Therapist perceived active ingredients of school-based dramatherapy for children and young people with emotional distress

Eleanor Keiller [a,*,1], Taryn Hutchinson [b,2], Dennis Ougrin [c,3], Catherine Elizabeth Carr [d,4], Jennifer Y.F. Lau [a,5]

[a] *Youth Resilience Unit, Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London, UK*
[b] *Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK*
[c] *Youth Resilience Unit, Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London and East London NHS Foundation Trust, UK*
[d] *Unit for Social and Community Psychiatry, Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London and East London NHS Foundation Trust, UK*

ABSTRACT

Dramatherapy, a creative form of psychotherapy, is used as a treatment for children and young people (CYPs) who have common mental disorders including anxiety, depression and trauma. Although widely used, particularly in schools, little is known about the active ingredients of this intervention. A qualitative approach, triangulating both semi-structured interviews (N = 11) and a focus group (N = 5), was taken to elicit dramatherapists' perspectives on the active ingredients of school-based dramatherapy. 11 active ingredients were identified. That dramatherapy fosters autonomy, freedom and agency (1), that experiences are processed creatively (2), that CYPs experience and express emotions (3) in dramatherapy, were found; dramatherapy's person-centredness (4) and the use of structure (5) were also found. The creation of safety, in the therapeutic relationship (6) and space (7) and, the ability to develop meaningful social connections (8) via dramatherapy, were also identified as active ingredients, as were, dramatherapists' use of theory (9), the importance of a systemic approach (10) and that therapeutic experiences are integrated into life beyond dramatherapy (11). This study is the first to explore the active ingredients of school-based dramatherapy for CYPs with emotional distress. The findings presented may inform further research, measuring mediators of change, and practice, which enhances symptom reduction.

Introduction

Increasing numbers of children and young people (CYPs) require mental health treatment and care. More time spent on social media (Marciano et al., 2022), rising academic pressure (Steare et al., 2023), a cost-of-living crisis (Iacobucci, 2023) and the fallout of the Covid-19 pandemic (Kauhanen et al., 2023) are all theorised to be contributing to increasing rates of mental disorder amongst this demographic (World Health Organisation, 2021). Mental disorders that are characterised by emotional distress, such as anxiety, depression and trauma, are the most

common conditions amongst CYPs (Merikangas et al., 2009). These conditions have a significant, detrimental, impact on the lives of many who experience them. Notwithstanding an increased risk of suicide (Centers for Disease Control and Prevention, 2022), existing research suggests that CYPs suffering from mental distress struggle to attend school (Finning et al., 2019), experience reduced life satisfaction (Hoseini-Esfidarjani et al., 2022) and disengage from opportunities for social connection (Hards et al., 2022). For CYPs with these conditions, ever-increasing wait times (Punton et al., 2022) and difficulties in accessing appropriate treatment are commonplace. As such, and

* Correspondence to: Youth Resilience Unit, Academic Unit, Cherry Tree Way, Glen Rd, London E13 8SP, UK.
E-mail addresses: e.keiller@qmul.ac.uk (E. Keiller), taryn.hutchinson@kcl.ac.uk (T. Hutchinson), d.ougrin@qmul.ac.uk (D. Ougrin), c.e.carr@qmul.ac.uk (C.E. Carr), j.lau@qmul.ac.uk (J.Y.F. Lau).
[1] Orcid ID: https://orcid.org/0000–0002-2316–3019
[2] Orcid ID: https://orcid.org/0000–0003-4464–8178
[3] Orcid ID: https://orcid.org/0000–0003-1995–5408
[4] Orcid ID: https://orcid.org/0000–0001-5179–2464
[5] Orcid ID: https://orcid.org/0000–0001-8220–3618

especially if CYPs' mental health continues to worsen as it has, a range of interventions which expand the capacity of existing services and which effectively support CYPs with emotional distress are needed. One such intervention may be dramatherapy.

Dramatherapy is a creative form of psychotherapy which utilises aspects of drama to facilitate the therapeutic process (British Association of Dramatherapists, 2020). It is currently utilised in the treatment of a range of mental health issues (Bourne et al., 2018) and, amongst others, it is practised with CYPs who have emotional distress (Keiller, Tjasink et al., 2023). Despite clinical implementation in the NHS and the private and education sectors, dramatherapy research is in its relative infancy (Fernández-Aguayo & Pino-Juste, 2018). Where research does exist, case examples (Armstrong et al., 2019) and experimental designs investigating efficacy are most prevalent (Keiller, Tjasink et al., 2023; Orkibi et al., 2023). Few investigations have examined what the active ingredients of dramatherapy are and how it operates to effect change.

'Active ingredients' are the components of an intervention which are responsible for change (Dobber et al., 2020). They are features that can be directly linked to an intervention's effect and are something which, if omitted, would make the intervention ineffective or, less effective (McCleary et al., 2013). Identifying the active ingredients of interventions is important; doing so allows clinicians, researchers and users to understand mechanisms of change for a given intervention which can inform the design of more rigorous evaluations, develop the theoretical basis of an intervention and lead to continued innovation including optimising and tailoring. In medicinal interventions, identifying active ingredients is commonplace and, as experimental variables can be easily isolated, doing so is, relatively, simple (Beresford et al., 2018). Identifying active ingredients for complex interventions, such as dramatherapy, however, is more difficult yet, no less important (Skivington et al., 2021).

Dramatherapy is a complex intervention within which a range of factors, or active ingredients, may be responsible for change. Such ingredients which have been identified in the treatment of emotional distress for other forms of psychotherapy may include the quality of the therapeutic relationship (Kazantzis & Dobson, 2022) and the client's involvement or engagement with the intervention (McLeod et al., 2014). Across the arts therapies (and although not specifically relating to emotional distress), there have recently been efforts to identify 'therapeutic mechanisms', 'factors for change' or 'common principles'. These terms, which are used somewhat interchangeably across the literature, relate to mediators within the therapy that potentially affect and explain patient or participant outcomes. 'Active factors' is the term selected by Koch (2017) in her study of the four arts therapy modalities; this study identified aesthetics, hedonism (including play), nonverbal communication and metaphor as such factors. Similarly, a scoping review by de Witte et al. (2021) sought to identify 'therapeutic factors'. The authors noted of dramatherapy specifically, that 'offering control and choice' and 'dramatic projection' were important. Amongst others, therapeutic relationship, group dynamics and the use of the art form were also identified by Carr et al. (2021) who identified shared principles of the arts therapies ahead of a randomised controlled trial. In the above studies, and in psychotherapy literature more broadly, exploration of modality-specific and common-factors of psychotherapy have been a focus of research and debate (Wampold & Imel, 2015). Common factors are those which relate across psychotherapy modalities, such as the therapeutic alliance and empathy (Wampold, 2023), whilst specific factors are, just that: specific to the modality in question. An example within dramatherapy may be the use of character in the therapeutic space or, as identified by de Witte et al., the use of surplus, or imaginary, reality (2021) both of which do not typically appear in other arts therapies.

