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Doctoral Thesis

Young People's Perspectives on the Role of the Media in Wellbeing

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Word Count

	Main Text	Appendices (including References, Tables, Figures, Appendices)	Total
Thesis Abstract	300		300
Literature Review	7988	10617	18605
Research Paper	7965	8078	16043
Critical Review	3653	559	4212
Ethics Section	5108	10501	15609
Total	25014	29755	54769

Abstract

This thesis explores the role of traditional media and "new medias" such as Social Networking Sites (SNS) in various aspects of adolescents' wellbeing. It comprises of a literature review, a research paper, a critical appraisal and an ethics section.

The literature review synthesises qualitative research exploring the role of the media in adolescents' body image.   A meta-ethnographic approach was utilised to synthesise the findings of 12 qualitative studies. Through the process of reciprocal translation four core concepts were generated: "Internalising an Unattainable Ideal", "Cultural Relevance and Reflected Appraisals", "Not Measuring Up: The self-ideal discrepancy" and "Responding to the Self-Ideal Discrepancy". These concepts represent adolescents' experiences of internalising the media ideal, processes of social comparison and implementing various strategies to manage the impact of such comparisons. Clinical implications highlight the potential value of therapeutic approaches in supporting young people with body image dissatisfaction and the need for a fuller understanding and a broader conceptualisation of boys' body related concerns.

The research paper explores the impact of SNS experiences on the wellbeing of young people accessing mental health services. Twelve young people participated in semi-structured interviews, which were transcribed verbatim and analysed using grounded theory methodology. A theoretical framework was developed which identified two key mechanisms of SNS use that influenced adolescents' wellbeing, "threats and judgement" and "connection and support". Young people implemented a range of strategies to enable their continued use of SNS, despite difficult experiences. The findings highlight the importance of routine assessment and formulation of social networking use in understanding adolescents' psychological difficulties. Furthermore, opportunities exist for clinicians to utilise social networks to broaden the range of mental health services offered to young people.

The critical review section provides further reflections on the process of undertaking the research, with a specific focus on reflexivity and managing the researcher-clinician role.

Declaration

This thesis records work undertaken for the Doctorate in Clinical Psychology at the Division of Health Research at Lancaster University from August 2013 to May 2014.

The work presented here is the author's own, expect where due reference is made. The work has not been submitted for the award of a higher degree elsewhere.

Name: Amy Singleton

Signature:

Date:

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Section One: Literature Review

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[1]See Appendix 1-B for "Author Guidelines"

Abstract

A meta-ethnographic approach was utilised to synthesise the findings of 12 qualitative studies relating to the role of media in adolescents' body image. Through the process of reciprocal translation four core concepts were generated: "Internalising an Unattainable Ideal", "Cultural Relevance and Reflected Appraisals", "Not Measuring Up: The self-ideal discrepancy" and "Responding to the Self-Ideal Discrepancy". These concepts represent adolescents' experiences and individual differences in internalising the media ideal, undergoing processes of social comparison and implementing various strategies to manage the impact of such comparison processes. These findings highlight the potential value of therapeutic approaches typically employed by clinical psychologists in supporting young people with body image dissatisfaction, and the need for a fuller understanding and a broader conceptualisation of boys' body related concerns. Furthermore, future research is warranted that seeks to better understand the mechanisms which mediate the internalisation of the ideal and considers the potential impact of "new media".

Keywords: Body Image, Body Satisfaction, Adolescence, Media, Qualitative, Review

Adolescents' Perspectives on the Influence of Mass Media on Body Image and

Associated Psychological Outcomes: A meta-synthesis

Adolescence marks a time of rapid physical, cognitive and social development (Steinberg, 2008). The onset of puberty leads to increased physical growth at a velocity not seen since birth (Spear, 2002). At this time adolescents become more aware of their changing body shape and, for many, the adolescent years are a time of high risk for the development of eating disorders (Smink, Van Hoeken, & Hoek, 2012). NICE guidance suggests that approximately 1 in every 250 females and 1 in every 2000 males will experience anorexia nervosa in adolescence or young adulthood, and about five times that number will experience difficulties consistent with diagnostic categories of bulimia nervosa (National Institute of Clinical Excellence, 2004). This incidence is increasing; particularly in girls aged 15-19 (Smink et al., 2012).

Central to diagnostic classifications of eating disorders is the individual's "body image" (American Psychiatric Association, 2013) typically conceptualised as an individual's perceptions, thoughts and feelings about their own body and their behaviours in response to these (Roy & Payette, 2012). Body image is considered to be dynamic; fluctuating across the lifespan in relation to biological, psychological and social circumstances (Cash & Smolak, 2011).

With such a cultural emphasis on physical attributes, it might be unsurprising that both adults and children alike can experience negative body image. Youth in western countries, such as the US, are increasing in their weight and physical size whilst being exposed to media-generated body ideals that are increasingly slim and thus, contrary to their reality (Jung & Peterson, 2007). Indeed, children younger than 7 in western societies have been found to experience body dissatisfaction and concern with their weight (Jung &

Peterson, 2007). Puberty presents its own specific challenges, particularly for adolescent

girls whose changing body shape typically means that they deviate further and further from

western "thin ideals" (Hargreaves & Tiggemann, 2006).

Research in the field of adolescents' body image has identified numerous negative

outcomes associated with body image dissatisfaction, including lowered self-esteem

(Tiggemann, 2005), depression (Stice, Hayward, Cameron, Killen, & Taylor, 2000), and

behaviours and emotional experiences that might be characterised as an eating disorder

(Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006).

The Role of the Media in Body Image

Today's print and electronic media portray unhealthy and, for most adolescents,

unattainable physical ideals. The media communicates that the images seen are actual,

realistic representations of real people, despite the use of airbrushing and manipulation of

images to create impossible ideals (López-Guimerà, Levine, Sánchez-carracedo, & Fauquet,

2010).

One frequently quoted and supported model, "The Tripartite Model" (Thompson,

Heinberg, & Tantleff-Dunn, 1999), highlights the role of the media amongst three socio-

cultural sources of influence in body image; family, peers and media. According to the

model, body image is most likely to be influenced when the media ideal is "internalised",

often through the reinforcement of the ideal by society as an attitude approved of by

significant or respected others (Karazsia, Van Dulmen, Wong, & Crowther, 2013). Once

internalised, body satisfaction or dissatisfaction is thought to result from the individual's

perception of the extent to which they meet the ideal (Tiggemann, 2011).

An ever-growing field of research has explored the role of the ideals promoted in the media in relation to body image and associated behaviours. For example, Becker, Burwell, Gilman, Herzog and Hamburg (2002) sought to identify the impact of television exposure on eating attitudes and behaviours by studying adolescent girls in Fiji shortly after television first became widespread in the country. Despite the traditional cultural preference towards "robust bodies", television exerted an influence in a short space of time. Three years after television reception became widespread, approximately 11.3% of girls reported vomiting to control weight, compared to 0% before the advent of television. Likewise the percentage of girls with disordered eating attitudes rose from 13% to 29% during this period.

In a meta-analysis of more recent experimental and correlational studies, Grabe et al. (2008) found strong support for the relationship between thin-ideal media exposure and higher levels of body dissatisfaction, stronger internalisation of the thin ideal, and increased bulimic and anorexic attitudes and behaviours. The "internalisation" of the thin ideal has become widely accepted as a central part of the process by which media influences body image, described as "the extent to which an individual cognitively "buys into" socially de-fined ideals of attractiveness and engages in behaviors designed to produce an approximation of these ideals" (Thompson & Stice, 2001, p. 181).

Nevertheless, the relationship between media exposure, thin ideal internalisation and body image is not simple.   Researchers have found that some adolescent girls exposed to images of attractive models from magazines exhibit an increase rather than a decrease in body satisfaction (Durkin & Paxton, 2002; Joshi, Herman, & Polivy, 2004), thought to illustrate differences in people's motives for comparison (Halliwell & Dittmar, 2005). Additionally, the central process of internalisation of media ideals has been associated with a range of moderating factors including self-schemas associated with the importance of physical appearance (Groesz, Levine, & Murnen, 2001), low self-esteem (Ata, Ludden, &

Lally, 2006) and pre-existing body dissatisfaction (Ferguson, 2013).   Furthermore, clear

gender differences exist, the reasons for which are potentially numerous, as will be discussed

(Ferguson, 2013).

Limitations to the Existing Literature Base

Much of the existing literature has used quantitative tools for assessing body image

which have been criticised as gender-specific to girls, as they fail to distinguish between the

"bigness" that boys might refer to in relation to fat or to muscle (Cohane & Pope, 2001).

Additionally, many authors have used weight-loss as an indicator of body dissatisfaction,

which is problematic as boys express a wish for both weight loss and weight gain

(Ricciardelli & McCabe, 2004).

In the area of body image, the focus of reviews has often been to attempt to quantify

socio-cultural factors associated with body image, and establish mediating or moderating

factors, well suited to quantitative reviews which seek to develop theories of causality and

make claims about generalisability (Shaw, 2011). However, as the quantitative literature

highlights individual, cultural and gender differences in the relationship between media and

body image (Ferguson, 2013), a richer understanding of such relationships is needed.

Despite numerous recent literature reviews of the quantitative literature exploring

media and body image concerns (Ferguson, 2013; Grabe et al., 2008; Levine & Murnen,

2009), to the researchers' knowledge no review of the qualitative literature exists. Reviewing

literature that seeks adolescents' own perspectives will help illuminate such processes and

add a richness of understanding to models such as the Tripartite Model. Additionally, unlike

much of the quantitative literature in which a series of "symptoms" are measured or an

interest is taken in pathology, qualitative literature will allow for the exploration of the role of

protective factors and resilience, as has been called for by researchers (Choate, 2005).

Aims. This literature review aims to synthesise the existing qualitative literature regarding the role of the media in adolescents' body image and associated psychological and behavioural outcomes. As multiple factors influence adolescents' body image, the review will include studies in which the media is considered alongside a range of other factors.

Method

Selecting Search Terms

A "CHIP analysis" was used to brainstorm search terms relevant to the context of the research question, how studies are completed, issues associated with the topic of interest and the population of interest (Shaw, 2011). Five electronic databases were identified that would provide a comprehensive search relevant to the research question (PsycINFO, MEDLINE, CINAHL, Academic Search Complete and Web of Science). The thesaurus feature of each database was used to identify subject headings indexed to the particular database, including APA search terms in the PsycINFO thesaurus feature. Each database was searched using three sets of search terms relating to the research question: "body image", "media" and "qualitative methodology", applied to the full text of all articles (Table 1).

Insert Table 1

When the broad search terms produced an unwieldy number of results, narrower terms and additional limiters were applied to achieve a balance between comprehensiveness and specificity (Appendix 1-A).

Selecting Studies for Inclusion

In the initial screening process, the abstract of each study was inspected and the study selected if it was broadly relevant to the research area of interest and not a quantitative methodology. The selected studies were then scrutinised to determine the precise

methodology and relevance to the research question. For example, studies utilising content

analysis were excluded as a methodology that applies quantitative analysis to qualitative data,

not providing the rich detail of participants' experiences.   As 186 studies remained, a more

specific research question was utilised to determine the final inclusion and exclusion criteria

(Table 2) as follows: "Adolescents' Perspectives on the Influence of Media on Body Image".

Insert Table 2

Figure 1 illustrates the screening process and the inclusion and exclusion criteria

applied to the studies identified in the literature search.

Insert Figure 1

Quality Assessment

Twelve articles were included in the review following the screening process. Authors

suggest that there are "no 'in principle' arguments that can adequately address goodness" in

qualitative research (Engel & Kuzel, 1992, p. 506).   Nevertheless, tools have been developed

to enable researchers to assess some of the factors considered to be important in conducting

and writing up qualitative research. The Critical Appraisal Skills Programme (CASP) tool

for assessing the quality of qualitative research was applied to each study (CASP, 2010).

Table 3 outlines the criteria considered in the quality assessment and Table 4, the outcomes

(scores) of the quality assessment. Each criterion that is listed in Table 3 includes multiple

sub-criteria, not listed in the table for brevity.

Insert Table 3

Insert Table 4

The tool was used to allow for quality and methodological issues of the studies to be considered throughout the synthesis. Studies were not excluded based upon quality nor were stringent criteria applied in relation to methodology. Partly, this decision resulted from the limited number of studies pertaining to this particular research question. Additionally, as Booth (2001) suggests, excluding studies based upon methodological inconsistencies results in the exclusion of potentially valuable data. Instead, using Sandelowski and Barroso's (2003) typology of qualitative research, the typology of each study was identified to illustrate the level of analysis made by each author and provide contextual information to assist the reader's interpretation of the findings. The typologies were conceptualised as "deductive": where a "top down" process was used to identify data in accordance with expected themes, "descriptive": where data was presented descriptively with minimal interpretation by the researcher, and "explanatory": where the researcher adds a level of interpretation to the description of the data using an inductive approach. This information, in addition to the design, content and context of each study can be found in Table 5.

Insert Table 5

Technique for Synthesis

A meta-ethnographic method developed by Noblit and Hare (1988) was applied in the process of synthesis. Each paper was read repeatedly and key themes, metaphors or constructs noted by the researcher, based on those presented by the authors (first iteration of themes). These themes were then translated into one another through the process of reciprocal translation (second iteration of themes). In synthesis, the researcher brings together the first and second order constructs and the associated methodological and contextual factors, and creates "third order constructs" that offer a description of the shared and individual findings of the studies reviewed (see Table 6). The iterations of concepts were developed using the "bottom-up" process of deriving themes from data, followed by the "top-down" process of checking the concepts against the data to ensure accurate representation. "Mindmap" software facilitated the "bottom up" process, as illustrated in Figure 2. "Dialectic processes"; in which the intentions of the studies' authors are considered and acknowledged in relation to the interpretations of the researcher (Paterson et al., 2001), were facilitated through making explicit the context of each study included in the synthesis and making reference to the role of the researcher in shaping the interpretations made.

Insert Table 6

Insert Figure 2

The Role of the Researcher

I am a white female living in the UK undertaking professional training on a doctoral programme in clinical psychology. In both my personal and professional life I am interested in feminist understandings of society, which was a key influence in my interest in body

image. My interest in media, as evident in my choice of thesis topic, further encouraged me to explore this area. I was mindful of trying to not let my understandings of the possible negative influence of media and societal discourses about female beauty influence my approach towards the meta-synthesis, for example by ensuring that I included studies with a focus on people with positive body-image. A reflective diary and supervision were used to ensure the integrity and validity of the findings. Through providing tables that make explicit the synthesis process, I hope that the reader of this review will be able to interpret the findings presented in the specific context of the review and with consideration of my role in their construction.

Findings

The findings of this review are presented as four core concepts: "Internalising an Unattainable Ideal", "Cultural Relevance and Reflected Appraisals", "Not Measuring Up: The self-ideal discrepancy" and "Responding to the Self-Ideal Discrepancy".

Internalising an Unattainable Ideal

The media was perceived as pervasive and intrusive, with models and celebrities cutting across all forms of media, independent of the level of adolescents' engagement (Tiggemann, Gardiner, & Slater, 2000). Adolescents were consistent in their descriptions of the physical ideals promoted in the media. In a study looking at pornography specifically, pornography stars were described as "Barbie and Hercules", illustrative of the ideals dominating the media more broadly of an extremely slim, tall, yet curvy woman and a lean, muscular, dominant male (Mattebo, Larsson, Tydén, Olsson, & Häggström-Nordin, 2012). Typically ideals were more prescriptive for females, with detailed descriptions of the female ideal extending to hair, complexion, and individual facial features (Holmqvist & Frisén, 2012). Adolescents recognised the media's bias towards these ideals, "they're always thin

with large breasts. It's pretty unusual to see a fat girl in a reality show" (Holmqvist & Frisén, 2012, p. 391).

Adolescents highlighted the extreme nature of the physical ideals promoted in the media yet continued to aspire to them. Sixteen year old girls in one study described models as both ''all skin and bones'' yet "just looking perfect" (Tiggemann et al., 2000, p. 649). For white girls in a cross-cultural study, these ideals were experienced as just close enough to be perceived as attainable, with the condition that girls' master the dietary, fashion, exercise and make up routines promoted (Duke, 2002).

Through repeated exposure to the media ideals, adolescents recognised that they began to "think that it is normal, you begin to think that is how everyone is supposed to be'' (Tiggemann et al., 2000, p. 649), described by some as an unconscious process. However, although boys also recognised their altered perceptions of "normality", they minimised the impact of this, "oh, it doesn't really bother me.... I suppose it does influence you a bit, because it is basically all these beautiful people, it portrays what people are meant to be; other than that it doesn't really affect me" (McCabe, Ricciardelli & Ridge, 2006, p. 416).

The perceived consequences and connotations of achieving the physical ideal served to make it ever more appealing, as illustrated by one adolescent girl:

> People think oh I have to look like that because they think that they will have a perfect life as well. If I'm beautiful, if I'm attractive, if I'm skinny then everything else in my life has to come up as well, like my school grades will come up, I'll get a boyfriend, you know I'll have a great social life. (Tiggemann et al., 2000, p. 649)

Other perceived rewards for girls included popularity amongst peers, heightened confidence (Mooney, Farley, & Strugnell, 2009), the freedom to buy clothes catering solely

for slimmer women (Holmqvist & Frisén, 2012), and male attention, "guys mostly look at ... the ones that are like supermodels, an' then they look at you, an' balance the scales, (and) kinda look more towards the model" (Milkie, 1999, p. 205).

Conversely, adolescents recognised the potential losses and possibility of exclusion associated with being of a weight and size that did not conform to the media ideal. Ninth grade students in a US area considered high risk for obesity described their experience of not conforming to the ideal, "people pick on you and they talk about you and they don't treat you right because you don't look like what they call perfect" (Williams, Taylor, Wolf, Lawson, & Crespo, 2008, p. 7).

Cultural Relevance and Reflected Appraisals

Within a given culture, adolescents were influenced by reflected appraisals; the perception that others' opinions or behaviours reflected their acceptance of the ideal. Of particular importance to many adolescents was their understanding that their peer group accepted and strived for the media ideal. Girls perceived that boys wanted them to look like supermodels, "they see them and they try to compare all of us to them ... I just get that perception" (Milkie, 1999, p. 204). When girls recognised that boys might prefer a shape or size that deviated from the ideal, it was quickly disregarded, "you know guys like nice and curvy, but it (being thin) is still in your head" (Tiggemann, Gardiner, & Slater, 2000, p. 653).

Some adolescents recognised friends valuing the thin ideal through their teasing and bullying, "people our age are very critical of other people and how they look…they don't think they've got feelings and they make snap judgements about girls and give them low self-esteem" (Mooney et al., 2009, p. 487). Even positive comments from respected others served to reinforce the importance of physical appearance and was often interpreted as having a hidden negative or critical message (Krayer, Ingledew, & Iphofen, 2008).

The widespread criticism by the media of those perceived to fit the "ideal" highlighted to adolescents the value of the ideals in society and modelled the criticism of self and others, "the celebrities are always going to these award ceremonies…The next day if they didn't look well, it's all over the tabloid papers like how horrible they looked and there'd only be like little problems, like their hair or something" (Mooney, Farley and Strugnell, 2009, p. 488).

Gender differences. Gender differences were observed in reflected appraisals, highlighting typical societal discourses about females' appearance. Peers and family members offered comments about girls' bodies or appearance, whereas they were more likely to comment on boys' functional abilities such as sporting ability, skills and health behaviours (McCabe, Ricciardelli, & Ridge, 2006).   Boys mirrored this in their own conversations, "I would like to be fit and strong…I would like to do a lot of crazy stuff, like skateboarding and bikes and stuff like that" (Krayer et al., 2008, p. 899). In contrast, irrespective of whether comments from peers and family were positive or negative, female adolescents received a strong pervasive message that their physical appearance was noticed and important (Williams et al., 2008).

Central to boys' stories was the shared understanding that it was "girlie" or unacceptable to discuss their body image or appearance. Boys in a focus group setting reflected upon the expectation that they shouldn't care, "people like hide it that they don't care, but they actually really do I reckon…like I think everyone in this room would care about their appearance" (Hargreaves & Tiggemann, 2006, p. 571). As might be expected for boys experiencing a societal stigma that they shouldn't speak about their bodies, their reflected appraisals illustrated their perception that physical appearance was not important to their male peers, "It's like a girl thing. It's like… 'oh she is wearing some tight jeans she looks awful'" (Krayer et al., 2008, p. 897).

Ethnic relevance. Those from non-western cultures, or those of a different ethnicity or race within a western culture, identified less and were more critical of the western ideals most typically portrayed in "mainstream media". In an early study of white and African-American girls in US high schools, African American girls perceived mainstream magazines as "for white girls" (Milkie, 1999). Their reflected appraisals illustrated the irrelevance of the ideals to their peers "My friends are worried about stuff like how to take care of yourself and learn how to be independent. They're worried about real things that are going to help you" and men in their culture, "black men don't like skinny people that much…We don't think skinny is pretty" (Milkie, 1999, p. 206).

Other cross-cultural studies found that magazines that included celebrities or models of minority ethnicities were seen as idealised and non-representative, conflicting with who adolescents wanted to be:

> They're the little Black girls with the braids and little funky haircuts … you look at that and think, 'Hmm, I'm a young Black teenage person and that's how I'm supposed to look.' And you don't think about what you like anymore. It's based on what you see. And...I don't want to be like that. (Duke, 2002, p. 226)

Williams et al. (2006) highlighted that in Fiji where "robust" bodies are considered attractive, girls nonetheless identified Western models and actresses as having a desirable body size (e.g. J-Lo). However, they reported that these media figures did not influence their own feelings and attitudes about their own bodies. The authors suggested that due to the physical differences between Western and traditional Fijian body size and physical characteristics (e.g. hair texture, skin colour) the girls would be more likely to perceive the typical thin western ideal as unattainable, and hence not aspire to achieve the ideal.

The cross-cultural studies included suggest that adolescents internalise the norms of a culturally meaningful reference group.   Some norms or ideals, for example in African American culture or the dynamic male ideals, have broader conceptualisations of what is attractive, potentially encouraging more achievable ideals and limiting the negative impact on body image (Duke, 2002).

Not Measuring Up: The self-ideal discrepancy

Social comparison was central in influencing adolescents' perceptions and feelings towards their own bodies. Typically, adolescent girls compared themselves negatively with models and celebrities, focusing upon their own physical flaws. Girls noticed how the media responded to celebrities' weight and considered how this related to their own shape and size, highlighting the powerful societal messages communicated by the media, "Yeah, Alicia Simpson, they showed her in a magazine and said Alicia is putting on a bit of weight there. She is already skinny and you go if she is getting fat, what am I?" (Tiggemann et al., 2000, p. 649).

Supported across most of the studies, however, was the finding that adolescents most typically compared themselves with their peers, those targets of reference more similar to them. Nevertheless, the media ideal was often the ideal against which they based such comparisons. For boys, peers were also chosen as sources of comparison, with the media predominantly as a source of reference for fashion, "Yeah, pretty much all the clothes that you wear you pretty much see on TV and you go 'oh that looks good" (Hargreaves & Tiggemann, 2006, p. 571)

The emotional and cognitive impact.   Adolescent girls felt upset, abnormal and inferior when their bodies did not match up to the idealised feminine image (McCabe et al., 2006). Feeling bad about their bodies affected their confidence in their daily activities,

"sometimes I won't go up and get a drink because I don't feel good and I don't want anyone to see me" (Tiggemann, Gardiner & Slater, 2000, p. 651).

The impact of girls' comparisons was affected in turn by their mood, as one girl described, "if I just feel like down, I just feel like ugly or whatever, I just compare myself to like people that look good, yeah. But I wouldn't never like say 'oh I look so much better than someone else', 'cause I never really do" (Krayer et al., 2008, p. 896). Others recognised how the comparison itself affected their confidence, "Cause they [people in the media] are always thin and have perfect skin and stuff. They should really have people of different sizes. 'Cause it makes me feel self-conscious, 'cause I see all these pretty people" (Krayer et al., 2008, p. 898).

In a comparison of how mainstream media influences white and African American girls, Milkie (1999) highlighted that as girls view those in the media as their reference group they experience a "relative deprivation" when they compare their appearance, successes and lifestyles with such an unrealistic and unrepresentative group. This deprivation is added to by the pressure to exhibit a flawless beauty (Spurr, Berry, & Walker, 2013)

For others, however, the media was considered to have minimal impact on body image related thoughts and behaviours. For example, when asked what the impact of consistently seeing thin models was, one Australian girl described, "Ohh a bit jealous and angry that you don't look like that but I don't know you just get on with it, get over it." (Williams et al., 2006, p. 563). The authors in this study suggested that girls' ability to recognise and critique the media ideals moderated the impact of such comparison. Nevertheless, for many, critiquing the ideals did not lessen their emotional impact, as will be discussed.

Boys, perhaps as a consequence of comparing themselves less with the media ideals, acknowledged the limited impact of the ideals on their feelings. One boy was reassured by how his body might change through adolescence, "Well you can't really tell now because you're still like growing up and stuff so it's kind of like hard to know how you're gonna be" (Hargreaves & Tiggemann, 2006, p. 572).

Responding to the Self-Ideal Discrepancy

Adolescents implemented different strategies to manage the emotional impact of noticing the discrepancy between themselves and media ideals.

Motivation to achieve the ideal. The importance of the ideals and the perceived benefits associated with reaching them meant that many were motivated to try to achieve the ideal. Some female adolescents experienced media as inspiring them to achieve a "healthy weight", giving them positive messages about diet and exercise (Williams et al., 2008).

However, media ideals were also associated with what might be considered unhealthy behaviours. Magazines and television provided adolescents with information about weight loss medication and products, as well as detailed dietary advice that offered promising results. Spurr et al. (2013) observed that girls "diligently sourced" information about dieting and were confident in the diet's effectiveness because they were published in a magazine. Girls used a range of these techniques to manage their weight, including a restricted dietary intake, vomiting and using weight loss tablets (Williams et al., 2008). One adolescent girl described her attempts:

Every time that I personally, like, watch TV or look at magazines or whatever, it makes me feel very bad about myself. So there have been lots of times when I'd, like,

stop eating, not completely, but a lot less and I'd just try a bunch of different diets and

work out lots" (Spurr, Berry & Walker, 2013 p. 27).

However, in one study of Year 11 Australian girls, the authors concluded that a wish

to be thin was not necessarily associated with body dissatisfaction, as one girl described, "if

you could (be thinner), you would… like you are not going to go out and commit suicide. I

would like to lose weight from here (pointing to thighs)…but I'm not going to start crying

over it'' (Tiggemann, Gardiner & Slater, 2000, p. 652). In this group, the girls demonstrated

a sort of resign to the ideal, as something they might want but could not have.

Boys were typically reticent to admit that they wished to change their bodies, as one

year 10 boy described: "Yeah you always see video clips or movies and say 'Oh, I want to be

like that guy, he's attractive', but as for doing something about it . . . nah!" (Hargreaves &

Tiggemann, 2006, p. 571). However, others described that "media affects boys the same way

it affects other people too. They see that figure on TV of being toned and muscular and

whatever, and they want to be like that" (Spurr, Berry and Walker, 2013., p. 27).   In this

study of 16-19 year olds, boys identified that they might take drugs or work out to make

themselves bigger. From the studies included it is difficult to determine exactly how

motivated boys were to achieve media ideals, whether they were truly less likely to want to

aspire to the ideal or whether the stigma associated with discussing body related issues meant

that they were unable to share their private experiences.

Critiquing the ideal. Adolescents recognised the artificial and unattainable nature of

ideals. Although neither boys nor girls typically favoured the ideals portrayed in the media,

girls considered to have a positive body image, as identified through use of quantitative

assessments, were found to be much more elaborate in their criticism of the ideals (Holmqvist

& Frisén, 2012). The authors suggested that this ability was a necessary response to the

greater pressure upon girls to conform to more unrealistic ideals.   One adolescent girl with a positive image described, "Everybody cannot look like that, everybody is not genetically predisposed to being super-thin. I think it is wrong." (Holmqvist & Frisén, 2012, p. 391).

Adolescents also recognised that the majority of media images were "touched up" and manipulated through airbrush techniques and considered it "part of being a celebrity or model" to look a certain way. As one girl described:

> You look at the pictures of these models that are like modelling makeup and stuff and you think wow, I wish I could look like that and then you start to feel bad about yourself because you don't, so you have to remind yourself that like these girls are wearing makeup and the pictures have been like digitally touched up and stuff (Spurr, Berry & Walker, 2013, p. 26).

Furthermore, adolescents recognised how idealistic images were used to sell products, conveying a message that if adolescents bought a specific item of clothing or product that they too would meet this ideal. One 13 year old described, "It's a good way to sell products, 'cause when you see someone like dead ugly, you just change channel. But when you see someone who is pretty or famous or whatever, you want to see what they are advertising." (Krayer, Ingledew & Iphofen, 2008, p. 898).

For girls of minority ethnicities, the critiquing process was a primary gratification of reading magazines, through which the author argued they gained a sense of solidarity with other black African American girls, affirming the value of their own culture and identity (Duke, 2002).

Krayer et al. (2008) argued that by critiquing the ideals, adolescents responded to images that they considered to be threatening by making "enhancement comparisons",

distancing themselves from the target/attribute that they were threatened by and discounting the image. At times enhancement comparisons were evident in the direct criticism of the celebrities, "Like Cameron Diaz, if you've seen photos of her without makeup on she's got really bad skin" (Mooney et al., 2009, p. 487). Nevertheless, in Milkie's study, girls could critique the unrealistic nature of the ideals, but the value placed upon them by society and peers made it hard for their critical appraisal to become meaningful (Milkie, 1999). Similarly, Spurr et al (2012) found that although the adolescents in their study described models' bodies as "gross" or "disgusting", the participants agreed that they could never be fully comfortable with their bodies because they did not look like models. Hence, the ability to critique the ideals was not necessarily associated with a reduced impact on adolescents' body image.

Seeking an alternative ideal. Alongside adolescents' critiques of media ideals was a process of broadening the "ideal" to which they aspired, often recognising the many other aspects of themselves and others. There was a plea for more realistic role models, as one girl described, "one thing I guess would be just more normal people ... not like the models, but just average. Other people that haven't really had modelling experience" (Milkie, 1999, p. 199). Girls from ethnic minorities also endorsed the need for more realistic images, specifically due to their experience of mainstream western media as directed towards white girls.

Adolescents recognised how the physical ideal varied between cultures, individuals and over time. Boys considered to have a "positive body image" were aware of the subjective and dynamic nature of male body ideals:

It [how you are supposed to look] changes all the time. Today it's like this, but in a couple of years it might have changed, then maybe you're supposed to have really

long hair or really short hair or something else. Or you shouldn't have any muscles at all. It changes all the time. (Holmqvist & Frisen, 2012, p. 392).

Adolescents emphasised personality as valued in others, "it's personality that's important, like you can trust your friends and have a laugh together" (Krayer, Indgledew & Iphofen, 2008, p. 896). In doing so, adolescents shifted emphasis away from physical size and shape to other aspects of the person. The extent to which young people knew that their peers valued such characteristics might be crucial in adolescents' discontinuation or continuation of the reflected appraisal that others value physical appearance above everything.

Despite making attempts to focus upon other aspects of the self and compare themselves to more healthy targets, authors highlighted some inconsistencies in adolescents' stories. Although girls expressed a preference for more realistic images from which to compare themselves, one ethnographic study found that adolescents frequently flipped past features and articles in magazines that included such "real girls" (Duke, 2002). Duke (2002) argued that the girls in this study knew to say that "reality" was better, but were naturally drawn back to the ideal. Additionally, adolescents with positive body image were able to consider a wide breadth of important characteristics in a person, yet when asked to describe their ideal partner, described someone very much in line with today's media ideals (e.g. slim, fit, and tall) (Holmqvist & Frisén, 2012). The authors considered this as illustrative of their internalisation of the ideals, despite their ability to critique the ideals, yet also recognised that many of the young people in this study approximated the ideal themselves.

