



RESEARCH

FOR ALL

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As a researcher in developmental psychiatry, I have been asking young people about their mental health for almost two decades. A few years ago, working with vulnerable young people in local authority care, I began to question whether our traditional format of semi-structured interviews and self-report questionnaires was appropriate, effective or even ethical with this group.

Having worked in residential care many years previously, I had some insight into the complex needs and experiences of looked-after children. The lives of many are populated by myriad professionals with metaphorical clipboards, asking questions, picking brains, ticking boxes and moving on: young people perceive researchers in this light. Experience has taught many that adults do not listen, are not interested, do not take them seriously or do not even believe them. Not surprisingly, many find it difficult to trust other people and self-reliance is their default setting.

I remember interviewing a young man during our first study – I will call him Tony – living in a hostel having left care at 17 with no income, no job and, as he saw it, no prospects. He clearly met clinical criteria for chronic major depression. This had not been identified and feeling depressed had become 'normal' for him. Despite enduring insomnia, hopelessness, poor concentration and irritability, his mantra was 'I'm OK, really, I'm fine'. He was neither attending services nor confiding in others, preferring to handle things alone. He was friendly, but guarded. I came away feeling I had gathered superficial, even misleading, information. Our exchange had been one-sided; Tony seemed to have gained very little from our meeting (except the thank-you voucher) and had felt little involvement with the research.

The formal semi-structured research interviews required young people to provide on-the-spot responses and insights about complex feelings, emotions, behaviours and events. Although research interviewers were caring, sensitive and well trained, there was little time or opportunity to build pre-interview relationships with the young people.

I began to seek more engaging, meaningful and appropriate ways of working with young people in care. It seemed to me that the young people should have a stake in the research, and I hoped that by involving and engaging them we could build robust, trusting relationships to develop future work.

I wondered whether we really knew or understood the population we were researching. I felt we needed to ask a basic question – what is it like to be removed from family and put into state care? I thought that making a short film could be an insightful research exercise, could produce a useful training resource and would be engaging for young people. For me, the key was that the material should be generated by young people, based on their experiences and ideas: the professionals would be facilitators. I wanted the young people to learn from the experience too. We needed to create an enabling, mutual learning environment where individuals could play to their strengths, learn from each other and 'get creative'.

I contacted the Cambridgeshire Film Consortium, a not-for-profit film education partnership. Trish Sheil, then director, was enthusiastic and suggested animation as the ideal medium: it is fun, conducive to group work, offers endless creative possibilities, allows young people to approach sensitive topics and events from a distance and it protects the identities of those involved, which is important when working with young people in care. Trish engaged an animator, film-maker and sound artist, and I recruited a group-work facilitator with extensive experience of working with offenders and young people in care. Cambridgeshire County Council Children's Services were our partners and we recruited young people for the project via their Participation Service. We ran our first four-day animation summer school in 2012 for 11 young people in care. The finished product, *My Name is Joe*, was launched at the Cambridge Arts Picturehouse in October to an invited audience. It is now being used to train foster carers and social workers all over the UK, and has been viewed over 10,000 times on YouTube.

Young people set the agenda for a further two films, telling us that leaving care and living in residential care were hot topics. So Joe became a trilogy: in 2013 Finding My Way focused on leaving care, and the following year Our House was made with young people in residential homes. Finding My Way won the young people a muchcoveted British Film Institute documentary award.

When we embarked on this maverick undertaking there were concerns about attendance, attrition, focus, concentration, engagement, confidentiality, teamwork, quality – you name it. But the reality was different: young people worked with dedication, enthusiasm and excitement. They worked together, shared experiences, supported each other, laughed together, discussed, debated, scripted, drew, animated, filmed and recorded.

Young people grew in confidence and commitment. Self-expression was difficult for many and finding the right words to convey complex meaning became a mission. I remember two young men working hard to get a few sentences precisely right, and their discussion evolved into an exploration of control and personal responsibility.

We next collaborated with researchers at University College London/Anna Freud National Centre for Children and Families, who were involved in the qualitative arm of a large adolescent depression treatment trial. Members of their young people's participation group wanted to make a film about depression to speak to wide audiences of young people.

We went on to employ our creative, participatory workshop approaches with young people in transition from Child and Adolescent Mental Health Services (CAMHS) to co-devise a prototype CAMHS transition preparation programme to improve experience and outcomes for young people leaving the service. A commentary published in this issue of *Research for All* is co-written by two young people involved in this study and a key NHS collaborator (Allan *et al.*, 2017). I have also contributed an article with co-author Tom Mellor that describes the creative, participatory workshop approaches developed across the projects (Dunn and Mellor, 2017).

In each project, the creative process of exploration has been enabling for young people and insightful for researchers, partner organizations and young people alike. Working collaboratively towards a common goal, whether a film or a practical tool, establishes common ground and enables a new group identity to emerge in which each member's strengths are recognized and mutually respected.

When we set out, one of our research partners told us that professionals often expect very little of young people in care and that young people 'live down' to that. If we got it right, she said, these so-called vulnerable, hard-to-reach young people would exceed our expectations. How right she was.

Notes on the contributor

Valerie Dunn has been a mental health researcher for over 20 years, at the Universities of Oxford and Cambridge and since 2008 working in the National Institute for Health Research, Collaborations for Leadership in Applied Health Research and Care (NIHR CLAHRC), East of England partnership.* She focuses on the mental health of young people and is particularly interested in environmental factors and creative, collaborative research. She is now a visiting researcher in Cambridge, affiliated to the CLAHRC and founder member of the Creative Research Collective.

* NIHR CLAHRCs bring together local providers of NHS services, commissioners, universities, other local organizations and the relevant Academic Health Science Network in England. CLAHRCs conduct applied health research across the NHS and translate research findings into improved outcomes for patients.

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References

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