Whilst the above studies explore all arts therapy modalities, within dramatherapy specifically, researchers have *begun* to identify the potential, modality-specific, change processes involved in the intervention. Using grounded theory, Cassidy et al. (2014) identified that establishing

safety, offering control and choice to participants, and that working alongside clients who are 'actively involved' in dramatherapy, may all be responsible for change. In addition, two key change mechanisms, 'developing new awareness' and 'finding a language to communicate' were also identified in a later study (Cassidy et al., 2017). Other existing research, which seeks to understand the processes in action in dramatherapy, utilises the framework of the core processes. The core processes, initially identified by Jones (Jones, 1991, 2007, 2008, 2016) and more recently updated by Frydman et al. (2022) are widely applied in dramatherapy as a means of understanding and describing practice; they are not active ingredients or mechanisms/mediators of change per se. In the latest iteration, seven core processes have been identified including active witnessing, distancing, dramatic play, dramatic projection, embodiment, engagement in dramatic reality and multidimensional relationship (Frydman et al., 2022).

There is, as evidenced by the literature noted above, a developing awareness of the change factors, or active ingredients, within dramatherapy, however, existing research has primarily focused on dramatherapy with adults. Although dramatherapy is practised with people of all ages, the largest demographic of people accessing dramatherapy, in the UK at least, are CYPs (British Association of Dramatherapists, 2022). Whilst there may be numerous similarities to adult practice, CYPs' developmental and maturational stage, their associated emotional needs and their arising life experiences may vastly affect the ingredients, via which dramatherapy operates. Two studies have, thus far, sought to address this gap. The first is a systematic review by Berghs et al. (2022) which explored the effect and mechanisms of dramatherapy for CYPs with a wide range of psychosocial problems. Amongst others, the mechanisms identified included the stimulation of expression, gaining experiences, embodiment, witnessing others and gaining self-control. A second study which explored CYPs with emotional distress specifically, and thus, has more closely addressed this area, is by Keiller and colleagues (2023). Their meta-synthesis of existing literature explored secondary participant-reported data to elicit CYPs perspectives on the active ingredients of dramatherapy which *was* delivered for emotional distress (Keiller, Murray et al., 2023). Amongst others, the findings were that dramatherapy is a positive, learning and social experience and that CYPs are supported to express themselves and regulate their emotions in dramatherapy. It should be noted that, in this study, the participant-reported active ingredients were generated via participant feedback on dramatherapy and thus, were not specifically elicited to identify active ingredients. To offer an overview of existing CYP literature, the active ingredients, or mechanisms, identified in these two studies, are presented in Table 1.

From this brief review of the literature, it is clear that a range of terminology has been used to depict various, and often similar, elements of dramatherapy change process research; 'ingredients', 'factors', 'mechanisms' and 'processes' are just a few words utilised by authors thus far. Indeed, it is noted throughout the literature that there is no single consensus regarding this terminology (Wolpert et al., 2021). As such, and in order to offer clarity for readers, this study defines active ingredients in line with Pote (2022). Here, active ingredients are the specific components of an intervention which create or effect change. Mechanisms of action, also known as mechanisms of change, are the ways in which change is actually created; that is, they are the processes which occur *because* of the combination of active ingredients present. Whilst consensus on this topic *is* lacking, other researchers have also defined these terms in this way (Dobber et al., 2020; Nock, 2007; Warran et al., 2022).

When conducting change process research, such as in the search for active ingredients, exploring the setting of complex interventions (which are, often, context-dependent) may also offer useful insight into the mechanisms of a given intervention. Although dramatherapy with CYPs is delivered in many varied settings, including healthcare, private practice and the charity sector, a significant percentage of UK dramatherapists (46 %) work in schools (British Association of

Table 1

Active ingredients/mechanisms identified in existing studies of dramatherapy for CYPs.

Berghs et al. (2022)	Keiller, Tjasink et al. (2023)	Current Study
Participants gain self-control and develop agency by becoming more active during their treatment	Dramatherapy encourages expression of self (including freedom and agency)	CYPs are afforded autonomy, agency and freedom in dramatherapy
Participants embody personas and emotional experiences	Dramatherapy supports emotion regulation	CYPs process their experiences and difficulties creatively in dramatherapy
Participants are stimulated to be creative and to use their imagination		
Expression is stimulated in dramatherapy		CYPs experience, express and manage their emotions in dramatherapy
		Dramatherapy is person-centred and flexible
		Dramatherapy interventions have a structure
	Dramatherapy is experienced positively	A good and safe therapeutic relationship is important in dramatherapy
		Dramatherapy creates and operates within a safe space
Sharing experiences and feelings, emotions of oneself and others, and personal stories	Dramatherapy is a social experience	Dramatherapy encourages meaningful social relationships
Participants reflect on experiences, feelings, different points of view themselves and others		
Participants witness others		
General: participants share experiences, feelings, emotions, thoughts and stories with others		
		Dramatherapists utilise dramatherapeutic or psychotherapeutic theory
N/A	N/A	School-based dramatherapy requires a systemic approach
Participants gain experiences in dramatherapy	Dramatherapy is a learning experience	Therapeutic experiences are integrated into life beyond therapy
Participants become aware of their vulnerability, psychological issues, roles, identities, ideas and feelings		
	Dramatherapists are professional and knowledgeable	

*N/A, not applicable as the study did not relate to school-based dramatherapy

Dramatherapists, 2022) and, as such, various contextual factors may influence the operation and delivery. For example, and whilst school-based dramatherapy is largely informed by the same theories and principles of non-school-based dramatherapy (i.e. training for both settings is the same), existing research does suggest that school-based dramatherapy has its own unique challenges. Amongst others, such challenges relate to accessing space, the provision of adequate materials and regarding other professional's understanding, and therefore

support, of the practice (Frydman & Mayor, 2021; Keiller et al., 2024). With these context-specific factors in mind, and with such a high proportion of dramatherapy taking place in school settings, and with people of young age, it is vital to develop an understanding of how the practice operates in this particular context.