Acceptance and compassion. Acceptance of people as they are was promoted by both girls and boys with positive body image, as one girl described "everybody should be

able to look the way they want to, and there should not be any things that make them feel that they need to change" (Holmqvist & Frisen, 2012, p. 392).

Nevertheless, the process of social comparison and negative body talk had become so routine and expected for many, that an acceptance of the body was seen as arrogant or "weird":

> Girls are awful, because it's not accepted to be able to say like oh, I accept myself as I am. It's like everybody is so oh I hate this about my body..that it's like, it's weird if you don't hate yourself." (Spurr, Berry and Walker, 2013, p. 28).

Interestingly, boys were noticeably more compassionate about their physical appearance, perhaps reflecting society's compassion towards males' physical appearance. One boy with positive body image described, "out of most of the guys in class, I'm pretty big. They judge me about the third strongest, so that's pretty good…I have abs underneath all the flab...so, yeah I like my muscles, they're pretty good" (McCabe et al., 2006, p. 414). Boys could also recognise the parts of them that were "good", alongside the "bad", "I don't think it is important to be tall and strong. Some tall people can do stuff that small people can't, but small people can do stuff tall people can't" (Krayer et al., 2008, p. 896).

Discussion

These findings provide a richer picture of the role of the media within socio-cultural models of body image such as The Tripartite Model (Thompson et al., 1999). The media was found to dictate an unhealthy and unattainable physical ideal which adolescents consistently identified as more important to others than themselves, highlighting a "pluralistic ignorance", in which they rejected the public norm, yet believed that others privately accepted it (Park, Yun, McSweeney, & Gunther, 2007). The perception of others' acceptance of the ideal was

conceptualised as "reflected appraisals" which had a powerful impact upon young people's internalisation of the ideal. Although the vast majority could critique the media ideals and recognised that achieving them was unlikely, reflected appraisals reminded adolescents of the societal value of a specific physical image and the potential social implications of attempting to break with this ideal.

Girls recognised the impact of their failure to achieve the media ideal on their body image, self-esteem, mood and often unhealthy behaviours. Despite implementing a range of strategies to manage this emotional impact, many continued to aspire to the ideal. In a recent meta-analytic review, Ferguson (2013) suggested that using a diathesis-stress model might be a helpful way of understanding the individual differences in how media affects body image, with those with pre-existing body dissatisfaction being "at risk" of being influenced by thin-ideal media. Similarly, other researchers have suggested that self-schemas that prioritise the importance of physical appearance (Jung & Lennon, 2003) and low self-esteem (Ata et al., 2006) mediate the internalisation of the media ideal.

In this review, the precise mechanisms by which adolescents did or did not internalise the ideal were unclear, yet a number of factors appeared to be relevant. Firstly, those considered to have a positive body image actually approximated the ideals themselves (Holmqvist & Frisén, 2012). As the theme "not measuring up" would suggest, for those closer to the ideal, the self-ideal discrepancy would be less, limiting the emotional and cognitive impact on the young person. Secondly, with the perceived benefits of achieving a media ideal and the high levels of criticism that young people witnessed within the media and their peer groups of those who did not attain the ideal, deviating from the ideal themselves was likely to be perceived as too "dangerous" within a culture in which individuals have insufficient social power or resources to influence such established societal ideals (Paquette & Raine, 2004). Thirdly, cross-cultural studies illustrated the importance of culturally

meaningful and relevant ideals in the process of internalisation. Those who were exposed to culturally irrelevant ideals were less likely to be affected due to not buying into the ideal through internalisation. Finally, a recursive pattern was noted in which adolescents recognised the role of their mood and self-esteem as both an outcome of not measuring up, as well as influencing their comparison processes.

Although adolescents were critical of the perceived benefits of achieving the ideal, it is important to remember that prejudice and assumptions about people based on their appearance do exist (Twine, 2002). Those who are more physically attractive have been found to have a better chance of getting certain jobs (Tews, Stafford, & Zhu, 2009), receiving higher salaries (Judge, Hurst, & Simon, 2009), are less likely to be perceived as guilty for crimes (Ahola, Christianson, & Hellström, 2009) and are consistently more positively responded to by others (Leeuwen & Macrae, 2004). More than simply aspiring to achieve an ideal to "fit the norm"; adolescents might have been aware of the very real social implications of their physical appearance.

Unrealistic and unattainable media ideals for both boys and girls exist. However, the impact on girls in this review was noticeably more consistent. Researchers have sought to understand such gender differences through considering the role of boys' self-serving biases that maximise their body-satisfaction (Ricciardelli & Mccabe, 2011), the influence of social stigma limiting boys' openness about body dissatisfaction (Muise, Stein, & Arbess, 2003), but also the societal and historical context of women in western societies. Feminist theories of body image highlight that from infancy girls are encouraged to focus upon their appearance, such as how their hair is styled and what they wear (McKinley, 2011). Over time, girls receive reinforcement for their appearance and learn that they are objects to be watched and evaluated, making them conscious of their own objectification and dependent on others for approval ("Objectified Body Consciousness") (Knauss, Paxton, & Alsaker, 2008).

In this review, one girl described "sometimes I won't go up and get a drink because I don't feel good and I don't want anyone to see me" (Tiggemann et al., 2000), perhaps reflecting her expectation of being watched and evaluated. In seeking to explain gender differences in this field, or individual differences more broadly, feminist theories are a reminder of the powerful social and cultural construction of physical ideals.

Clinical Implications

The findings of this review highlight the pervasive impact of media in shaping adolescents', specifically girls', concepts of the physical ideal and their aspirations to achieve this ideal. Although some adolescents experienced lowered self-esteem, low mood and exhibited unhealthy behaviours in an attempt to reach the ideal, many implemented various cognitive strategies to minimise the impact of the ideals. Building on such cognitive approaches to challenging thoughts associated with the ideals and the self might protect young people from the potentially negative impact of the media (e.g. Williams & Garland, 2002).

Young people's stories highlighted the role of shame and self-criticism in their body image experiences, with boys' compassion towards their bodies seemingly reducing the impact of the ideals. This finding supports evidence that suggests that compassion focused approaches are a helpful and effective addition to typical CBT focused approaches for adults with eating difficulties (Goss & Allan, 2014). Compassion focused approaches might foster self-compassion in individuals with high self-criticism and might provide some explanation for the individual differences between adolescents. For example, those less able to regulate their emotions might experience increased shame or self-criticism upon viewing media ideals whereas those who are able to self-soothe might be able to appreciate the media ideals yet remain compassionate towards their own bodies (Goss & Allan, 2014). Additionally,

compassion focused approaches might facilitate our understanding of the discrepancy between adolescents' cognitive, logical appraisal of media ideals (e.g. "they're unrealistic", "they're fake") and their emotional and behavioural responses (e.g. "but they make me feel bad", "I will still try to achieve this") (Gilbert, 2010).

The impact of media on adolescents' body image is very much a socially constructed and reinforced process. In this review, young people discounted information or experiences that did not fit with the dominant societal story that promoted a thin ideal. Narrative approaches might enable young people to develop thicker descriptions of alternative stories (White & Epston, 1990), perhaps making use of the power of reflected appraisals to recognise times in which the young person has been valued by others for other aspects of themselves. Recent initiatives to improve young people's media literacy might offer helpful alternative societal perspectives, such as the website www.about-face.org, a not-for-profit organization which "equips women and girls with tools to understand and resist harmful media messages that affect their self-esteem and body image".

Consistent with previous literature, some boys in this review admitted their reluctance to discuss a stigmatised issue. A review of eating disorders in adolescent boys highlighted a "lag" in boys accessing treatment due to the stigma surrounding what is perceived as a "female disorder" and the finding that boys experiences do not neatly fit into diagnostic criteria for "eating disorders", which are gender and age-biased (Muise et al., 2003). Clinicians, therefore, need to think broadly about boys' body-related experiences and consider the dynamic and fluctuating ideals that they are exposed to, as opposed to the relatively consistent "thin ideal" for girls which might fit more easily with diagnostic classifications. Furthermore, normalising boys' experiences and tackling stigma surrounding body-related issues might facilitate not only greater understanding of boy's body image but their access to services when needed. The use of "new medias" might offer a space for boys

to discuss such issues (e.g. http://www.boyanorexia.com), as many young people feel more able to talk about intimate issues or topics online (Schouten, Valkenburg, & Peter, 2007).

Future Research

The precise mechanisms by which adolescents' emotions and behaviours are affected by the ideals remains unclear. Further qualitative research might facilitate a richer understanding of these individual differences and the mechanisms by which adolescents select and implement different strategies to navigate the impact of the media ideals. Additionally, research with adolescents who meet diagnostic criteria for eating disorders might illuminate previous researchers' suggestions that "predispositions" towards body image dissatisfaction increase the emotional, cognitive and behavioural impact of internalising the media ideal (Ferguson, 2013).

The adolescents in the studies in this review highlighted that media can also motivate adolescents towards healthy behaviours relating to diet and exercise. The media ideals in western society are unattainable and, as a result, an unhealthy model for young people. Nevertheless, in an increasingly unhealthy and overweight society, the potential exists for media to be used to promote healthy lifestyles, a crucial part of psychological wellbeing (Parry-Langdon, 2008). Further exploration into what specific forms of media, or other factors, promoted adolescents' increase in healthy behaviours might enable the use of media in this way.

Limitations

Although mass media such as television, magazines and films remain popular and influential sources of information in adolescents' lives, authors highlight the scarcity of research exploring the impact of "new" medias (Bair, Kelly, Serdar, & Mazzeo, 2012). The

internet offers a much wider proliferation of the images seen in traditional medias as well as forums and websites specifically related to body-related issues, such as pro-anorexia websites, which explicitly reinforce and motivate users to maintain disordered eating (Norris, Boydell, Pinhas, & Katzman, 2006). Furthermore, the pervasive and rapid growth of Social Networking Sites (SNS) such as Facebook offer a potentially vast source of comparison for adolescents with their peers (Feinstein et al., 2013), identified in this review to be the target reference group for comparison by the majority of the adolescents. As individuals on SNS typically present highly modified and edited presentations of themselves (Gonzales & Hancock, 2011), the process of comparing with such idealised versions of their peers might approximate their experiences with mass media more broadly, and potentially more powerfully with this more similar reference group. The impact of SNS could be vast, yet currently remains relatively unexplored in the literature, and specifically in this review.

The studies in this review vary in age, with one study dating back to 1999 (Milkie, 1999). Media has changed rapidly and dramatically over the past ten years, as has culture and the society in which adolescents are growing up. It is interesting that many of the themes found in the older studies were consistent with newer studies, highlighting the relatively stable influence of societal ideals on adolescents in the formative years in which fitting into an 'in group' and forming one's identity are key (Steinberg, 2008). Nevertheless, research that seeks to explore adolescents' body image in increasingly culturally diverse communities with a range of newer medias could produce interesting findings.

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Table 1

Core Search Terms Applied Across Five Databases

MEDLINE	
Search Terms (applied to full text)	media OR multimedia OR social media OR film OR magazine OR radio OR television OR TV OR book OR advert* OR digital video OR audiotapes OR communication media
	AND
	body image OR body image disturbance OR self esteem OR self concept OR self confidence OR self criticism OR self perception OR body OR weight OR size OR thin OR fat OR eating disorder OR identity OR beauty OR appearance
	AND
	qualitative OR interview OR focus group OR narrative OR phenomenolog* OR discourse OR conversation analysis OR thematic analysis OR interpretative phenomenological analysis OR IPA OR grounded theory
Limiters	**Language:** English

Table 2

Exclusion Criteria and Inclusion Criteria Applied in Literature Search

Exclusion Criteria	Inclusion Criteria
Quantitative methodology	Method: Open-ended interview questions
Unpublished studies (i.e. not peer	used to gather data
reviewed)	Use of quotations to illustrate data in article
Findings not specific to research question	Relevant to research question: Explores how
Focus of study does not include both media	media influences body image
and body image	Age of participants in sample: 11-19 (to
	reflect the age range typically
	conceptualised as "adolescence" in the
	existing literature)

Table 3

CASP Quality Assessment Tool Criteria (CASP, 2010)

Criterion Number	Criterion
1	Clear statement of the aims of the research
2	Appropriate use of qualitative methodology
3	Appropriate research design to address aims of research
4	Recruitment strategy appropriate for the aims of the research
5	Data collected in a way that addressed the research issue
6	Relationship between researcher and participants adequately considered
7	Ethical issues taken into consideration
8	Sufficiently rigorous data analysis
9	Clear statement of findings
10	Research is of value

Table 4

Outcome of the CASP Quality Assessment (CASP, 2010)

Key:
+   Meets criteria
-   Does not meet criteria
+- Meets some but not all criteria

	Criterion Number										
	1	2	3	4	5	6	7	8	9	10	Total
Duke (2002)	+	+	+	+-	+	+	-	+	+-	+	8
Hargreaves and Tiggemann (2006)	+	+	+	+-	+	-	-	+-	+	+	7
Holmqvist & Frisen (2012)	+	+	+	+	+	+-	+-	+	+	+	9
Krayer, Ingledew and Iphofen (2007)	+	+	+	+-	+	-	+	+	+	+	8.5
Mattebo, Larsson, Tyden, Olsson and Haggstrom-Nordin (2012)	+	+	+	+	+	-	+	+	+	+	9
McCabe, Ricciardelli and Ridge (2006)	+	+	+	+-	+	-	+	+-	+	+	8
Milkie (1999)	+	+	+	+	+	-	+-	-	+	+	7.5
Mooney, Farley and Strugnell (2009)	+	+	+	+	+	-	-	+	+	+	8
Spurr, Berry and Walker (2013)	+	+	+	+-	+	+-	+	+	+	+	9
Tiggemann, Gardiner and Slater (2000)	+	+	+	+-	+	-	+-	+-	+	+	7.5
Williams et al. (2006)	+-	+	+-	+	+-	-	+-	+-	+	+	6.5
Williams, Taylor, Wolf, Lawson, Crespo (2008)	+	+	+	+	+	-	+	+	+	+	9

Table 5

Contextual Details and Research Design of Included Studies

No	Study title and author	Discipline	Study aims	Sample / Recruitment strategy	Data collection	Typology	Data analysis	Considerations from quality assessment (CASP)
1	Duke (2002). Get real! Cultural relevance and resistance to the mediate feminine ideal.	Psychology and marketing	To examine early and late adolescent girls' interpretations of mainstream teen magazines	16 African American Gils aged 12-18 and 10 white girls aged 16-18/ Snowball method	Interviews and focus groups to verify analysis process	Explanatory	"Lincoln and Guba Method" (1985) – naturalistic enquiry and the use of constant comparison – coding units and categories.	No explanation of how/why particular sample recruited in relation to the research question. No explicit statement re: ethical issues. No consideration of credibility of findings
2	Hargreaves and Tiggemann (2006). 'Body images if for girls': A qualitative study of boys' body image.	(Health) Psychology	To describe the nature of adolescent boys' body image investment and evaluation. To explore the unique aspects of body image for adolescent boys – focus	28 boys aged 14-16 (Australian)/ Australian public high school (sampling strategy unclear)	Semi-structured focus groups.	Descriptive	"Transcription and analysis"	No explanation of sampling strategy/choice of sample. No consideration of relationship between researcher and participant. No explicit statement re: ethical issues. Lack of clarity re:

			on media.					analysis process.
3	Holmqvist & Frisen (2012). 'I bet they aren't that perfect in reality': Appearance ideals viewed from the perspective of adolescents with a positive body image.	Psychology	To investigate how this group of adolescents reflect upon appearance ideals and whether they have specific ways of processing information that protects body image	15 Swedish girls (mean age 13.93) & 15 Swedish boys (mean age 14.07) with a "positive body image"/ recruited from ongoing longitudinal study re: body image and bullying	Semi-structured interview	Explanatory	Thematic analysis	Limited consideration of role of researcher in research process Considers consent but no explicit re: ethical approval
4	Krayer, Ingledew and Iphofen (2008). Social comparison and body image in adolescence: a grounded theory approach.	School of healthcare sciences/ School of Psychology	To describe the nature of social comparison processes in relation to body image, with a particular focus on enhancement comparisons	11 females and 9 males aged 12-14 years/ recruited from 2 UK schools (convenience sample)	Semi-structured interview	Explanatory	Grounded Theory (Strauss and Corbin)	Lack of clarity re: choice of sampling strategy No consideration of the role of the researcher in the research process

5	Mattebo, Larsson, Tyden, Olsson and Haggstrom-Nordin (2012). Hercules and Barbie? Reflections on the influence of pornography and its spread in the media and society in groups of adolescents in Sweden.	All researchers from fields of health and social welfare	To get a deeper understanding of how young women and men reflect on and discuss pornography, its spread in the media and society, and it's influence on behaviour and relationships	17 young women aged 18 young men aged 16-19/ recruited from youth centre, 2 high schools and youth recreation centre in 2 cities in Sweden	Focus group interviews	Explanatory	Grounded Theory	Role of researcher not explicitly considered.
6	McCabe, Ricciardelli and Ridge (2006). "Who thinks I need a perfect body?": perceptions and internal dialogue among adolescents about their bodies	Psychology	To investigate the meaning of messages from parents, peers and the media for adolescent girls and boys	40 adolescent girls (mean age 15.78) and 40 adolescent boys (mean age 15.98)/ recruited from previous study and snowball sampling in high schools	Semi-structured interviews	Descriptive	Thematic analysis	Lack of clarity re: sampling strategy Saturation of data not considered Role of researcher not explicitly considered Categories/themes not derived from data, predetermined.

7	Milkie (1999). Social comparisons, reflected appraisals and mass media: The impact of pervasive beauty images on black and white girls' self-concepts	Sociology	How do girls interpret the female image in media, how do they critique it and how do they perceive its influence?	60 girls – 49 white and 11 "minorities" (10 African American and 1 Asian American)/ part of larger study in 2 US high schools (1 ethnically diverse, 1 "all white")	Interviewed individually or in twos/threes	Descriptive	Unknown	No explicit consideration of role of researcher Limited consideration of ethical issues No discussion of how analysis was undertaken or how themes were derived.
8	Mooney, Farley and Strugnell (2009). A qualitative investigation into the opinions of adolescent females regarding their body image concerns and dieting practices in the Republic of Ireland (ROI).	Business/ marketing	To explore the opinions of female adolescents living in the Republic of Ireland on issues regarding body image and dietary practice	124 adolescent females aged 15-16/ volunteer sample from urban and rural secondary schools	Focus groups	Descriptive	"Framework analysis" – summarising and classifying data using a thematic framework	No explicit consideration of role of researcher No explicit statement re: ethical issues/approval

9	Spurr, Berry and Walker (2013). Exploring adolescent views of body image: The influence of media.	Nursing	To explore adolescent views of psychological wellness and healthy bodies	28 females and 18 male aged 16-19/ recruited from 2 mainstream high schools in small mid-western Canadian city	Focus groups	Explanatory	Thematic analysis	Relationship between researchers and participants only considered very briefly
10	Tiggemann, Gardiner and Slater (2000). "I would rather be size 10 than have straight A's": A focus group study of adolescent girls' wish to be thinner	Clinical Psychology	To research the explanations for why girls wish to be thin.	67 year 11 girls from South Australia (aged approx 16) / recruited from 5 catholic high schools in South Australia	Focus groups	Descriptive	"Systematic verifiable analysis of themes and ideas"	Limited explanation for choice of sample – exclusively Catholic schools No explicit consideration of role of researcher Limited explicit consideration of ethical approval Type of analysis not made explicit

11	Williams, Ricciardelli, McCabe, Swinburn, Waqa and Bavadra (2006). A comparison of the sources and nature of bdy image messages perceived by indigenous Fijian and European Australian Adolescent Girls.	Psychology/ School of Exercise Health and Nutrition/ Medicine	To examine the main agents who relay sociocultural messages about body size to Indigenous Fijian girl and how the source/nature of these messages from those received by European Australian adolescent girls.	32 adolescents girls (16 European Australian and 16 Fijian) between 13-18/ recruited from 5 secondary schools in Victoria, Australia and 5 in peri-urban area around capital of Fiji	Semi-structured interviews	Deductive	Inductive thematic analysis and modified grounded theory	Limited explanation of why research important and relevant Lack of explanation re: why considered BMI and impact of this on analysis No discussion of saturation of data No explicit consideration of role of researcher No explicit consideration of ethics approval/process Lack of clarity re: analysis employed
12	Williams, Taylor, Wolf, Lawson, Crespo (2008). Cultural perceptions of healthy weight in rural Appalachian youth.	Health and education research	To ascertain the cultural perceptions of weight among rural, Appalachian adolescents	Sixteen students aged 14-18. 44% male, all Caucasian and 75% living on limited incomes/ recruited from 4 rural west Virginia schools	Focus groups	Explanatory	Grounded theory	Data saturation not discussed No explicit consideration of the role of the researcher in the research process

Table 6

Development of Core Concepts (preliminary themes shortened for brevity and clarity in table)

Preliminary themes from reading studies	Key themes, first iteration	Key themes, final iteration	Core concept	Sub-concepts	Contributing studies
Absence of overweight women	Awareness of body ideals				Duke, 2002
Men strong well built leader					Holmqvist & Frisén, 2012
Prescriptive detailed female ideals		A socially constructed and reinforced unattainable ideal	Internalising an Unattainable Ideal		
Prevalence of slim women					
Women - thin body, large breasts, subordinate to men					Krayer, Ingledew, & Iphofen, 2008
Men - strong, well built and leader					
Male healthy = male and lean					Mattebo, Larsson, Tydén, Olsson, & Häggström-Nordin, 2012
Barbie and Hercules					
Ideals seen as demanding					
Supermodels cut across all forms of media					
Awareness of media ideals even if don't read magazines					Milkie, 1999
Media ideals are everywhere	Ideals as pervasive and unattainable				Mooney, Farley, & Strugnell, 2009
Fashion unrealistic for average girl					
Unattainable but "perfect"					Spurr, Berry, & Walker, 2013
Supermodels "otherworldly"					
Fashion portrayed as accessible to all					Tiggemann, Gardiner, & Slater, 2000
Western media personalities have 'perfect' body					
Affluent lifestyles perceived as 'white'					
Race specific features					Williams, Taylor, Wolf, Lawson, & Crespo, 2008
Unattainable body images in pornography					
Australian girls conscious of portrayal of thin models and body sizes through various media					
Prevalence of slim women in adverts/media					
Absence of overweight women					

Altered thinking, ideals 'sinking in'	Ideals sinking in				
Impacting beliefs about 'normality'					
Media alters reality		Perceived benefits of achieving ideal			
Aspire to be like celebrities					
Models 'skin and bones' and 'perfect'					
Thin = happy, successful, confident, access to fashion, male attention	Connotations of being thin				
Skinny girls attractive, looks outweigh personality					
Health gains					
Fashionable clothes designed for thin people					
Actively promote thin as beautiful					
Pretty and thin = 'healthy' and accepted					
Having more opportunities					
Awareness that perceived benefits not accurate					
Losing out on attention from others					
Missing out on eating favourite foods					
Unable to wear desired clothes					
Losing weight meeting the approval of others					
Being thin = being attractive					
Mainstream magazines irrelevant to African-American girls			Cultural Relevance and Reflected Appraisals	Ethnic relevance	Duke, 2002
Desire to see increased diversity					Hargreaves & Tiggemann, 2006
Not striving for culturally irrelevant ideal				Gender differences	Krayer, Ingledew, & Iphofen, 2008
Black girls accept wider range of body shapes/sizes					
Fijian girls did not identify with western ideals	Importance of cultural relevance				McCabe, Ricciardelli, & Ridge, 2006
Black girls' perceive selves as better looking/more satisfied with appearance		Cultural relevance			
Fijian girls - Models as desirable but not influencing feelings/attitudes towards own body					Milkie, 1999
White girls' lack of awareness re: cultural specificity of magazine content					Mooney, Farley, & Strugnell, 2009
Inclusion of culturally relevant photos					
					Spurr, Berry, &

Placing black women in culturally incongruent contexts e.g. in adverts for hair products wouldn't use			Walker, 2013
			Williams, Taylor, Wolf, Lawson, & Crespo, 2008
Appearance more important to others than self			Williams et al., 2006
Noticing others demonstration of thin ideal			
Important to look like peers and close friends			
Peers critical about appearance			
Teased by boys if deviate from ideal			
Friends referring to selves as overweight when not			
Believe others evaluating using media ideal not local	Positive/		
Other attributes more important in friendship	negative		
Comparison re: other things - skills, clothing	messages		
Pressure from friends' body comparisons with others	from friends	Reflected	
Mixed messages - critical undertones in positive assessments	and family confirm that appearance	appraisals	
Advice from friends re: exercise/ reducing food	important		
Boys not trusted source on how to look good			
Negative messages (weight, clothing)			
Boys few positive messages from male friends (Strength, Muscle)			
Minority of boys report body image concern and attempts to modify appearance			
Boys feeling good about appearance			
Worry reduced as bodies change towards ideal			
Boys' taboo in speaking about body image			
Boys aware but not aspiring to achieve ideal	Gender		
Emphasis on fitness and sporting ability	differences in	The boys'	
Dissatisfaction re: bulk/muscles	evaluation of	taboo	
Not appropriate topics of conversation	body		
Fear appearing 'gay' or 'girlie'			
Guys don't talk about weight			

Not worrying about appearance unless trying to impress girls Reluctant to admit caring about appearance					
Paying close attention to models' bodies Images of men not source of comparison for boys Finding similar targets for comparison Boys reticent to admit comparisons Targets for comparison chosen as 'inspiring' Characteristic participant wishes to develop/acquire Boys more likely to talk about sport performance Girls more likely to talk about media personalities girls: socially acceptable behaviour and skills boys: emphasis on physical skills e.g. football Boys would aspire to look like strong and attractive media personalities Influence of adverts seen as lower for themselves than others Importance of attractiveness/ideals in adverts Weight/shape not important but hard to avoid comparisons Girls deemed fashion/ style in media unrealistic for average girl Focus of comparison for development Enhancing comparison when faced with media - shift to personality from appearance Feelings about self influencing comparisons Comparing towards thinner/more attractive Focus on flaws of physical appearance Real girls most appealing Commonly comparing weight	Comparing (or not) with ideals Recognising gap between reality and ideal	Comparing self and ideals Upward social comparisons and impact	Not Measuring Up: The discrepancy between self and ideal	The emotional and cognitive impact of discrepancy.	Duke, 2002 Hargreaves & Tiggemann, 2006 Holmqvist & Frisén, 2012 Krayer, Ingledew, & Iphofen, 2008 McCabe, Ricciardelli, & Ridge, 2006 Milkie, 1999 Spurr, Berry, & Walker, 2013 Tiggemann, Gardiner, & Slater, 2000 Williams, Taylor, Wolf, Lawson, & Crespo, 2008 Williams et al., 2006

Often towards those who are thinner/more attractive					
Difficulty resisting making comparisons					
Feeling about self influences comparisons					
Magazines highlighting celebrities' flaws					
Focus on flaws of physical appearance					
High levels of criticism about celebrities					
Weird if you don't hate yourself					
Not acceptable if okay with self when don't look like a model					
Feeling upset when don't look as good as models	Emotional impact of body ideals, self criticism				
Feeling bad after seeing 'really thin' models					
Overweight girls feeling bad about not conforming to ideal					
feeling abnormal/inferior to idealised feminine image					
Limited power to shape images at social level					
Media contributes to bad feeling about self					
Negative associations with being 'fat'					
Positive messages re: diet/exercise			Responding to the Self-Ideal Discrepancy	Motivation to achieve the ideal	Duke, 2002
Hurting bodies to attempt weight loss					Hargreaves & Tiggemann, 2006
Magazines info re: diets/weight loss/ diet pill					
Pressure to attain thin body weight					Holmqvist & Frisén, 2012
Pressure to be thin and beautiful				Critiquing the ideal	
Bombarded by all the information promoting dieting					Krayer, Ingledew, & Iphofen, 2008
Dieting/weight loss frequently topic of conversation					
Misconceptions re: certain foods		Responding to impact of the discrepancy between self and ideal		Seeking an alternative ideal	McCabe, Ricciardelli, & Ridge, 2006
Self-devised and prescribed fad diets					
Unhealthy methods of weight control used	Promoting unhealthy behaviours				
Friends constantly trying diets					Milkie, 1999
Dieting particularly common before event or occasion e.g. disco				Acceptance and compassion	Mooney, Farley, & Strugnell, 2009
Media promoting diet pills as promising profound results					

Desire to be fit and muscular but not doing anything to change appearance boys			Spurr, Berry, & Walker, 2013
Boys paying attention to hair, clothes, body odour			Tiggemann, Gardiner, & Slater, 2000
Media 'doing job' by discussing issues			
Media motivating and inspiring to lose weight			
Disordered eating practices – vomiting			Williams, Taylor, Wolf, Lawson, & Crespo, 2008
Restricting food intake			
Personality outplays looks			Williams et al., 2006
Perception of beauty is subjective			
Defining beauty widely			
Media have underlying intentions			
Models expected to maintain image as their job/paid			
Using appearance to sell products			
Hidden messages re: products helping to reach ideals		Developing range of strategies to manage impact (motivated, critical, accepting)	
People portrayed in media are only those consistent with the appearance ideals			
Male ideal blamed for being unrealistically muscular and unnatural	Critiquing the ideal		
Images touched up			
Desire to be thinner 'wrong'			
Resisting ideal by holding idea that ideal 'unrealistic'			
Ideals perceived by men as 'fiction'			
Separated from reality			
models as 'too' perfect			
Recognising images manipulated but still trying to achieve			
Glamourised position of media images makes girls unable to avoid/downplay comparison	Affected despite critique	Impact despite critique	
Despite challenging ideals, desire to be thin present			

Peer group depicted through media important social
comparison group, despite -ve consequences
Not immune to effects despite critiques

'It's what's on the inside that counts'   Acceptance/
Making enhancing comparisons   compassion
Boys not motivated to change
Importance of being and looking like oneself

Literature search on electronic databases (PsycINFO, MEDLINE, CINAHL, Academic Search Complete and Web of Science) using specific search terms and limiters applied.

