded in the margins of the interview notes and posters to assist with categories and summarisation. This required the researchers to make judgements on such interpretations. |
| <b>Stage four</b>  | A number of themes clearly overlapped and were thus grouped and placed together, such as stigma and mental health issues. Sub-themes were evident within major themes that supported the major theme. For example material possessions was indicative of protective and positive mental health functioning.  |
| <b>Stage five</b>  | In this stage, the researchers returned again to the interview notes and children's narratives with the major and sub-themes identified. Thereafter, these major themes were separated into the different thematic sections.   |
| <b>Stage six</b>   | This process and organisation of the data sets have enabled the researchers to formulate the material from which this ABR study reports upon.  |

Figure 5 Analysis of School and Teacher Participation

| Type of School              | Total School Population Sample | Total Schools participated | Total Posters Submitted | Total Participating Teachers | Teachers Interviewed |
|-----------------------------|--------------------------------|----------------------------|-------------------------|------------------------------|----------------------|
| Primary Aged 5-11 years.    | (n=23)                         | 43% (n=10)                 | (n=244)                 | (n=16)                       | 25% (n=4)            |
| Secondary Aged 11+-18 years | (n=9)                          | 66.6% (n=6)                | (n=114)                 | (n=6)                        | 66.6% (n=4)          |
| <b>Totals</b>               | <b>100% (n=32)</b>             | <b>50% (n=16)</b>          | <b>(n=358)</b>          | <b>(n=22)</b>                | <b>36% (n=8)</b>     |