To address this area of need, this study explores therapist-reported active ingredients of school-based dramatherapy which is delivered to CYPs in response to emotional disorders or symptoms of emotional distress such as anxiety, depression and trauma. Building on the aforementioned study of participant-reported active ingredients in this area (Keiller, Murray et al., 2023), the current study sought to foreground the opinions of dramatherapists and to explore this topic from their perspective. Amongst others, their therapeutic training and experience of facilitating with a wide range of clients means that their understanding of active ingredients may differ from those of young participants; as such, this study may expand upon previous literature and bring new insights. The research question posed by this study is, therefore, as follows: What do dramatherapists report are the active ingredients of dramatherapy when used as a treatment for emotional distress in CYPs?

Methods

Design

This study was a qualitative investigation which was conducted via an interpretivist paradigm. Interpretivism asserts that reality is both multiple (that is, there is no single 'true' reality) and subjective (that is, that each person's reality is constructed via their own individual experience and perspective) (Alharahsheh & Pius, 2020). Interpretivist research makes space for and seeks to uncover multiple subjective realities in order to make sense of an area or phenomena (Saunders et al., 2009). As such the design of this study included individual semi-structured interviews wherein the area of interest (active ingredients of dramatherapy) was explored in depth with each participant. A focus group was also used to triangulate the findings post-analysis; this method is noted to enhance both the trustworthiness and richness of research findings (Lambert & Loiselle, 2008).

Participants

A total of 17 participants were involved in this study. 12 of these were interview participants and five were focus group participants. All participants were qualified dramatherapists who had experience of working in schools with CYPs (aged 8 – 18 years). To be eligible for this study, participants were required to have provided school-based dramatherapy as a treatment for emotional distress including symptoms of anxiety, depression or trauma in the presence or absence of other co-occurring difficulties. Support must have been provided by the therapist to at least three children since the year 2000. Participants were also required to be able to consent to take part in the study and to be recorded.

Participants were recruited via the British Association of Dramatherapists' weekly e-bulletin. Supplementary recruitment was also supported by two dramatherapy organisations who coordinate the placement of dramatherapists in schools. Upon registering to take part in this study, all participants completed a short demographic questionnaire (Appendix A) which was conducted via an online survey platform called Qualtrics (2023). All participants who took part in the study received a £20 high-street shopping voucher as a token of appreciation for their time.

Procedure

This study employed a qualitative methodology and utilised both individual semi-structured interviews (N = 12) and, with different participants, a focus group (N = 5) to elicit the findings presented

herein. Ethical approval for this study was granted by Queen Mary University of London Research Ethics Committee in February 2023; this was before recruitment to this study was initiated.

The individual semi-structured interviews were all conducted by the lead researcher and they were delivered online, via Zoom, for up to 90 min. A topic guide was used to guide the interviews. The questions within this guide were designed in order to encourage participants to describe their dramatherapy and to consider what constitutes, and engenders, effective practice. The topic guide was also structured to move the participant from the initial set-up of dramatherapy all the way to ending and closing; this ensured that no area was left uncovered in the discussion. An initial draft of the topic guide was piloted with a practising and research active dramatherapist who had experience of working in schools. Their feedback was incorporated into the topic guide before the interviews commenced. The full topic guide is included in Appendix B, however, some example questions are: "What things need to be in place for a session to go well?" and "How do you prepare your environment for your dramatherapy sessions?" All interviews were audio-recorded; in order to maintain data security, recordings were anonymous (i.e. started after the participant had introduced themselves), they were also stored directly on a password protected device and not uploaded to the cloud. Recordings were then transcribed using Otter.ai transcription software (Otter.ai, 2024) before being deleted from the device in which they were recorded. Once transcribed and cleaned for error, all participants were sent a copy of their transcript and offered the opportunity to add to, or edit, this. N = 3 participants elected to make minor amendments to their transcripts; in all cases this involved adding clarity or detail to their existing contributions rather than omitting or removing content. It should be noted that although fifteen interview participants were initially sought, this figure was reduced to 12 as data and thematic saturation occurred earlier than expected. This number remains in line with Baker and Edwards (2012) who suggest that twelve interview participants is an adequate sample for qualitative exploration of a topic.

Once all semi-structured interviews had taken place, the data analysis on all transcripts was conducted and a first draft of the results was prepared. A focus group was then held, again with dramatherapists who had experience of working in schools. The decision to allocate dramatherapists to interviews or focus groups was done based on the time they were recruited to the study. The focus group was intended to triangulate the interview findings and to ensure the validity of the conclusions made in the analysis (Lambert & Loiselle, 2008). As the interview data analysis involved the *translation* of the participants' experience of delivering dramatherapy into the active ingredients of dramatherapy, it was important to corroborate the findings in this way. Like the interviews, the focus group was led online by the lead author for approximately 90 min. The content of the focus group involved group introductions, a brief description of what active ingredients are and an introduction to the study's research questions. The participants were then led through a creative exercise which utilised the metaphor of a 'dramatherapy machine' in order to encourage creative thinking about active ingredients. The interview findings were then presented one by one and participants were invited to discuss the applicability of these to their work and to make changes based on this. The 'dramatherapy machine' was used again as a closing exercise wherein participants were invited to 'power down' as a break in the school year was approaching. As before, the focus group was audio-recorded and a transcript was prepared using otter.ai transcription software (Otter.ai, 2024). As with interviews, focus group participants were sent a copy of their transcript and offered the opportunity to add to, or edit, their transcripts. None of the focus group participants elected to amend their transcript.

In line with the ethical approval for this study, the data collected throughout was stored as per Queen Mary University of London's data storage policy; as such, all data (such as interview transcripts and demographic data) was anonymised and stored on secure OneDrive servers. In addition, all data was handled in line with Queen Mary's privacy notice which is included in Appendix C.

Data analysis

Reflexive thematic analysis (Braun & Clarke, 2006) was selected for this study as it is inductive and it allows for researchers to consider their positionality in relation to the data and to seek and interpret themes from it. To conduct the analysis, and following the completion of all semi-structured interviews, the associated transcripts were placed into NVivo (version 13) (Lumivero, 2020), which is a computer software package for the in-depth analysis of qualitative data. Two researchers [EK, TH] then began independently conducting reflexive thematic analysis on 25 % of the transcripts [N = 3]. Once completed, the researchers came together and went line-by-line through the transcripts to determine their rates of agreement. They then developed a joint coding framework and grouped the codes into themes as per the research question (i.e. active ingredients). The lead researcher then coded all transcripts based on the jointly created framework. Once all transcripts had been coded, the two researchers came back together to review the overall findings. The process of conducting the analysis, including the ongoing reflexive practices that the researchers engaged in (Olmos-Vega et al., 2022), is detailed in Fig. 1.