PsycINFO 397 articles identified	MEDLINE 795 articles identified	CINAHL 1228 articles identified	ASC 411 articles identified	Web of Science 2303 articles identified

Article titles and abstracts read. Articles excluded or included based on question, 'is the study broadly relevant to area of interest and of qualitative methodology?' — **No** → Excluded from review

After this stage, with removal of duplicates: 484 articles "shortlisted"

The full text read and study excluded or included based on the following criteria:

Is the article qualitative in methodology? — **No** → Excluded from review

Does the article explore adolescents' perspectives of how media influences body image? — **No** → Excluded from review

Were open-ended interview questions used to gather data? — **No** → Excluded from review

Have quotes been used to illustrate the findings? — **No** → Excluded from review

References of identified studies manually checked. → 1 study added
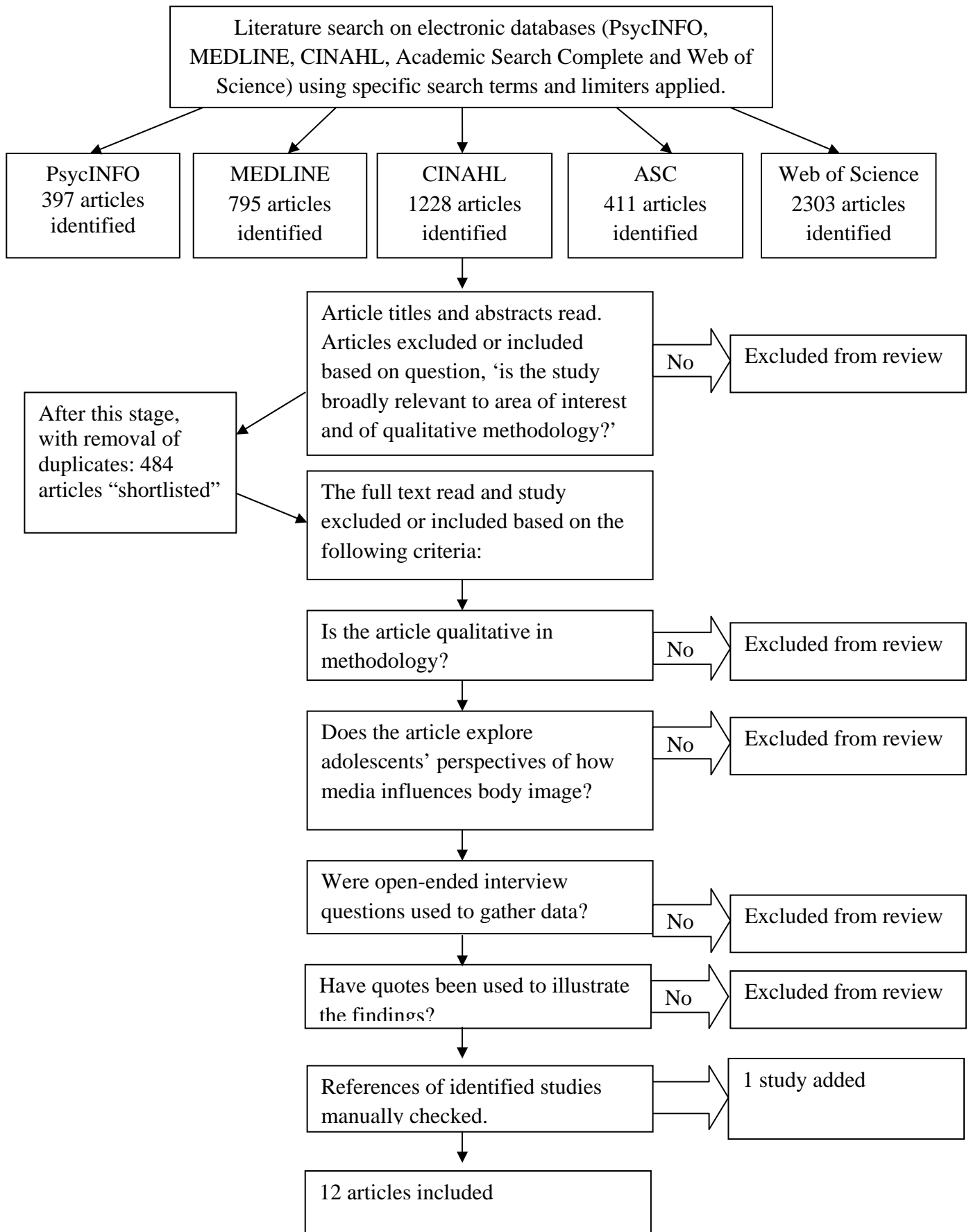
12 articles included

Figure 1. Flowchart Illustrating the Screening Process
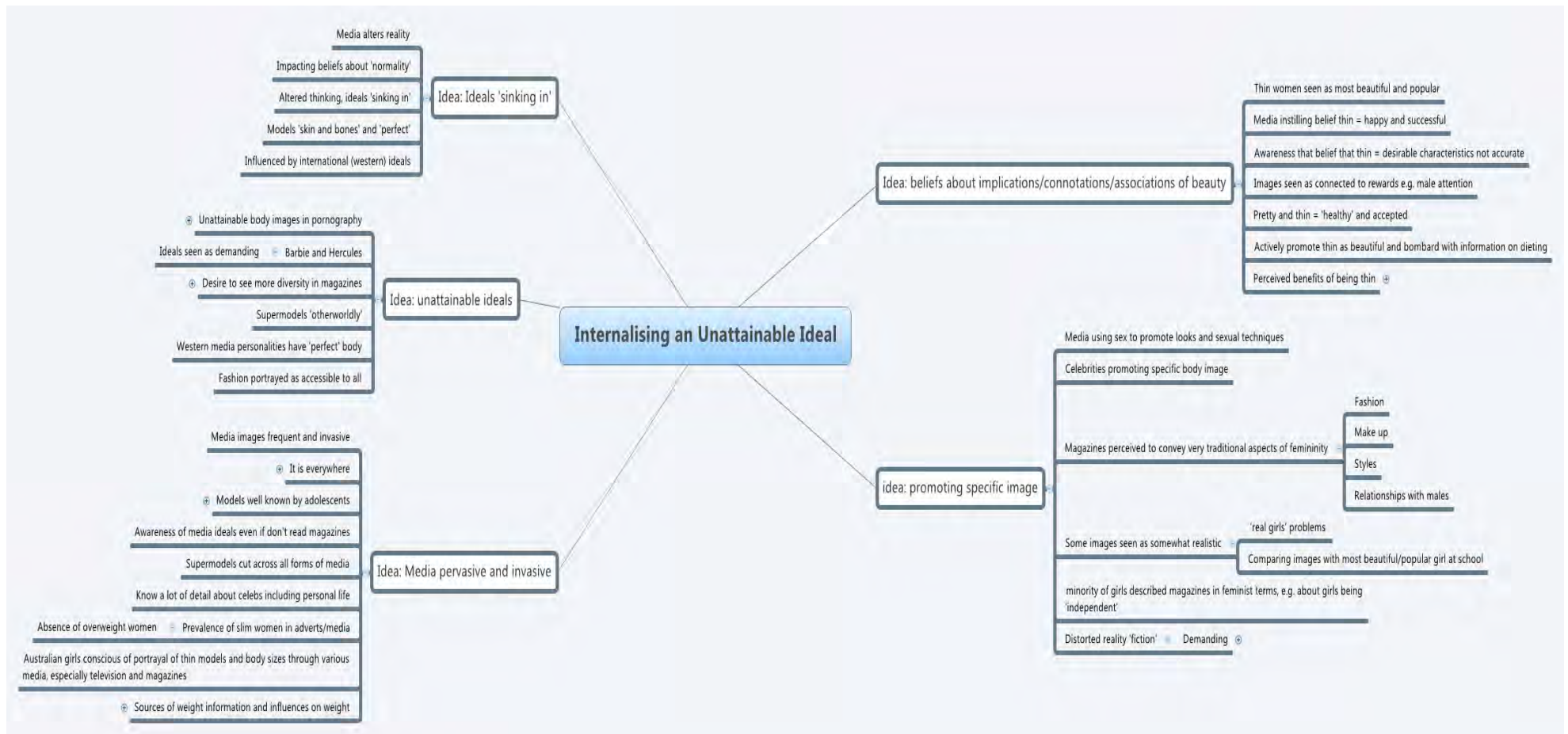
Figure 2. Example of "Bottom Up" Process of Data Analysis Using Mindmap Software

Appendices

Appendix 1-A : Tables of Search Terms Applied to Each Database

Table 1

A Table of Search Terms Applied to the PsycINFO Database

PsycINFO	
Search terms (applied to full text)	media OR multimedia OR television OR magazine OR book OR advert* OR film OR radio
	AND
	body image OR body awareness OR self concept OR self esteem OR self confidence OR self criticism OR self perception OR weight OR size OR thin OR fat OR eating disorder OR identity OR beauty OR appearance
	AND
	qualitative OR interview OR focus group OR narrative OR phenomenolog* OR discourse OR conversation analysis OR thematic analysis OR interpretative phenomenological analysis OR IPA OR grounded theory
Limiters	**Language:** English
	Source Type: "Books" and "encyclopaedias" excluded

Table 2

A Table of Search Terms Applied to the MEDLINE Database

	MEDLINE
Search Terms (applied to full text)	media OR multimedia OR social media OR film OR magazine OR radio OR television OR TV OR book OR advert* OR digital video OR audiotapes OR communication media
	AND
	body image OR body image disturbance OR self esteem OR self concept OR self confidence OR self criticism OR self perception OR body OR weight OR size OR thin OR fat OR eating disorder OR identity OR beauty OR appearance
	AND
	qualitative OR interview OR focus group OR narrative OR phenomenolog* OR discourse OR conversation analysis OR thematic analysis OR interpretative phenomenological analysis OR IPA OR grounded theory
Limiters	**Language:** English
	Source Type: "Academic Journals" included
	Major Headings: Clearly irrelevant headings excluded e.g. "computer assisted instruction"

Table 3

A Table of the Search Terms Applied to the CINAHL Database

	CINAHL
Search Terms (applied to full text)	media OR multimedia OR social media OR film OR magazine OR radio OR television OR TV OR book OR advert* OR digital video OR audiotapes OR communication media
	AND
	body image OR body image disturbance OR self esteem OR self concept OR self confidence OR self criticism OR self perception OR body OR weight OR size OR thin OR fat OR eating disorder OR identity OR beauty OR appearance
	AND
	qualitative OR interview OR focus group OR narrative OR phenomenolog* OR discourse OR conversation analysis OR thematic analysis OR interpretative phenomenological analysis OR IPA OR grounded theory
Limiters	**Language:** English
	Major Headings: Clearly irrelevant headings excluded e.g. "computer assisted instruction"

Table 4

A Table of the Search Terms Applied to the Academic Search Complete Database

Academic Search Complete	
Search Terms (applied to "abstract")	media OR multimedia OR social media OR film OR magazine OR radio OR television OR TV OR book OR advert* OR digital video OR audiotapes OR communication media
	AND
	body image OR body image disturbance OR self esteem OR self concept OR self confidence OR self criticism OR self perception OR body OR weight OR size OR thin OR fat OR eating disorder OR identity OR beauty OR appearance
	AND
	qualitative OR interview OR focus group OR narrative OR phenomenolog* OR discourse OR conversation analysis OR thematic analysis OR interpretative phenomenological analysis OR IPA OR grounded theory
Limiters	**Language:** English
	Source Type: Journal articles
	Publication: Excluded irrelevant publications e.g. "physics"

Table 5

A Table of the Search Terms Applied to the Web of Science Database

Web of Science	
Search Terms (applied to "topic")	media OR multimedia OR social media OR film OR magazine OR radio OR television OR TV OR book OR advert* OR digital video OR audiotapes OR communication media
	AND
	body image OR body image disturbance OR self esteem OR self concept OR self confidence OR self criticism OR self perception OR body OR weight OR size OR thin OR fat OR eating disorder OR identity OR beauty OR appearance
	AND
	adolesce* OR child* OR teens OR teenagers OR young men OR young women OR boys OR girls OR school age OR tweens OR emerging adults
	AND
	interview OR qualitative OR focus group
Limiters	**Language:** English
	Citation databases: Excluded "Conference Proceedings Citation Index-Science (CPCI-S) --1990-present" and "Conference Proceedings Citation Index- Social Science & Humanities (CPCI-SSH) --1990-present"
	Document Type: Articles
	Web of Science Categories: Included :"social sciences OR interdisciplinary OR psychology social OR psychology clinical OR psychology applied OR communication OR sociology OR cultural studies OR psychology OR multidisciplinary sciences OR psychiatry OR telecommunications OR sport sciences"
	Excluded clearly irrelevant categories e.g. "engineering aerospace"

Appendix 1-B: Author Guidelines (Body Image)

GUIDE FOR AUTHORS

Types of Papers

The journal publishes original research articles, brief research reports, theoretical and review papers, and science-based practitioner reports of interest. Dissertation abstracts are also published online, and the journal gives an annual award for the best doctoral dissertation in this field.

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Appendix 1 – C: "Highlights" for Submission to Journal (Body Image)

Highlights

- Media ideals are unhealthy and unattainable, yet many aspire to achieve the ideal

- Adolescents have range of strategies to minimise the impact of media ideals

- Clear gender and individual differences exist

- Further research required re: mechanisms influencing ideal internalisation

- Fuller understanding of boys' body-image related difficulties warranted

Section Two: Research Paper

How do Online Social Networking Experiences Interact with Wellbeing for Young

People who Experience Mental Health Difficulties?

Word Count: 7965

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[1]See Appendix 2-F for "Author Guidelines"

Abstract

This study explores the interaction between social networking experiences and wellbeing in young people accessing mental health services. Twelve young people participated in semi-structured interviews, which were transcribed verbatim and analysed using Grounded Theory methodology. "Threats and judgement" and "connection and support" were experienced by adolescents, facilitated by having "continuous access to a vast social network". Several factors influenced adolescents' wellbeing, including their responses to threat and judgement and "safe sharing" with their network. Social network use was conceived as a gamble of balancing the positives and negatives in a culture in which the use of social networks appeared to be unavoidable. The findings indicate the importance of routine assessment and formulation of social networking use in understanding adolescents' psychological distress. Furthermore, a range of opportunities exist for clinicians to utilise the anonymity and peer support that social networks offer to broaden the range of mental health services offered to young people.

Keywords: Online Social Networks, Social Networking Sites, Adolescence, Wellbeing, Mental Health, Qualitative

How do Online Social Networking Experiences Interact with Wellbeing for Young

People who Experience Mental Health Difficulties?

Adolescence is considered a critical period for young people's physical, cognitive and social development (Hur & Gupta, 2013). Adolescence also marks a time in which there is a sharp increase in the prevalence of mental health difficulties.   The most recent empirical data suggests that at any one time, one in ten young people aged 5-16 are diagnosed as having a "mental health condition" (Green, McGinnity, Meltzer, Ford, & Goodman, 2005). Such diagnoses most typically include "emotional disorders" such as anxiety or depression, conduct disorders, hyperkinetic disorders and other less common disorders, including eating disorders and selective mutism (Green et al., 2005).

With the rise of the internet and social networking sites (SNS), there has been an unprecedented shift in adolescents' patterns of social interaction and the culture in which they live. Recent figures estimate that 9-16 year olds spend an average of 88 minutes per day online (Livingstone, Haddon, Görzig, & Olafsson, 2011), much of which is spent using SNS; websites that allow individuals to construct a profile, create a list of 'friends' or 'followers' with whom they share a connection, and navigate their connections and those made by others within their system (Boyd & Ellison, 2007). A recent review found that 85% of 12-15 year olds access their main SNS profile every day and 20% do so more than ten times a day (Ofcom, 2013).

The Impact of SNS Use

Research has responded to the growth and spread of social networking in the past eight years, exploring how SNS are used by different groups (e.g. Gosling, Augustine, Vazire, Holtzman, & Gaddis, 2011) and the benefits and risks associated with SNS (e.g.

Staksrud et al., 2013). In relation to adolescents' wellbeing, SNS have been found to offer both challenges and opportunities.

Social relationships. Social relationships can act as a protective factor against mental health difficulties through the provision of emotional support (Chu, Saucier, & Hafner, 2010), and creating a sense of belonging and wellbeing (Quinn & Oldmeadow, 2013). In contrast, abusive or rejecting relationships can influence young people's beliefs about themselves as lovable or worthwhile people and can violate the norms of trust, respect and reciprocity expected in social relationships (Bretherton, Munholland, Cassidy, & Shaver, 1999).

There is ongoing debate about whether SNS strengthen or erode social relationships. SNS use has been found to interfere with typical family activities, with greater usage associated with parent-child conflict (Subrahmanyam & Greenfield, 2008). Authors also suggest that connecting with others virtually on SNS can lead to the avoidance of problems in the "real world" (Kim, LaRose, & Peng, 2009) and can result in a lack of "quality connections" offline, factors linked to symptoms of depression and an increased risk of social isolation (O'Keeffe & Clarke-Pearson, 2011). Nevertheless, SNS can also facilitate involvement in community activities (O'Keeffe & Clarke-Pearson, 2011), and, for those typically marginalised in society, the opportunity to experience social support and access friendships in a way that they might have previously been unable to (Ofcom, 2013).

Risks associated with anonymity. The anonymity of the internet has been associated with an array of risks for young people, particularly when coupled with a lack of parental involvement (O'Keeffe & Clarke-Pearson, 2011). Such risks include online "grooming", exposure to sexual content, "surveillance behaviour" in romantic relationships

and, particularly prevalent among adolescents, cyberbullying (Muise, Christofides, & Desmarais, 2009; Staksrud et al., 2013).

Cyberbullying is "an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself" (Smith et al., 2008, p. 376). The EU Kids Survey found that 6 percent of 9-16 year olds have been sent nasty or hurtful messages online, and 3 percent have sent such messages to others (Livingstone, Ólafsson, & Staksrud, 2011). Such experiences have been associated with depression, anxiety, severe isolation, and suicidal ideation (Hinduja & Patchin, 2010). Nevertheless, Sengupta and Chaudhuri (2011) highlight that adolescents' behaviour online influences whether they are likely to become victim to cyber-bullying. Specifically, uploading photographs of themselves that are freely accessible to others, disclosing personal information, flirting with strangers and visiting online chat rooms are associated with being bullied (Sengupta & Chaudhuri, 2011).

Mental health. SNS use has been associated with behaviours and emotional experiences associated with psychological distress in general populations of young people. For example, the availability of information about others' lives and activities has been found to encourage negative social comparisons in which young people believe that others' lives are happier and better than their own (Chou & Edge, 2012), contributing to depressive symptoms through rumination (Feinstein et al., 2013). Recent media have also highlighted the increasing use of SNS for posts relating to self-harming behaviours and suicidal ideation (Lewis, Heath, Michal, & Duggan, 2012) although further research is warranted to clarify the relationship between expressed ideation and at-risk behaviours (Cash, Thelwall, Peck, Ferrell, & Bridge, 2013).

Opportunities. One literature review highlighted that in this "emerging field" of research "studies identifying the negative impacts have tended to dominate the popular media and much policy development" (Collin et al., 2011, p.7). However, despite the possible risks of SNS, the literature is by no means exclusively negative.   Positive outcomes include increased creativity and self-expression (Collin et al., 2011) and peer relationships with groups that are less accessible within traditional social contexts, which in turn is thought to enhance wellbeing (Spies Shapiro & Margolin, 2013, p. 15).   As the risks and potential opportunities associated with SNS are thought to be interdependent (Collin et al., 2011) by helping young people to develop skills for managing the possible risks online, we can promote the positive opportunities that SNS offer.

Clinical Populations

Anderson et al. (2012) suggest that future research needs to incorporate the experiences of clinical populations to consider the interaction between social networking and "psychological conditions" (p. 32). Understanding the role of SNS as a potential "protective factor" or "risk factor" is necessary to formulate contextual influences in psychological distress, a central tenet of psychological intervention. However, to the researcher's knowledge, no research yet exists with such clinical populations.

Furthermore, as limited intergenerational understanding of young people's SNS use can contribute to a "disproportionate emphasis" on the risks of SNS use (Collin et al., 2011) such research will enable clinicians to more accurately understand the role of SNS in young peoples' difficulties, or lives more broadly.

Aims

This study aims to explore the online experiences of young people accessing mental health services and how these experiences interact with their wellbeing. For the purposes of this study, "wellbeing" will be conceptualised as a broad dynamic concept associated with the young person's psychological, social and physical needs (Dodge, Daly, Huyton, & Sanders, 2012). Amongst this more general aim, the study will seek to explore young people's online self-disclosure and self-presentation in relation to their emotional experiences.   Grounded theory methodology will be utilised to develop a theoretical framework of the phenomenon of interest directly grounded in the data (Charmaz, 2006).   An initial research question will be: 'How do young people's online social networking experiences relate to their wellbeing?'

Method

Participants

Recruitment strategy. Participants were recruited from services for children and adolescents experiencing mental health difficulties across the North West of England, including four Tier Three CAMHS teams, a Tier Three "Transition" Service for young people aged 16-17, one third sector voluntary charity offering self-help support and two hospital schools. Participants were considered eligible if they met the following inclusion criteria:

- Aged 13-18 years

- Accessing mental health services for children and young people

- English as first language

- Consent provided by themselves or parent/guardian (under 16s)

Exclusion criteria were participants who were under 13 or over 18 years of age and those young people whose parents did not consent or withdrew their consent to their child's participation.

Recruited participants. Between ten to fifteen participants were sought for the study. Twenty potential participants initially opted-in, the majority of whom contacted the researcher via their clinician. Two responded by returning the reply slip from the information pack and one responded to the business-card style advert. Two participants were not contactable and one arranged an interview but did not attend.   The parents of another participant withdrew their consent for their child's participation. Of the remaining 16, theoretical sampling was used as a means of "seeking and collecting pertinent data to elaborate and refine categories in [the] emerging theory" (Charmaz, 2006, p. 96). This primarily involved seeking participants of a range of ages and genders by asking each team to focus their recruitment in this way.

Twelve participants were recruited who met the inclusion criteria. Table 1 illustrates the demographic features of the participants, for whom pseudonyms have been used.

Insert Table 1

Design

A qualitative design was used to explore young people's experiences of SNS. Grounded theory methodology was implemented to collect and analyse the data (Charmaz, 2006) as a useful approach for creating a framework to understand a particular phenomenon, linking a developing theory closely to the data (Howitt & Cramer, 2008). An interview schedule was developed to provide a framework for a semi-structured interview which was used flexibly to fit the participants' responses and adapted as the theory developed.

Service user involvement. Consultation was sought from eight young people who had accessed Tier 3 CAMHS services and formed a service-user participation group. Young people advised regarding the contents and format of the information pack documents and the interview schedule. They ensured that the questions and the language used were comprehensible, respectful and appealing and made several recommendations (see Ethics Section).

Procedure

The initial research proposal was peer reviewed at Lancaster University. The project was given full ethical approval by the local Research Ethics Committee and the Research and Development Departments in the recruiting trusts (see Ethics Section).

Recruitment. Participants were recruited via a range of mental health services, as detailed above in the 'Participants' section. All services recruited using one or both of the recruitment procedures below:

1. Recruitment via clinicians: Clinicians provided an information pack about the study to eligible clients.

2. Posters and "business cards" displayed in the services' waiting rooms informed young people where they could obtain an information pack and provided the researcher's contact details.

Potential participants could opt-in using a reply slip from the information sheet, by telephone, by email or they could request that another person contact the researcher on their behalf. After adolescents had opted-in, the researcher contacted them to explain the study, allow them to ask questions, and collect demographic information which facilitated theoretical sampling. If young people consented to take part, a date, time and location for the

interview were agreed, and permission sought from the parent/guardian prior to the interview for those under 16.

Data Collection

Participants attended an interview at the mental health service they attended, their home or their school, determined by convenience for the participant. Two hours were allocated for gaining written consent, the interview itself, and debriefing. Participants were asked whether they wished to receive a brief feedback report following the study and their preferences recorded. A debrief sheet was distributed to each participant following the interview (see Ethics Section). Each interview was recorded using a digital audio-recorder.

Data Analysis

In grounded theory methodology data analysis occurs alongside data collection (Charmaz, 2006). After each "group" of interviews (three) the data was transcribed and analysed. This analysis consisted of "line-by-line" coding which produced initial codes (Appendix 2-A). These were then grouped into "focused" codes, which represented the most frequently occurring initial codes. Throughout the transcription and coding process, "memos" were recorded by the researcher (Appendix 2-B), described by Charmaz as the process in which "you stop and analyze your ideas about the codes in any-and-every-way that occurs to you during the moment" (p. 72). After the analysis of each "group" of interviews, the focused codes were combined with the memos to produce conceptual codes: a brief narrative highlighting frequent themes in the interviews and "gaps" in understanding the data (Appendix 2-C). These informed the amendment of the interview schedule for subsequent interviews (Appendix 2-D).

Validity and integrity of analysis. The researcher's academic supervisor listened to audio-recorded interviews to ensure the relevance of the questions asked and to identify any

assumptions evident in the researcher's line of questioning. The supervisor was then consulted throughout the analysis process and in developing the theoretical model. After the final interview, the field supervisor was consulted to check the overall coherence of the model, resulting in the final model presented in the "findings" section.

Reflexivity

I am a white female living in the UK undertaking professional training on a doctoral programme in clinical psychology. My interest in adolescents' experiences of SNS and the impact upon wellbeing originated from therapeutic work in which young people's SNS experiences were central to the formulation and therapeutic process. Prior to this research I believed that offline communication provided a richer, more meaningful form of communication and interaction than SNS use. Throughout this study I used a reflective diary and supervision to minimise the influence of my experiences and beliefs on my interpretation of the data. Providing contextual information about each participant and the analysis process in the appendices is hoped to facilitate transparency for the reader regarding my interpretation and analysis of the data.

Findings

Analysis of the data identified two key mechanisms influencing adolescents' wellbeing, "threats and judgement" and "connection and support", resulting from having "continuous access to a vast social network". Several factors influenced how threats, judgement, connection and support influenced adolescents' wellbeing, including adolescents' responses to threat and the processes and outcomes of their "safe sharing". Ultimately adolescents' interactions with SNS were conceived as a gamble of balancing the positives and negatives of their experiences in a culture in which SNS use felt unavoidable.

A theoretical model was developed to explain the mechanisms and processes involved in adolescents' SNS experiences, as illustrated in Figure 1.

Insert Figure 1

Continuous Access to a Vast Social Network

Adolescents described having continuous access to SNS and many described using the sites "constantly". Belonging to such a vast social network in which they were visible to known and unknown others was associated with the challenge of being judged and receiving threats, as well as the opportunity for connection and support.

Threats and Judgement

Underpinning many of the young people's experiences was judgement and the experience of SNS as a threatening place. Judgement was directed towards young people from others, from the young people to others, and from the young person towards themselves. In all of the young people's experiences was the acknowledgement that their pre-existing mood, self-esteem and/or thinking styles impacted their interpretation of threats on SNS, as Lizzie recognised, "it can be really bad for people who have depression or mental illnesses because they can, just the way they work makes them think differently from other people whereas someone might not bat an eyelid at something somebody's said".

Threats and judgement: Others – self. For most, judgement was received from those with whom they had offline contact, including peers at school. Nina described a graphic and upsetting threat from a peer who had become jealous after she had expressed her interest for another boy, "he said that he wants to like hang me and he wants to pour acid

down my throat and stuff like that and it was just a bit upsetting". Nina's experience had led to frequent panic attacks, her reason for accessing CAMHS.

Sometimes judgement was specifically related to adolescents' mental health. Ben described, "I've had abuse, 'you're an Emo, you're a freak, you're no good, you should just end your life instead of just saying that you want to'" (Ben). Similarly, Jane became fearful of others' response to her CAMHS attendance after witnessing a friend receiving judgement, "there was a boy in my school who posted 'oh I've got a CAMHS appointment tomorrow, I'm scared' and then people commented on his status saying like 'you're a nutcase'".

Judgement was also received from unknown others, as Sarah described, "it's like especially when you write your opinion on something like that, like everyone's getting ready to criticise you and say you're wrong". Furthermore, young people experienced direct threats to their safety in the form of threats, arguments and being targeted by unknown others using false accounts. Young people were aware of the risks associated with unknown others accessing their personal information, as Montague described, "I know friends who have had problems …with a person who was stalking her and her friends … and it turned out to be one of these 40 year olds".

Young people recognised that threats and judgement were the product of the features of SNS. "Likes" and "retweets" that allowed people to express a preference for others' posts were experienced by young people as judgement about their popularity, attractiveness or intelligence. Even when she received "likes", Kim described how she felt that she was, "still being judged just 'cause it's positive, they're still thinking, and if they don't like your other picture, does that mean they didn't like you then?". Furthermore, adolescents recognised the power of anonymity on SNS, meaning that perpetrators were separated from the social cues

and responses that would be inherent in face-to-face interactions, allowing them to become "keyboard warriors" (Sarah).

Threats and judgement: Self-self. Young people accessed others' pictures and personal information for prolonged periods of time. This encouraged an exaggerated version of offline social comparison processes, paying close attention to others' physical appearance without breaking the usual face-to-face social rules. Young people typically felt insecure when they noticed what they lacked in comparison to others, as Natalie described, "its like one big competition on it, everyone's gotta be better than everyone and if you're not better then you're nothing". As with their interpretations of other threats, young people's mood influenced the nature of their comparison, as Ruby described, "if you're feeling like particularly like self-conscious or something that day, you're more likely to pick up on other people looking better or skinnier or something which makes you feel worse about yourself". Young people identified that SNS were a forum in which there would always be someone to envy and, despite recognising the unhealthy nature of such comparisons, found it difficult to resist.

"I'm not okay"

Social comparison processes and direct judgement and threats from others typically led to young people's belief they were "not okay", associated with insecurity, anxiety, and low mood. Young people used a range of behavioural responses and strategies to cope with such difficult emotional responses.

Insecurity ↔ Fitting in through a carefully managed identity. Young people's feelings of insecurity motivated them to be wary and thoughtful about how they portrayed themselves online. They posted more frequently and openly when happy, yet were more

cryptic about their difficult experiences or emotions after witnessing how friends' emotional

statuses were responded to.

Young people's posting behaviour changed in response to validation or rejection from

others. They analysed others' responses to their posts and considered how they might change

to receive more likes in the future:

> say for example I upload two selfies, one gets I don't know 50 likes, the other one
>
> gets 5…what's wrong with me on that picture? Should I never have my hair like that?
>
> Should I never do my make up like that ever again? (Sarah).

Their insecurity encouraged them to present a "safe" and socially acceptable version

of themselves, which in turn led to increased insecurity about how others might respond if

they deviated from this careful presentation. Simon managed to present two aspects of

himself to appeal to both male and female friends, "Like, you've got, like for me my caring

side kind of thing, but also with a bit of my tough side on Facebook".

Anxiety ↔ Hypervigilance and avoiding threat. Feeling anxious led to vigilance

for further threat. Sally described her "compulsive" need to ensure that there were no further

threats to herself or others by checking her phone regularly throughout the interview:

> Um…well if you've noticed I was holding my phone a lot cause it's, it's like an
>
> addiction, I have to check them, so even if I just like read what they're saying there
>
> then that's fine, as long as I just see it to know what's going on, if it's something
>
> serious then I'll have to be like, 'oh I have to go or something'.

Participants frequently spoke of their "curiosity" about what was happening on SNS,

checking their newsfeed to ensure that they weren't being spoken about despite the negative

impact, as Sarah described, "someone will go 'well why don't you just block them' but it's

not like that…it just takes over your brain, and you wanna know what they're saying about ya" (Sarah). Many of the young people tried to delete SNS altogether, but all returned to satisfy this curiosity.

When anxious, some attempted to avoid threat by performing "background checks" on others. Simon used Twitter to perform a check on a new boy at his school, "you want to know which rumours are true, like you get 'he's robbed a shop, he's stabbed someone, he does drugs, he sells". Young people also tried to avoid further judgement by deleting posts or not posting at all, as Natalie described, "like, I wouldn't wanna post no pictures, I wouldn't wanna put a status just in case, like draw attention to myself". By attempting to avoid judgement altogether, participants became increasingly anxious about what would happen if they did then decide to post.

Low mood ↔ "Taking things personally" and self-harm. Young people recognised how their experiences of being threatened or judged could lead to them feeling low in mood and "taking things personally":

> if you look at something one day when you're feeling happy and it not have a
> negative impact on you at all, but if you look at it again the next day when you're
> feeling like maybe quite low or something and it'll, you'll sort of take things like a bit
> more sensitively… and you'll internalise it more than you would (Ruby)

For several young people, low mood led to self-harm as a means of coping. Seeing others' self-harm on SNS could be motivating, as Lizzie described, "it was sort of like it [self-harm] was an infectious disease because I knew they were doing it and…they felt better for it afterwards…it was like 'maybe I should do that'". For Jane, witnessing others' self-harm similarly triggered her to harm, but in an attempt to validate her difficulties through matching the severity of others' self-harm.

