

- Morse, J. M. (2010). How Different is Qualitative Health Research From Qualitative Research? Do We Have a Subdiscipline? *Qualitative Health Research*, 20(10), 1-6.
- Moses, T. (2000). Attachment Theory and Residential Treatment: A Study of Staff-Client Relationships. *American Journal of Orthopsychiatry*, 70(4), 474-490.
- Moses, T. (2010a). Being treated differently: Stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science & Medicine*, 70(7), 985-993.
- Moses, T. (2010b). Exploring Parents' Self-Blame in Relation to Adolescents' Mental Disorders. *Family Relations*, 59(2), 103.
- Moses, T. (2011a). Adolescents' Perspectives About Brief Psychiatric Hospitalization: What is Helpful and What is Not? *Psychiatric Quarterly*, 82(2), 121-137.
- Moses, T. (2011b). Adolescents' Commitment to Continuing Psychotropic Medication: A Preliminary Investigation of Considerations, Contradictions, and Correlates. *Child Psychiatry & Human Development*, 42(1), 93-117.
- Moses, T. (2011c). Parents' Conceptualization of Adolescents' Mental Health Problems: Who Adopts a Psychiatric Perspective and Does It Make a Difference? *Community Mental Health Journal*, 47(1), 67-81.
- Moyle, W. (2002). Unstructured interviews: challenges when participants have a major depressive illness. *Journal of Advanced Nursing*, 39(3), 266-273.
- Muuss, R. E. (1996). *Theories of adolescence*. New York: McGraw-Hill.
- Myers, S. (2000). Empathic listening: Reports on the experience of being heard. *Journal of Humanistic Psychology*, 40(2), 148-173.
- Nathan, J., & Webber, M. (2010). Mental Health Social Work And The Bureau-Medicalisation Of Mental Health Care: Identity In A Changing World. *Journal of Social Work Practice*, 24(1), 15-28.
- Neale, B., & Flowerdew, J. (2003). Time, texture and childhood: the contours of longitudinal qualitative research. *International Journal of Social Research Methodology*, 6(3), 189-199.

- Newman, D. L., Moffitt, T. E., Caspi, A., Magdol, L., Silva, P. A., & Stanton, W. R. (1996). Psychiatric disorder in a birth cohort of young adults: prevalence, comorbidity, clinical significance, and new case incidence from ages 11 to 21. *Journal of consulting and clinical psychology, 64*(3), 552-562.
- NMHP. (2007). *National Mental Health Report*. Canberra: Department of Health and Ageing.
- NMHP. (2008). *National Mental Health Policy* Canberra: Department of Health and Ageing.
- Noble, L. M., & Douglas, B. C. (2004). What users and relatives want from mental health services. *Current Opinion in Psychiatry*(17), 289-296.
- Noordsy, D., Torrey, W., Mueser, K., Mead, S., O'Keefe, C., & Fox, L. (2002). Recovery from severe mental illness: an intrapersonal and functional outcome definition. *International Review of Psychiatry, 14*, 318-326.
- Norlyk, A., & Harder, I. (2010). What Makes a Phenomenological Study Phenomenological? An Analysis of Peer-Reviewed Empirical Nursing Studies. *Qualitative Health Research, 20*(3), 420-431.
- Nunkoosing, K. (2005). The Problems With Interviews. *Qualitative Health Research, 15*(5), 698-706.
- O'Brien, A.-M., & Calderwood, K. A. (2010). Living in the Shadows: A Canadian Experience of Mental Health Social Work. *Social Work in Mental Health, 8*(4), 319-335.
- Offord, A., Turner, H., & Cooper, M. (2006). Adolescent Inpatient Treatment for Anorexia Nervosa: A Qualitative Study Exploring Young Adult's Retrospective Views of Treatment and Discharge. *European Eating Disorders Review, 14*, 377-387.
- Onweugbuzie, A. J., & Leech, N. L. (2007). Validity and Qualitative Research: An Oxymoron? *Quality and Quantity, 41*, 233-249.
- Ortlipp, M. (2008). Keeping and Using Reflective Journals in the Qualitative Research Process. *The Qualitative Report, 13*(4), 695-705 Retrieved from <http://www.nova.edu/ssss/QR/QR613-694/ortlipp.pdf>.
- Oruche, U. M., Gerkensmeyer, J., Stephan, L., Wheeler, C. A., & Hanna, K. M. (2012). The Described Experience of Primary Caregivers of Children With Mental Health Needs. *Archives of Psychiatric Nursing, 26*(5), 382-391.

- Ozgul, S. (2004). Parental Grief and Serious Mental Illness: A Narrative. *Australian & New Zealand Journal of Family Therapy*, 25(4), 183-187.
- Painter, C. (2008). *Surviving an Alternate Reality: A Qualitative Analysis of Adolescents' Experiences of Psychiatric Hospitalisation*. (Doctorate in Clinical Psychology Thesis), University of Leicester, United Kingdom.
- Palmer, M., Larkin, M., De Visser, R., & Fadden, G. (2010). Developing an Interpretative Phenomenological Approach to Focus Group Data. *Qualitative Research in Psychology*, 7, 99-121.
- Palombo, J., Koch, B., & Bendicson, H. (2009). Erik Erikson (1902–1994) *Guide to Psychoanalytic Developmental Theories* (pp. 199-224): Springer New York.
- Papastavrou, E., Charalambous, A., Tsangari, H., & Karayiannis, G. (2010). The cost of caring: the relative with schizophrenia. *Scandinavian Journal of Caring Sciences*, 24(4), 817-823.
- Patton, G. C., Coffey, C., Romaniuk, H., Mackinnon, A., Carlin, J. B., Degenhardt, L., Olsson, C. A., & Moran, P. (2014). The prognosis of common mental disorders in adolescents: a 14-year prospective cohort study. *Lancet*, 383(9926), 1404.
- Payne, G., & Williams, M. (2002). Generalisation in Qualitative Research. *Sociology*, 39(2), 295-314.
- Peake, K., & Epstein, I. (2004). Theoretical and Practical Imperatives for Reflective Social Work Organisations in Health and Mental Health: The Place of Practice-Based Research. *Social Work in Mental Health*, 3(1/2), 23-37.
- Peck, E., & Norman, I. J. (1999). Working together in adult community mental health services: Exploring inter-professional role relations. *Journal of Mental Health*, 8(3), 231-231.
- Penzo, J. A., & Harvey, P. (2008). Understanding Parental Grief as a Response to Mental Illness: Implications for Practice. *Journal of Family Social Work*, 11(3), 323-338.
- Perlesz, A., & Lindsay, J. (2003). Methodological triangulation in researching families: making sense of dissonant data. *International Journal of Social Research Methodology*, 6(1), 25-40.
- Peters, V., & Wester, F. (2007). How Qualitative Data Analysis Software May Support the Qualitative Analysis Process. *Quality & Quantity*, 41(5), 635-659.

- Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, 16(2), 175-196.
- Plath, D. (2006). Evidence-Based Practice: Current Issues and Future Directions. *Australian Social Work*, 59(1), 56-72.
- Platt, J. (1981). On Interviewing One's Peers. *The British Journal of Sociology*, 32(1), 75-91.
- Poland, B. D. (1995). Transcription Quality as an Aspect of Rigor in Qualitative Research. *Qualitative Inquiry*, 1(3), 290-310.
- Polkinghorne, D. E. (2005). Language and Meaning: Data Collection in Qualitative Research. *Journal of Counseling Psychology*, 52(2), 137-145.
- Pratt, H. D. (2005). *Adolescence* Thousand Oaks, CA: SAGE Publications, Inc.
- Probst, B. (2012). Not Quite Colleagues: Issues of Power and Purview between Social Work and Psychiatry. *Social Work in Mental Health*, 10(5), 367-383.
- Probst, B. (2013). "Walking the Tightrope:" Clinical Social Workers' Use of Diagnostic and Environmental Perspectives. *Clinical Social Work Journal*, 41(2), 184-191.
- Rabley, S., Preyde, M., & Gharabaghi, K. (2014). A survey of adolescents' perceptions of their relationships with nonparental caregivers in group home settings: An attachment perspective. *Children and Youth Services Review*, 40(0), 61-70.
- Radcliffe, F. A. (2005). *The formation of the therapeutic alliance with the trans-theoretical stages of change in adolescent inpatients*. (Dissertation), St John's University, New York.
- Ralph, R. O., & Corrigan, P. W. (Eds.). (2005). *Recovery In Mental Illness*. Washington: American Psychological Association.
- Ramon, S., Healy, B., & Renouf, N. (2007). Recovery from Mental Illness as an Emergent Concept and Practice in Australia and the UK. *International Journal of Social Psychiatry*, 53(2), 108-122.
- Rederstorff, J. C. (2003). *Ego development, psychiatric symptomatology, and gender in an adolescent, psychiatric inpatient sample*. (Dissertation), Michigan State University.

- Remschmidt, H., Nurcombe, B., Belfer, M., L, Sartorius, N., & Okasha, A. (2007). *The Mental Health of Children and Adolescents: An Area of Global Neglect*. West Sussex: John Wiley & Sons.
- Renouf, N., & Bland, R. (2005). Navigating stormy waters: Challenges and opportunities for social work in mental health. *Australian Social Work, 58*(4), 419-430.
- Reupert, A. (2007). Social Worker's Use of Self. *Clinical Social Work, 35*, 107-116.
- Ribbens, J., & Edwards, R. (1998). Hearing Competing voices: Sibling Research. In J. Ribbens & R. Edwards (Eds.), *Feminist Dilemmas in Qualitative Research* (pp. 104-119). London: Sage.
- Rich, M., & Ginsburg, K. R. (1999). The Reason and Rhyme of Qualitative Research: Why, When and How to Use Qualitative Methods in the Study of Adolescent Health. *Journal of Adolescent Health, 25*(6), 371-378.
- Richards, L. (1998). Closeness to Data: The Changing Goals of Qualitative Data Handling. *Qualitative Health Research, 8*(3), 319-328.
- Richards, L. (2005). *Handling Qualitative Data*. London: Sage.
- Richardson, M., Cobham, V., McDermott, B., & Murray, J. (2013). Youth Mental Illness and the Family: Parents' Loss and Grief. *Journal of Child and Family Studies, 22*(5), 719-736.
- Ridgway, P. (2001). Restorying psychiatric disability: Learning from first person recovery narratives. *Psychiatric Rehabilitation Journal, 24*(4), 335-343.
- Robins, C. S., Sauvageot, J. A., Cusack, K. J., Suffoletta-Maierle, S., & Frueh, B. C. (2005). Consumers' perceptions of negative experiences and "sanctuary harm" in psychiatric settings. *Psychiatric services (Washington, D.C.), 56*(9), 1134.
- Robinson, O. C., & Smith, J. A. (2010). Investigating the Form and Dynamics of Crisis Episodes in Early Adulthood: The Application of a Composite Qualitative Method. *Qualitative Research in Psychology, 7*, 170-191.
- Roesner, R. W. (2005). Stage-Environment Fit Theory In C. B. Fisher & R. M. Lerner (Eds.), *Encyclopedia of Applied Developmental Science* (pp. 1056-1061). Thousand Oaks: SAGE Retrieved from <http://dx.doi.org/10.4135/9781412950565>.

- Rolfe, G. (1999). Insufficient evidence: the problems of evidence-based nursing. *Nurse Education Today, 19*, 433-442.
- Rose, L., Mallinson, R. K., & Walton-Moss, B. (2002). A grounded theory of families responding to mental illness. *Western Journal of Nursing Research, 24*(5), 516-536.
- Rutter, M., & Sroufe, L. A. (2000). Developmental psychopathology: Concepts and challenges. *Development and Psychopathology, 12*, 265-296.
- Saldana, J. (2003). *Longitudinal Qualitative Research*. Walnut Creek: Altamira Press.
- Santrock, J. W. (2003). *Adolescence* (9th ed.). New York: McGraw-Hill.
- Sawyer, M. G., Miller-Lewis, L. R., & Clark, J. J. (2007). The Mental Health of 13-17 Year-Olds in Australia: Findings from the National Survey of Mental Health and Well-Being. *Journal of Youth Adolescence, 36*, 185-194.
- Scharer, K. (2002). What parents of mentally ill children need and want from mental health professionals. *Issues in Mental Health Nursing, 23*(6), 617-640.
- Scharf, M., & Mayseless, O. (2011). Putting Eggs in More Than One Basket: A New Look at Developmental Processes of Attachment in Adolescents. In M. Scharf & O. Mayseless (Eds.), *Attachment in Adolescence: Reflections and New Angles* (pp. 1-22). San Francisco: Wiley.
- Schulze, B., & Rössler, W. (2005). Caregiver burden in mental illness: review of measurement, findings and interventions in 2004–2005. *Current Opinion in Psychiatry, 18*(6), 684-691.
- Schwartz, S. J. (2005). A New Identity for Identity Research: Recommendations for Expanding and Refocusing the Identity Literature. *Journal of Adolescent Research, 20*(3), 293-308.
- Schwartz, S. J., Luyckx, K., & Vignoles, V. L. (2011). *Handbook of identity theory and research*. New York: Springer New York.
- Schwartz, S. J., Zamboanga, B. L., Luyckx, K., Meca, A., & Ritchie, R. A. (2013). Identity in Emerging Adulthood: Reviewing the Field and Looking Forward. *Emerging Adulthood, 1*(2), 96-113.
- Schwartz, S. L. (2002). *The relationship between self-efficacy and adjustment on an adolescent inpatient unit*. The University of North Carolina at Chapel Hill.