Results

Participants

A total of 17 participants were recruited to this study; 12 of these were interview participants and five attended the focus group. Two dramatherapists responded to the recruitment call but, due to illness and workload, they were unable to take part and their data is not included. Of the 17 participants who did take part, fifteen were female, one was male and one was non-binary. Regarding their ages, six were 25 to 34 years old, four were 35 to 44 years old, three were 45 to 54 years and three were 55 to 64; one was over 65 years old. 12 participants described themselves as 'English, Welsh, Scottish, Northern Irish or British', four described themselves as 'Other White background' and one was Caribbean. Six participants had been qualified dramatherapists for between 0 and 4 years, two had been qualified for between 5 and 9 years, four for 10 to 14 years and five for 15 to 19 years. 14 were currently working in schools and three discussed work that they had previously done in schools. 13 participants had worked in primary schools (ages 5–11 years) 12 in secondary schools (ages 11–16 years), 4 in sixth form colleges (ages 16–18 years) and 3 in other kinds of schools; this included pupil referral units, alternative provision and special educational needs schools.

Active ingredients

Following the analysis of interview data, a total of 12 active ingredients of dramatherapy for CYPs with emotional distress were identified. The 12 active ingredients were informed by a total of 49 codes. Following the presentation in the focus group, one active ingredient, which had just one code, was merged into another and 11 active ingredients remained. Similarly, one code (which had been infrequently coded to) was removed and one was added.

Following the focus group, a total of 11 active ingredients and 49 informant codes were identified. Each active ingredient, and segments of the data which informed them, are presented below and are tabulated in Table 2.

Active Ingredient 1: CYPs are afforded autonomy, agency and freedom in dramatherapy

The first active ingredient which emerged from the analysis was that CYPs are afforded autonomy, agency and freedom in dramatherapy. In
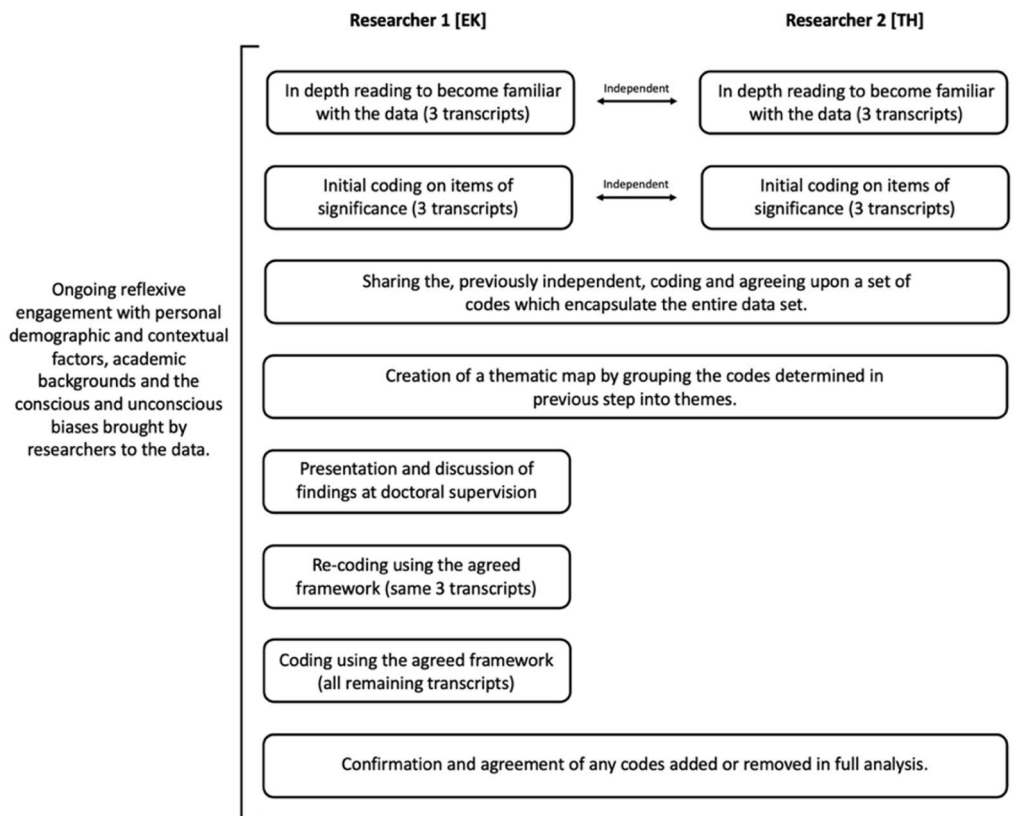
Fig. 1. Steps taken in reflexive thematic analysis.

the data which informed this theme, dramatherapists stated that allowing CYPs to choose to attend dramatherapy and also to choose the content of their sessions was an important feature of effective practice. Dramatherapists also noted that, for CYPs, experiencing agency such as this was likely to be therapeutic in itself.

> *"It's important, I think, for that child to have the agency [and] for that child to be asked would you like to [attend dramatherapy] or to be able to make the decision themselves. Especially in a place like school where, a lot of the time, they don't have agency." [Participant 3]*

The data also suggested that agency is offered to CYPs in the creation of their aims or goals for dramatherapy and in the self-reporting and determination of their progress. Related to this, many dramatherapists involved in this study sought to support CYPs to have choice in relation to the wider context of their dramatherapy and to be involved in decision making such as the timing of their sessions and the sharing of personal information.

> *"Giving the chance for the young person to [say what they want to] focus on, or what is it they want to bring going forward" [Participant 12]*

Allowing and welcoming CYPs to express themselves, either through their actions or vocally in dramatherapy, was also a key theme of this active ingredient. Similarly, CYPs growing in confidence during their dramatherapy and becoming able to assert themselves, as a result, was also present in this theme.

> *"It's trying to see what's coming out in her play. What is she working through? What is actually going on? What is her communication in the classroom really about? So yeah, that's about giving a space for her to, through play, just express what is actually going on for her at the moment." [Participant 10]*

> *"What I've learned is that they all definitely develop their voice... Some amazing things have happened where I've been able to bring young people*

into their own annual reviews to give voice to what they want." [Participant 12]

Active Ingredient 2: CYPs process their experiences and difficulties creatively in dramatherapy

The second active ingredient identified in this study was that CYPs use creativity, and creative methods, to process their experiences and difficulties. The codes informing much of this finding related to specific techniques utilised in dramatherapy and included working with distance from the CYPs' emotional material and working within the dramatic reality.