Judging others: Self – others. Young people compared their own and others' use of SNS with considerable judgement. They were quick to identify people who expressed feeling depressed, suicidal or low, but who they felt were not genuine. Kim described her frustration towards such "attention seekers"

> Like you get girls tweeting pictures of them crying, it's like 'what are you doing?'…Like you're not going to do anything to yourself cause you're writing about it all over Twitter, you're wanting someone to stop you or you're wanting someone to be like 'oh don't babe', that's attention seeking, not being suicidal and self-harming, and that's what really frustrates me. I hate it. (Kim)

Nevertheless, Kim went on to describe how when she feels low the number of tweets that she posts draws attention from friends at college, "[I'll post] like 24 plus tweets and it's like they're all like really depressing so then people read your thing and there's like, I've had people come up to me in college like 'was you having a bad day the other day'" (Kim).

Young people described others' posts as disgusting or unnecessary or deemed others as "pathetic" for needing reassurance through receiving likes, but equally valued likes themselves. Sally spoke of how others were dull and stupid for using SNS and that she was "not bothered" about others' lives, yet spoke of her "compulsive" need to stay up to date with everyone's statuses.

"Others are not okay"

Feeling good about self and actions. Judging others allowed young people to hold a positive perception of their own SNS activities. Some young people perceived themselves as more able than others to navigate and cope with the challenges that SNS bring, "it doesn't

hurt, doesn't hurt..you just ignore it but for some people whose confidence aren't as high as

mine that's really damaging to them, d'you know?" (Ben)

Judging others protected the young people from recognising in themselves the

behaviours they disliked in others. Nina struggled when she recognised that her own actions

could be considered bullying and explained how this was not reflective of her true character:

I don't know, I just felt a bit mean, I felt like a bully…and I don't really like feeling

like that, I always, if you ask any of my friends they'll tell ya 'she always

apologises'…they're like 'you're too nice', it's not my fault (Nina).

Others, however, had begun to reflect upon the similarity between their own and

others' actions, as Sarah described, "it has in the past moulded me into a narcissistic little

bitch and I've suffered from that, I've been depressed …As much as I don't want to be

shallow, like I'm going to get jealous". By recognising this similarity, Sarah returned to

feeling "I'm not okay" and conflicted about her SNS use.

Connection and Support

All participants spoke of the benefits of SNS in connecting with others. The desire,

and at times "duty" to stay in touch with others was a powerful influence in young people's

continued use of SNS, expecting that they would be excluded offline should they cease using

the sites. All participants enjoyed meeting new people with whom they could talk and seek

support from, providing they were able to achieve a level of anonymity that facilitated "safe

sharing".

Safe sharing: Unknown/known identity. Young people found ways to protect their

anonymity whilst meeting their need to connect with others. They valued having unknown

others who they could contact or who would audience their posts, identifying Tumblr as a

SNS on which they felt less identifiable and consequently more able to share. Ruby described how having an audience of strangers reduced her pressure to conform and relieved her anxiety about being excluded:

> you're not as bothered about conforming cause you just think they don't have an opinion on you anyway, …they're not going to disown you or unfriend you (Ruby)

Ben also considered strangers to be more "genuine" as, "your compliments off your friends they're saying that because they don't want to hurt your feelings, your family have *got* to be supportive and stuff like that".

Safe sharing: Coded/open expression. When young people's identity was known by others, often on Facebook, they were careful about sharing information. Young people used a form of "code" when posting about their emotional experiences which increased their anonymity, often using song lyrics or photographs that portrayed their emotions, "maybe if you're feeling upset you could reblog loads of upset pictures, maybe if you're feeling dead happy you could reblog happy pictures" (Jules). Tumblr's 'reblog' feature allowed young people to post others' pictures, perceived as safe as they did not share their own experience and thus reduced the possibility for judgement.

Connection and maintenance of relationships with family and friends. Connecting with family and close friends was largely described as a very positive experience for young people. Young people relied on particular friends who they knew would be able to have a positive influence on their mood, as Montague described: "if someone's taking the mick out of you on playstation for example, you can just go on Facebook, talk to a friend and y'know you're alright within seconds".

Close friends were also a day to day healthy influence. Young people enjoyed arranging social activities over SNS, seeing photos of themselves with friends and staying connected with family who they rarely saw. Nevertheless, young people remained cautious about the offline repercussions of sharing openly, as Kim described, "four of my aunts are psychologists so anything I write they overanalyse it and then they phone my mum worrying".

Others in the same boat. All of the adolescents in this study sought contact with others who they perceived as similar to themselves, with a range of positive outcomes.

Normalisation and validation. Young people used SNS search features to find young people with similar difficulties who normalised and validated their emotional experiences. Ben described joining Facebook:

> Yeah once I got Facebook this release it was overwhelming, cause when you're in your room on your own it's just you, that's all you see, everyone around you feels dead happy…when you go on Facebook you wake up, it's like your eyes are opened because you notice that there's thousands all across the world in the same boat as you.

Features of SNS including likes and favourites, served to further increase young people's feelings of validation and normalisation, as Sally described, "when you feel low you might put a song or some lyrics or something you can relate to, and there is that moral support part of it when people favourite you".

For some young people who struggled socially offline, SNS allowed them an experience of having numerous friendships. Jane was able to have conversations that she would be unable to offline, which also helped her feel normal, "it's good cause I don't speak

very much so it's hard to find friends like in school and things but I can type and I don't have

to open my mouth".

Feeling motivated. Contacting others in a similar situation also motivated young

people to take positive action. Ruby sought support following a sexual assault. Although she

struggled witnessing others' posts about such experiences, they enabled her to find the

courage to go to the police. Others described feeling inspired by others' "better lifestyles":

> Natalie: Like, these people have better lifestyles but it..I don't like get jealous of
>
> them, they're like, they inspire you…
>
> Interviewer: What does it inspire you to do?
>
> Natalie: Be happier.

Feeling visible/audienced. Young people spoke of the benefits of simply being

audienced about their personal struggles, independent of whether others would respond:

> I have tried writing stuff down in a diary but I kind of get half way through and just
>
> rip it up and think 'no-one's gonna ever read this so it doesn't matter'…on Tumblr I
>
> know people are gonna see it but it, they can't really respond to it, they can just reblog
>
> it cause they feel like that (Jules).

They recognised how sharing feelings to unknown others was preferable as they

would not take action in the same way as a parent or therapist might, as Kim described:

> I didn't want to talk to [therapist] cause if it gets bad she has to tell my mum and stuff
>
> like that, and my mum last time anything happens she locks like the knives away,
>
> locks all the doors and it's like 'wow, stop!'

Feeling better equipped. Connecting with people who had similar experiences also provided young people with coping strategies for managing their emotions. Jane identified the benefits of having someone to support her when she wanted to self-harm, "like I have a friend that if I'm triggered to hurt myself if I'm able to message her she helps distract me and talk me out of doing whatever I'm thinking of doing".

Young people were aware of specific forms of support that they could access through SNS:

> if you put in on the search bar 'depressing pictures' then before you can actually go on it, it gives you this website thing and it says 'if you are depressed or feeling suicidal, if you feel like you want to hurt yourself' and you can talk to people, like trained people (Jules).

Several young people also highlighted the benefits of YouTube for educational videos about anxiety management or alternatives to self-harm. Others had witnessed and contributed to suicide-awareness promotions online.

Offering support. In addition to receiving support, many of the young people used SNS to support others. For Ben, seeing others who were experiencing difficulties made him feel "heartbroken", "sad" and "guilty" for not helping and he experienced a sense of duty to offer support. Others would "refer" young people to him who had posted images or videos of them self-harming and who they felt needed his support, increasing his duty to help. Simon also described how he would protect others who are experiencing abuse or difficulties on SNS by using his "tough" reputation, "anything along the lines of nastiness towards girls I don't agree with so I tend to stick up for girls, so I tend to defend them if it comes to it".

Feeling useful but drained.   Those who offered support believed that it would have a beneficial impact on others, making both parties feel good. For Ben and Simon, two of the three boys in this study, their focus on helping others seemed almost Martyr- like, focusing all their energies on offering others advice and feeling a duty to do so. In helping others, however, young people recognised that taking on others' difficulties might be a burden in addition to their own. Dependent on their mood, others' negative experiences had the potential to make them feel worse, as Kim described, "instead of thinking 'well that's what they're going through, but I'm going through this right now, let's enjoy this moment' but you're not, you're always caught up in theirs".

Potential Impact on Relationships Offline

Young people's use of SNS for connection and support facilitated a range of positive outcomes, yet many expressed concern about how this affected their offline world. Primarily, young people recognised how their ability and confidence when interacting face-to-face was affected, "I can have a conversation more easily with somebody if I'm typing it as opposed to verbally, as soon as that awkward silence sort of comes in it's just like 'oooh I wanna leave now'" (Ruby). SNS use also influenced their daily activities, as Lizzie explained, "I didn't have my phone for two weeks and…I was spending more time with my family I was engaging with people not just sat on the sofa with the phone in my hand". The majority expressed concern about younger children, specifically siblings, who would be subject to similar threats as they grew up and who they recognised as struggling socially as a result of their SNS use.

Balancing Pros and Cons: The "gamble" of SNS use

Young people's choice to remain on SNS highlighted its indispensable nature in their culture. They benefitted from their many positive experiences connecting with others and

believed that reducing their SNS use would result in their exclusion from social circles offline. Furthermore, for many, their continued use was considered obligatory to enable their vigilance and preparation for future threats.

However, young people's constant uncertainty on SNS portrayed a sense of a "gamble". Young people had developed strategies for minimising the risks of negative experiences yet still created posts with such anxiety and uncertainty about what might be the response. Sarah experienced a high level of arousal in simply posting, "it's quite daunting, can get your adrenalin going, can make you quite anxious". When using SNS as a cure for boredom, young people clicked on things impulsively rather than making conscious decisions about how to use SNS, with each click representing a new gamble in the experience that might follow, "if you click on the wrong thing it can make you feel worse and worse and worse" (Ruby).

Nevertheless, in contrast to this gamble-like uncertainty, Ben illustrated how with enough caution the young people could take control of their SNS experiences:

Facebook isn't bad, Facebook isn't good. It's a piece of software that's what people don't seem to realise, it's how you use that. If you mistreat that, it's not gonna be good, if you treat it with a bit of respect, use it respectfully, wisely, don't go mouthing your mouth off on it then you know you can meet some real decent people that you never could have met without it (Ben).

Discussion

For the young people in this study, SNS created a pressure to be constantly "switched on" to a vast social world where interactions with known and unknown others were multiple and continuous. This world offered the potential for threats and judgement, with a

considerable negative impact on young people's wellbeing. Influenced by their existing mood, self-esteem or cognitive processes, young people's SNS use increased feelings of insecurity, paranoia and low mood. Specifically, negative experiences could motivate behaviours including self-harm and extreme weight-loss attempts. SNS also provided positive reinforcing social experiences that validated and normalised young people's emotional experiences and help them to feel included, worthwhile and better equipped to manage their distress. Young people's positive experiences and avoidance of aversive experiences served to reinforce their use of SNS, which they described as "addictive", "obsessive" or "compulsive" in its nature, at times affecting their offline activities and relationships.

In corroboration with existing literature, young people identified the threats inherent with SNS use (Staksrud et al., 2013). They recognised how anonymity allowed others to become "keyboard warriors": bullying or threatening them with a directness and to an extreme not encountered offline, supporting previous findings that anonymity corresponds with de-individuation and disinhibition in "cyberbullies" (Cassidy, Faucher, & Jackson, 2013). Cyberbullying has been found to have a particularly detrimental effect on adolescents with pre-existing emotional or psychological difficulties and can be associated with feelings of isolation, hopelessness and an increased likelihood of suicide attempts (Hinduja & Patchin, 2010). The adolescents in this study highlighted how their negative experiences affected their mood, self-esteem, anxiety and their behaviours and relationships offline which in turn influenced their interpretations of such threats, highlighting the mutual relationship between their interpretation of threats and their emotional wellbeing. For example, young people responded to threats by remaining vigilant for further threat, which was perceived as a positive strategy to feel prepared and able to cope. Nevertheless, they recognised how

witnessing further threat had a negative impact on their mood and wellbeing and maintained a continuous state of anxiety.

Social comparison processes are central to young people's developing identities, enabling them to assimilate to social groups and fostering their understanding of themselves as being able to develop the skills to succeed in a way that is valued by society (Erikson, 1968). In this study, social comparison was perceived as an exaggerated version of offline comparisons as SNS allowed young people to look at others' profiles for prolonged periods, without the social implications this would have offline. Adolescents predominantly made upward social comparisons which have been indicated to have a significant impact on self-esteem (Krayer, Ingledew, & Iphofen, 2008), corroborated in this study in young people's descriptions of themselves as "insecure".

Adolescents in this study presented a carefully constructed self-presentation, aimed at "fitting in" with those ideals they perceived as valued by their online social network. In accordance with identity theory, those aspects of self that received validation from others were maintained and incorporated into the adolescents' online identities (Steinberg, 2008). Balick (2014) proposes that SNS identities are not "virtual" but representations of our multiple psyches responding to the imagined and real SNS audiences, allowing young people a forum for "identity-testing". Certainly, in this study, adolescents' different SNS identities were carefully tried and tested with different audiences, and functioned to meet different needs. For example, they would seek emotional support through a more honest but anonymous version of themselves whilst maintain relationships with friends and family through a carefully portrayed public version of themselves.

Young people negatively judged others' SNS behaviours, specifically those who openly shared their psychological distress on SNS, yet acted in a similar way themselves.

Reflecting theories of cognitive dissonance, in which individuals strive for internal consistency and experience psychological distress when inconsistency (dissonance) occurs (Festinger, 1957) , adolescents' sought to reduce the dissonance between their beliefs and actions and achieve consonance by conceptualising their own experiences as a genuine attempt to seek much needed support, rather than "attention seeking". Some young people were aware of this dissonance however and described feeling frustrated and conflicted about themselves and their behaviours.

Limitations of This Study

In purist applications of grounded theory, data collection would continue until "theoretical saturation", the "conceptualization of comparisons of these incidents which yield different properties of the pattern, until no new properties of the pattern emerge" (Glaser, 2001, p.191). However, Dey (1999) considers the concept of "theoretical sufficiency" as more appropriate to grounded theory, where data is fully analysed but the researcher would not hope to have achieved an exhaustive process of "completing" their generation of categories. For researchers adopting a constructivist position, the infinite number of personal constructions in relation to a specific research question would render the concept of saturation inapplicable. As a result, this study does not claim theoretical saturation but offers further routes for exploration which might include how and whether young people "reconcile" their different online identities and more specific exploration of the mechanisms by which young people select and implement various coping strategies.

The qualitative nature of this research is of merit not as a result of being generalisable, but through contributing to understanding and the existing knowledge base through the meanings attributed to participants' experiences in this previously unexplored field. As Charmaz (2006) highlights, the interpretative definition of "theory" seeks understanding,

rather than explanation as positivist theories might. This study highlights patterns and connections, rather than linear reasoning, which allows for an understanding of young people's experiences and provides avenues for further research and consideration for clinicians. Crucially, the use of grounded theory allowed for multiple perspectives and realities in a field in which little is known about the processes and experiences that mediate the influence of social media on wellbeing.

This study recruited predominantly female participants. The boys who did participate shared differing experiences, notably a focus upon graphic sexual and self-injury images, a particular enjoyment in helping others, and relatively reduced social comparison processes compared with girls. As a result, the theoretical framework might not adequately address gender differences which have been recognised in the existing literature (Ferguson, 2013).

Clinical Implications

For young people who are experiencing mental health difficulties, understanding the impact of social networking is crucial in understanding the role of contextual influences in wellbeing, an indicator of "good practice" in psychological formulation (Johnstone, Whomsley, Cole, & Oliver, 2011). Such formulation might facilitate clinicians' identification of therapeutic approaches that could build upon young people's resilience to cope with their SNS experiences. For example, given the high levels of criticism on SNS and the associated shame, compassion focused approaches might help young people foster a more compassionate position towards the self and others (Gilbert, 2010). Furthermore, young people's behaviours of checking and regularly seeking reassurance by remaining hyper-vigilant to potential threat might be expected to maintain their anxiety about their online experiences (Newman & Borkovec, 1995). Clinicians might work collaboratively with

young people to understand how various strategies for coping with SNS positively or negatively influence their wellbeing.

For this group of young people, achieving a desired level of anonymity enabled them to seek the support that they valued. This is consistent with the "Online Disinhibition Effect", where the anonymity and accessibility of information online results in increased sharing and seeking of information than offline (Valkenburg & Peter, 2011). Young people recognised that although mental health services can offer support, there was a qualitatively different process occurring on SNS in which they felt able to connect with others with similar experiences who would not respond to their "risky" behaviours (e.g. self-harm) in a way that services or family might. This poses a challenge to many services in which a culture of risk aversion has developed (Royal College of Psychiatrists, 2008), to consider how such responses might serve to 'shut down' young people's ability to talk about their experiences and seek the support they need.

The findings from this study present an opportunity for services to make use of the anonymity and peer support that young people so explicitly identified as valuable. Adolescents accessed psychological support from SNS through supportive relationships and information relating to managing psychological distress. Researchers suggest that although young people prefer face-to-face support in relation to psychological difficulties, the vast majority will also access information and support online (Klein & Cook, 2010) and SNS have been identified as an important means by which to engage young people in mental health services (Burns, Durkin, & Nicholas, 2009; NHS Confederation, 2011). The reasons for this are multifaceted but include an ability to remain anonymous and explore feelings on a more intimate level (Shaw et al. 2000) while feeling less stigmatized (Johnsen, Rosenvinge, & Gammon, 2002). SNS could be used by services to provide evidence-based information or interventions whilst facilitating the anonymity and security that allows adolescents to be open

about their experiences. Furthermore, the importance of peer support for these young people would support national initiatives to increase participation of young people who have accessed services in developing and providing services, including through the provision of peer support (Street & Herts, 2005).

SNS could be conceptualised a "risk factor" in wellbeing, a "protective factor" or a "triggering factor" for specific behaviours, dependent on individual circumstances and context. For some adolescents in this study, their SNS experience was the reason for their CAMHS referral and the focus of their intervention. Assessing SNS use routinely in practice will enable clinicians to formulate the influence of SNS within adolescents' difficulties. Lewis et al. (2012) have developed specific guidelines and a sample interview schedule to enable clinicians to enquire about the impact of young people's online experiences on self-injury behaviours specifically (see Appendix 2-E). A similar guideline relating to young people's use of SNS more broadly might facilitate the incorporation of SNS use into assessment and formulation. Additionally, research and service-user involvement might be helpfully applied to developing a set of guidelines or tips for young people experiencing difficulties on SNS, in a similar way that "sleep hygiene" is implemented in the treatment of sleeping difficulties (Morin et al., 2006).

Future Research

Adolescents utilised a range of strategies that allowed them to benefit from the positive aspects of SNS by navigating their negative experiences. Corroborating existing research, young people undertook conscious processes of weighing up the potentially negative and positive outcomes of their SNS use (Bryce & Fraser, 2014). However, the use and outcome of such strategies differed between the adolescents, in response to their mood and cognitions, and dependent on the specific context. Further research might elucidate more

detail about the mechanisms by which young people select and employ various strategies and how these interact with wellbeing or psychological distress.

An assumption of this researcher and many others researchers, is that offline relationships provide young people with a richer and more meaningful form of social connection than online interactions (O'Keeffe & Clarke-Pearson, 2011). Nevertheless, the value and importance of the adolescents' online relationships in this study was striking. Further research could explore adolescent's perspectives about the value of online and offline relationships, and whether a clear separation exists for them between "online" and "real world", as many researchers' assume (e.g. Brown & Bobkowski, 2011; Sheldon, Abad, & Hinsch, 2011)

Many of the young people in this study had received direct abuse in relation to their mental health difficulties and some had witnessed the abuse of others who had publicly admitted to accessing CAMHS. Given the power of SNS as a social group in dictating what is acceptable or not in their social world, research exploring the messages that young people receive on SNS regarding their mental health might contribute to understanding and overcoming barriers to accessing support for young people.

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Table 1.

Demographic Features of Participants

Pseudonym	Age	Gender	Service Accessing	Interview Location	Social Networking Sites Used	How long used SNS for	Frequency of use of SNS	Duration of SNS at each visit
1. Sally	16	F	Third Sector Mental Health Service	School	Facebook, Twitter, Instagram, Tumblr, Pinterest	5 years	More than once an hour	Depends on activity
2. Lizzie	16	F	Third Sector Mental Health Service	Home	Facebook, Twitter, Ask.fm	7 years	Every day/every other day	An hour each time
3. Jane	15	F	Tier 3 CAMHS	Home	Facebook, Tumblr	4-5 years	Most days	Two hours each time
4. Simon	14	M	Tier 3 CAMHS	CAMHS	Facebook, Twitter, BBM, Whatsapp, Instagram, Moodswing, Snapchat, Vine, Meetme	3 years	Some daily, some monthly, some 'nonstop'	About 5 minutes/hour
5. Jules	13	F	Tier 3 CAMHS	CAMHS	Snapchat, Facebook, Instagram, Tumblr	4 years	Every minute of every day	10am – 10pm with breaks of 5 minutes
6. Ruby	17	F	Tier 3 CAMHS	CAMHS	Tumblr, Facebook, Twitter, Whatsapp, Kik	6 years	More than once an hour	Few minutes to hours depending on activity/boredom
7. Nina	13	F	Tier 3 CAMHS	CAMHS	BBM, MySpace, Facebook, Twitter, Instagram, Snapchat	7 years	Outside of school – all the time	Facebook – 10 minutes, BBM – all day

|								
8. Kim	17	F	16-17 Transition Service	CAMHS	Facebook, Twitter, BBM	6 years	Every hour	Varies depending on notifications. Approx 45mins-1 hour
9. Sarah	18	F	Voluntary Sector Self Help Services	School	Pinterest, Twitter, Facebook, Myspace, Bebo	7 years	Continuous	College – check in class Home – constant
10. Montague	14	M	Tier 3 CAMHS	Home	Youtube, Facebook	3 years	Every day	Stay on it when not at school
11. Natalie	15	F	Tier 3 CAMHS	School	Facebook, Instagram, BBM, Snapchat	5 years	Constant	Home – constantly School – dinner and after school
12. Ben	16	M	Tier 3 CAMHS	CAMHS	Facebook	1 year	Nightime	6 hrs/night - constant
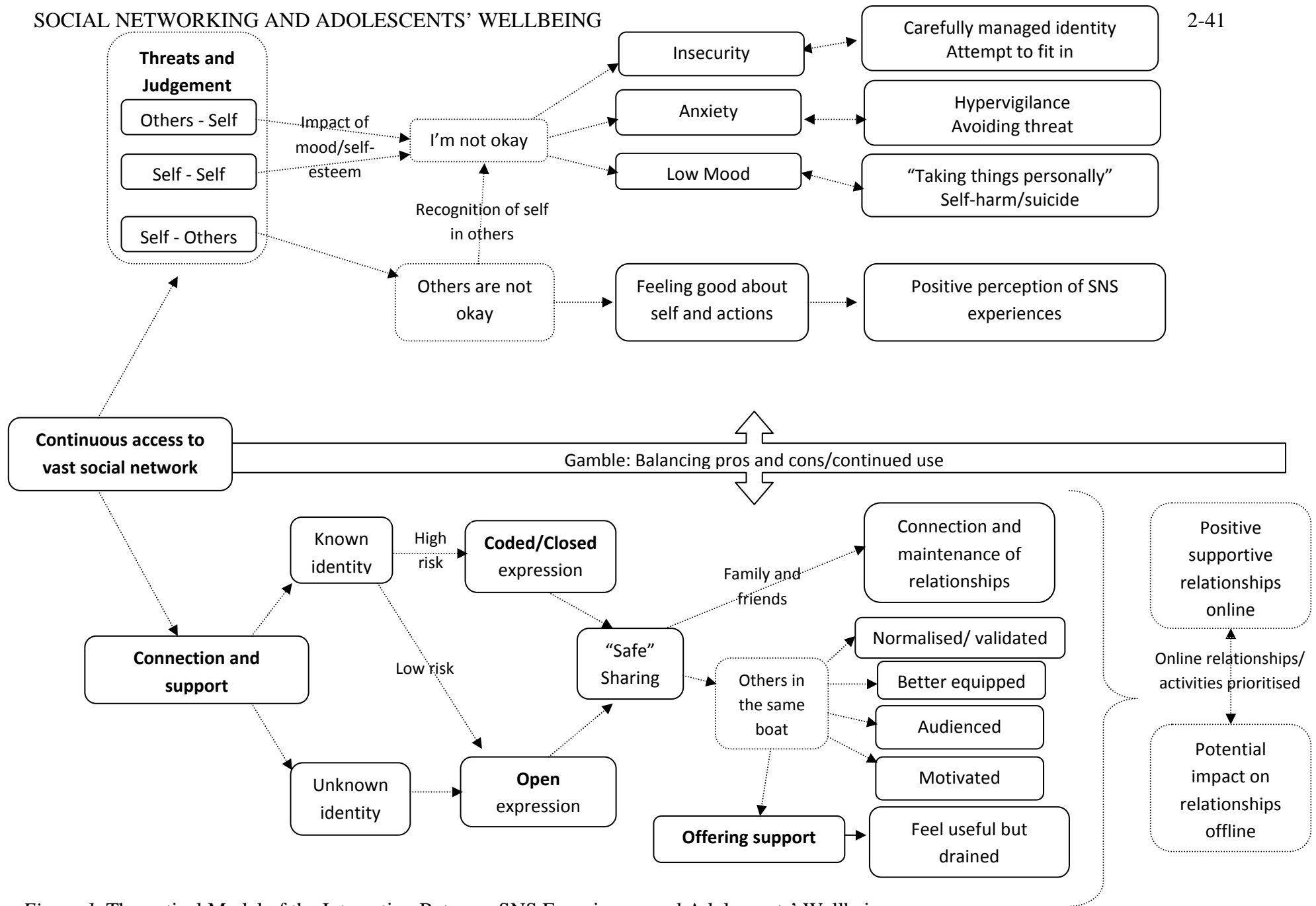
Figure 1. Theoretical Model of the Interaction Between SNS Experiences and Adolescents' Wellbeing

Appendix 2-A: Example of Coded Transcript

Transcript	Initial Codes
0 Ok, so first question is just quite a broad one: can you tell me about your experiences of social networking?	
Part 00:18 Wow, that is broad. Um… don't really know what to say. I've found them helpful with struggling with things that have happened and stuff but then they've also been negative at the same time, they've never been consistently positive or negative.	Finding SNS helpful when struggling with things that have happened Recognising negative and positive of SNS Inconsistency in experiences
Int 00:45 Okay, so they've never been consistent. Can you tell me more about that?	
Part 00:48 Um…well, like when I was younger I used to get bullied so they'd use that quite a bit, like social networking, which is why I ended up deleting loads of them and then I got them back in the past year or so..but then like, I'm going to go into my life now cause you're, you're…I trust you now. Um…I got assaulted last year and I found like Tumblr where they've sort of, particularly Tumblr more than any, where people just sort of express themselves as sort of like a really good way to help myself and through that is how I gained the confidence to report it to the police, which…when I told them they were a bit like 'oh that's different!' but I didn't want to tell the police at first but like they were very like, sort of, what's the word…like people on it, like I didn't speak to anyone about what had happened to me but you could read you know other people's things and it was sort of more empowering and motivating than sitting there moping and blaming yourself…if you get me?	Being bullied when younger on SNS Deleting SNS following bullying Returning to SNS Trusting the researcher Noticing Tumblr as different from other sites People expressing themselves Using Tumblr to help herself following assault Gaining confidence to report assault Police expressing surprise at role of SNS in reporting assault Not speaking to anyone directly about assault Reading others' experiences and feeling empowered and motivated rather than blaming herself
Int 01:53 Okay..so how did that happen? How did using Tumblr get you to the stage where you were going to report something?	
Part 01:59 Oh…I'd sort of search the tags for like 'sexual assault' and things like that, which when I look back at it I probably shouldn't have done because it did make me feel worse about it but they'd have like some, like there'd be pictures and messages and things like that where people were being a lot more sort of motivational and a bit more like 'you should tell someone, you shouldn't keep it to yourself' sort of thing, which is sort of how I sort of..then kept reading that and reading that and eventually I turned round..I think before I got my step-mum to ring up and report it I was sort of reading it, reading it, reading it and going 'I need to do it' and so I did. But like my parents weren't pushing me to report it or anything, so…it was like, I had to sort of build that myself.	Searching tags on Tumblr to find similar experiences Reflecting back and believing could have used SNS differently Feeling worse by searching for others with similar experiences Seeing motivational pictures and messages Being encouraged to report assault via others' Tumblr messages Continuing to read motivational messages Moving to action following reading Building own motivation to report assault through Tumblr

Appendix 2-B: Example of Memos from Sally's Interview

Memos

Addiction

Sense of being 'hooked' and finding this annoying – points to there being enough positives or something rewarding about the process of using SNS? Or perhaps, that using SNS avoids something less rewarding? E.g. exclusion/rejection offline

Passive

Noticing that SB talks passively about her use of SNS E.g. 'I ended up on my phone all night' – sounds almost as though the SNS force her into doing things she doesn't want to do.   If p's don't feel that they are making active decisions in relation to their phone/SNS use, does this make it harder to change behaviour?

Contradictions re: 'being bothered'

Contradictions in data about her 'not being bothered' about others lives, but then later explicitly stating that she's curious about what others are doing and paranoid about things being said about her. 53:45 – She recognises a couple of times how she contradicts herself.

Others as dull

Similar to above, SB talks about others being very dull for wanting to know about other peoples' activities, but also talks about her own curiosity and having to stay up to date and not missing new stories/tweets etc. Seems to need to separate herself from this 'dullness', perhaps this is dissonant with who she perceives herself to be/wants to be. But talks a lot about actually living and acting in a similar way to these 'dull people'.

Hooked on finding out more

Googling things seen on twitter and 'hooked on' finding out more. Is this a thirst for knowledge, or a similar process to not wanting to be left out? Wanting to understand what friend's posts are about or wanting to be able to discuss further? Instantly able to satisfy questions?

Appendix 2-C: Example of Developing Conceptual Code

Conceptual code: Social Comparison	
Focus codes	**Description**
• 'Jumping on the bandwagon' – wanting to be part of the new, popular thing • Influence of others' actions on own – 'looking for excitement' e.g. tattoo • Comparing own strengths/problems with others – others 'have it all' • Witnessing others' feelings on FB influencing own • Feeling depressed by others' sadness • 'Liking' (and absence of) influencing self-esteem • Feeling jealous when make comparisons • Noticing when others prettier • Feeling insecure following comparisons • Feeling rubbish when others have better life • Overthinking others pictures • Witnessing friends making social comparisons • Feeling paranoid about not looking like the ideal • Parallel with offline – also feel worse in comparison • Seeing celebrities as gorgeous	The increased 'visibility' of individuals on SNS led to an increased awareness of others' lives. Participants noticed differences and similarities between themselves and others, which often led them to upward social comparison – noticing what others have that they don't or noticing the differences between how others' respond to their friends on SNS compared to themselves. The features of SNS that allows others to 'like' or 'favourite' a young person's post was interpreted by young people as an indication of their popularity and moral support from others, or on the contrary an indication of others not caring or that others are judging them. All participants had witnessed others' explicitly sharing their emotional experiences and how this had been responded to in negative ways, including by the participants themselves (e.g. 'they're attention seeking'). This led to comparison of their own problems in relation to their friends and an increased use of 'code' to share their own emotional experiences. Social comparison influenced participants' behaviours both on SNS and in the 'real world' (do young people see it like this or are SNS and 'real world' one and the same?). When viewing others' self-harm, one participant described feeling her problems were not important enough which triggered her to want to harm. By viewing how others' responded to their friends' statuses about emotional experiences, participants developed coping strategies of not posting similar statuses to protect themselves from such negative responses.