- Scollon, R. (2003). The Dialogist in a Positivist World: Theory in the Social Sciences and the Humanities at the End of the Twentieth Century. *Social Semiotics*, 13(1), 71-88.
- Scott, D. (1997). The researcher's personal responses as a source of insight in the research process. *Nursing Inquiry*, 4, 130-134.
- Seale, C. (1999). *The Quality of Qualitative Research*. London: Sage.
- Sercombe, H., & Paus, T. (2010). Youth and Policy: The 'teen brain' research: An introduction and implications for practitioners. *Youth studies Australia*, 29(1), 61.
- Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. *British Journal of Guidance and Counselling*, 27(3), 393-403.
- Shankar, J., Martin, J., & McDonald, C. (2009). Emerging Areas of Practice for Mental Health Social Workers: Education and Employment. *Australian Social Work*, 62(1), 28-44.
- Shattell, M. M., McAllister, S., Hogan, B., & Thomas, S. P. (2006). "She Took the Time to Make Sure She Understood": Mental Health Patients' Experiences of Being Understood. *Archives of Psychiatric Nursing*, 20(5), 234-241.
- Shattell, M. M., Starr, S. S., & Thomas, S. P. (2007). 'Take my hand, help me out': mental health service recipients' experience of the therapeutic relationship. *International Journal of Mental Health Nursing*, 16(4), 274-274.
- Shpigner, E., Possick, C., & Buchbinder, E. (2013). Parents' Experience of Their Child's First Psychiatric Breakdown: "Welcome to Hell". *Social Work in Health Care*, 52(6), 538-557.
- Sim, J. (1998). Collecting and analysing qualitative data: issues raised by the focus group. *Journal of Advanced Nursing*, 28(2), 345-352.
- Simonds, L. M., Pons, R. A., Stone, N. J., Warren, F., & John, M. (2013). Adolescents with Anxiety and Depression: Is Social Recovery Relevant? *Clin Psychol Psychother*.
- Sisk, C. L., & Foster, D. L. (2004). The neural basis of puberty and adolescence. *Nature Neuroscience*, 7(10), 1040-1047.
- Skovholt, T. M., & Ronnestad, M. H. (1995). *The Evolving Professional Self: Stages and Themes in Therapist and Counselor Development*. Chinchester: Wiley.

- Smetana, J. G., Campione-Barr, N., & Metzger, A. (2006). Adolescent Development in Interpersonal and Societal Contexts. *Annual review of psychology, 57*, 255-284.
- Smith, J. (2010a). Interpretative Phenomenological Analysis: A Reply to Amedeo Giorgi. *Existential Analysis, 21*(2), 186-192.
- Smith, J. (2011a). 'We could be diving for pearls': The value of the gem in experiential qualitative psychology. *Qualitative Methods in Psychology Bulletin, 12*, 5-15.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*, 39-54.
- Smith, J. A. (2007). Hermeneutics, human sciences and health: linking theory and practice. *International Journal of Qualitative Studies on Health and Well-being, 2*(3), 3-11.
- Smith, J. A. (2010b). Interpretative Phenomenological Analysis: A Reply to Amedeo Giorgi. *Existential Analysis, 21*(2), 186-192.
- Smith, J. A. (2011b). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review, 5*(1), 9-27.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: Sage.
- Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing Phenomenological Analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative Health Psychology* (pp. 218-240). London: Sage.
- Smyth, A., & Holian, R. (2008). Credibility issues in research from within organisations. In P. J. Sikes & A. Potts (Eds.), *Researching education from the inside: investigations from within* (pp. 33-48). New York: Routledge.
- Soenen, B., D'Oosterlinck, F., & Broekaert, E. (2013). The voice of troubled youth: Children's and adolescents' ideas on helpful elements of care. *Children and Youth Services Review, 35*(9), 1297-1304.
- Soldevila, A., Peregrino, A., Oriol, X., & Filella, G. (2013). Evaluation of residential care from the perspective of older adolescents in care. The need for a new construct: optimum professional proximity. *Child & Family Social Work, 18*(3), 285-293.



- Sorell, G. (2005). Developmental Contextualism. In C. Fisher & R. Learner (Eds.), *Encyclopedia of Applied Developmental Science* (pp. 345-350). Thousand Oaks, CA: SAGE
- Sorrell, J. M., & Redmond, G. M. (1995). Interviews in qualitative nursing research: differing approaches for ethnographic and phenomenological studies. *Journal of Advanced Nursing*, *21*, 1117-1122.
- Spandler, H., & Stickley, T. (2011). No hope without compassion: the importance of compassion in recovery-focused mental health services. *Journal of Mental Health*, *20*(6), 555-566.
- Spear, L. P. (2000). The Adolescent brain and age-related behavioral manifestations. *Neuroscience and Biobehavioral Reviews*, *24*, 417-463.
- Stallard, P., Spears, M., Montgomery, A. A., Phillips, R., & Sayal, K. (2013). Self-harm in young adolescents. *BMC Psychiatry*, *13*, 328.
- Staller, K. M. (2006). Railroads, Runaways, & Researchers: Returning Evidence Rhetoric to Its Practice Base. *Qualitative Inquiry*, *12*(3), 503-522.
- Steinberg, L. (2000). The Family at Adolescence: Transition and Transformation. *Journal of Adolescent Health*, *27*, 170-178.
- Striegel-Moore, R. H., & Bulik, C. M. (2007). Risk factors for eating disorders. *The American psychologist*, *62*(3), 181-198.
- Sudbery, J. (2002). Key features of therapeutic social work: The use of relationship. *Journal of Social Work Practice*, *16*(2), 149-162.
- Suiter, S. V., & Heflinger, C. A. (2011). Issues of Care Are Issues of Justice: Reframing the Experiences of Family Caregivers of Children With Mental Illness. *Families in Society*, *92*(2), 191-198.
- Taiminen, T. J., Kallio-Soukainen, K., Nokso-Koivisto, H., Kaljonen, A., & Helenius, H. (1998). Contagion of Deliberate Self-Harm Among Adolescent Inpatients. *Journal of the American Academy of Child and Adolescent Psychiatry*, *37*(2), 211-217.
- Tapak, D. M. (2012). *"Don't Speak About Us Without Us"*. (Master of Interior Design Thesis), University of Manitoba, Winnipeg.

- Tas, F. V., Guvenir, T., & Cevrim, E. (2010). Patients' and their parents' satisfaction levels about the treatment in a child and adolescent mental health inpatient unit. *Journal of Psychiatric and Mental Health Nursing, 17*(9), 769-774.
- Taylor-Richardson, K. D., Heflinger, C. A., & Brown, T. N. (2006). Experience of Strain Among Types of Caregivers Responsible for Children With Serious Emotional and Behavioral Disorders. *Journal of Emotional and Behavioral Disorders, 14*(3), 157-161,164,166-168.
- Taylor, R. M., Gibson, F., & Franck, L. S. (2008). The experience of living with a chronic illness during adolescent: a critical review of the literature. *Journal of Clinical Nursing, 17*, 3083-3091.
- Tenni, C., Smyth, A., & Boucher, C. (2003). The Researcher as Autobiographer: Analysing Data Written About Oneself. *The Qualitative Report 8*(1), 8, 1-12.  
<http://www.nova.edu/ssss/QR/QR8-1/tenni.html>
- Thibeault, C. A., Trudeau, K., d'Entremont, M., & Brown, T. (2010). Understanding the Milieu Experiences of Patients on an Acute Inpatient Psychiatric Unit. *Archives of Psychiatric Nursing, 24*(4), 216-226.
- Thomas, S., Shattell, M., & Martin, T. (2002). What's Therapeutic About the Therapeutic Milieu? *Archives of Psychiatric Nursing, 16*(3), 99-107.
- Tomkins, L., & Eatough, V. (2010). Relecting on the Use of IPA with Focus Groups: Pitfalls and Potentials. *Qualitative Research in Psychology, 7*, 244-262.
- Tonge, B. J., Hughes, C., Pullen, J. M., Beaufoy, J., & Gold, S. (2008). Comprehensive description of adolescents admitted to a public psychiatric inpatient unit and their families. *Australian and New Zealand Journal of Psychiatry, 42*, 627-635.
- Topor, A., Borg, M., Di Girolamo, S., & Davidson, L. (2009). Not just an individual journey: social aspects of recovery. *International Journal of Social Psychiatry.*
- Tuck, I., & Keels, M. C. (1992). Milieu Therapy: A Review of Development of This Concept and its Implications for Psychiatric Nursing. *Issues in Mental Health Nursing, 13*, 51-58.
- van Dulmen, M. H. M. (2005). Current Trends and Research about Adolescence. In C. B. Fisher & R. M. Lerner (Eds.), *Encyclopedia of Applied Developmental Science* (pp. 14-16). Thousand Oaks: SAGE.