> *"So, back to this young person with the doll's house. It took a few sessions, probably six sessions for me to see like, okay, we've played at a distance here. There are some things that I'm seeing and I'm going to go a little deeper. We're still going to use the doll's house and still going to use these characters. It just gives that really safe distance... She's not ready to say anything, or can't or doesn't understand herself, but we can do that through play. And it's safe, it's not overwhelming." [Participant 6]*

> *"So, [the warm-up] would be an activity like creating an imaginary landscape or walking through an imaginary place or finding a costume or reading a story." [Participant 1]*

Specific dramatherapy techniques such as using games or playing, embodiment, metaphor and stories also emerged and contributed to this ingredient; role play and character work, including taking on a role or creating characters also contributed.

> *"Some of my most profound dramatherapy work has come from playing at the start and letting go the idea of this isn't therapy." [Participant 8]*

> *"I think at the core of dramatherapy is embodiment... I think it's important to use embodied form because that's where our feelings are, our*

Table 2
Active ingredients and thematic codes identified.

Active Ingredient (N = 11)	Code (N = 49)
CYPs are afforded autonomy, agency and freedom in dramatherapy	CYPs have agency to be present in their dramatherapy sessions
	CYPs determine the content of their dramatherapy sessions
	CYPs set their own goals for dramatherapy
	CYPs determine their own progress
	CYPs have choices and are involved in decision-making
	CYPs have the chance to express themselves and their wishes
	CYPs increase in confidence
CYPs process their experiences and difficulties creatively in dramatherapy	Dramatherapy methods allow CYPs to work with distance from their emotional material
	Dramatherapy utilises the dramatic reality
	Dramatherapy utilises games or play
	Dramatherapy utilises embodiment
	Dramatherapy utilises metaphor
	Dramatherapy utilises stories
	Dramatherapy utilises role and role-play
	Dramatherapy utilises character work
	Dramatherapy utilises different means of communicating
	Working creatively may not be accessible, or initially accessible, to all CYPs
CYPs experience, express and manage their emotions in dramatherapy	CYPs experience and express their emotions in dramatherapy
	CYPs receive psychoeducation in dramatherapy
	CYPs experience and practice emotion regulation
Dramatherapy is person-centred and flexible	The aims and goals of dramatherapy are flexible
	Dramatherapy can be delivered both one-to-one and as a group intervention
	Dramatherapists and dramatherapy are flexible to individual CYPs' needs
	There is flexibility in the delivery of dramatherapy
	Dramatherapists work intuitively (without a set session plan)
Dramatherapy interventions work with, or have, a structure	Dramatherapy is delivered with consistency
	Dramatherapy is a process
	Dramatherapists utilise ritual
	Some dramatherapists may utilise a structure (SESAME or otherwise named)
	Dramatherapists utilise grounding
	Dramatherapists seek to ensure there is a therapeutic ending
A good and safe therapeutic relationship is important in dramatherapy	A good and secure therapeutic relationship is important in dramatherapy
	A working alliance is established between the CYP and the dramatherapist
	The demographic identity of the therapist is considered in the therapeutic relationship
	The dramatherapist is, importantly, not a teacher (to the CYP)
	Dramatherapists work with the principle of unconditional positive regard
Dramatherapy creates and operates within a safe space	Dramatherapists create a therapeutic environment for dramatherapy to take place in and they actively hold the boundaries of this space for the client
	Dramatherapy provides a refuge or "space" for CYPs
Dramatherapy encourages meaningful social relationships	CYPs have increased socialisation (via group sessions and outside of therapy)
	Dramatherapists utilise inter-relational group processes (including in mixed-ability groups)

Table 2 (*continued*)

Active Ingredient (N = 11)	Code (N = 49)
Dramatherapists utilise dramatherapeutic or psychotherapeutic theory	Dramatherapists working with CYPs' unconscious material
	Dramatherapists consider transference and countertransference
	Dramatherapists utilise attachment theory
	Dramatherapists create and offer containment to CYPs
	Dramatherapists practice in a trauma-informed manner
School-based dramatherapy requires a systemic approach	Many organisations or professionals (in and outside of the school) facilitate school-based dramatherapy to happen
	Other professionals' understanding and perspectives of dramatherapy are important
	Dramatherapists involve, or do not involve, CYPs' parents and families
Therapeutic experiences are integrated into life beyond therapy	Therapeutic experiences and skills are integrated into life beyond therapy

feelings live in our body… If we connect with our body, we actually step into an embodied process." [Participant 9]

"*There was this 'evil king' [character] who had a mum who was in prison because she did something violent and she was processing this other side to her mom in the play. Eventually, after many, many sessions, I was checking in with her, and she just got angry at her mum and it was it was huge because she'd never owned her emotions, other than 'happy' or 'sad', and never said how annoyed she was at her mum. So [the story] gave her the articulation that she didn't have.*" [Participant 8]

Finally, non-verbal communication, either when working with CYPs who cannot speak, or wherein a CYPs emotional experience may be too painful to express verbally, was also a key theme in the dramatherapists' discussion.

"*In terms of bereavement work. I think it really works well, because especially dramatic movement and things that are not accessible by language or words. [There are] feelings that that need to be communicated more symbolically.*" [Participant 2]

It should also be noted that some dramatherapists, in relation to this finding, noted that working creatively may not be suitable, or may not initially be suitable, for all CYPs and that a directive or structured therapy, such as cognitive behavioural therapy, may be needed. Focus group participants, in particular, discussed that the dramatherapist's role was to make such creativity possible.

"*[Working creatively] brought up more anger, more rage, than he was ready to connect with and ready to tolerate. And I feel like, if this individual was in a talking therapy, he would have been able to navigate that a bit more easily.*" [Participant 9]

Active Ingredient 3: CYPs experience, express and manage their emotions in dramatherapy

The third active ingredient which emerged from the analysis was that dramatherapy encourages and supports CYPs to experience, express and manage their emotions. Allowing CYPs to feel their emotions and to express them physically, creatively, vocally or relationally was deemed important to the practice.

"*That's a really important thing, normalising it, normalising the emotions that come with endings… all the range of emotions.*" [Participant 2]

In addition, creating moments of psychoeducation wherein CYPs could learn about their emotions and develop emotional literacy was also deemed to be an active part of the process.