Appendix 2-D: Amended Interview Schedule (Version 4)

Interview Schedule Version 4

General Introductory Questions: Name, age, use of social networking sites

'Tell me about your experiences of using social networking sites'
- What is good/bad about using SNS? *Examples?*
- What is the emotional experience of using SNS?
- What is the emotional impact of negative experiences
- How do you respond to negative experiences? Always the same?

Seeking support on SNS
- Do you seek support on SNS?
- How? Openly? Hidden identity?
- Does it matter if people do/don't respond?
- How do you know if you've shared too much?

Does using online social networks have an impact your mood/mental health?
- Does using social networking sites affect your mood/mental health?
- Does your mood/mental health affect your use of social networking sites?
- Do negative experiences affect the way you use the sites or the amount of time?

Social comparison
- How do you perceive yourself in comparison to others?
- Is this different from offline? Same process? Accelerated?
- Always compare in same way?
- What are the consequences? Any strategies?

Feeling visible
- Any steps taken to cope with this?
- Different from 'offline'?

Resisting using SNS
- What happens? Can you resist?
- What are cognitive processes*?*

'Do you ever talk about your feelings or difficulties when you use social networking sites?'
- How?
- How do others respond?

Appendix 2-E: Tool for Assessment of Online Activity and Self-Injurious Behaviour
(Lewis et al., 2012)

Table 2 Recommended Questions about Online Activity

I. Activity Type

Review log: What type(s) of activities do you engage in online activities, concerning NSSI (Informational, interactive, social networking, and video viewing/sharing/posting)?

Community

What are the resources available?

Is this website professionally or peer driven? Moderated?

What specific activities do you engage in on these websites (live chat, posting, information seeking)?

Social Networking

What social networking websites are you affiliated with?

Do you have friendships/connections with people online surrounding NSSI?

If yes, what is the nature of the relationship(s)

If yes, have extended outside of the activity?

Are you a member of any group related to NSSI?

If yes, what are the themes surrounding that group (against NSSI, pro NSSI, neutral)?

If yes, is this group public or private?

If yes, is it moderated?

Are there any visual representations of NSSI among these groups?

What specific activities do you engage in on these websites (live chat, messaging, posting, information seeking)?

Video/Picture Sharing

What specific websites do you visit?

Do you create videos/photos related to NSSI?

If yes, discuss themes/content of videos created.

If yes, are these videos character or non-character videos?

If yes, what purpose does creating these videos serve (creative outlet)?

What types of videos/photos do you watch?

Are these character or non-character videos?

What are the general themes in these videos (against NSSI, pro NSSI, neutral)?

Do these videos present visual presentations of NSSI?

If yes, are these visual presentations accompanied by a warning?

Are these visual presentations of NSSI triggering?

If yes, discuss nature, intensity and degree of triggering material.

What other specific activities do you engage in on these websites (messaging, commenting, following channels)?

II. Frequency

Review log: Discuss frequency of NSSI-online activities (explore usage, during week and weekend).

III. Functional Assessment of NSSI behaviours in relation to Internet activities

Review log: When/why did you first start engaging in NSSI online activities? Explore first episode.

Has your self-injury increased/decreased/remained the same since you began engaging in NSSI online activities?

What are events/interactions, thoughts, and feelings that preceded/occur during/follow the online activity?

Do you self-injure before/after engaging in NSSI online activities?

If yes, explore online activities that may confer/reduce NSSI risk.

Appendix 2-F: Author Guidelines (Computers in Human Behavior)

GUIDE FOR AUTHORS

INTRODUCTION

Computers in Human Behavior is a scholarly journal dedicated to examining the use of computers from a psychological perspective. Original theoretical works, research reports, literature reviews, software reviews, book reviews and announcements are published. The journal addresses both the use of computers in psychology, psychiatry and related disciplines as well as the psychological impact of computer use on individuals, groups and society. The former category includes articles exploring the use of computers for professional practice, training, research and theory development. The latter category includes articles dealing with the psychological effects of computers on phenomena such as human development, learning, cognition, personality, and social interactions. The journal addresses human interactions with computers, not computers per se. The computer is discussed only as a medium through which human behaviors are shaped and expressed. The primary message of most articles involves information about human behavior. Therefore, professionals with an interest in the psychological aspects of computer use, but with limited knowledge of computers, will find this journal of interest.

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Appendix 2-G: "Highlights" for Submission to Journal (Computers in Human Behavior)

Highlights

- Social networks offer young people positive experiences amongst negative

- Adolescents make conscious decisions about how to use and respond to threats online

- Social networks are a valued form of psychological support

- Clinicians need to better incorporate SNS into understanding adolescents' difficulties

- Future research re: mental health stigma on SNS warranted

Section Three: Critical Review

Reflexivity and Managing the Researcher-Therapist Role

Word Count: 3653

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Introduction

The aim of this critical appraisal is to reflect upon the process of conducting the research, "How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?" Firstly, I will summarise the findings of this study. Secondly, I will explore my motivation and interest in choosing this research topic. Thirdly, I will consider the influence of my motivations and interest in the topic on the process of completing the research. Finally, I will explore issues relating to my researcher-therapist role in undertaking the research.

Overview of Research

The aim of the research was to explore adolescents' experiences of using social networking sites and the interaction between such usage and their mental health and wellbeing. A qualitative design was used and twelve young people aged 13-18 who had accessed or were accessing mental health services were interviewed using a semi-structured interview schedule. The interviews were transcribed verbatim and analysed using a grounded theory approach (Charmaz, 2006).

A theoretical framework was developed to explain the interaction between SNS use and young people's wellbeing. This framework highlighted the "gamble" inherent in young people's SNS use, with SNS providing a space for social connection, exchange and numerous positive outcomes associated with this. Nevertheless, for these young people, SNS also represented a potentially extremely threatening space in which each of their interactions could be subject to ridicule, abuse or at worst, specific threats to their safety and wellbeing. Young people showed their resilience in developing various strategies to cope with the threats they experienced, necessary as their use of SNS was not conceptualised as optional, young people were drawn compulsively to continued usage.

These findings supported previous research that has highlighted the potentially negative impact of SNS (Staksrud, Ólafsson, & Livingstone, 2013) yet the addictive nature of such sites (Kuss & Griffiths, 2011). Furthermore, the study corroborated research suggesting that SNS can be associated with a wealth of positive outcomes for young people (Spies Shapiro & Margolin, 2013) and that often young people are able and resilient enough to take control and manage the negative aspects of SNS to enable their continued use (Sengupta & Chaudhuri, 2011). The research also added to previous findings in identifying that for young people using various mental health services, SNS provided a forum for normalisation of their experiences and direct strategies by which to manage their psychological distress. Crucially, young people identified SNS as a space in which, provided they could achieve a desired level of anonymity, they were able to share and seek support about their emotional experiences, in a way that many could not from services, family or friends. Furthermore, the research added exploration of those factors that might facilitate continued or "compulsive" use of SNS, including the young people's ability to cognitively distance themselves from those behaviours they disliked in others.

The findings highlighted various implications for clinical psychology. Crucially, with young people spending much of their free time using SNS, the potential negative and positive impact of such sites is vital for clinical psychologists to consider in their work with young people. SNS might be a protective factor in young people's wellbeing and mental health, but are also likely to pose a range of threats to young people's wellbeing, from increased upward social comparison processes with others to traumatising events, such as death threats (Cassidy, Faucher, & Jackson, 2013). Of interest to clinical psychologists will also be the prevalence of, and young people's engagement with, specific images and posts of others' self-harm and suicide, which was found for young people in this study to be disturbing, but at times also motivating, corroborating previous research (Lewis, Heath, Michal, & Duggan,

2012). Finally, the young people's use of SNS to find others in similar situations or in

seeking specific mental health related support, highlights the potential value of SNS for

mental health services in offering a form of anonymous, yet evidence based and professional

support to those in distress.

Deciding on a Topic

My interest in this research topic stemmed from my experience offering therapy to

young people in a Tier 3 CAMHS service as an assistant psychologist in 2010. When

working with a looked-after adolescent who was concerned about rejection and abandonment

by her friends, the formulation developed to increasingly incorporate the role of SNS. This

young person described what seemed to me to be the minutiae in her use of SNS that had

such a substantial impact on her distress, such as being tagged (or not) in another's status, or

not receiving a like. Whilst working with this young person, I began to reflect upon my own

adolescence and how the typical challenges of identity and understanding oneself had become

so exaggerated and amplified for today's young people by having constant access to a vast

social group with whom to compare oneself. Although this young person's attachment

history was likely to be contributing to her difficulties and concerns (Zimmermann, 2004),

often I struggled in therapy with not wanting to pathologise what might be a usual process of

worry and identity development (Steinberg, 2008), yet recognising how this process felt

qualitatively different from those processes offline. Following my work with this adolescent,

I became increasingly aware of the role of SNS in my clients' lives, from specific effects

upon their wellbeing, to witnessing the disagreements in my sessions between children who

wanted to join the SNS world and concerned parents.

When considering how best to understand and incorporate my clients' SNS

experiences into my clinical work, I explored the research evidence base in this area which

highlighted a growing field of research exploring how and why people use SNS (Anderson, Fagan, Woodnutt, & Chamorro-Premuzic, 2012), as well as studies exploring the potential effect of SNS upon users (e.g. Gonzales & Hancock, 2011), yet nothing regarding the use and impact of SNS on those accessing mental health services. Furthermore, although guidance has been developed regarding maintaining professional boundaries with clients over SNS (The British Psychological Society, 2012a, 2012b), I found no professional guidance for clinical psychologists in incorporating the role of SNS in formulation or intervention.

Managing the Impact of my Assumptions and Clinical Experiences

In qualitative research, it is suggested that researchers "bracket" their assumptions, described by Heron and Reason (2001) as "holding in abeyance the classifications and constructs we impose on our perceiving" and being "open to reframing the defining assumptions of any context" (p. 184). I believe that researchers will inevitably and necessarily be influenced by their particular beliefs, experiences and assumptions in constructing others' stories, yet can use reflexive practice to make explicit how such influences have shaped their research and can take steps to ensure that their research best reflects their participants' stories and experiences.

Reflexive Practice

Throughout the process of conducting this research I sought to reflect upon the role of my experiences and assumptions in the design, collection, analysis and interpretation of the young people's experiences. The use of "memo-ing" in developing a grounded theory (Charmaz, 2006) facilitated this process. In addition, I made use of a reflective diary to document my initial ideas about the research question, the process of each interview and my changing assumptions throughout the research. The following excerpt from my reflective diary was written prior to data collection whilst reading about the approach of grounded

theory. In this insert, I considered why the research topic was of interest to me and later used

these considerations to explore how my assumptions might shape the data analysis process.

For example, after the first group of interviews I recognised that I was focusing on the

"challenges" of SNS use over and above the positive and supportive features SNS offered

young people.

Why is this of interest to me?

- *To understand the new challenges facing young people I work with clinically*

- *To understand the processes involved in young people's continued use of SNS and the massive popularity of such sites despite the potential challenges*

- *Personal conflict? How do I use Facebook? Am I "accessible" to my clients? How might my use of Facebook influence my own wellbeing and thus my work with clients? How do my own experiences influence the co-construction of the role of SNS in their lives?*

- *As I get older and more removed from SNS and popular trends for young people, research could help my own and others awareness of such parts of young people's lives.*

Throughout the research process I reflected upon my changing assumptions about the

research topic. For example, young people in this study recognised how SNS allowed them

to test out different identities or "personas", which could feel fulfilling. As Balick (2014)

suggests, this process can allow young people to seek feedback about those identities, that

perhaps might not be so readily available offline. Although I primarily conceptualised such

"personas" as indicative of young people striving to achieve a social norm and presenting a

"false" or "idealised" as opposed to an "actual" identity, linking the findings back to

psychological theory broadened my thinking to incorporate the narrative concepts of collective identities and the discursive construction of identities in response to specific contexts (Brown, 2006).

In addition to the use of my reflective diary to notice and identify assumptions, beliefs and experiences, it was important to manage the impact of these assumptions. In the data collection itself, listening to transcripts alone and with my academic supervisor highlighted my early use of leading questions, as indicated in the below excerpt in which I presume a feeling of being at risk on Facebook:

> Participant: …people can easily find you on Facebook and just, just they know a lot more about you, just by what they see on your page, whereas Twitter, it's like a recent thing it's only been going a few years and I just um don't have as much information on there, I just have a bit about me on my bio and a picture and just tweets… it's a lot less personal.

> Interviewer: Okay. So there's, with Facebook there's something about the more that people know about you, it's more risky to put statuses out there?

> Participant: Yeah I think so yeah

My supervisor and I spent time considering how I could have used more open questions to ensure the integrity of my data collection. In subsequent interviews, I was able to see the value of such open questions in eliciting much richer descriptions:

> Participant: …I have people that I've known in the past send me a link to an argument over facebook or whatever and it's like everyone's getting a kick out of it, everyone's waiting for the next argument.

> Interviewer: What do you make of that?

Participant: Just again reminds me of how simple people are, which depresses me, makes me lose faith in humanity..um..yeah pisses me off, everyone's just waiting for the next argument. I suppose there are times that I've been guilty at looking out of sheer curiosity, um..but I know that people do genuinely sit back and enjoy the fight which is scary cause it's like but this poor person, he's getting called fat or a racist comment or something…the sickening thing is, that the people who are having this argument know that it's all for show, 'oooh look I've outwitted everyone, everyone will see that I'm wittier' it's like a game.

The process of grounded theory allows the researcher to actively follow areas of interest in the initial data analysis, shaping the subsequent collection of data and analysis (Howitt, 2010). To ensure that such routes of analysis best reflected the data itself, I made use of line-by-line coding which encouraged me to focus on small units of data rather than my interpretations of a piece of text. This was discussed with my academic supervisor in a process of constant comparison – checking the developing theory with the data itself (Charmaz, 2006).

Additionally, I arranged peer supervision with other trainees also undertaking grounded theory research in which we explained our developing models to one another. Noticing areas of the model that did not adequately explain the processes occurring highlighted to me which processes needed further clarification in later interviews and ensured that I returned to my data throughout the whole analysis process to check the integrity of the developing theory. At the end of the analysis this involved re-reading every transcript to ensure that the processes detailed in the theory reflected the data.

Managing the Role of Researcher and Therapist

Interviewing young people who were accessing a variety of mental health services posed particular challenges in managing my role as a researcher but also a therapist. Although I was not involved in the care of any of the young people, they were aware of my role as a trainee psychologist and I was completing my specialist placement within the same service which five young people were accessing. Assuming a researcher role whilst being used to meeting young people as a therapist posed challenges relating to the nature of the questions used in data collection, in managing risk and in managing endings.

Data collection. In therapeutic sessions, when discussing potentially traumatic experiences with young people I would consider the need to establish a safe and trusting therapeutic relationship prior to exploring such experiences (Cohen, Mannarino, & Deblinger, 2006) and I would typically ensure that the young person had support and strategies in place to manage the potential emotional impact of such discussions. I sought to put the participants at ease prior to the interview by explaining the research process in a relaxed way and emphasising their control over the questions asked and their choice to withdraw from the study, should they wish. Perhaps as a consequence of both the research context and creating a safe, therapeutic atmosphere, many of the young people spoke about difficult experiences, both online and offline extremely early in the interview. For example, Ruby, a 17 year old, began to describe her experiences of being sexual assaulted within one minute of the interview starting:

> Ruby: …I'm going to go into my life now cause you're, you're…I trust you now.
> Um…I got assaulted last year and I found like Tumblr…where people just sort of
> express themselves as sort of like a really good way to help myself and through that is
> how I gained the confidence to report it to the police…I didn't speak to anyone about

what had happened to me but you could read you know other people's things and it was sort of more empowering and motivating than sitting there moping and blaming yourself…if you get me?

Perhaps young people's open and honest sharing of their potentially traumatic experiences mirrored the process that occurred for them online in which they were able to speak openly and freely to unknown others, as has been consistently found in existing literature (Schouten, Valkenburg, & Peter, 2007). The openness and honesty that can result from a therapeutic atmosphere in research has been suggested to be problematic as the researcher might not have the training or time to address difficulties or issues that arise (Kvale & Brinkmann, 2009). As the researcher, I was challenged in anticipating the potential emotional impact of discussing such experiences and ensuring the participants' wellbeing throughout the interview process. By keeping a focus on the SNS and the impact of their experiences, rather than necessarily the details of such incidents, I hoped that the interviews would continue to feel safe for the young people. Furthermore, looking for verbal and non-verbal signs of distress allowed me to monitor the direction and content of the interview and, for Lizzie, indicated when it was time to end her interview early as risk-related issues she discussed needed to take priority.

When discussing such traumatic experiences I also recognised my urge to use a style of questioning and interaction that I might in therapeutic sessions. Primarily I wanted to recognise the young people's resilience and coping (Macdonald, 2007). I felt conflicted in considering how this might influence the particular construction of the young person's story yet at times I felt it was necessary to ensure that participants were not left more emotionally vulnerable than prior to the interview, as one of the underpinning principles of ethical research (The British Psychological Society, 2010). Although the young people spoke about difficult experiences, none became distressed in the interview and in debrief following the

interview none reported feeling distressed. Perhaps, talking about their experiences to a stranger had become a familiar process, or potentially for many being interviewed in a familiar CAMHS setting enabled similar conversations that they might have had with their own therapist.

Managing Risk. For all young people, the boundaries of confidentiality were explained verbally and in writing prior to the interview. In the first two interviews, both young people described their feelings of low mood and suicidal ideation. Complicating both cases was that they had recently been discharged from self-help services and so no longer had an ongoing caseworker. Consequently, it was my professional responsibility to contact parents and appropriate services to ensure that the appropriate supports were in place to ensure their safety (Health and Care Professions Council, 2012). For Sally, she and her family were aware that she had been referred to a CAMHS team 3 months prior to our interview but had not received confirmation and had been unsuccessful in their attempts to contact the GP to ascertain the status of the referral. It transpired that the GP had intended to but never made the referral, which involved my repeated requests over a period of a week for confirmation that the referral had now been made. Having repeated conversations with both the young person's GP felt paternalistic given the very limited contact we had previously had, yet necessary given the need to manage risk appropriately (The British Psychological Society, 2010).

As I had agreed that the young person's clinician would not be aware of who agreed to participate in the study, I was unaware that these young people had very recently been discharged from the service. An important consideration for future researchers working with clinical samples of young people might be to ensure the current status of the service's involvement prior to the interview. Additionally, although feeling paternalistic, ensuring that

I had the young people's parents' contact details prior to the interview facilitated the process of risk management when this arose.

     Endings. As is inevitable in research, the relationship between researcher and participant is time limited. Following the participants' surprising openness and honesty in our interviews, it was an unusual experience for me to finish the interview with the knowledge that I would not be able to reflect upon their experiences with them at some point in the future. I felt that participants had shared with me very private and difficult experiences and to end the interview and leave felt abrupt and uncontaining. Upon reflection about these endings, I recognised that typically in therapeutic sessions I would have had such conversations as part of therapeutic input in which the goal might be to reduce psychological distress, or to ultimately help the client to have a different relationship with their experiences. Simply listening and holding their experiences with no further contact elicited a similar response in me to when therapeutic work with a client ends prematurely, a form of therapeutic ending found to be typically difficult for clinicians due to feelings of demoralization (Barrett et al., 2008). Furthermore, due to the need for researchers to quickly establish rapport with participants (Dickson-Swift, James, Kippen, & Liamputtong, 2006), to abruptly end a developing new relationship felt especially sudden and unusual.

     To some extent I felt indebted to the young people for helping me in my completion of my research, and felt an urge to be able to offer them something in return for the time and honesty they had afforded me. Recognising this urge in myself, I reflected upon what might have motivated young people to participate in the study and considered theories of need-driven behaviour (Rosenberg, 2005). By considering what needs taking part in the interview might have met for the young people I recognised statements that they had offered about the value of participating for them. For example, Lizzie described her belief of the value of research in the topic of interest, Sarah and Ben asked me about my career path and described

their interest in studying psychology, and Sally described the benefits of talking about SNS in helping her to make sense of her previous SNS experiences. Furthermore, the experience of contributing might have felt empowering to young people who typically assumed a "being helped" role (Ryle, 1998), and in this instance were helping others through their contribution to research. Being able to hold in mind the potential benefits for young people taking part in research helped me manage this feeling of being indebted.

Conclusion

Research into the role of SNS use in psychological and social wellbeing is a relatively new field. However, to the authors' knowledge, this was the first qualitative study to explore the experiences of young people accessing mental health services. The present study emphasised the opportunity for services and clinicians to build upon young people's resilience and strategies to manage their negative online experiences, for example through the use of compassion focused approaches to build self-compassion in contrast to the criticism and shame inherent on SNS. Furthermore, services and clinicians could usefully utilise SNS for the provision of anonymous evidence-based mental health support. Further research in this area will be important to understand the mechanisms by which young people choose a variety of strategies to navigate their negative SNS experiences. Crucially, researchers should seek to work reflexively, to limit the impact of their assumptions about young people's SNS use in the construction of findings. Further research might also helpfully explore the experience of undertaking research with young people as both a therapist and researcher, particularly in relation to such sensitive topics.

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Section Four: Ethics Documents

Word Count: 5108

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NHS Research Ethics Committees Application Form

NHS REC Form	Reference:	IRAS Version 3.5

Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please enter a short title for this project (maximum 70 characters)
Interaction between young people's online experiences and wellbeing

1. Is your project research?

◉ Yes ○ No

2. Select one category from the list below:

○ Clinical trial of an investigational medicinal product

○ Clinical investigation or other study of a medical device

○ Combined trial of an investigational medicinal product and an investigational medical device

○ Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

○ Basic science study involving procedures with human participants

○ Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

◉ Study involving qualitative methods only

○ Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

○ Study limited to working with data (specific project only)

○ Research tissue bank

○ Research database

If your work does not fit any of these categories, select the option below:

○ Other study

2a. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation?	○ Yes	◉ No
b) Will you be taking new human tissue samples (or other human biological samples)?	○ Yes	◉ No
c) Will you be using existing human tissue samples (or other human biological samples)?	○ Yes	◉ No

3. In which countries of the UK will the research sites be located?(Tick all that apply)

☑ England
☐ Scotland
☐ Wales
☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

Date: 22/08/2013   1

NHS REC Form   Reference: IRAS Version 3.5

- ⦿ England
- ○ Scotland
- ○ Wales
- ○ Northern Ireland
- ○ This study does not involve the NHS

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4. Which review bodies are you applying to?

- ☑ NHS/HSC Research and Development offices
- ☐ Social Care Research Ethics Committee
- ☑ Research Ethics Committee
- ☐ National Information Governance Board for Health and Social Care (NIGB)
- ☐ National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D offices, the CI must create Site-Specific Information Forms for each site, in addition to the study-wide forms, and transfer them to the PIs or local collaborators.

---

5. Will any research sites in this study be NHS organisations?

⦿ Yes   ○ No

5a. Are all the research costs and infrastructure costs for this study provided by an NIHR Biomedical Research Centre, NIHR Biomedical Research Unit, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC) or NIHR Research Centre for Patient Safety & Service Quality in all study sites?

○ Yes   ⦿ No

If yes, NHS permission for your study will be processed through the NIHR Coordinated System for gaining NHS Permission (NIHR CSP).

5b. Do you wish to make an application for the study to be considered for NIHR Clinical Research Network (CRN) support and inclusion in the NIHR Clinical Research Network (CRN) Portfolio? Please see information button for further details.

○ Yes   ⦿ No

If yes, NHS permission for your study will be processed through the NIHR Coordinated System for gaining NHS Permission (NIHR CSP) and you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form immediately after completing this project filter and before completing and submitting other applications.

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6. Do you plan to include any participants who are children?

⦿ Yes   ○ No

---

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

○ Yes   ⦿ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the NIGB Ethics and Confidentiality Committee to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

---

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

NHS REC Form   Reference: IRAS Version 3.5

○ Yes   ◉ No

---

9. Is the study or any part of it being undertaken as an educational project?

◉ Yes   ○ No

Please describe briefly the involvement of the student(s):
The student will be the chief investigator in the project (thesis for doctoral qualification).

9a. Is the project being undertaken in part fulfilment of a PhD or other doctorate?

◉ Yes   ○ No

---

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes   ◉ No

---

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

○ Yes   ◉ No

NHS REC Form   Reference: IRAS Version 3.5

███████████

Integrated Research Application System
Application Form for Research involving qualitative methods only

███████████████████

Application to NHS/HSC Research Ethics Committee

The Chief Investigator should complete this form. Guidance on the questions is available wherever you see this symbol displayed. We recommend reading the guidance first. The complete guidance and a glossary are available by selecting Help.

Please define any terms or acronyms that might not be familar to lay reviewers of the application.

Short title and version number: (maximum 70 characters - this will be inserted as header on all forms)
Interaction between young people's online experiences and wellbeing

Please complete these details after you have booked the REC application for review.

REC Name:

████████████████

REC Reference Number: **Submission date:**
██████   22/08/2013

PART A: Core study information

1. ADMINISTRATIVE DETAILS

A1. Full title of the research:

How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?

A2-1. Educational projects

Name and contact details of student(s):

Student 1

	Title Forename/Initials Surname
	Miss Amy Singleton
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E-mail	a.singleton@lancaster.ac.uk
Telephone	01524 592970
Fax	

NHS REC Form   Reference: IRAS Version 3.5
                                13/NS/0119

Give details of the educational course or degree for which this research is being undertaken:

Name and level of course/ degree:
Doctorate in Clinical Psychology

Name of educational establishment:
Lancaster University

Name and contact details of academic supervisor(s):

Academic supervisor 1

	Title	Forename/Initials	Surname
	Dr	Ian	Smith
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	Lancaster University		
	Lancaster		
Post Code	LA1 4YG		
E-mail	i.smith@lancaster.ac.uk		
Telephone	01524592282		
Fax			

Please state which academic supervisor(s) has responsibility for which student(s):
Please click "Save now" before completing this table. This will ensure that all of the student and academic supervisor details are shown correctly.

Student(s)	Academic supervisor(s)
Student 1 Miss Amy Singleton	☑ Dr Ian Smith

A copy of a current CV for the student and the academic supervisor (maximum 2 pages of A4) must be submitted with the application.

A2-2. Who will act as Chief Investigator for this study?

◉ Student
◯ Academic supervisor
◯ Other

A3-1. Chief Investigator:

	Title	Forename/Initials	Surname
	Miss	Amy	Singleton
Post	Trainee Clinical Psychologist		
Qualifications	BSc Hons in Psychology; Postgraduate Certificate in Low Intensity Psychological Interventions		
Employer	Lancashire Care NHS Trust		
Work Address	Doctorate in Clinical Psychology, Furness College		
	Lancaster University		
	Lancaster		
Post Code	LA1 4YG		

▇▇▇▇▇

NHS REC Form	Reference: 13/NS/0119	IRAS Version 3.5

Work E-mail   a.singleton@lancaster.ac.uk
* Personal E-mail   a.singleton@lancaster.ac.uk
Work Telephone   01524 592970
* Personal Telephone/Mobile ▇▇▇▇▇
Fax

This information is optional. It will not be placed in the public domain or disclosed to any other third party without prior consent.
A copy of a current CV (maximum 2 pages of A4) for the Chief Investigator must be submitted with the application.

A4. Who is the contact on behalf of the sponsor for all correspondence relating to applications for this project?
This contact will receive copies of all correspondence from REC and R&D reviewers that is sent to the CI.

Title Forename/Initials Surname

Address   ▇▇▇▇▇▇▇▇▇▇

Post Code   ▇▇▇▇▇▇▇▇▇▇
E-mail
Telephone
Fax

A5-1. Research reference numbers. *Please give any relevant references for your study:*

Applicant's/organisation's own reference number, e.g. R & D (if available):

Sponsor's/protocol number:

Protocol Version:

Protocol Date:

Funder's reference number:

Project website:

Additional reference number(s):

Ref.Number Description	Reference Number

Registration of research studies is encouraged wherever possible. You may be able to register your study through your NHS organisation or a register run by a medical research charity, or publish your protocol through an open access publisher. If you have registered your study please give details in the "Additional reference number(s)" section.

A5-2. Is this application linked to a previous study or another current application?

○ Yes   ◉ No

Please give brief details and reference numbers.

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2. OVERVIEW OF THE RESEARCH

To provide all the information required by review bodies and research information systems, we ask a number of specific questions. This section invites you to give an overview using language comprehensible to lay reviewers and members of the public. Please read the guidance notes for advice on this section.

A6-1. Summary of the study. *Please provide a brief summary of the research (maximum 300 words) using language easily understood by lay reviewers and members of the public. Where the research is reviewed by a REC within the UK Health Departments Research Ethics Service, this summary will be published on the website of the National Research Ethics Service following the ethical review.*

The internet is becoming increasingly common-place in the lives of young people, with 77% percent of 13-16 year olds having a profile on a social networking site, most commonly Facebook. Consequently, psychological research relating to social network sites has grown, often with populations of undergraduate and university students exploring social network usage in relation to a wide range of areas, such as usage and personality characteristics (Moore & McElroy, 2011), academic performance (Junco, 2011), subjective wellbeing (Kim & Lee, 2011) and depression (Moreno et al., 2011). Literature suggests that the use of online social networking can impact a range of factors associated with mental wellbeing, such as anxiety, depression and self-esteem, associated with processes such as the way in which networking sites are used and cyberbullying. Nevertheless, the existing literature has yet to explore how online experiences and use of social networking sites impact young people who access specialist mental health services. This study aims to explore the online experiences of a 'clinical population' of young people who access Child and Adolescent Mental Health Services (CAMHS) and how these experiences interact with their wellbeing. Amongst this more general aim, the study will seek to explore young people's online disclosures interact with their wellbeing. A grounded theory approach will be implemented to develop a theory that explores young peoples' online experiences and how these interact with their wellbeing.

A6-2. Summary of main issues. *Please summarise the main ethical, legal, or management issues arising from your study and say how you have addressed them.*

Not all studies raise significant issues. Some studies may have straightforward ethical or other issues that can be identified and managed routinely. Others may present significant issues requiring further consideration by a REC, R&D office or other review body (as appropriate to the issue). Studies that present a minimal risk to participants may raise complex organisational or legal issues. You should try to consider all the types of issues that the different reviewers may need to consider.

The current study has been designed by a Trainee Clinical Psychologist in collaboration with a tutor in research and Consultant Clinical Psychologist at Lancaster University and a ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓. It is hoped that the research will contribute to existing literature that suggests that young people's online experiences can have both positive and negative effects on their mental health and wellbeing. A qualitative methodology will be used to gain rich descriptions of each participant's experiences and the meaning that they place on their experiences, in an attempt to develop an explanatory theory from the data. Service-users from young person service-user expert groups were consulted in developing the interview schedule and information sheet to ensure that relevant and appropriate questions are asked that will be sensitive to the participants.