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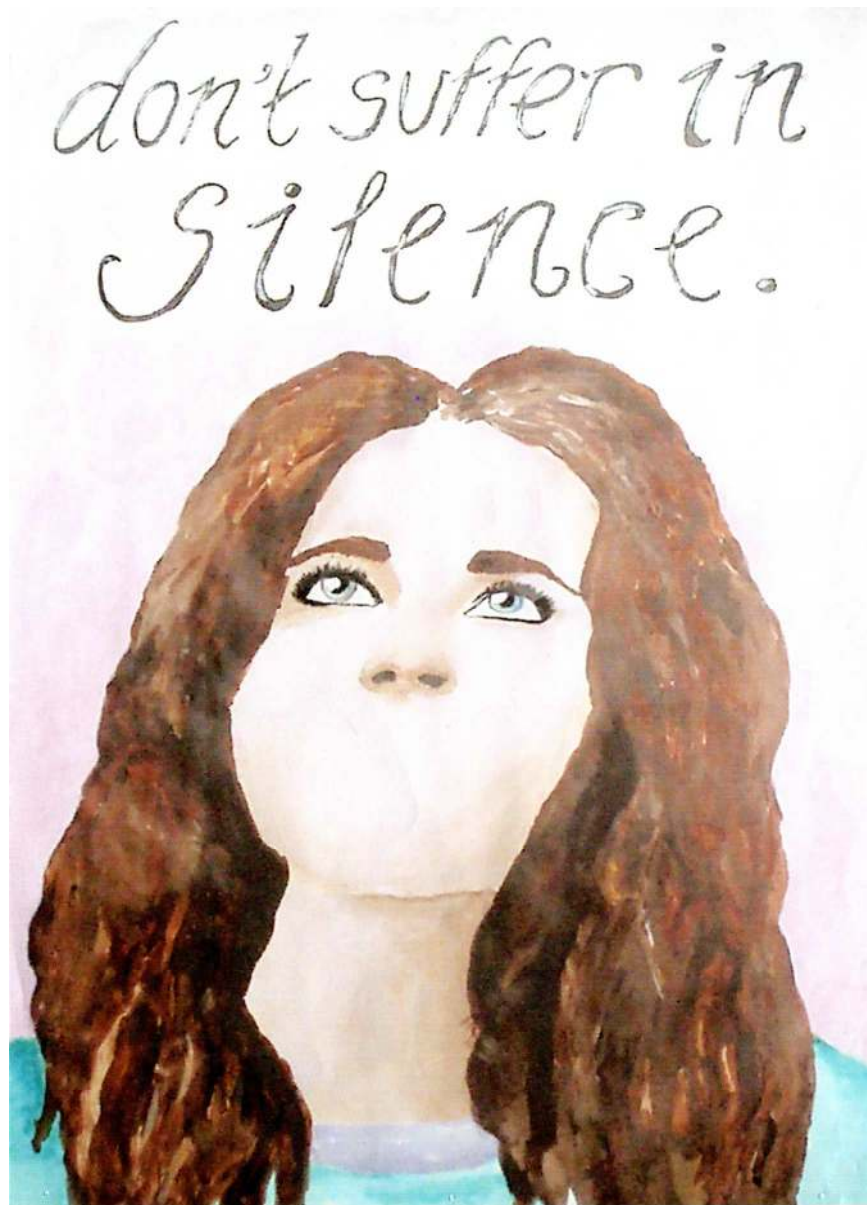
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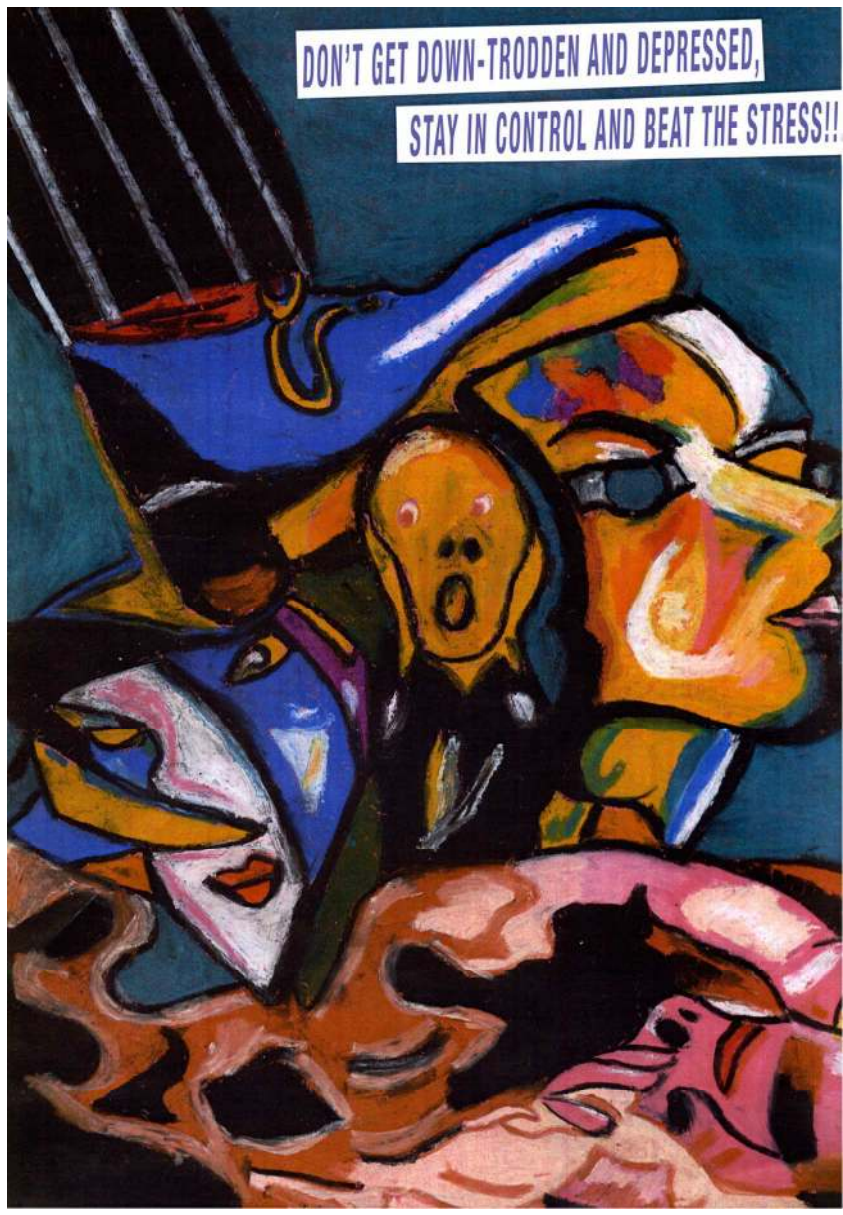
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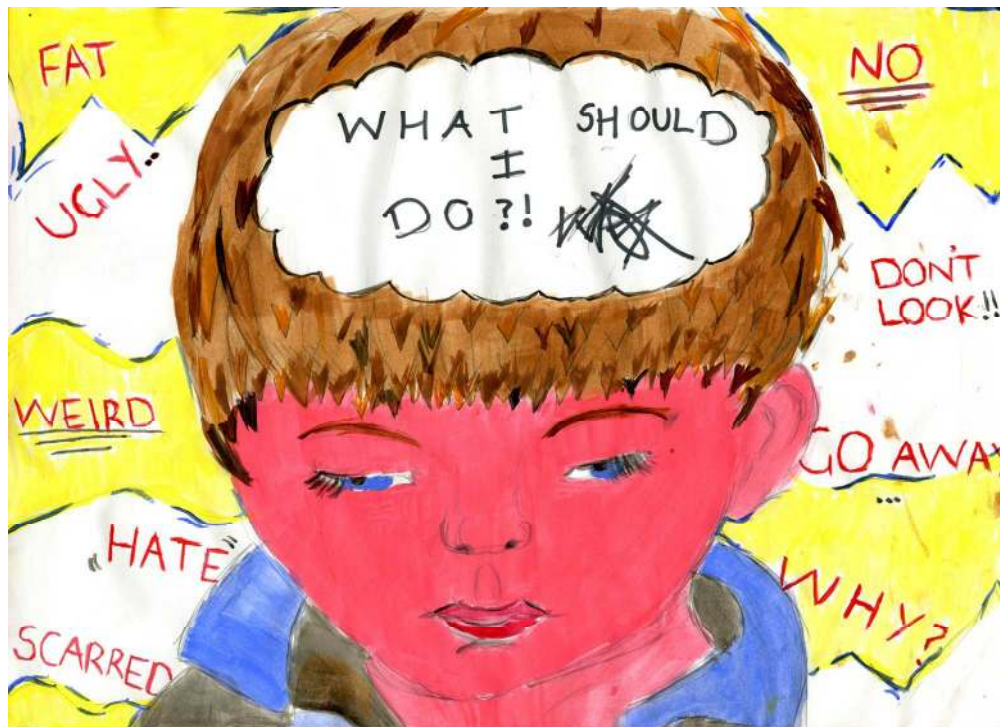
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