"I've got loads of emojis of different emotions and I asked them what emotions can you see here? The name will be emotions, and then I read the underneath, you know, all feelings are welcome here." [Participant 6]

"And teaching, you know, delivering psychoeducation… Let's look at the body and see what we're noticing." [Participant 12]

Finally, and as a result of both emotional expression and psychoeducation, the data also suggested that CYPs learn to manage and regulate their emotions via dramatherapy.

"A good session [is when] the student who's experiencing those things is able to make eye contact. They are able to stay in the room for the session. They are able to, in various different ways, share their fears or their worries or their anxieties. They are able to leave something behind. They are able to recognise that somewhere, in amongst whatever we've been doing, that their wellbeing or their sense of self is being regulated. That they felt heard. That they felt acknowledged and validated. That they're not alone and that they can live with and alongside the feelings rather than let those feelings dominate or dictate." [Participant 7]

Active ingredient 4: dramatherapy is person-centred and flexible

The ability of dramatherapy, and of dramatherapists, to be person-centred and thus, to remain flexible in the set-up, delivery and ending of dramatherapy was deemed to be a crucial active ingredient of the practice. Creating flexible goals, which are suitable and acceptable for both CYPs and also to schools or funders, was one area which contributed to this ingredient.

"What's great about the goals-based inventory or the goal-based report, is that, 1) it's flexible, so it can change. And 2) it can be in the child's own voice. So, you know if you say to them, oh here have a magic wand, what would you change?" [Participant 4]

In addition, remaining flexible in the delivery of dramatherapy, such as with regards to the location or content of sessions and the ability to work in both groups and one-to-one was present in the data.

"Some kids need one-to-one because they need to have that time to explore, express and process things in an environment that is completely theirs. And some kids are at a point where they can benefit from hearing other people's experiences, going through things and connecting." [Participant 4]

"[With children who have been adopted or experienced trauma] my feeling is that their life experience is such that it is beneficial to have one-to-one because there might be things within that, that others don't know… Regarding anxiety and depression, there probably would be a benefit of working in a group in terms of what we know about how you work through those conditions and that you get support from a group." [Participant 10]

Remaining flexible to CYPs' needs, such as the length of sessions being determined by what a participant can manage and also working intuitively, in a client-led manner, also arose in the findings.

"In one-to-one with little kids, like the primary school, there's no expectation that they are going to stay for 50 min. They stay as long as they want to and, especially in the beginning, they may only have an attention span of 20 min or half an hour. Doesn't matter. It's fine." [Participant 4]

"This has happened recently, a young person said "Oh, can you take me at a different time? Because I'm going to be missing X". We can accommodate that; we'll do that. So, it's not fixed… it's quite a flexible system but, generally, yes, same time every week." [Participant 10]

"I wait to see what happens in the check-in and from the check-in, that is where I'm like, right, we'll go with this… Particularly as dramatherapy is person-centred, it creates confusion for me, personally, if I'm being

person-centred, and [if I am] going in with an expectation, I'm closing that down." [Participant 9]

Active ingredient 5: dramatherapy interventions work with, or have, a structure

The overall structure of dramatherapy interventions also emerged as an active ingredient of the practice. Dramatherapists mentioned providing consistency in delivery, for example in maintaining the same session time and place and the importance of understanding that dramatherapy is a process which may take time to establish and take effect.

"I was very rigid, every week, same time, same day… Consistency is very valuable. It's very important, especially when some of these children have such chaotic home lives, with little consistency. And I don't just mean about date and time, I also mean the emotional consistency of an adult that just there with whatever they bring into the room and who isn't reacting to it." [Participant 11]

Using ritual, for example to open and close a session and to provide a container for the emotional material also emerged.

"it's very held, like, it's held in a ritual. We started [and] we ended in that ritual. You know, it's fluid within that." [Participant 3]

Some dramatherapists spoke of using a structure for their sessions; for most, this was the SESAME structure which involves a warm-up, a bridge-in, the main event, bridge out and grounding. Other dramatherapists noted the need to offer grounding for the participant at the end of the session and before their return to the classroom or school environment. This was deemed to be of particular importance as emotionally activated or dysregulated children may struggle to focus and render learning difficult or impossible.

"So, there's kind of, this focus, still using words but transitioning into this new space and then going into the bridge-in, the main event, the bridge out, the grounding. So, that feels really important, and that for me, it's almost like the spine, the spine of the work and the spine of me as a facilitator." [Participant 6]

"We'll do things to come out of it and ground them, prepare them to go back to school, because we have to prepare kids to go back into the classroom as well." [Participant 4]

"I'll always do a grounding of some sort, whether it's a game whether it's a sensory thing, whether it's put something in a box and take it out, there's always that because I think that's really important." [Participant 3]

Finally, all dramatherapists spoke of the importance of creating a therapeutic ending for the client and of the steps they take to do so.

When asked why they choose to 'mark off' sessions: *"I think for a lot of the children that I worked with, it was instability and uncertainty that was a root cause of their anxiety and their emotional distress. So, to offer them that stability and certainty and offer them a space to regulate effectively within that structure."* [Participant 1]

"I think it's important to try and as much as possible work towards closure. And I think there's definitely children that I've worked with, who can't come to the end, because it's creating things around closure for them. A feeling of abandonment is starting to play out now because of how they've experienced that [before]." [Participant 12]

Active ingredient 6: a good and safe therapeutic relationship is important in dramatherapy

The sixth active ingredient identified related to the therapeutic relationship which is established between the CYP and dramatherapist. The importance of the relationship being good, and also creating safety

for the participant was, eminent in the data. The working alliance, the agreement made between CYPs and dramatherapists, regarding how they wish to work together which is, most often, made at the beginning of dramatherapy was deemed a crucial method in achieving a secure relationship.

> *"You might get into the session and see that the child needs to just get to know you for six months because they've been in foster homes and now they're in their forever home or their adoptive home and they don't trust very easily. And that, in itself, is a goal." [Participant 4]*

> *"The working alliance always comes like first, first, first." [Participant 1]*

In addition, the demographic identity of the therapist, such as if the therapist is male and a client may benefit from working with a male therapist, is also considered in the relationship. In relation to school-based dramatherapy specifically, it was deemed important that the therapist was not a teacher and thus, did not have a relationship with the client wherein there were hierarchical expectations or undertones.