Recruitment will be organised by members of staff in the relevant services. The chief investigator, who does not work in either ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ trusts, will have no access to personal information unless the participant has chosen to opt-in to the research. A list of potential participants will be put together by a member of the relevant team. The recruitment protocol will then differ, dependent on the agreement with each individual service. Information packs that have been put together by the chief investigator might be sent to the potential participants by a member of the team. Posters will also be used to advertise the study in the relevant services. Additionally, clinicians will distribute information packs to eligible young people when young people attend the service. The chief investigator will know only the details of those participants who then contact the researcher to opt-in to the study. It will be made clear in the information sent to patients and participants, that participation in the study is entirely optional and that their care will not be affected if they choose not to take part or choose to withdraw from the study at any time. No members of staff will know who choses to take part in the study.

Participants will be selected using inclusion criteria that will ensure that they are a young person aged 13-18 who regularly uses social networking sites. Recruitment will be purposive, in accordance with the emerging theory (e.g. the data might suggest that an online sample might add to the emerging theory, or participants from a particular age bracket or gender). Potential participants will be informed in the information sheet of the possibility that not all those who opt-in to the study will necessarily be interviewed.

To gain consent from young people who opt-in to the study, those aged 16-18 will be provided with the information sheet given to all potential participants, will have the opportunity to ask questions and discuss the study before attending the interview, and will be asked to sign a written consent form that specifies the details of the study that they are consenting to participate in. Those younger than 16 will have the same process of gaining consent, but will also be asked to provide contact details for their parent(s)/guardian(s) from whom the chief investigator will gain permission from before the young person participates in the study.

Conducting interviews necessarily involves the collection of confidential information. The audio-recordings of the interviews will be transcribed at the earliest available opportunity following the interview, and the recording then deleted. The anonymised transcripts will be stored at Lancaster University in a locked filing cabinet for 10 years after the study is complete before being destroyed. All files created on the computer that contain data will be password protected and encrypted using Trucrypt, in accordance with university security requirements. The field supervisor, who may be working directly with the participants or with the patients for whom the participants are caring, will not have access to the transcripts or raw data. The academic supervisor who does not work within ▮▮▮▮▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮will have access to anonymised transcripts for the purposes of data analysis. The academic supervisor will also listen to at least one audio-recording to assist in the supervision of the project and the process of analysis. No personal information will be given to the academic supervisor.

In the write up of the study, all identifying information will be anonymised. Some brief quotations will be used but will be selected with the intention to ensure that the participant is not identifiable from the quotation. At the end of the study, all anonymised transcripts will be kept securely at Lancaster University. After 10 years, these data will be destroyed.

Discussing online experiences might include negative experiences. It is anticipated that the interviews will not cause distress to the participants. However, in the case of distress, participants will be asked prior to the interview to provide the details of someone to contact if they leave the interview distressed. This might be a parent or clinician at the service. Additional information will also be provided to participants with contact details for local organisations and agencies that may be able to offer further support. When consenting to take part in the study, the participants will be informed that they have the right to withdraw from the study at any time during the interview and up to two weeks after the interview.

It is possible that information will be given that indicates risk to the participant or others. In the information provided to the participant prior to consenting to participation, the boundaries of confidentiality and situations in which confidentiality will be breached will be made explicit. If risk is identified, the researcher will conduct a risk assessment, seek advice from the field supervisor and take the appropriate action in accordance with local policy. This might involve contacting the young person's parents, their mental health clinician or another contact identified prior to the interview. In the case of participants recruited from an online sample, participants will be asked for a contact name prior to participating, as a person to contact if they need further support, or in the case of risk.

A6-3. Proportionate review of REC application *The initial project filter has identified that your study may be suitable for proportionate review by a REC sub-committee. Please consult the current guidance notes from NRES and indicate whether you wish to apply through the proportionate review service or, taking into account your answer to A6-2, you consider there are ethical issues that require consideration at a full REC meeting.*

◉ Yes - proportionate review   ◯ No - review by full REC meeting

Further comments (optional):

Note: This question only applies to the REC application.

3. PURPOSE AND DESIGN OF THE RESEARCH

A7. Select the appropriate methodology description for this research. *Please tick all that apply:*

☐ Case series/ case note review
☐ Case control
☐ Cohort observation
☐ Controlled trial without randomisation
☐ Cross-sectional study
☐ Database analysis
☐ Epidemiology
☐ Feasibility/ pilot study
☐ Laboratory study
☐ Metanalysis
☑ Qualitative research

☑ Questionnaire, interview or observation study

☐ Randomised controlled trial

☐ Other (please specify)

A10. What is the principal research question/objective? *Please put this in language comprehensible to a lay person.*

How do the online social networking experiences relate to the wellbeing of young people with mental health difficulties?

A11. What are the secondary research questions/objectives if applicable? *Please put this in language comprehensible to a lay person.*

A12. What is the scientific justification for the research? *Please put this in language comprehensible to a lay person.*

The internet is becoming increasingly common-place in the lives of young people, with a recent study finding that 9-16 year olds spend an average of 88 minutes per day online, and 15-16 year olds an average of 118 minutes (Livingstone, Haddon, Görzig, & Ólafsson, 2011). The study also found that seventy-seven per cent of 13-16 year olds have a profile on a social networking site, most commonly Facebook.

Consequently, psychological research relating to social network sites has grown, often with populations of undergraduate and university students exploring social network usage in relation to a wide range of issues, such as usage and personality characteristics (Moore & McElroy, 2011), academic performance (Junco, 2011), subjective wellbeing (Kim & Lee, 2011) and depression (Moreno et al., 2011).

Samples of young people (younger than 18 years) have been rarely used, and samples of 'general' populations preferred. What is yet to be explored are the experiences of young people who access mental health services, or those who self-report experiencing mental health difficulties. Understanding the online experiences of this 'clinical population' of young people is important in understanding how social networking and wellbeing interact, as a common and unescapable aspect of many young people's worlds.

A13. Please summarise your design and methodology. *It should be clear exactly what will happen to the research participant, how many times and in what order. Please complete this section in language comprehensible to the lay person. Do not simply reproduce or refer to the protocol. Further guidance is available in the guidance notes.*

The study will be qualitative in nature to elicit rich information about participants' individual experiences and the meanings they attribute to these experiences. A grounded theory methodology will be used, using an inductive approach to create theoretical categories that are directly 'grounded' in the data. Grounded theory begins with a general topic from which a theoretical analysis is built based upon what is discovered in the research. For the purposes of this study, this process might involve sampling from a variety of NHS or voluntary services, sampling young people at a particular age within the 13-18 age range, sampling young people with particular online experiences or redeveloping and refining the interview schedule to allow for the definition of categories identified in earlier interviews.

Administrative staff or clinicians within each team will identify clients who are accessing or have accessed services in the past year within the specified age range (13-18 years). These clients will be recruited using either one, or a combination of the recruitment procedures below, depending on the specific agreement with the service in question:
1. Recruitment via clinicians: Psychologists and other staff working within the service will provide information to each eligible client that they see about the study (i.e. provide the young people with a recruitment pack).
2. Posters will be displayed in the waiting area of the services from which participants are recruited to advertise the study.
3. Administrative staff will identify eligible young people via electronic record systems and will send out recruitment packs supplied by the chief investigator.
The chief investigator will have no access to patient details, unless a young person contacts them to opt-in to taking part in the study.

Each recruitment pack will include an information sheet with a reply-slip that can be posted to the chief investigator to opt-in to the study. This reply slip would ask for the young person's demographic information e.g. age, gender, to ensure eligibility for the study. The information sheet will also include alternative ways to contact the chief investigator, e.g. by telephone or by email. The information sheet will make explicit the process for gaining assent for young people under 16 and permission from their parent(s) or guardian(s).

When a young person contacts the chief investigator to opt-in to the study, they will have an opportunity to ask

questions about the study and the chief investigator will discuss the need to gain permission from their parent/guardian (if aged under 16). A date, time and location for the interview will then be agreed, and permission sought from the young person's parent/guardian prior to the interview.

The interview will be held at the service that the young person has accessed/is accessing, or at the participant's home if this is more convenient for the participant. At the interview, participants will first be asked to sign a consent/assent form to participating in the study, detailing the boundaries of confidentiality and outlining what will happen to the data collected. Included in consenting to participating in the study, participants will also be asked to consent to having their interview audio-recorded for the purposes of data analysis, and whether they wish to receive feedback from the study in the form of a brief report.

The interviews will last for approximately one hour. An interview guide will be used as a flexible and very rough guide to provide minimal prompts for the participants (see 'documents' section). However, the inductive nature of the grounded theory methodology is likely to require that variations on the schedule are used, to gather information in a particular area that the emerging theory would suggest is important (i.e. purposive).

In the case of an online sample, a general advertisement will be placed on the social media sites of one or both of two mental health charities, Time to Change and/or YoungMinds (see Appendix 6 of research protocol). This advert will contain the contact details for the chief investigator. If young people opt-in via this recruitment strategy, the chief investigator will send out a recruitment pack to the young person (by post, or e-mail). The same procedure as above will then be followed.

A14-1. In which aspects of the research process have you actively involved, or will you involve, patients, service users, and/or their carers, or members of the public?

- ☑ Design of the research
- ☐ Management of the research
- ☐ Undertaking the research
- ☑ Analysis of results
- ☐ Dissemination of findings
- ☐ None of the above

Give details of involvement, or if none please justify the absence of involvement.
A group of 8 young people from a local service user group were consulted in the development of the research documents: the participant information sheet and interview schedule. The participants will also be consulted during the analysis process to ensure validity and integrity of the emerging theory.

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4. RISKS AND ETHICAL ISSUES

RESEARCH PARTICIPANTS

A17-1. Please list the principal inclusion criteria (list the most important, max 5000 characters).

•Young people who have accessed or are accessing child and adolescent mental health services or self-report experiencing mental health difficulties (if an online sample if recruited)
•Young people aged between 13 and 18 (as 13 is the minimum age requirement for registration on social networking sites such as facebook)
•Young people who have consented to taking part in the study, and for those under 16 have 'assented' to taking part in the study, with the agreements that their parent(s) or legal guardian can be contacted to gain their permission for their child to participate.

A17-2. Please list the principal exclusion criteria (list the most important, max 5000 characters).

Participants younger than 13 years.
Participants under 16 years whose parent(s) or guardian(s)have not consented to them participating in the research.
Participants who do not use social networking sites.
Participants whose first language is not English.

NHS REC Form   Reference: ████████   IRAS Version 3.5

RESEARCH PROCEDURES, RISKS AND BENEFITS

A18. Give details of all non-clinical intervention(s) or procedure(s) that will be received by participants as part of the research protocol. *These include seeking consent, interviews, non-clinical observations and use of questionnaires.*

Please complete the columns for each intervention/procedure as follows:

1. Total number of interventions/procedures to be received by each participant as part of the research protocol.

2. If this intervention/procedure would be routinely given to participants as part of their care outside the research, how many of the total would be routine?

3. Average time taken per intervention/procedure (minutes, hours or days)

4. Details of who will conduct the intervention/procedure, and where it will take place.

Intervention or procedure	1	2	3	4
Telephone call/contact prior to interview	1	0	10 minutes	Contact between chief investigator and participant.
Semi-structured interview	1	0	90 minutes maximum	Interviewed by chief investigator.

A21. How long do you expect each participant to be in the study in total?

Participants will be involved from the point of first contact (earliest August 2013) until either their interview (maximum three months after first contact) or, if they wish to receive a feedback report, until the report is sent to them at the end of the study (Summer 2014). Maximum total time spent in the study will be 11 months.

A22. What are the potential risks and burdens for research participants and how will you minimise them?

For all studies, describe any potential adverse effects, pain, discomfort, distress, intrusion, inconvenience or changes to lifestyle. Only describe risks or burdens that could occur as a result of participation in the research. Say what steps would be taken to minimise risks and burdens as far as possible.

None other than those identified in A23.

A23. Will interviews/ questionnaires or group discussions include topics that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could occur during the study?

⦿ Yes   ○ No

If Yes, please give details of procedures in place to deal with these issues:

Discussing online experiences might include emotive topics, such as negative online experiences, or aspects relating to psychological distress or wellbeing. As a result, it is possible that some participants may feel distressed during or after the interview. A debrief sheet will be developed to distribute to the participants and some time for debriefing offered following the interview. An agreement with the young person will be made before the interview of who can be contacted if they require further support, such as their mental health worker (if applicable) or their parents. When consenting to take part in the study, the participants will be informed that they have the right to withdraw from the study at any time, including the withdrawal of their data up to two weeks after the interview. It is possible that information will be given that indicates risk to the client or to the participant. In the information provided to the participant prior to consenting to participation, the boundaries of confidentiality and situations in which confidentiality will be breached will be made explicit. If risk is identified, the researcher will conduct a risk assessment, seek advice from the field supervisor and take the appropriate action in accordance with local policy. This might involve contacting the young person's parents, their mental health clinician or another contact identified prior to the interview. In the case of participants recruited from an online sample, participants will be asked for a contact name prior to participating, as a person to contact if they need further support.

A24. What is the potential for benefit to research participants?

There are no direct benefits to participating in the study.

A26. What are the potential risks for the researchers themselves? *(if any)*

The only foreseeable risk is the researcher attending interviews at the participants' homes. The lone worker policy for ████████████████████ (the chief investigator's employer) will be followed, and the recommended buddy system will be utilised as follows:

1) The chief investigator will inform a 'buddy' of the time and date of the interview. The buddy will be a trainee clinical psychologist who is external to the service and study. An email will also be sent to the buddy containing the chief investigator's contact telephone number, and the time by which the buddy will be contacted when the interview is due to finish. Attached to the email, in a password protected file, will be the name, address and telephone number of the participant whom the researcher is meeting for interview. This file will not be opened unless required. This document will be destroyed after the interview, if not used. The other members of the research team will also be informed of the interview date and time.

2) After leaving the interview location, the chief investigator will call the allocated buddy, within the agreed timescale. Should the interview procedure take longer (e.g. due to unforeseen breaks), the buddy will be contacted and an extended time agreed. Any concerns by the chief investigator will be communicated in a phone call to the buddy using a prearranged code word.

3) Should the chief investigator not make contact or if any concerns are raised (e.g. using the agreed code word), the buddy will contact the police with the relevant contact address. The other members of the research team will also be contacted.

It should be noted that the chief investigator has experience of home visits and adhering to relevant NHS lone worker policies.

RECRUITMENT AND INFORMED CONSENT

In this section we ask you to describe the recruitment procedures for the study. Please give separate details for different study groups where appropriate.

A27-1. How will potential participants, records or samples be identified? Who will carry this out and what resources will be used? *For example, identification may involve a disease register, computerised search of GP records, or review of medical records. Indicate whether this will be done by the direct healthcare team or by researchers acting under arrangements with the responsible care organisation(s).*

In the recruitment of participants from mental health services, administrative staff within each team will identify clients who are accessing or have accessed services in the past year within the specified age range (13-18 years). These clients will be recruited using either one, or a combination of the recruitment procedures below, depending on the specific agreement with the service in question:

1. Recruitment via clinicians: Psychologists and other staff working within the service will provide information to each eligible client that they see about the study (i.e. provide the young people with a recruitment pack).
2. Posters will be displayed in the waiting area of the services from which participants are recruited to advertise the study.
3. Administrative staff will identify eligible young people via electronic record systems and will send out recruitment packs supplied by the chief investigator.

If an online sample is recruited, advertisements for the study will be displayed on mental-health related groups on social networking sites (see Appendix 6 of research protocol). Two organisations have been contacted: 'YoungMinds' and 'Time to Change', charities committed to improving the mental health and wellbeing of young people and reducing stigma about mental health. Permission has been given by these groups to advertise the study via their social media sites, subject to the study being granted NHS ethical approval.

A27-2. Will the identification of potential participants involve reviewing or screening the identifiable personal information of patients, service users or any other person?

○ Yes   ◉ No

Please give details below:
The chief investigator will have no access to the personal information of young people recruited through mental health services, until a young person opts in which will necessarily involve sharing their personal information with the chief

investigator.   An administrator or clinician in each service will identify those young people eligible for the study and will contact them on behalf of the chief investigator, making clear to the young people that the chief investigator has had no access to their personal information.
In the case of an online sample, the chief investigator will place a general advertisement and so will have no prior knowledge of those that might participate in the study, and so no access to personal information.

A28. Will any participants be recruited by publicity through posters, leaflets, adverts or websites?

◉ Yes   ○ No

If Yes, please give details of how and where publicity will be conducted, and enclose copy of all advertising material (with version numbers and dates).

The study will be advertised by poster in the relevant mental health services (see documents section).   The posters will be displayed in the waiting rooms of the relevant services, providing the contact details of the chief investigator for the young people to contact.
If an online sample is also used, advertisements will be displayed on the social networking pages of two mental-health charities ('Time to Change' and 'Youngminds').

A29. How and by whom will potential participants first be approached?

Potential participants will first be approached by a clinician or administrator at the mental health service that they are accessing.   This might be through postal recruitment (i.e. information pack sent to their house) or information provided by the clinician that the young person is seeing.   Potential participants will be informed that the decision to take part is entirely their choice and that participation or non-participation will have no effect on the care that they receive.
In the case of an online sample, potential participants will become aware of the study through advertisements on websites or groups on social networking sites.   Irrespective of recruitment procedure, the chief investigator will have no access to young people's personal information until they have opted in to the study.

A30-1. Will you obtain informed consent from or on behalf of research participants?

◉ Yes   ○ No

If you will be obtaining consent from adult participants, please give details of who will take consent and how it will be done, with details of any steps to provide information (a written information sheet, videos, or interactive material). Arrangements for adults unable to consent for themselves should be described separately in Part B Section 6, and for children in Part B Section 7.

If you plan to seek informed consent from vulnerable groups, say how you will ensure that consent is voluntary and fully informed.

For young people aged 16-18, consent will be gained from the participant themselves.   Information about the study will first be provided in the initial recruitment pack (information sheet).   Following this, if the young person opts in, the chief investigator will meet with them prior to the interview to explain the research procedure, the option of withdrawing from the study at any time, confidentiality and inform the participants what will happen with their data.
For children younger than 16, assent will be sought from the young person, and consent from their parent(s) or guardian(s).   Consequently, in opting in to the study, the young people will be asked to provide contact details for their parent(s) or guardian(s) (e.g. see reply slip on information sheet).

If you are not obtaining consent, please explain why not.

Please enclose a copy of the information sheet(s) and consent form(s).

A30-2. Will you record informed consent (or advice from consultees) in writing?

◉ Yes   ○ No

A31. How long will you allow potential participants to decide whether or not to take part?

After a potential participant has opted in, the chief investigator will contact them to discuss the study and allow the participant to ask any questions.   Following this, the chief investigator will arrange an interview date with the participant.   This will be no sooner than 48 hours after the initial phone call (or other contact), allowing the participants

time to consider whether to take part.   Potential participants will be provided with the chief investigator's research telephone number to allow them the opportunity to cancel the interview if they decide not to take part.

A33-1. What arrangements have been made for persons who might not adequately understand verbal explanations or written information given in English, or who have special communication needs? *(e.g. translation, use of interpreters)*

For the scope of this research project and resources that would be required to conduct a qualitative interview with a participant who could not understand English (e.g. interpreters), only participants whose first language is English will be eligible to participate.

A35. What steps would you take if a participant, who has given informed consent, loses capacity to consent during the study? *Tick one option only.*

⦿ The participant and all identifiable data or tissue collected would be withdrawn from the study. Data or tissue which is not identifiable to the research team may be retained.

◯ The participant would be withdrawn from the study. Identifiable data or tissue already collected with consent would be retained and used in the study. No further data or tissue would be collected or any other research procedures carried out on or in relation to the participant.

◯ The participant would continue to be included in the study.

◯ Not applicable – informed consent will not be sought from any participants in this research.

◯ Not applicable – it is not practicable for the research team to monitor capacity and continued capacity will be assumed.

Further details:

CONFIDENTIALITY

In this section, personal data means any data relating to a participant who could potentially be identified. It includes pseudonymised data capable of being linked to a participant through a unique code number.

Storage and use of personal data during the study

A36. Will you be undertaking any of the following activities at any stage (including in the identification of potential participants)? *(Tick as appropriate)*

☐ Access to medical records by those outside the direct healthcare team

☐ Electronic transfer by magnetic or optical media, email or computer networks

☐ Sharing of personal data with other organisations

☐ Export of personal data outside the EEA

☑ Use of personal addresses, postcodes, faxes, emails or telephone numbers

☑ Publication of direct quotations from respondents

☐ Publication of data that might allow identification of individuals

☑ Use of audio/visual recording devices

☑ Storage of personal data on any of the following:

    ☑ Manual files including X-rays

    ☐ NHS computers

    ☐ Home or other personal computers

    ☐ University computers

    ☐ Private company computers

    ☐ Laptop computers

Further details:
Personal addresses, emails and telephone numbers are likely to be used after a participant has opted-in to the study. Prior to opting-in to the study, such details will only be accessed by staff within the direct healthcare team and not by the chief investigator.
Direct quotations from the participants will be used in the write up and publication of the study, but the chief investigator will seek to remove any identifying information from these quotes.
Audio recording devices will be used to record each interview. The audio-recordings will be transferred from the audio-recorder to an encrypted laptop as soon as possible after the recording has taken place. The data (audio recording) will then be deleted from the portable audio-recording device. Prior to transfer to the encrypted laptop, the audio-recorder will be stored in a locked box at the chief investigator's home.
The audio-recordings will be transcribed. The transcriptions will be anonymised and stored securely in a locked filing cabinet in a locked room in the university building for 10 years after the study has finished.
Personal data required for the consent form and opt-in form, if completed, will be kept in a locked filing cabinet at the university site.

A38. How will you ensure the confidentiality of personal data? *Please provide a general statement of the policy and procedures for ensuring confidentiality, e.g. anonymisation or pseudonymisation of data.*

All transcripts will be anonymised. Any quotations used in the write up of the study will be anonymised and all identifying information will be removed. Transcripts will be stored securely in a locked filing cabinet in the university building.
As detailed above, audio-recordings will be transferred to an encrypted laptop as soon as possible after the recording has taken place, prior to which the audio-recorder will be stored securely. The audio-recordings will be deleted from the portable device after they are transferred to the encrypted laptop. The audio-recordings will be destroyed when the study is complete.

A40. Who will have access to participants' personal data during the study? *Where access is by individuals outside the direct care team, please justify and say whether consent will be sought.*

The chief investigator will have access to participants' personal data, once the participant has chosen to opt-in to the study. The initial recruitment phase will be carried out by members of the services' rehabilitation team and no researchers will have access to personal information at this stage.
The academic supervisor who does not work within either of the recruitment trusts will have access to anonymised transcripts for the purposes of data analysis. The academic supervisor will also listen to at least one audio-recording to assist in the supervision of the project and the process of analysis. No personal information will be given to the academic supervisor.

Storage and use of data after the end of the study

A43. How long will personal data be stored or accessed after the study has ended?

○ Less than 3 months

○ 3 – 6 months

○ 6 – 12 months

○ 12 months – 3 years

◉ Over 3 years

If longer than 12 months, please justify:
Anonymised transcripts will be kept for 10 years following the end of the project, in accordance with university policy. Audio recordings will be deleted following examination of the project by the chief investigator's university.

INCENTIVES AND PAYMENTS

A46. Will research participants receive any payments, reimbursement of expenses or any other benefits or incentives for taking part in this research?

◉ Yes   ○ No

If Yes, please give details. For monetary payments, indicate how much and on what basis this has been determined.
Up to £10 per interview will be offered to participants to reimburse travel expenses if they attend an interview away from their home.   If participants wish to receive reimbursement, they will be given a travel expenses form provided by Lancaster University.

A47. Will individual researchers receive any personal payment over and above normal salary, or any other benefits or incentives, for taking part in this research?

◉ Yes   ○ No

If Yes, please indicate how much and on what basis this has been decided:
The research will benefit the chief investigator by contributing to the completion of their doctorate in clinical psychology.

A48. Does the Chief Investigator or any other investigator/collaborator have any direct personal involvement (e.g. financial, share holding, personal relationship etc.) in the organisations sponsoring or funding the research that may give rise to a possible conflict of interest?

○ Yes   ◉ No

NOTIFICATION OF OTHER PROFESSIONALS

A49-1. Will you inform the participants' General Practitioners (and/or any other health or care professional responsible for their care) that they are taking part in the study?

○ Yes   ◉ No

If Yes, please enclose a copy of the information sheet/letter for the GP/health professional with a version number and date.

PUBLICATION AND DISSEMINATION

A50. Will the research be registered on a public database?

○ Yes   ◉ No

Please give details, or justify if not registering the research.
No appropriate database has been identified.

Registration of research studies is encouraged wherever possible.
You may be able to register your study through your NHS organisation or a register run by a medical research charity, or publish your protocol through an open access publisher. If you are aware of a suitable register or other method of publication, please give details. If not, you may indicate that no suitable register exists. Please ensure that you have entered registry reference number(s) in question A5-1.

A51. How do you intend to report and disseminate the results of the study? *Tick as appropriate:*

☑ Peer reviewed scientific journals
☑ Internal report
☑ Conference presentation
☐ Publication on website
☑ Other publication
☐ Submission to regulatory authorities
☐ Access to raw data and right to publish freely by all investigators in study or by Independent Steering Committee

on behalf of all investigators

☐ No plans to report or disseminate the results

☐ Other (please specify)

A53. Will you inform participants of the results?

◉ Yes   ○ No

Please give details of how you will inform participants or justify if not doing so.
Participants will be informed in the initial information letter and by the researcher that they can request a brief summary report of the results if they wish.   Participants will be asked to provide their postal or email address at the interview if they wish to receive a summary report.

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5. Scientific and Statistical Review

A54. How has the scientific quality of the research been assessed? *Tick as appropriate:*

☐ Independent external review

☐ Review within a company

☐ Review within a multi-centre research group

☑ Review within the Chief Investigator's institution or host organisation

☑ Review within the research team

☑ Review by educational supervisor

☐ Other

Justify and describe the review process and outcome. If the review has been undertaken but not seen by the researcher, give details of the body which has undertaken the review:
The initial research proposal was presented to a group of research staff at Lancaster University (including the research director), other trainees on the Doctorate of Clinical Psychology and a service-user from local service-user group ▬▬▬▬▬▬▬▬▬▬▬ Feedback was given about the quality of the project and amendments made where necessary.
At each stage of the development of the study, the chief investigator sought advice and guidance from research tutors and lecturers at the university, including the other members of the research team.
Service-user input was sought from local service-users regarding the relevance and appropriateness of research documentation such as the interview schedule and letters to be sent to participants and service-users.
All research documents were based upon university recommended guidelines and templates and developed alongside the field and university supervisors (the other 2 members of the research team).
The logistics of the project design and methodology were informed by correspondence with staff in the service and the trust in question.
The chief investigator attended teaching regarding ethical issues in research, and used confidentiality and ethical guidelines to inform the design of the study.

For all studies except non-doctoral student research, please enclose a copy of any available scientific critique reports, together with any related correspondence.

For non-doctoral student research, please enclose a copy of the assessment from your educational supervisor/ institution.

A59. What is the sample size for the research? *How many participants/samples/data records do you plan to study in total? If there is more than one group, please give further details below.*

Total UK sample size: 12

Total international sample size (including UK):

Total in European Economic Area:

Further details:
In 'pure' grounded theory approaches, data collection would continue until no new codes are generated.   In real-life applications, such as this doctoral research, such an endpoint might be unachievable, and a criteria of sufficiency

rather than saturation might be more appropriate (Dey, 1999). Although it is difficult to predict an exact sample size, it is estimated that 12-15 participants will be recruited.

A60. How was the sample size decided upon? *If a formal sample size calculation was used, indicate how this was done, giving sufficient information to justify and reproduce the calculation.*

In grounded theory, sample size is typically dictated by the emerging theory and process of purposive sampling, until 'theoretical saturation' occurs. Glaser and Strauss (1967) describe this as the point at which 'no additional data is being found' and when the researcher begins to see 'similar instances over and over again...becomes empirically confident that a category is saturated' (p.61). As Guest, Bunce, and Johnson, (2006) highlight, this definition can be problematic in estimating sample size in the stages of research design. In an attempt to operationalise saturation, they found that thematic saturation often occurred within the first 12 interviews, often after 6. In 'pure' grounded theory approaches, data collection would continue until no new codes are generated. In real-life applications, such as this doctoral research, such an endpoint might be unachievable, and a criteria of sufficiency rather than saturation might be more appropriate (Dey, 1999).

A62. Please describe the methods of analysis (statistical or other appropriate methods, e.g. for qualitative research) by which the data will be evaluated to meet the study objectives.

Grounded theory will be used to analyse the qualitative data, using an inductive approach to create theoretical categories that are directly 'grounded' in the data. Grounded theory begins with a general topic from which a theoretical analysis is built based upon what is discovered in the research. The first stage of the analysis will be transcribing the audio-recordings of the interviews. Data analysis will take place alongside data collection, with the ongoing analysis informing the data collection e.g. the target sample of participants being recruited and the focus of interviews, in accordance with the emerging theory. The analysis process will consist of first reading and re-reading each transcript and developing 'initial codes', which will reflect what occurs in the data. Such codes will be incorporated or organised with the codes identified in previous interviews, to produce more focused codes, at a more abstract level than the initial codes. This process of focusing codes and collating new codes with previous codes will result in the development of central conceptual and theoretical processes developing within the data. To make explicit the researcher's ideas and assumptions throughout the process of data collection and analysis, a reflective journal and memos will be use throughout.

6. MANAGEMENT OF THE RESEARCH

A63. Other key investigators/collaborators. *Please include all grant co-applicants, protocol co-authors and other key members of the Chief Investigator's team, including non-doctoral student researchers.*

	Title Forename/Initials Surname
	Dr Ian Smith
Post	Lecturer in Research Methods & Senior Clinical Tutor
Qualifications	
Employer	Lancashire Care NHS Foundation Trust
Work Address	Doctorate in Clinical Psychology, Furness College
	Lancaster University
	Lancaster
Post Code	LA1 4YG
Telephone	01524592282
Fax	
Mobile	
Work Email	i.smith@lancaster.ac.uk

Title Forename/Initials Surname

Post ████████████████████████

Qualifications
Employer
Work Address

Post Code
Telephone
Fax
Mobile
Work Email

A64. Details of research sponsor(s)

A64-1. Sponsor

Lead Sponsor

Status:
- ○ NHS or HSC care organisation
- ◉ Academic
- ○ Pharmaceutical industry
- ○ Medical device industry
- ○ Local Authority
- ○ Other social care provider (including voluntary sector or private organisation)
- ○ Other

Commercial status: Non-Commercial

If Other, please specify:

Contact person

Name of organisation	
Given name	
Family name	
Address	
Town/city	
Post code	
Country	
Telephone	
Fax	
E-mail	ethics@lancaster.ac.uk

Is the sponsor based outside the UK?
○ Yes ○ No

Under the Research Governance Framework for Health and Social Care, a sponsor outside the UK must appoint a legal representative established in the UK. Please consult the guidance notes.

A65. Has external funding for the research been secured?

☐ Funding secured from one or more funders
☐ External funding application to one or more funders in progress
☑ No application for external funding will be made

What type of research project is this?

◉ Standalone project
◯ Project that is part of a programme grant
◯ Project that is part of a Centre grant
◯ Project that is part of a fellowship/ personal award/ research training award
◯ Other

Other – please state:

A67. Has this or a similar application been previously rejected by a Research Ethics Committee in the UK or another country?

◯ Yes   ◉ No

Please provide a copy of the unfavourable opinion letter(s). You should explain in your answer to question A6-2 how the reasons for the unfavourable opinion have been addressed in this application.