- van Kessel, K., Milne, D., Hunt, K., & Reed, P. W. (2012). Understanding inpatient violence in a New Zealand child and adolescent psychiatric setting. *International Journal of Mental Health Nursing, 21*(4), 320-329.
- van Manen, M. (1997). *Researching Lived Experience* (2nd ed.). Ontario: The Althouse Press.
- Vaughan, E. L., Feinn, R., Bernard, S., Brereton, M., & Kaufman, J. S. (2013). Relationships Between Child Emotional and Behavioral Symptoms and Caregiver Strain and Parenting Stress. *Journal of Family Issues, 34*(4), 534-556.
- Vogel-Scibilia, S., McNulty, K., Baxter, B., Miller, S., Dine, M., & Frese, F., III. (2009). The Recovery Process Utilizing Erikson's Stages of Human Development. *Community Mental Health Journal, 45*(6), 405-414.
- Wadsworth, M. E. (2005). Developmental Psychopathology. In N. J. Salkind (Ed.), *Encyclopedia of Human Development* (pp. 364-370). Thousand Oaks: SAGE
- Wakefield, J. C. (1995). When an irresistible epistemology meets an immovable ontology. *Social Work Research, 19*(1), 9-17.
- Walker, S. (2011). *The Social Worker's Guide to Child and Adolescent Mental Health* Retrieved from <http://UQL.eblib.com.au/patron/FullRecord.aspx?p=677730>
- Ward, A. (2003). The Core Framework. In A. Ward, K. Kasinki, J. Pooley & A. Worthington (Eds.), *Therapeutic Communities for Children and Young People* (pp. 21-42). London: Jessica Kingsley Publishers.
- Ward, D. (2009). Five messages every adolescent needs to hear. *Psychotherapy in Australia, 15*(3), 48-54.
- Ward, D. J. (2014). 'Recovery': Does it fit for adolescent mental health? *Journal of Child & Adolescent Mental Health, 26*(1), 83-90.
- Webb, A. (2011). Exploring parallel process within post-separation service organisations: The client, worker and organisation divorce. *Psychotherapy in Australia, 17*(4), 56-64.
- Weinstein, R. M. (1994). Goffman's Asylums and the total institution model of mental hospitals. *Psychiatry, 57*(4), 348.

- Weisz, J. R., & Hawley, K. M. (2002). Developmental Factors in the Treatment of Adolescents. *Journal of consulting and clinical psychology, 70*(1), 21-43.
- Westwood, L. M., & Kendal, S. E. (2012). Adolescent client views towards the treatment of anorexia nervosa: a review of the literature. *Journal of Psychiatric and Mental Health Nursing, 19*(6), 500-508.
- Wheatley, M., & Austin-Payne, H. (2009). Nursing Staff Knowledge and Attitudes Towards Deliberate Self-Harm in Adults and Adolescents in an Inpatient Setting. *Behavioural and Cognitive Psychotherapy, 37*(03), 293-309.
- Wheeler, K. (2011). A Relationship-Based Model for Psychiatric Nursing Practice. *Perspectives in Psychiatric Care, 47*(3), 151-159.
- White, S. (1997). Beyond Retrodution? - Hermeneutics, Reflexivity and Social Work Practice. *British Journal of Social Work, 27*, 739-753.
- Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in Qualitative Research. *Qualitative Health Research, 11*(4), 522-537.
- WHO. (2001). The second decade: improving adolescent health and development. Geneva: World Health Organisation.
- Wiley, R. E., & Berman, S. L. (2013). Adolescent Identity Development and Distress in a Clinical Sample. *Journal of clinical psychology, 69*(12), 1299-1304.
- Wilkinson, P., Harris, C., Kelvin, R., Dubicka, B., & Goodyer, I. (2013). Associations between adolescent depression and parental mental health, before and after treatment of adolescent depression. *European Child & Adolescent Psychiatry, 22*(1), 3-11.
- Williams, S. J. (1999). Is anybody there? Critical realism, chronic illness and the disability debate. *Sociology of Health and Illness, 21*(6), 797-819.
- Williams, S. J. (2003). Beyond Meaning, Discourse and the Empirical World: Critical Realist Reflections on Health. *Social Theory and Health, 1*, 42-71.
- Willing, C. (2001). *Introducing Qualitative Research in Psychology*. Buckingham: Open University Press.

- Wisdom, J. P. P. M. P. H., & Gogel, L. P. M. (2010). Perspectives on Adolescent Residential Substance Abuse Treatment: When Are Adolescents Done? *Psychiatric Services, 61*(8), 817-821.
- Woodgate, R. L. (2006). Living in the shadow of fear: adolescents' lived experience of depression. *Journal of Advanced Nursing, 56*(3), 261-269.
- Yantzi, N., Rosenberg, M. W., Burke, S. O., & Harrison, M. B. (2001). The impacts of distance to hospital on families with a child with a chronic condition. *Social Science & Medicine, 52*(12), 1777-1791.
- Yatchmenoff, D., Koren, P., Friesen, B., Gordon, L., & Kinney, R. (1998). Enrichment and Stress in Families Caring for a Child with a Serious Emotional Disorder. *Journal of Child and Family Studies, 7*(2), 129-145.
- Young, J. G. P. (2004). Family Grief and Mental Health: A Systemic, Contextual and Compassionate Analysis. *Australian & New Zealand Journal of Family Therapy, 25*(4), 188-197.
- Zeigler, V. L., & Nelms, T. (2009). Almost Normal: Experiences of Adolescents With Implantable Cardioverter Defibrillators. *Journal for Specialists in Pediatric Nursing, 14*(2), 142-151.
- Zubrick, S. R., Silburn, S. R., Burton, P., & Blair, E. (2000). Mental health disorders in children and young people: scope, cause and prevention. *Australian and New Zealand Journal of Psychiatry, 34*, 570-578.