> *"Sometimes within therapy, you know, being a male therapist, working with some female individuals is not the right fit." [Participant 9]*

> *"So, they're walking into a space which immediately looks like classroom. So, it has that dynamic of 'I am in a classroom' and, as I am the adult or the older person, that suggests possibly that the role that I play in this space is teacher. Breaking down those dynamics and breaking down those norms can be quite challenging." [Participant 9]*

Finally, the fact that dramatherapists consistently approach their work and clients with the principle of unconditional positive regard was also deemed critical in establishing the good and safe therapeutic relationship that is important in dramatherapy.

> *"Compassion is a huge one because a lot of them have not had compassion for their behaviour or their experiences." [Participant 8]*

> When asked about particularly important features of dramatherapy sessions: *"Non-judgmental spaces. And a playful space and spontaneous space and freedom to do whatever they want." [Participant 9]]*

Active ingredient 7: dramatherapy creates and operates within a safe space

The seventh active ingredient identified in this study relates to the safety of the dramatherapeutic space and the role that dramatherapists play in creating and maintaining this. The efforts taken by dramatherapists include demarking therapeutic space from other spaces in the school, holding boundaries of the space with colleagues and attempting to maintain consistency for the CYP. Particularly in relation to school-based dramatherapy, therapists discussed the challenges of accessing suitable physical spaces to deliver therapy. Many of the spaces available to dramatherapists were non-private or often interrupted. Another challenge related to utilising classrooms for dramatherapy in which there were power and hierarchical associations present.

> *"And then, they try and offer me rooms that aren't confidential or they've got no walls." [Participant 8]*

> *"I pay attention to the space and, particularly, when I'm in a space that was once a classroom, how I prepare is that, I don't prepare, I actually strip this space back to pretty much nothing, similar to a blank canvas. [I] make sure that when they come into the space, and if there is a possibility of having to change the dynamics or to explore the dynamics or the difference between classroom and therapy space, I find that if you strip it back to nothing, that allows myself and the client to create space that needs to be created." [Participant 9]*

Notwithstanding a number of space-related challenges, interview and focus group participants also described dramatherapy sessions as being 'space for the child' or a refuge without expectations and wherein CYPs can be, and do, as they need or wish.

> *"Knowing that you have a place to go. It's sometimes not more important, but equally important to have to space and talk about or express their feelings." [Participant 2]*

Active ingredient 8: dramatherapy encourages meaningful social relationships

The ability, and importance, of dramatherapy in encouraging the development of social relationships was also apparent in the findings and was subsequently identified as an active ingredient. The focus group provided further detail to this finding and defined *meaningful* social relationships. The data suggested that dramatherapy presents opportunities to increase CYPs socialisation both within a dramatherapy session, such as through shared experiences or group play, but also outside of the session through increased confidence and the development of social skills.

> *"The energy and the organic skills that get bounced off other people. They have to work collaboratively, wait, learn how to listen and how to interact, understand skills of creating things together, of respecting people." [Participant 4]*

A second theme which contributed to this finding related to dramatherapists use of inter-relational group processes for therapeutic benefit. Using the social and interpersonal relationships that occur within a group setting, dramatherapists harness the interactions between group members for therapeutic effect. The benefit of working in mixed-ability groups was also, in particular, detailed by focus group participants.

> *"I think you are able to facilitate many more processes inter-relationally at one time within a group and that can only be beneficial. It can be harder for the therapist but in order to offer a breadth of projections, and transference, experience and perspectives, being in a group is invaluable, but then with one-to-one, you know, developmentally that can be integral to a child's experience as well." [Participant 1]*

Of particular relevance to this finding is that, when all active ingredients had been presented to them, the focus group participants were asked two further questions. The first question was if the active ingredients of dramatherapy were different in group versus one-to-one delivery? The second, was if what is being treated, which, in this case was emotional distress, also mattered? For both questions, the group determined that, no, the ingredients were not different but the make-up, or quantity of each ingredient, changes depending on the context of delivery.

Active ingredient 9: dramatherapists utilise dramatherapeutic or psychotherapeutic theory

Dramatherapists' awareness and use of dramatherapeutic or psychotherapeutic theory also emerged as an active ingredient in the analysis. Both interview and focus group participants spoke adeptly of theories as contributing to their practice. Drawing from psychodynamic perspectives, dramatherapists spoke of working with the client's unconscious and of the creative process being a means of accessing CYPs unconscious emotional material. Similarly, transference and countertransference, the feelings associated or projected from other relationships onto the therapeutic one, was also noted.

> *"We bought in the group and then all this kind of unconscious material starts coming out in the play." [Participant 6]*

> *"[A bad session] is where there really isn't any connection and [there is] a sense of, kind of, freefall. It can be my own transference, countertransference when that starts to happen. So, I guess it's a question about how I'm interpreting isn't it. I just see it as being really, really lost. There's no containment, that I've lost the trust." [Participant 7]*

Attachment theory and being aware of CYPs' attachment styles also emerged as a means of understanding CYPs and their relationships both with the therapist and around the school setting.

"It was a tough, tough school. You know, these kids really challenged teachers, because they had really disrupted attachments with adults, disorganised [attachments]." [Participant 11]

Containment, the safe and managed holding of emotional material by both the therapist and session also emerged in the analysis. The importance of dramatherapists holding and containing the client's material and preventing overwhelm was noted. Finally, when considering theories that they draw upon, the focus group participants spoke of dramatherapy being a trauma-informed practice. This is evidenced in the use of creative methods, for example the creation of distance via the dramatic reality and was deemed an important feature of effective dramatherapy.

"My aim is just to make sure I can manage that and maybe keep that distance safe for that person. And just hold on to that for them. And you know, if they do start feeling more vulnerable, it's making sure that they're not going to get overwhelmed in that space." [Participant 5]

"There's something about being trauma-informed. And actually, as dramatherapists we're very trauma-informed." [Focus Group Participant 2]

Active ingredient 10: school-based dramatherapy requires a systemic approach

The tenth active ingredient identified in the analysis related specifically to school-based dramatherapy. The importance of creating and maintaining a systemic approach, wherein many professionals and organisations work to support the practice of dramatherapy in schools was identified. Other professionals' perspectives of dramatherapy, such as the belief that teachers or senior leaders have in the practice, was also deemed crucial to its facilitation and success. Related to this, the understanding of other professionals regarding dramatherapy and the role that school-based dramatherapists are expected to take in this was also evident in the data.