A68-1. Give details of the lead NHS R&D contact for this research:

Title Forename/Initials Surname

Organisation
Address

Post Code
Work Email
Telephone
Fax
Mobile

Details can be obtained from the NHS R&D Forum website: http://www.rdforum.nhs.uk

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A69-1. How long do you expect the study to last in the UK?

Planned start date: 01/08/2013
Planned end date: 30/05/2014
Total duration:
Years: 0 Months: 9 Days: 30

A71-2. Where will the research take place? *(Tick as appropriate)*

☑ England
☐ Scotland

☐ Wales
☐ Northern Ireland
☐ Other countries in European Economic Area

Total UK sites in study 2

Does this trial involve countries outside the EU?
○ Yes   ◉ No

A72. **What host organisations (NHS or other) in the UK will be responsible for the research sites?** *Please indicate the type of organisation by ticking the box and give approximate numbers of planned research sites:*

☑ NHS organisations in England   2
☐ NHS organisations in Wales
☐ NHS organisations in Scotland
☐ HSC organisations in Northern Ireland
☐ GP practices in England
☐ GP practices in Wales
☐ GP practices in Scotland
☐ GP practices in Northern Ireland
☐ Social care organisations
☐ Phase 1 trial units
☐ Prison establishments
☐ Probation areas
☑ Independent hospitals   1
☐ Educational establishments
☐ Independent research units
☐ Other (give details)

Total UK sites in study: 3

A76. Insurance/ indemnity to meet potential legal liabilities

Note: in this question to NHS indemnity schemes include equivalent schemes provided by Health and Social Care (HSC) in Northern Ireland

A76-1. **What arrangements will be made for insurance and/or indemnity to meet the potential legal liability of the sponsor(s) for harm to participants arising from the <u>management</u> of the research?** *Please tick box(es) as applicable.*

Note: Where a NHS organisation has agreed to act as sponsor or co-sponsor, indemnity is provided through NHS schemes. Indicate if this applies (there is no need to provide documentary evidence). For all other sponsors, please describe the arrangements and provide evidence.

☐ NHS indemnity scheme will apply (NHS sponsors only)
☑ Other insurance or indemnity arrangements will apply (give details below)

Lancaster University legal liability cover will apply.

Please enclose a copy of relevant documents.

A76-2. **What arrangements will be made for insurance and/ or indemnity to meet the potential legal liability of the sponsor(s) or employer(s) for harm to participants arising from the <u>design</u> of the research?** *Please tick box(es) as*

applicable.

Note: Where researchers with substantive NHS employment contracts have designed the research, indemnity is provided through NHS schemes. Indicate if this applies (there is no need to provide documentary evidence). For other protocol authors (e.g. company employees, university members), please describe the arrangements and provide evidence.

☐ NHS indemnity scheme will apply (protocol authors with NHS contracts only)

☑ Other insurance or indemnity arrangements will apply (give details below)

Lancaster University legal liability cover will apply.

Please enclose a copy of relevant documents.

A76-3. What arrangements will be made for insurance and/ or indemnity to meet the potential legal liability of investigators/collaborators arising from harm to participants in the conduct of the research?

Note: Where the participants are NHS patients, indemnity is provided through the NHS schemes or through professional indemnity. Indicate if this applies to the whole study (there is no need to provide documentary evidence). Where non-NHS sites are to be included in the research, including private practices, please describe the arrangements which will be made at these sites and provide evidence.

☑ NHS indemnity scheme or professional indemnity will apply (participants recruited at NHS sites only)

☐ Research includes non-NHS sites (give details of insurance/ indemnity arrangements for these sites below)

Please enclose a copy of relevant documents.

PART B: Section 7 - Children

1. Please specify the potential age range of children under 16 who will be included and give reasons for carrying out the research in this age group.

Children aged 13-18 will be included in this study, to gain a sample that allows for exploration of young people's online experiences and the influence of such experiences on wellbeing.
A lower age limit of 13 has been selected as the lowest legal age for registration with popular social networking sites (e.g. Facebook).

2. Indicate whether any children under 16 will be recruited as controls and give further details.

No controls - qualitative research.

3-2. Please describe the arrangements for seeking informed consent from a person with parental responsibility and/or from children able to give consent for themselves.

When the initial contact is made with young people who have opted in to the study, they will be asked for the contact number and telephone number of a parent or guardian who can provide consent for their participation in the study.
The named parent/guardian(s) will then be contacted to gain consent for their child's participation in the study.

4. If you intend to provide children under 16 with information about the research and seek their consent or agreement, please outline how this process will vary according to their age and level of understanding.

The information sheet sent to young people has been subject to consultation with young people in service-user groups in the relevant trusts, who have confirmed the documents' suitability and sensitivity to this age group.
For those young people under 16, consent will also be gained from their parent(s)/guardian(s) prior to them being allowed to participate in the study.   A written consent form will completed with the young people to record their consent/assent into participating in the study.

Copies of written information sheet(s) for parents and children, consent/assent form(s) and any other explanatory material should be enclosed with the application.

PART C: Overview of research sites

Please enter details of the host organisations (Local Authority, NHS or other) in the UK that will be responsible for the research sites. *For NHS sites, the host organisation is the Trust or Health Board. Where the research site is a primary care site, e.g. GP practice, please insert the host organisation (PCT or Health Board) in the Institution row and insert the research site (e.g. GP practice) in the Department row.*

Research site	Investigator/ Collaborator/ Contact
Institution name Department name Street address Town/city Post Code	
Institution name Department name Street address Town/city Post Code	
Institution name Department name Street address Town/city Post Code	

PART D: Declarations

D1. Declaration by Chief Investigator

1. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.

2. I undertake to abide by the ethical principles underlying the Declaration of Helsinki and good practice guidelines on the proper conduct of research.

3. If the research is approved I undertake to adhere to the study protocol, the terms of the full application as approved and any conditions set out by review bodies in giving approval.

4. I undertake to notify review bodies of substantial amendments to the protocol or the terms of the approved application, and to seek a favourable opinion from the main REC before implementing the amendment.

5. I undertake to submit annual progress reports setting out the progress of the research, as required by review bodies.

6. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of patient or other personal data, including the need to register when necessary with the appropriate Data Protection Officer. I understand that I am not permitted to disclose identifiable data to third parties unless the disclosure has the consent of the data subject or, in the case of patient data in England and Wales, the disclosure is covered by the terms of an approval under Section 251 of the NHS Act 2006.

7. I understand that research records/data may be subject to inspection by review bodies for audit purposes if required.

8. I understand that any personal data in this application will be held by review bodies and their operational managers and that this will be managed according to the principles established in the Data Protection Act 1998.

9. I understand that the information contained in this application, any supporting documentation and all correspondence with review bodies or their operational managers relating to the application:

   - Will be held by the REC (where applicable) until at least 3 years after the end of the study; and by NHS R&D offices (where the research requires NHS management permission) in accordance with the NHS Code of Practice on Records Management.
   - May be disclosed to the operational managers of review bodies, or the appointing authority for the REC (where applicable), in order to check that the application has been processed correctly or to investigate any complaint.
   - May be seen by auditors appointed to undertake accreditation of RECs (where applicable).
   - Will be subject to the provisions of the Freedom of Information Acts and may be disclosed in response to requests made under the Acts except where statutory exemptions apply.
   - May be sent by email to REC members.

10. I understand that information relating to this research, including the contact details on this application, may be held on national research information systems, and that this will be managed according to the principles established in the Data Protection Act 1998.

11. Where the research is reviewed by a REC within the UK Health Departments Research Ethics Service, I understand that the summary of this study will be published on the website of the National Research Ethics Service (NRES), together with the contact point for enquiries named below. Publication will take place no earlier than 3 months after issue of the ethics committee's final opinion or the withdrawal of the application.

Contact point for publication (Not applicable for R&D Form)

NRES would like to include a contact point with the published summary of the study for those wishing to seek further information. We would be grateful if you would indicate one of the contact points below.

☑ Chief Investigator

☐ Sponsor

Date 22/08/2013   25   ▮▮▮▮▮▮▮▮

NHS REC Form   Reference: ███████   IRAS Version 3.5

○ Study co-ordinator
○ Student
○ Other – please give details
○ None

Access to application for training purposes *(Not applicable for R&D Forms)*
Optional – please tick as appropriate:

☐ I would be content for members of other RECs to have access to the information in the application in confidence for training purposes. All personal identifiers and references to sponsors, funders and research units would be removed.

Signature:

Print Name: AMY SINGLETON

Date: 15/08/13   *(dd/mm/yyyy)*

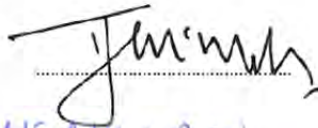NHS REC Form   Reference: IRAS Version 3.5

D2. Declaration by the sponsor's representative

If there is more than one sponsor, this declaration should be signed on behalf of the co-sponsors by a representative of the lead sponsor named at A64-1.

I confirm that:

1. This research proposal has been discussed with the Chief Investigator and agreement in principle to sponsor the research is in place.

2. An appropriate process of scientific critique has demonstrated that this research proposal is worthwhile and of high scientific quality.

3. Any necessary indemnity or insurance arrangements, as described in question A76, will be in place before this research starts. Insurance or indemnity policies will be renewed for the duration of the study where necessary.

4. Arrangements will be in place before the study starts for the research team to access resources and support to deliver the research as proposed.

5. Arrangements to allocate responsibilities for the management, monitoring and reporting of the research will be in place before the research starts.

6. The duties of sponsors set out in the Research Governance Framework for Health and Social Care will be undertaken in relation to this research.

7. Where the research is reviewed by a REC within the UK Health Departments Research Ethics Service, I understand that the summary of this study will be published on the website of the National Research Ethics Service (NRES), together with the contact point for enquiries named in this application. Publication will take place no earlier than 3 months after issue of the ethics committee's final opinion or the withdrawal of the application.

Signature: ....

Print Name: T MCMILLAN

Post: PRO VC RESEARCH

Organisation: LANCASTER UNIVERSITY

Date: 15 8 13   (dd/mm/yyyy)

NHS REC Form   Reference: IRAS Version 3.5

D3. Declaration for student projects by academic supervisor(s)

1. I have read and approved both the research proposal and this application. I am satisfied that the scientific content of the research is satisfactory for an educational qualification at this level.

2. I undertake to fulfil the responsibilities of the supervisor for this study as set out in the Research Governance Framework for Health and Social Care.

3. I take responsibility for ensuring that this study is conducted in accordance with the ethical principles underlying the Declaration of Helsinki and good practice guidelines on the proper conduct of research, in conjunction with clinical supervisors as appropriate.

4. I take responsibility for ensuring that the applicant is up to date and complies with the requirements of the law and relevant guidelines relating to security and confidentiality of patient and other personal data, in conjunction with clinical supervisors as appropriate.

Academic supervisor 1

Signature:

Print Name: I C SMITH

Post: LECTURER IN RESEARCH METHODS.

Organisation: LANCASTER UNIVERSITY.

Date 15/08/13 (dd/mm/yyyy)

Appendix 4 – A: Research Protocol

How do Online Social Networking Experiences Interact with Wellbeing for Young People who Experience Mental Health Difficulties?

Chief Investigator:

Amy Singleton, Trainee Clinical Psychologist, Lancaster University, Doctoral Programme in Clinical Psychology

Supervisor(s):

Academic Supervisor: Dr Ian Smith, Lecturer in Research Methods & Senior Clinical Tutor, Clinical Psychology, Division of Health Research, Lancaster University

Field Supervisor: ████████████████████████████████████
████████████████████████████

Introduction:

The development and maintenance of social relationships is a central part of human development. From birth, babies engage in social activities, such as the imitation of facial expressions and social smiling (Meggit, 2007). Such social activities in the child's first months of life form part of the process of their developing 'attachment' with their caregiver. Bowlby's (1969) model of attachment proposed that the quality of such early attachment relationships dictates the child's sense of security and subsequent ability to explore the world and impacts relationships and personality characteristics throughout their life (Jenkins-Guarnieri, Wright, & Johnson, 2013). From these attachment experiences, the child builds an 'internal model' for their self in relationships, which acts as a template or guide for future relationships throughout adolescence and as adults (Zimmermann, 2004).

As children get older, their social world becomes increasingly comprised of 'peers', those of a similar age and status. By middle childhood, it is estimated that 40% of young people's time is spent with peers, with increasingly less time spent interacting with family and parents (Zarbatany, Hartmann, & Rankin, 1990). Such peer relationships facilitate the development of rule-based social understandings, moral reasoning, empathic understanding, understanding of social conventions, and through sharing activities and personal knowledge with others, the development of mutual understanding and trust (Cole & Cole, 2001). In adolescence, time spent with peers continues to increase, and cross-sex interactions increase markedly (Cole & Cole, 2001). Developmental theorists highlight the adolescent period is of particular importance in the young person's developing identity. Through social relationships, adolescents learn to adjust their self-presentation based upon the reactions of others, which begins a process of rehearsing and integrating those elements of the self that will ultimately form their social identity (Schlenker, 1986; cited in Valkenburg & Peter, 2011). Revealing the more intimate aspects of their self (self–disclosure) helps young people to validate the appropriateness of their behaviour, emotions and cognitions and develop close relationships through the 'norm of reciprocity': the obligation that people experience to return the services

they receive from others, whether that service is money, a favour or a self-disclosure (Rotenberg & Mann, 1986). The aspects of self most positively responded to will eventually become integrated into the young person's developing sense of identity (Steinberg, 2008).

The centrality of social relationships in young people's development and sense of identity makes their positive or negative experiences in their social world an important factor in their mental health and wellbeing. As is consistently identified in psychological formulations of mental health difficulties, social relationships can act as a protective factor against mental health difficulties in a range of ways, including the provision of emotional support (Chu, Saucier, & Hafner, 2010), and creating a sense of belonging and wellbeing (Morrow, cited in Goswami, 2011). In contrast, the impact of negative relationships is well documented. In one study of 4673 secondary school age children in England, relationships with family, positive relationships with peers and the experience of being bullied were found to have respectively the first, second and third highest effect on children's subjective wellbeing (Goswami, 2011). Abusive or rejecting relationships can influence the young person's beliefs about themselves as lovable or worthwhile people and can violate the norms of trust, respect and reciprocity that are expected in social relationships (Rook, 1989). Social isolation can reduce the child's opportunities to experience the benefits of social acceptance and inclusion, and has been found to be associated with depressive symptoms (Witvliet, Brendgen, Van Lier, Koot, & Vitaro, 2010). Any such negative relational experiences can impact how the child or young person relates to others in the future (Ryle & Kerr, 2002).

The internet is becoming increasingly common-place in the lives of young people, with a recent study finding that 9-16 year olds spend an average of 88 minutes per day online, and 15-16 year olds an average of 118 minutes (Livingstone, Haddon, Görzig, & Olafsson, 2011). Much of this time is spent using 'social networking sites', such as Facebook, Myspace and Twitter, on which 77% per cent of 13-16 year olds have a profile (Staksrud, Ólafsson, & Livingstone, 2013). Such sites have become a central means through which to socialise, providing a forum for young people to share themselves with a vast audience of both known, and unknown, others (Subrahmanyam & Greenfield, 2008).

Social networking sites offer a new and different form of communication than traditional face-to-face interactions, due to the specific characteristics of the internet, as identified by Valkenburg and Peter (2011). Firstly, online communication does not allow for the user to receive the immediate audiovisual cues from others that usually provides feedback about how communication is received, thus providing the user with a sense of 'anonymity'. Secondly, online communication, particularly on social networking sites, allows the user a high level of editing in their interactions and more careful and explicit consideration of the information shared with others, described as 'asynchronization'. Thirdly, online networking allows for massively increased 'accessibility' to user's information: the possibility to interact with a far greater number of people than would be encountered face-to-face. These three features, have been thought to explain the 'Online Disinhibition Effect': the finding that people typically disclose more personal information and seek more private information from others online than they would do in person (Suler, 2004).

Such disclosures of personal information and exploring others' private lives, is the foundation of social networking sites.   However, research suggests that the use of social networking sites by young people might be associated with a range of positive and negative outcomes. For example, Gonzales and Hancock (2011) found that the positive, or negative, comments and feedback from others online can have a correspondingly positive or negative impact on the user's self-esteem.   Furthermore, use of social networking has also been considered to encourage people to avoid dealing with problems in the real world (Kim, LaRose, & Peng, 2009) and can result in a lack of 'quality connections' in real life, factors thought to be linked to symptoms of depression and an increased risk of social isolation (O'Keeffe & Clarke-Pearson, 2011).

This conflict between the 'real world' and the user's 'online world' presents challenges and conflict in user's interpersonal relationships. For example, young people's use of social networking sites has been found to interfere with typical family activities and communication, and greater usage is associated with increased parent-child conflict (Subrahmanyam & Greenfield, 2008). Furthermore, the increased access to others' personal information has been associated with interpersonal difficulties in romantic relationships, through 'surveillance behaviour', the monitoring of a romantic partner's online activities and relationships (Muise, Christofides, & Desmarais, 2009).   Most concerning, however, might be the risks associated with young people's online relationships. As a result of the anonymity of the internet coupled with a lack of parental involvement, young people's internet use has been associated with an array of risks, such as online grooming, exposure to sexual images or content, and the pervasive and significant prevalence of cyber-bullying (Staksrud et al., 2013). Such risks highlight the importance of understanding more about young people's use of the internet. Until recently, research exploring young people specifically has been relatively rare. As the legal ages for social networking sites has extended to include young people, rather than an exclusively college or university populations, the need for increased awareness of the risks and potential uses of social networking sites by adolescents is paramount.

Despite the numerous risks and possible negative outcomes of online social networking, the existing literature is by no means exclusively negative. In contrast, one recent review of the literature concluded that use of social networking sites can impact positively on "adolescents' psychosocial development, including enhanced peer relationships, broadened opportunities to affiliate, including with groups that are less accessible within traditional social contexts, and increased occasions for self-disclosure", all of which have been considered to enhance wellbeing (Spies Shapiro & Margolin, 2013, p. 15). Equally, considering the positive or protective factors that social networking sites offer, might be a valuable tool for understanding how services can best support young people.

In addition to understanding the impact of social networking sites, considering how young people use the sites is of further importance. The 'online disinhibition effect' would suggest that young people are more likely to disclosure personal information and their emotional experiences online (Suler, 2004). If, as developmental theorists suggest, young people are more likely to integrate aspects of themselves into their identity that are positively responded

to by others, their online disclosures might be a key factor in their developing identities. For example, in a study of a non-clinical student population, Moreno et al., (2011) found that 25% of young people displayed Facebook status' over the course of one year that met DSM criteria for a depression symptom or a major depressive episode. Those who received reinforcement through the supportive responses of friends were more likely to continue to discuss their depressive symptoms publicly on Facebook. According to the developmental theories outlined above, the self-disclosure of such difficulties and, crucially, others' responses to their behaviours, emotions and cognitions, will influence young people's future self-presentation or self-disclosure and the elements of the self that are integrated into their identity.

Although literature relating specifically to young people and adolescents use of social networking sites is increasing, Anderson et al., (2012) suggest that future psychology research needs to incorporate the experiences of 'clinical' populations, to consider the interaction between social networking and 'psychological conditions' (p. 32). Despite findings that suggest that young people might experience a range of negative and positive effects from social networking sites, few studies have sought to consider how the features or processes involved in social networking has such an impact. As discussed, developmental theories would suggest that others' responses to information shared on social networking might also be particularly important. For young people who are experiencing mental health difficulties, understanding the impact of social networking on self-esteem, depression, social isolation or the range of other possible effects, is important in better understanding and formulating those contextual, modern-day influences on wellbeing and mental health. Understanding the online experiences of a 'clinical population' of young people could further our understanding about how social networking and wellbeing interact, as a common and inescapable aspect of many young people's worlds.

Aims:

This study aims to explore the online experiences of a 'clinical population' of young people who experience psychological distress (identified through accessing mental health services or through self-report) and how these experiences interact with their wellbeing.   Amongst this more general aim, the study will seek to explore young people's online self-disclosure and self-presentation in relation to their emotional or psychological experiences, and how this is shaped in response to others' reactions to their self-disclosures and the messages about mental health available on the internet more generally.   A broad research question will be utilised in accordance with the grounded theory methodology, as follows: How do young people's online social networking experiences relate to their wellbeing?

Method

Participants

Participants will be recruited via various services, from Tier 3 Child and Adolescent Mental Health Services (CAMHS) in the first instance. The research approach taken within this study (a grounded theory methodology) necessitates a flexible recruitment strategy which

might broaden to include additional services, if necessary. The inclusion criteria are listed below:

- Young people who have accessed or are accessing child and adolescent mental health services (NHS or voluntary sector) or self-report experiencing mental health difficulties

- Young people aged between 13 and 18 (as 13 is the minimum age requirement for registration on social networking sites such as Facebook, Myspace)

- Young people who regularly use social networking sites (such as Facebook).

- Young people who have consented to taking part in the study, and for those under 16 have 'assented' to taking part in the study, with the agreement that their parent(s) or legal guardian can be contacted to gain their permission for their child to participate.

For the purposes of this study, recruitment might involve sampling from a variety of NHS or voluntary services, including:

- NHS Child and Adolescent Mental Health Services (Tier 3 and 4)

██████████████████

Design

The study will be qualitative in nature to elicit rich information about participants' individual experiences and the meanings they attribute to these experiences. Data will be gathered through the use of semi-structured interviews with young people. In grounded theory methodology, the interview is intended to "elicit views of the person's subjective world" (Charmaz, 2006, p.29) and is a flexible technique, allowing the researcher to adapt the interview questions and respond to emerging issues and ideas in an interview, to inform the emerging theory. Charmaz, (2006) recommends a more conversational tone to interviewing in grounded theory methodology, yet suggests that an interview guide can be helpful for researchers new to this approach. For this study, an interview guide will be used to provide minimal prompts for the participants, with an aim to be used flexibly and shaped as the project progresses to elicit rich descriptions of the participants' experiences, contributing towards emergent ideas and theory (see Appendix 1).

In qualitative studies using grounded theory methods, sample size is typically dictated by the emerging theory and process of purposive sampling, until enough data has been gathered to give as 'full a picture of the topic as possible within the parameters of [the] task' (Charmaz, 2006, p. 18). As Guest, Bunce, and Johnson, (2006) highlight, this definition can be problematic in estimating sample size in the stages of research design. In 'pure' grounded theory approaches, data collection would continue until no new codes are generated. In real-life applications, such as this doctoral research in which grounded theory methods will be used, such an endpoint would be likely to be unachievable. As Dey, (1999) suggests the use of the criteria of 'saturation' is highly subjective and might result in categories that are

considered to be 'saturated with data' yet are broad and poorly formed. For the scope and purposes of this study, Dey's suggested alternative of 'theoretical sufficiency' will be implemented, aiming to form categories that are *suggested* by the data (Dey, 1999). Between 12 and 15 young people will be recruited.

Procedure:

Participants will be recruited purposively via a range of services. Firstly, participants will be recruited via Tier 3 CAMHS services, and subsequent recruitment will take be directed by the analysis of the data previously collected and the emerging theory.

For the recruitment from NHS/voluntary sector services, administrative staff or clinicians within each team will identify clients who are accessing or have accessed services in the past year within the specified age range (13-18 years). These clients will be recruited using either one, or a combination of the recruitment procedures below, depending on the specific agreement with the service in question:

1. Recruitment via clinicians: Psychologists and other staff working within the service will provide information to each eligible client that they see about the study (i.e. provide the young people with a recruitment pack).

2. Posters will be displayed in the waiting area of the services from which participants are recruited to advertise the study (see Appendix 4).

3. Administrative staff will identify eligible young people via electronic record systems and will send out recruitment packs supplied by the chief investigator.

The researcher will have no access to patient details, unless a young person contacts them to opt-in to taking part in the study.

Each recruitment pack will include an information sheet with a reply-slip that can be posted to the chief investigator to opt-in to the study (see Appendix 2). This reply slip will ask for the young person's demographic information e.g. age, gender and information relating to their use of social networking to ensure eligibility for the study. The information sheet will also include alternative ways to contact the chief investigator, e.g. by telephone or by email. The young person will also be able to contact me via their clinician, should they choose to. The information sheet will make explicit the process for gaining assent for young people under 16 and permission from their parent(s) or guardian(s).

When a young person contacts the chief investigator to opt-in to the study, the researcher will offer the young person an opportunity to ask questions about the study and to discuss the need to gain permission from their parent/guardian. A date, time and location for the interview will then be agreed, and permission sought from the young person's parent/guardian prior to the interview.

The interview will be held at the service that the young person has accessed/is accessing, or at the participant's home or school if this is more convenient for the participant. At the

interview, participants will first be asked to sign a consent/assent form to participating in the study (see Appendix 3a/3b), detailing the boundaries of confidentiality and outlining what will happen to the data collected. When providing consent, participants will also be asked to agree to having their interview audio-recorded for the purposes of data analysis, and whether they wish to receive feedback from the study in the form of a brief report. The interviews will last for approximately one hour.

Analysis:

The data will be analysed using grounded theory methods, designed to develop a theoretical framework or understanding of the phenomenon of interest which is directly grounded in the data (Charmaz, 2006).   A grounded theory method often begins with the researcher exploring broad, general concepts of the area of interest, which will inevitably be shaped by the researcher's knowledge and beliefs prior to the study. For this study, the aforementioned interview guide is illustrative of such beliefs and expectations that have derived from my prior knowledge and reading into the subject in choosing and designing this study. Furthermore, holding a critical-realist epistemological position (e.g. Losch, 2009), my beliefs about truth in participants' experiences will impact the emerging ideas and impressions from the data that are followed and the process of the emergent theory. A critical-realist position will naturally dictate an interest in the ways in which participants understand their experiences and the impact of the broader social context of the interview and research; whilst maintaining a focus on the experiences and realities presented by the participants.   My task in this study, however, will be to follow developing and emerging ideas from the data to inform further data collection, dispensing with any previous irrelevant concepts where necessary (Charmaz, 2006).   Broad, open-ended questions (examples listed in interview guide) will facilitate my ability to avoid 'forcing' my own preconceived ideas and theories on the data. A reflective diary will be kept throughout the data collection and analysis to increase my self-awareness of such preconceptions and to explicitly bring my own role into the process in allowing me, and eventually the reader, to scrutinise how my 'interest, positions and assumptions [influence] inquiry' (Charmaz, 2006, p. 188).

The first stage of the analysis will comprise transcribing the audio-recordings of the interviews. Data analysis will take place alongside data collection, with the ongoing analysis informing the data collection e.g. the target sample of participants being recruited and the focus of interviews, in accordance with the emerging theory. The analysis process will consist of first reading and re-reading each transcript and developing 'initial codes', which will reflect what occurs in the data. Such codes will be incorporated or organised with the codes identified in previous interviews, to produce more focused codes, at a more abstract level than the initial codes. This process of focusing codes and collating new codes with previous codes will result in the development of central conceptual and theoretical processes developing within the data. As discussed, the role of the researcher will be central in the analysis. To make explicit the researcher's ideas and assumptions throughout the process of data collection and analysis, a reflective journal and memos will be use throughout.

Ethical Issues:

Conducting interviews necessarily involves the collection of confidential information. To ensure confidentiality, transcripts will be anonymised and audio recordings destroyed at the end of the study. Data will be stored at Lancaster University in a locked filing cabinet for 10 years before being destroyed. All files created on the computer that contain data will be password protected and encrypted using Trucrypt, in accordance with Lancaster University's security requirements (http://www.lancs.ac.uk/iss/security/truecrypt/). The supervisors of the project will read anonymised transcripts of the data to provide supervision and assist with the analysis of the data, and the academic supervisor will provide feedback on one of the audio-recordings.

Discussing online experiences might include emotive topics, such as negative online experiences, or aspects relating to psychological distress or wellbeing. As a result, it is possible that some participants may feel distressed during or after the interview. Contact details for local support organisations will be provided to the participants in a debrief sheet (see Appendix 5) and some time for debriefing offered following the interview. An agreement with the young person will be made before the interview of who can be contacted if they require further support, such as their mental health worker (if applicable) or their parents. When consenting to take part in the study, the participants will be informed that they have the right to withdraw from the study at any time, including the withdrawal of their data up to two weeks after the interview.

It is possible that information will be given that indicates risk to the client or to the participant. In the information provided to the participant prior to consenting to participation, the boundaries of confidentiality and situations in which confidentiality will be breached will be made explicit. If risk is identified, the researcher will conduct a risk assessment, seek advice from the field supervisor and take the appropriate action in accordance with local policy. This might involve contacting the young person's parents, their mental health clinician or another contact identified prior to the interview. In the case of participants recruited from an online sample, participants will be asked for a contact name prior to participating, as a person to contact if they need further support.

Service-User Involvement:

Eight young people in a local CAMHS team expert service-user group were consulted in the development of the information sheet and the interview guide. The young people were informed that the interview guide would differ between participants and so provided feedback regarding the 'tone' of the questions and comprehensibility of the questions. The young people provided the following feedback:

- To make the information sheet more 'young person friendly' – e.g. colour, pictures, bullet points

- To reduce any jargon/difficult words in the information sheets

- To consider having information sheets available on different coloured paper to increase accessibility for young people with dyslexia

- To begin all interviews with 'warm up' questions: non-direct, general questions to help put the young person at ease

- To offer a range of venues for interviews to allow the young person to choose where they will feel most at ease

Timescale:

Consultation with service-users: May/June 2013

Application for ethics approval: July/August 2013

Recruitment of participants: August 2013 -January 2014

Data collection (interviews): September 2013 – January 2014

Data analysis: September 2013 – March 2014

Write up of report: Throughout, up to final submission, May 2014 (drafts submitted from December 2013)

Feedback of results to participants: Summer 2014

Dissemination of findings to service: Summer 2014

Potential date for preparing and submitting for publication: August 2014

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Appendices

Appendix 1: Interview schedule

Appendix 2: Participant information sheet

Appendix 3a: Consent form

Appendix 3b: Parental consent form (assent form)

Appendix 4: Poster

Appendix 5: Debrief sheet

Appendix 6: Additional poster

Appendix 7: Additional 'business card' style advert

Appendix 1: Interview Schedule

This interview schedule will form a broad, flexible framework for the interviews. Questions asked will largely follow broader, open questions (in italics) but will be responsive to the participant's answers. Additional questions or areas for exploration are listed underneath each italicised question to elicit further information from the participants, where appropriate. Please note that the questions below are examples of those that will be asked. This schedule will not be strictly followed.

General Introductory Questions

- E.g. Name, age, interests
- Use of social networking sites

Background: using mental health services (if appropriate)

- How long have you been coming to (mental health/other service)?

Possible questions about social networking

'Tell me about your experiences of using social networking sites'

- How do you use social networking sites?
- What is good about using social networking?
- What is bad about using social networking?

'How does using online social networks impact your mood/mental health'

- How does using social networking sites affect your mood/mental health?
- How does your mood/mental health affect your use of social networking sites?
- If/when you have had negative experiences on social networking sites – has this affected the way you use the sites or the amount of time you spend on the sites?

Possible questions about disclosures

'Do you ever talk about how you are feeling or any difficulties you are having when you use social networking sites?'

- How? - e.g. messaging, status
- How do other people respond to you?
- What other ideas do you get about mental health and wellbeing from the internet?

Anything else

Is there anything else important about your social networking experiences?

Appendix 2: Participant Information Sheet

How do Online Social Networking Experiences Interact with Wellbeing for Young People who Experience Mental Health Difficulties?

Are you aged 13-18 years?

Do you use social networking websites like Facebook, Twitter and MySpace?

Would you be interested in talking to me about your experiences of using these websites for some research?

What is the study for?

- We want to find out how social networking sites affect young people's mood and mental health.
- This project is being completed as part of a Doctorate in Clinical Psychology course.