## APPENDICES

## Appendix A

## SELECT LITERATURE REVIEW

Theses – ‘Adolescents in inpatient settings’	Country	Sample	Study
Cimaglia 1991 “Inpatient experiences: Adolescents’ perspectives”	US	Not stated	Small Phenomenological study in partial fulfilment for M.Sc. degree
Johnson, 1997 “The role of adolescent inpatient care”	Aus	Unknown	Unknown; submitted for M.Psy. Med. at Monash University.
Luiker 2008 “Predictors of outcome for severely emotionally disturbed children in treatment”	Aus	159	Explored what child, family and treatment variables affected outcome.
Henderson 2007 “Consumer perspectives of recovery from the effects of a severe mental illness: a grounded theory study”	Aus	15	Qualitative study on adults. University of WA
Frischknecht 2006 “Peer influences on the behaviour of adolescent females in residential treatment”	US	10	Retrospective study ( $\leq 5$ yrs) using mixed methods exploring possible iatrogenic peer group effect.
Nagarajan 2006 “A Qualitative look at social support through the eyes of adolescent girls in residential treatment”	US	21	Qualitative study using interviews exploring social support at a short-term treatment facility
Porter 2006 “Bullying behaviours among inpatient adolescents: Relationships between current behaviour and history”	US	78	Explored possible links between bullying and other psycho/social variables. Information was collected via patient files.

Theses – ‘Adolescents in inpatient settings’	Country	Sample	Study
Money 2007 “Adolescent girls’ perception of change in residential treatment centers: A qualitative study of how treatment works”	US	Not stated	Phenomenological retrospective study of what was most helpful while in treatment.
Gibson 2008 “The experience of change during residential treatment of adolescents”	US	42	Grounded Theory methodology. Interviewed patients, parents and staff.
Anderson 1992 “Evaluating the relationship between milieu countertransference and symptom change in an inpatient adolescent milieu”	US	34 staff 30 adolescents	Quantitative study exploring statistical significance across several variables.
Schwartz 2002 “The relationship between self-efficacy and adjustment on an adolescent inpatient unit”	US	70	Quantitative study exploring statistical significance between self-efficacy and adjustment.
Rederstorff 2003 “Ego development, psychiatric symptomatology, and gender in an adolescent inpatient sample”	US	305	Quantitative study exploring statistical significance between ego development, symptoms and gender.
Greene 2004 “The lived experience of psychiatric-mental health nurses who work with suicidal adolescents in inpatient psychiatric settings”	US	Not stated	Phenomenological study exploring the Nurses’ experiences
Bertisch 2005 “Psychosis and neuropsychological impairment as predictors of outcome in adolescent inpatients	US	102	Retrospective study, 5.9yrs post discharge.

Theses – ‘Adolescents in inpatient settings’	Country	Sample	Study
Radcliffe 2005 “The formation of the therapeutic alliance with the trans-theoretical stages of change in adolescent inpatients”	US	16	Explored whether the therapeutic alliance influences stages of change.
Laursen 1996 “Adolescents’ perceptions of success: A Qualitative study of adolescents in three residential treatment centers”	US	Not stated	Phenomenology & Ethnography methodology. Focused on the notion of ‘success’ in residential care.
Ceaser 2007 “When in Rome: A Grounded theory analysis of service users’ experiences of Ward rounds”	UK	10	Qualitative study exploring experiences of Ward rounds at an adolescent hospital.
Mulcahy 2006 “The relationship between somatic complaints and emotional distress in adolescents in residential treatment settings”	US	56	Correlational study to analyse relationship between somatic complaints and emotional distress. Various quantitative scales used.
Swales 1996 “Psychological processes of change in adolescents in a residential treatment setting”	UK	Unknown	Unknown (could not access)
Norris 1997 “Adolescent and staff experience of self-cutting behaviour in residential settings: a qualitative study”	UK	Unknown	Unknown (could not access)
McHugh 2004 “The role of readiness for change in the residential treatment recovery outcomes among female adolescents with anorexia nervosa”	US	Not stated	Explored statistically significant variables in the concept of change for females 14-19 with anorexia



Journal articles – Recovery	Country	Sample	Study
Meehan et al 2008 “Recovery-based practice: do we know what we mean or mean what we know”	Aus	Nil	Theoretical paper. Adult mental health
Noordsy et al 2002 “Recovery from severe mental illness: an intrapersonal and functional outcome definition”	USA	Brief adult case example	Theoretical paper. Adult mental health (psychosis)
Chadwick 1997 Recovery from psychosis: Learning from patients	UK	Nil	Autobiographical Adult mental health (psychosis)
Borg & Davidson 2008 “The nature of recovery as lived in everyday experience”	Norway	13	Qualitative study exploring experience. Adult mental health (mainly schizophrenia)
Davidson et al 2005 “Recovery in Serious Mental Illness: A new wine or just a new bottle?”	USA	Nil	Theoretical paper. Adult mental health.
Davidson et al 2005 “Processes of Recovery in Serious Mental Illness: Findings from a Multinational Study”	USA	12	Qualitative study exploring experience. Adult mental health (psychosis)
Davidson & Roe 2007 “Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery”	USA	Nil	Theoretical paper Adult mental health (psychosis)
Macdonald et al 2005 “What happens to social relationships in early psychosis? A phenomenological study of young people’s experiences”	Aus	6	Qualitative study In their early 20’s. (psychosis)

<b>Journal articles – Recovery</b>	<b>Country</b>	<b>Sample</b>	<b>Study</b>
Wisdom et al 2008 “Stealing me from myself: identity and recovery in personal accounts of mental illness”	Aus	45	Qualitative, retrospective. Adult mental health
Jacobson 2001 “Experiencing Recovery: A Dimensional Analysis of Recovery Narratives”	USA	Nil	Theoretical paper Adult mental health
Mancini et al 2005 “Making sense of it all: consumer provider’s theories about factors facilitating and impeding recovery from psychiatric disabilities”	USA	15	Qualitative study Adult mental health
Ochocka et al 2005 “Moving foward: Negotiating self and external circumstances in recovery”	USA	28	Qualitative, longitudinal Adult mental health
Bradshaw et al 2007 “Finding a place in the world; The experience of recovery from severe mental illness”	USA	45	Phenomenological study Adult mental health

**Appendix B**  
**INTERVIEW SCHEDULES**

**Adolescent Interview Schedule (1<sup>st</sup> interview)**

**1. MILIEU**

- a) Can you tell me how long you have been at Barrett now for?
- b) What's it like for you to live here at Barrett?
- c) What have been the most positive and negative experiences since you have been here?
- d) Tell me how you have found the staff at Barrett.
- e) How helpful do you think living on the Ward has been?
- f) If you had to describe Barrett to a stranger, what would you say?

**2. RECOVERY**

- a) Tell me a bit about why you are here.
- b) Has your stay at Barrett helped you getting back on track with your life? If so/not, how?
- c) How do you think life would be like if you were not at Barrett?

**3. SCHOOL**

- a) Can you tell me a bit about how the Barrett school has been for you?
- b) How does the Barrett school compare with your past school experiences?

**4. PEERS**

- a) Tell me a bit about what it's like to live with other teenagers.
- b) How have you found the 'code blacks' at Barrett?
- c) What is it like for you when some of the other kids aren't doing so well?
- d) Do you see any advantages in having the teenagers living together? If so/not, how?

**5. PARENTS/FAMILY**

- a) What's it been like to see less of your family since coming to Barrett?
- b) How do you think your family feels about your stay in Barrett?
- c) Has your stay at Barrett changed anything in your family? If so/not, how?

**6. SELF CONCEPT**

- a) How would you describe yourself as a person?
- b) Has coming to Barrett changed the way you think or feel about yourself? If so/not, how?
- c) How do you see yourself in say, six months?

**7. FINAL QUESTIONS**

- a) If there was one thing you would change about Barrett, what would that be?
- b) If there was one thing you would keep about Barrett, what would that be?
- c) Is there anything else you haven't told me that might be helpful for me to know?

**Adolescent Interview Schedule**  
**(2<sup>nd</sup> – 4<sup>th</sup> interviews)**

1. When you think about your experiences since our last interview, what stand out for you?  
Prompts: Relational, emotional, experiential domains.
  
2. The exploration and clarification of significant themes derived from the previous interview.  
Prompts: Relational, emotional, experiential domains.
  
3. Photo exploration:
  - a. What was it like using the camera?
  - b. 'Tell me a bit about the photos you have taken'...
  - c. What stands out?
  - d. Anything especially negative?
  - e. Anything especially positive?
  - f. What was that like for you?
  - g. How has that changed since last time we spoke?

Prompts: Relational, emotional, experiential domains.

4. Is there anything that feels a bit unfinished for you that you would like to talk about?

Final question of the study during 4<sup>th</sup> or final interview:

5. Now that we are at the end of the interviews, is there anything you would like to add about our time together or about the study?

**Staff Interview Schedule**  
**(Single interview)**

1. Can you tell me how long you have been working at Barrett for?
2. If you had to describe the Barrett Centre to a stranger, what would you say?
3. When you think about the last *X* years, what experiences *stand out* for you personally?
  - a. Prompts: Positive and negative experiences
  - b. Personal meaning of particular events
4. What do you think are the most *positive* experiences the adolescents have at Barrett?
  - a. Prompts: Staff/adolescent relations
  - b. The recovery process
  - c. Peers
  - d. Specific programs
5. What do you think are the most *negative* experiences the adolescents have at Barrett?
  - a. Prompts: Staff/patients/treatment.
  - b. Code blacks
  - c. Contagion effect of peers
  - d. Missing family
6. What thoughts come up for you when you consider the overall treatment process for the adolescents?
7. What have you noticed about any processes of change for the adolescents while they are at Barrett?
8. How do you think life would be like for the adolescents if they were *not* at Barrett?
9. Is there anything else you haven't told me that might be helpful for me to know?

### Staff Focus Group Discussion Questions

1. Do you get a sense of if, or how, the inpatient experience is different between male and female adolescents?
  
2. The school has come up a lot in the adolescent interviews. Can you say a bit from your perspective about the impact of the Barrett school on the adolescents' journey of recovery?
  
3. The topic of supportive relationships has been brought up in both staff and adolescents in the previous interviews, where the staff take on parental roles with the kids. I'm wondering if you have noticed any difficulties or challenges in any of the roles the staff may have with the adolescents?
  
4. The topic of developmental tasks for the adolescents has also arisen in the interviews. Could you say a bit about how your particular profession might contribute to addressing the developmental tasks of the adolescents?
  
5. Some staff have shared how stressful it can sometimes be working at the Barrett Unit. I'm wondering from your perspective what specific organisational, emotional or diagnostic difficulties might impel staff to leave BAC and look for work elsewhere.

**Appendix C**  
**VALIDITY CRITERIA**

Taken from Whitemore et al. (2001)

Criteria	Definition	Application of Criteria
Credibility & authenticity	To assure that there is an accurate interpretation of the meaning of the data; an accurate reflection of the experience of the participants.	Copious participant extracts to show links between raw data and themes.  Pre-understandings made explicit.
Criticality & integrity	A critical analysis that also embraces open inquiry and reflexivity.	An awareness of researcher bias & attempts to make explicit.  Openness to contradictions and alternative explanations.
Explicitness	Clarity of the researcher's trail of interpretations.	An awareness of researcher bias and be explicit about same.  Use of log trail/chapter 5
Vividness	'Thick descriptions' utilising imagination and clarity.	Emphasis on rich subjective 'emic' experience.  Use of photography.  Multiple perspectives incorporated.
Creativity	A flexible and imaginative approach.	The use of multiple knowledge bases to explore emerging themes within a phenomenological framework.  Use of photography.
Thoroughness	Adequacy of data and sampling, attention to connection between themes and ideas.	Sufficient data has been sought.  Comparisons made between themes noted in interviews and coding. A specific phenomena in sufficient depth.
Congruence	Adequate connection between research questions, methods and analysis.	Clear links between the phenomenon, methodology and methods.
Sensitivity	Research that is sensitive and ethically informed. Sensitive to context.	A range of ethical considerations addressed.

Appendix D  
Letter to BAC nurses

Thursday 7th October

Dear Nursing staff,

We often hear about the need for research here at Barrett, particularly as we are an extended unit.

Some time back, [REDACTED] graciously gave me the ok for some research here exploring the adolescents' experiences of inpatient life over a period of time. After almost 2 years of preparation, the time has come. The ethics approval was time consuming as well as nutting out stuff with UQ.

Both [REDACTED] and [REDACTED] have given the ok.

The research involves interviewing all adolescents who are inpatients about their experiences here at Barrett. I hope to get a picture of the recovery process, what is helpful, unhelpful etc etc. I have included the information sheets to give you some idea of what the study is about and what will be given out. At the Case Conferences, it will be decided if a particular adolescent is suitable (almost all will be unless there is significant impairment).

**In order for the study to go ahead, I need to ask 2 things of the nursing staff:**

- 1) Because I am a staff member, I cannot approach the kids themselves. I need the CC to approach the adolescent and if under 18, their parent(s) as well to see if they would like to be involved. I am happy to explain more details when I see you. Involvement is voluntary, but I cannot approach them myself due to any perceived 'coercion'.
- 2) Secondly, I need to distance myself from a therapeutic role for several months. This includes the family therapy. However, I don't need to withdraw completely. I am suggesting that the CC's take any family sessions, with the exceptions that if there is a particularly tricky case, I will have more involvement. I will give the CC one on one supervision as well as one-way mirror supervision during the data collection phase which will last around 9 mths or so. It will be a great opportunity for any nurse to get acquainted with family therapy, and the fact that it will go over several months is quite unique. Rarely do you find any family therapy training that last more than a couple of days! I am happy to give materials, discuss cases, and give some fairly intense family supervision over a period of time. I have quite a lot of material these days, and am keen to share it.

If you have an adolescent who has no need for family work, it is easier. If you do, by offering your help in this regard, you will be helping me do some research that really has yet to be done in Australia. ***The above is voluntary, but I do hope you will take up the opportunity - particularly as the data will be in before we move to Redlands and it may prove very useful in how we do things over there.***


If you have any concerns or questions, please see me.