Who can take part?

- Anybody who is aged between 13 and 18 who has been to child and adolescent mental health services or self help services.
- We would like to hear the experiences of young people who use social networking sites regularly.

Want more information?

- Please **read on**! The rest of this leaflet will tell you all you need to know.

Want to take part?

Contact Amy Singleton, Trainee Clinical Psychologist by:

- Phone: _____
- Email: a.singleton@lancaster.ac.uk
- Send me the reply slip at the end of the information
- Ask your clinician or worker to contact me

How do Online Social Networking Experiences Interact with Wellbeing for Young People who Experience Mental Health Difficulties?

My name is Amy Singleton and I am doing a research project as part of my Doctorate in Clinical Psychology at Lancaster University in Lancaster, United Kingdom. I am writing to invite you to take part in this research.

What is the study about?

- To find out about young people's experiences of using online social networking sites (such as Facebook) and how this affects their wellbeing (e.g. mood).

Why?

- Research has found that using social networking sites can have different effects on people, including bad effects such as anxiety and low mood, or good effects such as feeling better about yourself.

- I hope that my research will help us to understand how the internet and social networking sites affect young people and whether this is important to think about when we try to help young people.

- It might also tell us about how the internet and social networking can help young people, and how they could be used to better support young people.

Why have I been asked?

- You have been approached because I hope to speak to young people aged between 13 and 18 who have been to child and adolescent mental health services or self-help services.

- Someone at your service has contacted you on my behalf. I do not know who you are and will not know any of your personal information unless you choose to contact me.

Do I have to take part?

- No. It's completely up to you to decide whether or not you take part. If you do

decide to take part, you can withdraw from the study at any time, up to two weeks after the interview.

- Your decision to take part in the research, or your decision not to take part, will have no effect on the care that you receive from services.

Who else is involved in the research?
- My research is supervised by ███████████████████████████ ██ ███████████████

- ███████ will not know the identity of anyone who is involved in the research but will hear anonymised recordings (no names) or the written version of what we talk about.

What will I be asked to do if I take part?
- If you decide you would like to take part, I would like to meet with you for about an hour to find out about your experiences. Some extra time will be left so you can ask me any questions before we start talking and to give us extra time at the end if there is more to talk about.

- When we meet, I will ask you a bit about yourself and your experiences of using social networking sites. During our meeting, it is up to you whether you answer the questions.

- You can choose not to answer   any question I ask and we can stop at any point. During the meeting you can also change your mind and decide not to take part in the research. If you do this then I will destroy the recording. After we have met, if you decide that you do not want me to include the information that you have given, you have two weeks to let me know.

- When we are talking, we can stop the recording at any time if you would like to talk to me about something without being recorded. We can also rewind our recording if you would like to delete a bit or use different words.

- If you wish to take part in the study, please e-mail me at **a.singleton@lancaster.ac.uk**, telephone me on___ or send me the reply slip at the end of this letter. Or if you like, you can ask your worker to contact me for you. To make the research work well I will need to talk to people with different experiences, and so not everyone who volunteers will necessarily be able to take part.

- If you are under 16 and decide to take part, I will have to check with your parents that this is okay with them.

- Our conversation will be recorded using a digital voice recorder. I will then write down what we have said in the recording and take out any information (e.g. your

name) that would let people work out who you are. After the recording is written down and the project completed, the recording will be destroyed.

+ The meetings will take place either at the service you go to or at your home, whichever is best for you.

+ If we don't meet at your home, I can pay you for any travel expenses (up to £10 per interview).

+ I hope to meet and talk to young people from September 2013 onwards.

Will my data be private?

The information you provide will be kept private. The information collected for this study will be stored securely and only the researchers will have access to this data.

+ Recordings will be deleted after they have been put into writing and checked. Only my supervisors and I will be able to see the written versions of our conversation.

+ Any files on a computer will be 'encrypted' and will have a password (no-one other than the researchers will be able to see them).

+ The written version of our conversation will have any information about you removed, such as your name. Quotes from our conversation may be used in the reports and publications from the study, but they won't have names and I will try to make sure no one will be able to tell it is your quote.

Limits to confidentiality

+ There are some limits to confidentiality: if you tell me something that could mean you or someone else could get hurt, I would have to share this information with my research supervisor and follow local procedures to make sure you and others are kept safe. If I did need to contact my supervisor, I would talk to you about this first.

What will happen to the results?

+ This study is completed as part of my Doctorate in Clinical Psychology at Lancaster University.

+ The results are written up and submitted to my university. I will also feedback the results to the services involved.

+ The study will also be submitted for publication in an academic journal.

I will also send people that take part a brief summary of the results of the research, when it is finished (Summer 2013). If you would like a summary you would need to give me your address or e-mail address when we meet.

Are there any risks?

+ There should not be any risks to taking part in this study. However, some people can find it hard to talk about their experiences.

+ If you do get upset during our meeting, we will stop and I will ask you what you would like to do; whether you would like to stop or carry on after a break.

+ There are organisations that you can contact following our meeting if you feel you need more help, and I will give you their details. If you feel that you need support straight away I will be able to contact your GP, your parents or someone else that you choose.

Are there any benefits to taking part?

+ Although you may find participating interesting, there are no direct benefits in taking part.

+ I hope, however, that your experiences and ideas will help us to understand the experiences of young people on social networking sites, and how they can be helpful or unhelpful for young people.

+ Sharing my findings might also help to increase other people's understanding of young people's online experiences.

Who has reviewed the project?

+ The study has had approval from the NHS by █████████████████████████
██
██████████████

What happens next?

+ It is completely your choice whether you take part in the study.

+ If you do not wish to take part, you do not have to do anything.

+ If you would like to take part, please contact me by:
    o Returning the reply slip attached to this letter
    o Send me an e-mail (a.singleton@lancaster.ac.uk)
    o Telephone me on ___.
    o You can ask your clinician or worker to contact me for you

Where can I get further information about the study if I need it?

If you have any questions about the study, please contact me:

<u>My contact details</u>
Amy Singleton
Trainee Clinical Psychologist
Furness College
Lancaster University
Lancaster
LA1 4YG

E-mail: a.singleton@lancaster.ac.uk
Telephone: _____

Complaints

If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

[redacted]
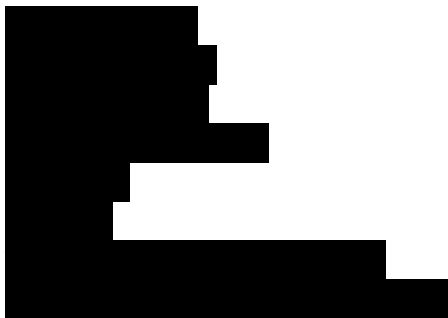
If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact:

[redacted]

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

Help if you feel distressed or upset

Should you feel upset either as a result of taking part, or in the future, the services on the enclosed 'Help if You Are Feeling Upset' sheet might be helpful.

Reply Slip

I am interested in taking part in this project and I give consent for the researcher to contact me (and my parents if aged under 16) to discuss the project.

My Name: …………………………………………………….…………………

Age: ....

My contact number:………………………....

Email address: …………….……………………………….…………

Please tick to show how you would like to be contacted:
I would prefer to be contacted by phone ☐
I would prefer to be contacted by email ☐
Please tell me a bit about your use of social networking sites:

What types of social networking sites do you use (e.g. Facebook, myspace, Twitter)?
How long have you used social networking sites for?
How often (e.g. hourly, daily, weekly)?
How long do you spend using social networking sites each time you go online?

My parent(s) or guardian(s) name(s):………………………………………………………………………….

My parent(s) or guardian(s) telephone number:……………………………….

Please complete this slip and return in the enclosed stamped addressed envelope, or if you prefer – contact me by telephone(__), email me (a.singleton@lancaster.ac.uk) or ask your worker to contact me for you.

DIVISION OF HEALTH RESEARCH
Doctorate In Clinical Psychology

Appendix 3a: Consent Form (Young Person)

How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?

We are asking if you would like to take part in a research project about young people's experiences online and how these experiences affect their wellbeing.

Before you agree to taking part in the study, please read the participant information sheet and tick each box below if you agree. If you have any questions before signing this form please speak to the researcher, Amy Singleton.

Please tick each
statement if you agree

1. I have read the information sheet and understand what I have to do to take part in this study.

2. I have had the chance to ask any questions and I have had my questions answered.

3. I understand that my interview will be audio recorded and then written down. This will be anonymous (no names or other information about me will be used).

4. I understand that the recording of the interview will be kept until the study is finished.

5. I understand that taking part is my choice and I can choose not to take part up to two weeks after the interview without giving any reason. I know that my care will not be affected.

6. I understand that anonymised information (no names) or quotes from my interview might be used when the report of the study is written. I understand that this information might be published in a journal, or used at conferences or training events.

7. I understand that anything I talk about will remain strictly private unless there is a risk of harm to me or others. If there might be harm to me or others, I understand that Amy will need to share this information with my clinician or emergency contact.

8. I agree to Lancaster University keeping a written copy of the interview for 10 years after the study has finished.

9. I understand that information from the study may be looked at by people from the NHS Trust to check that the study is okay and safe. I am happy for these people to look at this information.

Name of Participant_____ **Signature**_____ **Date** _____

Name of Researcher _____**Signature** _____**Date** _____

LANCASTER UNIVERSITY

DIVISION OF HEALTH RESEARCH
Doctorate In Clinical Psychology

Appendix 3b: Consent Form (Parent)

How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?

We are asking your child if they would like to take part in a research project about young people's experiences online and how these experiences affect their wellbeing.

Before you agree to your child taking part in the study, please read the participant information sheet and tick each box below if you agree. If you have any questions before signing this form please speak to the researcher, Amy Singleton.

Please tick each
statement if you agree

1. I have read the information sheet and understand what my child has to do to take part in this study.

2. I have had the chance to ask any questions and I have had my questions answered.

3. I understand that my child's interview will be audio recorded and then written down in an anonymised 'transcript'.

4. I understand that the recording of the interview will be kept until the research project is finished.

5. I understand that taking part is my child's choice and they are free to withdraw up to two weeks after the interview without giving any reason. I know that their care will not be affected.

6. I understand that anonymised information or quotes from my child's interview might be used when the report of the study is written. This information might be published in a journal or used at conferences and training events.

7. I understand that anything my child talks about will remain strictly private unless there is a risk of harm to them or other people. If it is thought that there is harm to my child or others, the researcher will share this information with my child's clinician or the person that my child and I have identified as their emergency contact.

8. I agree to Lancaster University keeping written transcriptions of the interview for 10 years after the study has finished.

9. I understand that information from the study may be looked at by people from the NHS Trust to check that the study is okay and safe. I am happy for these people to look at this information.

Name of Parent_____ **Signature**_____ **Date** _____

Name of Researcher _____**Signature** _____**Date** _____

Appendix 4: Poster

Appendix 5: Debrief Sheet

Help If You Are Feeling Upset

Thank you for taking part in my study. I hope that you do not feel upset after our conversation, however, sometimes people feel upset if they have talk about something that was difficult. If you feel that you need some extra support, the people and services below might be helpful.

Personal

- **Your parents, family or friends**
- **Your doctor (GP)**

National/Online

NHS Direct (National Health Service)

NHS Direct is a 24 hour nurse-led helpline providing private advice and information. NHS Direct is also available on the internet, providing healthcare information and advice.

Phone**: 08454647**

Website**: www.nhsdirect.nhs.uk**

Samaritans

National service offering helpline and support for people who want to talk about their problems.

Helpline: 08457 90 90 90

Website: http://www.samaritans.org

Young Minds

The UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people. Website and Facebook page provides information for young people and links to forms of support.

Website: **http://www.youngminds.org.uk/**

https://www.facebook.com/youngmindsuk?fref=ts

@YoungMindsUK

Rethink

Provides information and advice about mental health for young people, and information about what support is available.

Phone: **0300 5000 927**

Website: http://archive.rethink.org/young_people/need_advice/index.html

https://www.facebook.com/RethinkCharity?fref=ts

@Rethink_

Time to Change

Website provides information, news about mental health, real life stories and experiences, and advice regarding support.

Website: http://www.time-to-change.org.uk/youngpeople

https://www.facebook.com/timetochange?fref=ts

@TimetoChange

Appendix 6: Additional poster

Do you use social media (e.g. Facebook)? Can you spare 1 hour to take part in some research? If yes - please ask at reception for an information pack!

Use Social Media?

Ok to talk about your experience of using it?

Aged 13-18 years old?

Then take part in my research

Contact me:

Amy Singleton

07852516400

a.singleton@lancaster.ac.uk

Use Social Media?

Ok to talk about your experience of using it?

Aged 13-18 years old?

Then take part in my research

Contact me:

Amy Singleton

07852516400

a.singleton@lancaster.ac.uk

Use Social Media?

Ok to talk about your experience of using it?

Aged 13-18 years old?

Then take part in my research

Contact me:

Amy Singleton

07852516400

a.singleton@lancaster.ac.uk

Use Social Media?

Ok to talk about your experience of using it?

Aged 13-18 years old?

Then take part in my research

Contact me:

Amy Singleton

07852516400

a.singleton@lancaster.ac.uk

Appendix 4-B: NHS Research Ethics Committee Approval Letter

████████████████████████████████
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███

04 October 2013

Miss Amy Singleton
Trainee Clinical Psychologist
Lancashire Care NHS Trust
Doctorate in Clinical Psychology, Furness College
Lancaster University
Lancaster
LA1 4YG

Dear Miss Singleton

Study title :	**How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?**
REC reference:	██████████
IRAS project ID:	████████

Thank you for your letter of 02 October 2013, responding to the ██████████████ for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the ████████████████████.

We plan to publish your research summary wording for the above study on the ███████████, together with your contact details, unless you expressly withhold permission to do so. Publication will be no earlier than three months from the date of this favourable opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to withhold permission to publish, please contact ████████████████████████████ ██████████████████████████████████.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the ███████ R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the ████ filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non clinical trials this is not currently mandatory.

If a sponsor wishes to contest the need for registration they should contact ██████████████
████████████████████ the ████ does not, however, expect exceptions to be made. Guidance on where to register is provided within ████

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Advertisement	Online Adverstisement v1	12 August 2013
Interview Schedules/Topic Guides	1	12 August 2013
Investigator CV	Amy Singleton	12 August 2013
Letter from Sponsor		15 August 2013
Other: Supervisor CV: Ian Smith		12 August 2013
Other: Field Supervisor CV: ██████████		12 August 2013
Other: ████████████████████████		11 July 2013
Other: ██████████████████		15 July 2013
Other: Poster	1	12 August 2013
Other: Debrief Sheet	1	12 August 2013
Participant Consent Form: Consent to contact	2	02 October 2013
Participant Consent Form: young person	2	02 October 2013
Participant Consent Form: parent	2	02 October 2013
Participant Information Sheet	2	02 October 2013
Protocol	2	02 October 2013
REC application	131974/488992/1/92	22 August 2013
Response to Request for Further Information		02 October 2013

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments

- Adding new sites and investigators

- Notification of serious breaches of the protocol

- Progress and safety reports

- Notifying the end of the study

The ████ website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.
<u>Feedback</u>

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

13/NW/0668	Please quote this number on all correspondence

We are pleased to welcome researchers and R & D staff at our ████ committee members' training days – see details at ████████████████████

With the Committee's best wishes for the success of this project.

Yours sincerely

████████████████

████████████

████

Email: ████████████████

Enclosures: "After ethical review – guidance for researchers"

Copy to: ████████████████████████
████████████████████████
████████████

Appendix 4 – C: R&D Approval Letter (Trust 1)

Our Ref:
Your Ref:

Date: 14 October 2013

Amy Singleton,
Trainee Clinical Psychologist,
Lancaster University
Division of Health Research
Room C27Furness College
Lancaster
Lancashire
LA1 4YG

Tel:
Fax:
Ema

Dear Amy,

Re: Research Governance Decision Letter

Project Reference:
Project Title: How do Online Social Networking Experiences Interact with
Wellbeing for Young People who Experience Mental Health
Difficulties?

Further to your request for research governance approval, we are pleased to inform
you that this Trust has approved the study. With regard to your study, we would like
you to note that it is required to acknowledge the Trust when publishing your work
and this also applies to any posters that maybe produced.   The form of
acknowledgement should be as described on the ▮▮▮▮▮ website. Please note
when contacting the Research Office about your study you must always provide the
project reference numbers provided above.

**Trust research approval covers all locations within the Trust; however, you
should ensure you have liaised with and obtained the agreement of individual
service/ward managers before commencing your research.**

Please take the time to read the attached 'Information for Researchers – Conditions
of Research Governance Approval' leaflet, which give the conditions that apply when
research governance approval has been granted. Please contact the Research
Office should you require any further information. You may need this letter as proof
of your approval.

We would like to point out that hosting research studies incurs costs for the Trust
such as: staff time, usage of rooms, arrangements for governance of research. We
can confirm that in this instance we will not charge for these. However we would like

to remind you that Trust costs should be considered and costed at the earliest stage in the development of any future proposals.

May I wish you every success with your research.

Yours sincerely
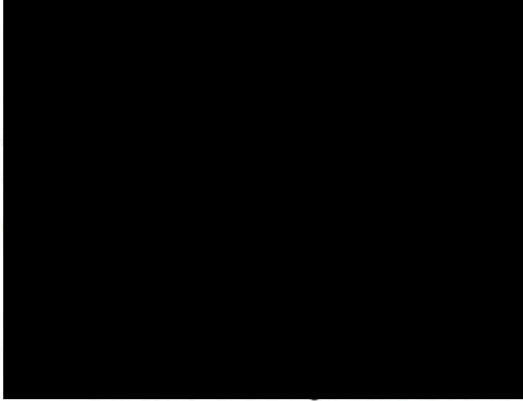
Appendix 4 – D: R&D Approval Letter (Trust 2)

NHS

Ref

Dear

PIN: (Please quote this number in all future correspondence)

REC Reference:

Research Study: How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?

Thank you for submitting the above study for NHS R&D permission. **University of Lancaster** is the Sponsor for this study which .

I am pleased to confirm that the Research Office has now received all necessary documentation, and the appropriate governance checks have been undertaken. This letter is issued subject to the research team complying with the attached conditions, Trust SOPs, the DH Research Governance Framework, and any other applicable regulatory requirements. This approval is in relation to the documentation listed.

are required to report whether the research was initiated within 70 days or provide valid reasons for not doing so. The target date for this study is listed below;

- 70 Day from Valid Submission to 1st Patient Recruited: **05 December 2013**

Further information regarding the target can be found on the intranet.

R&D Approval Letter

Please update ▬▬▬▬▬ with the date when the first patient was recruited. If you or one of your team requires training on ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

I would like to take this opportunity to wish you well with your research.

Yours sincerely

▬▬▬▬▬▬▬▬▬▬▬▬

Date: 14/10/2013

▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

Documents Acknowledged/Approved

Document	Version	Date
NRES Approval letter		04 October 2013
Interview Schedules/Topic Guides	1	12 August 2013
Investigator CV	Amy Singleton	12 August 2013
Letter from Sponsor		15 August 2013
Other: Supervisor CV: Ian Smith		12 August 2013
Other: Field Supervisor CV:		12 August 2013
		11 July 2013
		15 July 2013
Other: Poster	1	12 August 2013
Other: Debrief Sheet	1	12 August 2013
Participant Consent Form: Consent to contact	2	02 October 2013
Participant Consent Form: young person	2	02 October 2013
Participant Consent Form: parent	2	02 October 2013
Participant Information Sheet	2	02 October 2013
Protocol	2	02 October 2013
REC application	131974/488992/1/92	22 August 2013

R&D Approval Letter

Conditions of Approval:-

- All researchers involved in the study need to have received training appropriate to their role covering aspects of Research Governance or Good Clinical Practice (GCP). Trust policy states GCP training needs to be renewed every 3 years.

- The Research Office must be informed of: (please forward copies of amended documents by email)
  - The actual start date of the project
  - ██████████████████████████████
  - ██████████████████████████████
  - ██████████████████████████████
  - Any extensions to the project, and associated additional funding, if applicable.

- ███

- ███

- All Principal Investigators are required to complete and submit an annual self-assessment at the request of the Research Office.

- All Principal Investigators are required to provide recruitment (accrual) data to the Research Office monthly.

- ███

- The Research Office must receive immediate notification if the Principal Investigator is unable to continue to fulfil his/her duties as PI for other reason e.g. long-term sickness

- Any evidence of fraud &/or misconduct must be immediately brought to the attention of the Research Office either via the Incident Reporting system, or by direct communication.

Failure to comply with any of the above may result in withdrawal of approval for the project and the immediate cessation of the research. Persistent failure to comply may result in disciplinary action.

Appendix 4 – E: Substantial Amendment Form

Notice of Amendment   IRAS Version 3.5

Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please enter a short title for this project (maximum 70 characters)
Interaction between young people's online experiences and wellbeing

1. Is your project research?

◉ Yes ○ No

2. Select one category from the list below:

○ Clinical trial of an investigational medicinal product

○ Clinical investigation or other study of a medical device

○ Combined trial of an investigational medicinal product and an investigational medical device

○ Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

○ Basic science study involving procedures with human participants

○ Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

◉ Study involving qualitative methods only

○ Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

○ Study limited to working with data (specific project only)

○ Research tissue bank

○ Research database

If your work does not fit any of these categories, select the option below:

○ Other study

2a. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation?   ○ Yes ◉ No
b) Will you be taking new human tissue samples (or other human biological samples)?   ○ Yes ◉ No
c) Will you be using existing human tissue samples (or other human biological samples)? ○ Yes ◉ No

3. In which countries of the UK will the research sites be located?(Tick all that apply)

☑ England
☐ Scotland
☐ Wales
☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- ⦿ England
- ○ Scotland
- ○ Wales
- ○ Northern Ireland
- ○ This study does not involve the NHS

4. Which review bodies are you applying to?

- ☑ NHS/HSC Research and Development offices
- ☐ Social Care Research Ethics Committee
- ☑ Research Ethics Committee
- ☐ National Information Governance Board for Health and Social Care (NIGB)
- ☐ National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D offices, the CI must create Site-Specific Information Forms for each site, in addition to the study-wide forms, and transfer them to the PIs or local collaborators.

5. Will any research sites in this study be NHS organisations?

⦿ Yes   ○ No

5a. Are all the research costs and infrastructure costs for this study provided by an NIHR Biomedical Research Centre, NIHR Biomedical Research Unit, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC) or NIHR Research Centre for Patient Safety & Service Quality in all study sites?

○ Yes   ⦿ No

If yes, NHS permission for your study will be processed through the NIHR Coordinated System for gaining NHS Permission (NIHR CSP).

5b. Do you wish to make an application for the study to be considered for NIHR Clinical Research Network (CRN) support and inclusion in the NIHR Clinical Research Network (CRN) Portfolio? Please see information button for further details.

○ Yes   ⦿ No

If yes, NHS permission for your study will be processed through the NIHR Coordinated System for gaining NHS Permission (NIHR CSP) and you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form immediately after completing this project filter and before completing and submitting other applications.

6. Do you plan to include any participants who are children?

⦿ Yes   ○ No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

○ Yes   ⦿ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the NIGB Ethics and Confidentiality Committee to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

○ Yes   ◉ No

---

9. Is the study or any part of it being undertaken as an educational project?

◉ Yes   ○ No

Please describe briefly the involvement of the student(s):
The student will be the chief investigator in the project (thesis for doctoral qualification).

9a. Is the project being undertaken in part fulfilment of a PhD or other doctorate?

◉ Yes   ○ No

---

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes   ◉ No

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11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

○ Yes   ◉ No

Notice of Amendment   IRAS Version 3.5

NOTICE OF SUBSTANTIAL AMENDMENT

Please use this form to notify the main REC of substantial amendments to all research other than clinical trials of investigational medicinal products (CTIMPs).
The form should be completed by the Chief Investigator using language comprehensible to a lay person.

Details of Chief Investigator:

	Title	Forename/Initials	Surname
	Miss	Amy	Singleton
Work Address	Doctorate in Clinical Psychology, Furness College		
	Lancaster University		
	Lancaster		
PostCode	LA1 4YG		
Email	a.singleton@lancaster.ac.uk		
Telephone	01524 592970		
Fax			

Full title of study:	How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?
Lead sponsor:	████████████████
Name of REC:	████████████████
REC reference number:	████████████████
Name of lead R&D office:	████████████████
Date study commenced:	21.10.13
Protocol reference (if applicable), current version and date:	Version 3 18.12.13
Amendment number and date:	1 18.12.13

Type of amendment

(a) Amendment to information previously given in IRAS

◉ Yes   ○ No

If yes, please refer to relevant sections of IRAS in the "summary of changes" below.

Research design - additional venue for meeting participants will be added (participant's school)

(b) Amendment to the protocol

◉ Yes   ○ No

If yes, please submit either the revised protocol with a new version number and date, highlighting changes in bold, or a document listing the changes and giving both the previous and revised text.

As above - additional venue for meeting participants will be added to the research protocol (participant's school)

(c) Amendment to the information sheet(s) and consent form(s) for participants, or to any other supporting documentation for the study

◉ Yes   ○ No

If yes, please submit all revised documents with new version numbers and dates, highlighting new text in bold.

Two new poster options have been created based on feedback from recruiting services and young people (i.e. original posters need more colour and less information and that a smaller advert would be helpful to give to young people)

Is this a modified version of an amendment previously notified and not approved?

○ Yes   ◉ No

Summary of changes

Briefly summarise the main changes proposed in this amendment. Explain the purpose of the changes and their significance for the study.
If this is a modified amendment, please explain how the modifications address the concerns raised previously by the ethics committee.
If the amendment significantly alters the research design or methodology, or could otherwise affect the scientific value of the study, supporting scientific information should be given (or enclosed separately). Indicate whether or not additional scientific critique has been obtained.

First change is to add an additional venue to meet participants for the interview, as participants have fedback that this is more convenient for them. In the case of meeting a participant at their school, a teacher or member of staff will be informed of the meeting and their worker (i.e. at CAMHS ████████████) will also be contactable during the meeting, should any action in relation to safeguarding need to be taken.
An additional poster has also been created based on feedback from the recruiting services and young people that the original poster has a lot of information and not enough colour. In addition, a 'business card' style advert has been created following feedback from clinicians that it would be helpful to have something smaller to pass on to young people than the recruitment pack. If young people receive this advert and contact me, they will then be provided with the full recruitment pack and relevant information before meeting for interview.

Any other relevant information

Applicants may indicate any specific issues relating to the amendment, on which the opinion of a reviewing body is sought.

List of enclosed documents

Document	Version	Date
Research protocol	3	18/12/2013
Additional recruitment poster (appendix 6 of protocol)	1	18/12/2013
Business card style advert (appendix 7 of protocol)	1	18/12/2013

Declaration by Chief Investigator

1. *I confirm that the information in this form is accurate to the best of my knowledge and I take full responsibility for it.*
2. *I consider that it would be reasonable for the proposed amendment to be implemented.*

Date: ....

Notice of Amendment   IRAS Version 3.5

Declaration by the sponsor's representative

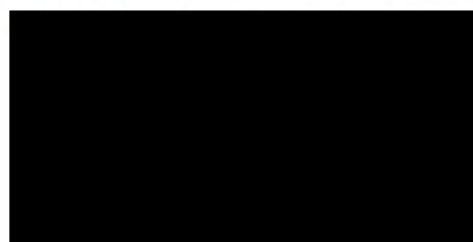*I co*

Signatu

Print Na

Post

Organis

Date: 08/01/2014   (dd/mm/yyyy)

Appendix 4 – F: Substantial Amendment NRES Approval Letter

NHS

15 January 2014

Miss Amy Singleton
Trainee Clinical Psychologist
Lancashire Care NHS Trust
Doctorate in Clinical Psychology, Furness College
Lancaster University
Lancaster
LA1 4YG

Dear Miss Singleton

Study title:	How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?
REC reference:	
Amendment number:	
Amendment date:	
IRAS project ID:	
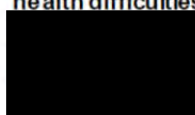
Additional interview venue.
Additional poster
'business card' style advert

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Additional recruitment poster	1	18 December 2013
Protocol	3	18 December 2013

| Notice of Substantial Amendment | ███████ | | 1 | 08 January 2014 |
| Business card style advert | | | 1 | 18 December 2013 |

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.
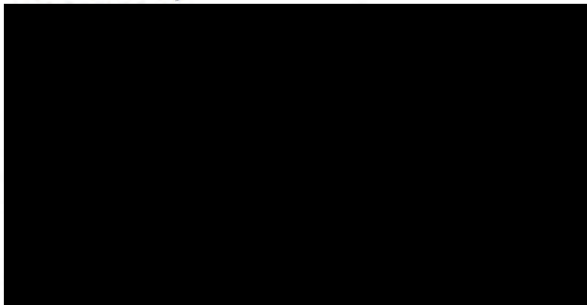
R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

Statement of compliance

███

| ███████ | Please quote this number on all correspondence |

Yours sincerely

████████████████████████

Enclosures: *List of names and professions of members who took part in the review*

Copy to: ████████████████████

Appendix 4 – G: Substantial Amendment R&D Approval Letter (Trust 1)

NHS

Our Ref: ▉▉▉▉

Date: 6th March 2014

Amy Singleton
Lancaster University
Division of Health Research
Room C27Furness College
Lancaster
LA1 4YG

Dear Amy,

Study Title: How do Online Social Networking Experiences Interact with Wellbeing for Young People who Experience Mental Health Difficulties?

REC No: ▉▉▉▉▉

Thank you for sending details/documents of the following amendment to the R&D Office.

| Document	Version	Date
Additional recruitment poster	1	18th December 2013
Protocol	3	18th December 2013
Notice of substantial amendment	1	8th January 2014
Business card style advert	1	18th December 2013

I am pleased to confirm that the amendment has been noted and approved by the R&D Department. Please keep us informed of any future amendments.

Please ensure that you forward to the R&D department the necessary progress reports when submitting these to the Ethics Committee or when requested by the R&D department. On completion of the study you are required to submit a 'Declaration of End of Study' form and Final Report to the main REC, which should also be copied and forwarded to the R&D office at the address shown above.

Yours sincerely,

Appendix 4 – H: Substantial Amendment R&D Approval Letter (Trust 2)
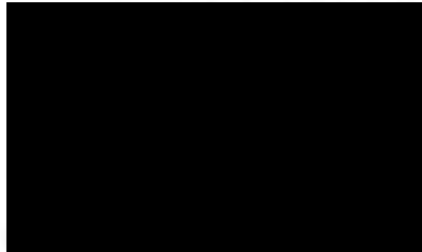
Miss Amy Singleton
Trainee Clinical Singleton
Lancashire Care NHS Trust
Doctorate in Clinical Psychology, Furness College
Lancaster University
Lancaster
LA1 4YG

Dear Amy,

Re: ▮▮▮▮▮ How do online social networking experiences interact with wellbeing for young people who experience mental health difficulties?
REC Reference: ▮▮▮▮
Principal Investigator: ▮▮▮▮▮
Amendment Number: 1
Amendment Date: 08 January 2014

Thank you for your correspondence informing the department of an amendment to the above project; we acknowledge receipt of the following and approve the amendment.

Document	Version Number	Dated
NRES Amendment Approval Letter	1	15 January 2014
Additional Recruitment Poster	1	18 December 2013
Protocol	3	18 December 2013
Notice of Substantial Amendment (non-CTIMPs)	1	08 January 2014
Business Card Style Advert	1	18 December 2013

We have amended the Trust's database to reflect these changes as required.

I would like to take this opportunity to thank you for keeping the Trust informed and wish you continued success with your project.

Yours sincerely