Regards,

David Ward  
Social Worker



Appendix E  
Information & Consent Forms

	<p><b>Barrett Adolescent Unit, The Park - Centre for Mental Health</b></p> <p><b>WMSBHS D RESEARCH PROJECT</b></p> <p><b>PARTICIPANT INFORMATION SHEET</b></p> <p><b>(Adolescent)</b></p>
---	---

**Title of Research:** "The long sleep-over: an exploration of how consumers, parents and staff navigate life in an adolescent psychiatric unit"

**Research Project Contact**

Name:	David Ward, Social Worker
Address:	Barrett Adolescent Centre, The Park, Orford Drive, Wacol 4076
Telephone:	[REDACTED]
Email:	[REDACTED]

**Description of Research Project**

The purpose of this study is to better understand the experience of living in a long-term adolescent unit such as Barrett. The aim is to appreciate from an adolescent's perspective what it is like to live here for such a long period. This project is for David Ward's PhD thesis at the University of Queensland.

**Participation**

Your participation in this project is totally voluntary. If you do agree to participate, you can withdraw from participation at any time during the project without comment or penalty. Your decision to participate will in no way impact upon your current or future relationship with staff at Barrett or The Park.

Your part in the project involves answering David's questions about what it's like to live at the Barrett Adolescent Unit. David will spend some time interviewing you about any positive or negative experiences you have had since coming to Barrett. The interviews will be audio-taped and later transcribed into words. There are no right or wrong answers. David is curious about what you think and feel about living on the Ward, especially given that some adolescents live at Barrett for quite some time.

All together, there will be four interviews over twelve months. If you are not here that long, that's ok. David would still like to interview you. The interviews will take about an hour or however you would like to talk for.

**Expected benefits**

It is not expected that your involvement in this project will have direct benefits for you apart from the satisfaction of being involved. However, your involvement will help us get a better understanding of what it is like for adolescents to live in a long-stay residential unit such as Barrett. This information might help future consumers of the Barrett Unit.

**Risks**

There are no risks beyond normal day-to-day living associated with your participation in this project. We are aware that this could be a sensitive topic for you though, and we will completely respect your feelings throughout our involvement with you. However, should your participation in the project at any time cause distress, you have the opportunity to speak to David at any point. If you feel you need to speak to someone other than David, your case co-ordinator is aware that they need to be available if you would like to speak to them. Again, you are free to withdraw at any stage.

**Confidentiality**

The taped interviews that you complete with David will be written out and personal details like your name will be changed. The only people who will have access to the information will be David himself and his research supervisors. However, your real names will not be used. If photographs are taken for later interviews, they will be changed to protect your privacy. No-one will find out from this study that you are staying at Barrett.

Also, none of the staff at Barrett will know the author of the content in the interviews.

Because the study will be looking at what it is like for you at Barrett, this means that your personal history and your family history are not the focus.

Also, David is a researcher in this study. While he will still be involved in many activities at Barrett, he will not provide any personal counselling or therapy during the time of the interviews. He will still be doing a variety of jobs at Barrett, but during the time of the interviews he will not be as available.

**Consent to Participate**

If you have considered the study and would like to be involved, we need you to sign a written consent form (enclosed) to confirm your agreement to participate. We also need your parent or guardian to sign as well. Once again, you can change your mind and withdraw from the study at any time. Your case co-ordinator will see you again in three or four days to see if you might be interested.

**Questions / further information about the project**


Please feel free to see David and ask any questions you have.

**Concerns / complaints regarding the conduct of the project**

WMSBHSD & Qld Health is committed to researcher integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the Research Ethics Officer on [redacted]. The Research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner. Or if you wish, you can contact David's University supervisors. They are Dr Rob Bland [redacted] or Dr Peter Newcombe [redacted].

**You will be given a copy of this Participant Information Sheet and Consent Form to keep for your records.**

**Barrett Adolescent Unit, The Park - Centre for Mental Health**



**WMSBHSD RESEARCH PROJECT  
 CONSENT FORM  
 (Adolescent)**

**Title of Research:** "The long sleep-over: an exploration of how consumers, parents and staff navigate life in an adolescent psychiatric unit"

**Statement of consent**

By signing below, you are indicating that you:

- have read and understood the information document regarding this project
- have had any questions answered to your satisfaction
- understand that if you have any additional questions or concerns you can contact David
- understand that you are free to withdraw at any time, without comment or penalty
- should you withdraw, all material from the interviews can still be used for the research
- understand that you can contact the Research Ethics Officer on [redacted] or [redacted] if you have concerns about the ethical conduct of the project.
- agree to participate in the project

**Participants Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_


Investigator Name: David Ward, Social Worker, Barrett Adolescent Unit

Investigator Signature: ..... Date: ...../...../.....

Witness Name: .....

Witness Signature: ..... Date: ...../...../.....

**You will be given a copy of this Participant Information Sheet and Consent Form to keep for your records.**

	<b>Barrett Adolescent Unit, The Park - Centre for Mental Health</b>
	<b>WMSBHS D RESEARCH PROJECT PARTICIPANT INFORMATION SHEET (Parent/Caregiver)</b>

<b>Title of Research:</b> "The long sleep-over: an exploration of how consumers, parents and staff navigate life in an adolescent psychiatric unit"
---

### Research Project Contact

Name:	David Ward, Social Worker
Address:	Barrett Adolescent Centre, The Park, Orford Drive, Wacol 4076
Telephone:	
Email:	

### Description of Research Project

The purpose of this study is to better understand the experience of living in a long-term adolescent unit such as Barrett. The aim is to appreciate from an adolescent's perspective what it is like to live in an inpatient facility for such an extended period.

This project is for David Ward's PhD thesis at the University of Queensland.

### Participation

Your child's participation in this project is totally voluntary. However, they cannot participate without your permission. If you do agree to their participation, you can withdraw your permission at any time during the project without comment or penalty. Your decision will in no way impact upon your current or future relationship with staff at Barrett or The Park.

Your child's part in the project involves exploring what it's like to live at Barrett Adolescent Unit. David Ward the social worker will spend some time interviewing your child about their experiences they have had had since coming to Barrett. This interview will be audio-taped and later transcribed.

The focus of the study is the adolescent's experience of living at Barrett. Consequently, personal life issues such as family life or family history are not the focus of the research.

All together, there will be four interviews over twelve months. If your child is not here that long, that's ok. David would still like to interview them.

### Expected benefits

It is not expected that your child's involvement in this project will have direct benefits for you or your child apart from the satisfaction of being involved. However, their involvement will help us get a better understanding of what it is like for adolescents to live in a long-stay residential unit such as Barrett. This information might help future consumers of the Barrett Unit.

### Risks

There are no risks beyond normal day-to-day living associated with your participation in this project. We are aware that this could be a sensitive topic for them, and we will completely respect their feelings throughout our involvement with them. However, should their participation in the project at any time cause distress, they have the opportunity to speak to David at any point. If you feel they need to speak to someone other than David, their case co-ordinator will be available if

you would like to speak to them. Again, your child is free to withdraw at any stage.

### **Confidentiality**

The interviews completed will be typed out and personal information like names will be changed. The only people who will have access to the information will be David Ward himself and his research supervisors at the University of Queensland.

However, your child's real name will not be used. No-one will find out from this study that you have a child at Barrett.

Also, none of the staff at Barrett will know the author of the content in the interviews.

In terms of the content that your child shares with David, it too is confidential and it is up to your child as to whether they want to share the interview content with you. However, in accordance with Barrett policy, should issues of harm surface, (to self or others) the adolescents know that the Team will need to be informed.

Also, David Ward is a researcher in this study. While he will still be involved in many activities at Barrett, he will not provide any personal counselling or therapy during the time of the interviews. He will still be doing a variety of jobs at Barrett, but during the time of the interviews he must keep his roles of researcher and social worker more separate.

### **Consent to Participate**

If you have considered the study and are comfortable with your child being involved, we need you to sign a written consent form (enclosed) to confirm your agreement to participate.

As the child's guardian, you can change your mind and withdraw your child from the study at any time.

Your child's case co-ordinator will call you again in three or four days to see if you might be interested.


### **Questions / further information about the project**

Please feel free to see David and ask any questions you have or call him on [REDACTED]

### **Concerns / complaints regarding the conduct of the project**

WMSBHSD & Qld Health is committed to researcher integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the Research Ethics Officer on [REDACTED]. The Research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner. Or if you wish, you can contact David's University supervisors. They are Dr Rob Bland [REDACTED] or Dr Peter Newcombe [REDACTED].

**You will be given a copy of this Participant Information Sheet and Consent Form to keep for your records.**

	<p><b>Barrett Adolescent Unit, The Park - Centre for Mental Health</b></p> <p><b>WMSBHS D RESEARCH PROJECT</b></p> <p><b>CONSENT FORM</b></p> <p><b>(Parent/Caregiver)</b></p>
---	--

**Title of Research:** "The long sleep-over: an exploration of how consumers, parents and staff navigate life in an adolescent psychiatric unit"

**Statement of consent**

By signing below, you are indicating that you:

- have read and understood the information document regarding this project
- have had any questions answered to your satisfaction
- understand that if you have any additional questions or concerns you can contact David Ward on [redacted]
- understand that you can withdraw your child at any point without penalty
- understand that you can contact the Research Ethics Officer on [redacted] if you have concerns about the ethical conduct of the project.
- agree to let your child participate in the project

**Signature** .....

**Date**.....


Researcher Name: David Ward, Social Worker, Barrett Adolescent Unit

Researcher Signature: ..... Date: ...../...../.....

Witness Name: .....

Witness Signature: ..... Date: ...../...../.....

**You will be given a copy of this Participant Information Sheet and Consent Form to keep for your records.**

	<b>Barrett Adolescent Unit, The Park - Centre for Mental Health</b>
	<b>WMSBHSD RESEARCH PROJECT PARTICIPANT INFORMATION SHEET (Staff)</b>

**Title of Research: "Companionship, Containment and Contagion: The lived experience of adolescents in an inpatient unit."**

#### Research Project Contact

Name: David Ward, Social Worker  
 Address: Barrett Adolescent Centre, The Park, Orford Drive, Wacol 4076  
 Telephone: [REDACTED]  
 Email: [REDACTED]

#### Description of Research Project

The purpose of this study is to better understand the experience of living in a long-term adolescent unit such as Barrett. The aim is to appreciate from an adolescent's perspective what it is like to live in an inpatient facility for such an extended period.

This project is for David Ward's PhD thesis at the University of Queensland.

#### Participation

Your participation in this project is totally voluntary. If you do agree to your participation, you can withdraw your permission at any time during the project without comment or penalty. Your decision will in no way impact upon your current or future relationship with staff at Barrett or The Park.

Your part in the project involves exploring what it's like for the adolescents to live at the Barrett Adolescent Unit. David Ward the social worker will spend some time interviewing you about their experiences they have had had since coming to Barrett. This interview will be audio-taped and later transcribed.

The focus of the study is the adolescent's experience of living at Barrett. Consequently, your own personal life issues such as family life or family history are not the focus of the research. However, as you have been working at Barrett for some time, your perspective on their inpatient stay will be most valuable for the project.

There is only one interview for the staff. The interview should take around an hour.

#### Expected benefits

It is not expected that your involvement in this project will have direct benefits for you apart from the satisfaction of being involved. However, your involvement will help us get a better understanding of what it is like for the adolescents to live in a long-stay residential unit such as Barrett. This information might help future consumers of the Barrett Unit.

#### Risks

There are no risks beyond normal day-to-day living associated with your participation in this project. We are aware that this could be a sensitive topic for you, and we will completely respect your feelings throughout our involvement with you. However, should your participation in the project at any time cause distress, you have the opportunity to speak to David at any point. If you feel you need to speak to someone other than David, their case co-ordinator will be available if you would like to speak to them, or your professional supervisor. Again, you are free to withdraw at any stage.

The interviews completed will be typed out and personal information like names will be changed. The only people who will have access to the information will be David Ward himself and his research supervisors at the University of Queensland.

However, your real name will not be used.

Also, none of the staff at Barrett will know the author of the content in the interviews.

Also, David Ward is a researcher in this study. While he will still be involved in many activities at Barrett, he will not provide any personal counselling or therapy during the interviews. He will still be doing a variety of jobs at Barrett, but during the time of the interviews he must keep his roles of researcher and social worker separate.

### **Consent to Participate**

If you have considered the study and are comfortable with being involved, we need you to sign a written consent form (enclosed) to confirm your agreement to participate.

You can change your mind and withdraw from the study at any time.

### **Questions / further information about the project**

Please feel free to see David and ask any questions you have or call him on [REDACTED]


### **Concerns / complaints regarding the conduct of the project**

WMSBHS & Qld Health is committed to researcher integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the Research Ethics Officer on [REDACTED]. The Research Ethics Officer is not connected with the research project and can facilitate a resolution to your concern in an impartial manner. Or if you wish, you can contact David's University supervisors. They are Dr Rob Bland [REDACTED] or Dr Peter Newcombe [REDACTED].

**You will be given a copy of this Participant Information Sheet and Consent Form to keep for your records.**



**Barrett Adolescent Unit, The Park - Centre for Mental Health**



**WMSBHSD RESEARCH PROJECT  
CONSENT FORM  
(Staff)**

**Title of Research: "Companionship, Containment and Contagion: The lived experience of adolescents in an inpatient unit."**

**Statement of consent**

By signing below, you are indicating that you:

- have read and understood the information document regarding this project
- have had any questions answered to your satisfaction
- understand that if you have any additional questions or concerns you can contact David Ward on [redacted]
- understand that you can withdraw at any point without penalty
- should you withdraw, material from the interviews can still be used for the research
- understand that you can contact the Research Ethics Officer on [redacted] if you have concerns about the ethical conduct of the project.

**Signature** .....

**Date** .....

Researcher Name: David Ward, Social Worker, Barrett Adolescent Unit

Researcher Signature: ..... Date: ...../...../.....

Witness Name: .....

Witness Signature: ..... Date: ...../...../.....

**You will be given a copy of this Participant Information Sheet and Consent Form to keep for your records.**