When asked what is required for dramatherapy to be effective in schools: *"Respect from the school as an organisation [and an] understanding of what dramatherapy is and respect from class teachers. I think because, when that has not been there, it's not worked, to be honest. The student can sense that the teacher thinks it's a waste of time, the teacher will call it a drama class. So, then it becomes something completely different." [Participant 1]*

"So many dramatherapists discover this, when you first go in [to a school] and no one knows what dramatherapy is, it's hard graft to get in and to explain what you do and to explain why it's important and to, work up that culture of why we are important and why we should be there." [Participant 5]

Finally, the importance of dramatherapists to involve, or to not involve, CYPs' parents and families was also discussed. The ability to work closely with parents, particularly with younger children or in primary schools was noted by those interviewed. Conversely, working with distance from parents for children in secondary school or sixth form was also deemed to be beneficial. The flexibility that school-based dramatherapists could employ in this area was, in particular, noted. It should be stated that in all cases, if parental consent was required (i.e. the child is under 16), dramatherapists sought and received this before working with any child.

"Well, what's supposed to happen, in an ideal situation, is that once the referral comes in, the therapist would then talk with the parents. So, we try to have a systemic approach where we're talking to the school and the parents before they talk with the client." [Participant 4]

"I do think the parents are a huge part of it… I think it's an issue that as therapists we always come against. Sometimes I think talking to the parents would be amazing. Other times I think distance from the parents is actually really, really important for the individual." [Participant 5]

Active ingredient 11: therapeutic experiences are integrated into life beyond therapy

The final active ingredient identified was that therapeutic experiences, which occur within dramatherapy sessions, are integrated into CYPs life beyond therapy. Examples are such things as experiencing compassion from the therapist can lead to increased self-compassion for the CYPs and that developing in confidence inside dramatherapy sessions can lead to increased confidence witnessed in the classroom and beyond.

"[The] teachers or SENCo might be like, oh, yeah, they've really grown in confidence outside the school." [Participant 5]

"Other things can be just like the confidence… I'm just thinking of a girl I worked with, who was just more able just to put her hand up in class and ask things rather than being the quiet girl in the class, hidden in the back. I think that's a big, big thing. It seems little but actually for her, it was huge." [Participant 11]

Discussion

Uncovering the active ingredients of complex interventions, which amongst other things, often have a number of interacting elements and are context dependent, is important when seeking to advance, understand or further develop an intervention such as dramatherapy. As such, this study has sought to elicit therapist-reported active ingredients of school-based dramatherapy which is delivered to CYPs with emotional disorders or symptoms of emotional distress such as anxiety, depression and trauma. Eleven active ingredients of dramatherapy were identified, as presented in Table 2.

Results in the dramatherapeutic context

A number of our findings align with previous research that has been conducted on the active ingredients, or mechanisms, of dramatherapy for CYPs. As can be viewed in Table 1, our first finding, that CYPs are afforded autonomy, agency and freedom in dramatherapy, has emerged in studies by both Berghs et al. (2022) and Keiller, Tjasink et al. (2023). Similarly, in adult dramatherapy, this finding is noted in a systematic review by Cassidy et al. (2014), and, in the arts therapies more generally, de Witte et al. (2021) identified that client choice is crucial element of the practice. Specifically relating to school-based dramatherapy, as investigated by this study, offering choice to CYPs within, and regarding, their dramatherapy, may hold particular therapeutic value. Dramatherapists involved in this study discussed that, in school settings, wherein CYPs typically have little agency over their daily lives and activities, offering choice in dramatherapy can be particularly transformative. Such a finding is also supported by Jones et al. (2020), who suggest that positioning children as 'active agents' in their therapy is critical to its success and to their wellbeing.

Other findings present here, and which emerged in the studies of both Berghs et al. (2022) and Keiller, Tjasink et al. (2023), are that CYPs process their experiences and difficulties creatively and that they experience, express and manage their emotions in dramatherapy. The findings of these existing studies, and the present study, affirm the usefulness of creative methods to stimulate and express emotion when working with CYPs. Using dramatherapy techniques such as metaphor

(Cassidy et al., 2014; Mann, 1996), embodiment (Armstrong et al., 2016; Dokter, 2016) and story (Lewis & Banerjee, 2013; Schubert, 2020) as well as working with distance from CYPs emotional material are widely understood to be useful in the practice of dramatherapy (Frydman et al., 2022; Holmwood, 2016; Jones, 2016). Non-verbal expression, which allows participants to process their experiences when they cannot use words (Geiger et al., 2020), do not wish to use words (Karkou & Sand-erson, 2006) or when their emotional experiences are too intense to put into verbal language (Ramsden, 2012), is also widely understood to be a useful method. In line with existing literature (Keiller, Murray et al., 2023), therefore, this study affirms this existing knowledge of dram-atherapeutic practice.

Whilst a number of similarities exist between the current and previous studies on this topic, this study also uncovered findings not named elsewhere in the dramatherapy active ingredients literature. That dramatherapy is person-centred and flexible is one such finding. The inherent flexibility of dramatherapy is also recognised by Frydman and Mayor (2021) in their study of school-based dramatherapy. The capacity of dramatherapists to respond dynamically, and in the moment, to the themes which emerge in-session is noted, in particular, by participants in their study. In addition to flexibility, this study *also* uncovered that, for many, (albeit, not all) dramatherapists, structure is an active ingredient of their dramatherapy. The SESAME structure, in particular, emerged in this study. The SESAME method is a dramatherapy method taught in the UK, the structure of which involves a warm up, bridge in, main event, bridge out and grounding (Sesame Institute, 2011). In addition, utilising ritual and grounding techniques as well as offering consistency and a therapeutic ending all emerged in this study as elements of structure utilised by dramatherapists. Whilst it may seem, initially, that these findings are contradictory, in line with existing literature on dramatherapy (Critchley et al., 2019) we propose the opposite. That is, we propose that *because* of dramatherapy's containing structure, flexibility can be afforded *within* the intervention.

Results in the psychotherapeutic context

Alongside considering the results of this study on the dramather-apeutic context, as dramatherapy is *primarily* a form of psychotherapy, one should also consider them in wider psychotherapeutic context. In line with the existing theory regarding common and specific factors of psychotherapy (Wampold, 2023; Wampold & Imel, 2015), a number of the active ingredients elicited in this study (such as those relating to creative methods), may be considered *specific* to drama or arts therapies. Conversely, a number of the active ingredients elicited by this study are not related specifically to the arts or dramatherapy and may be considered 'common factors' which are present in other forms of psy-chotherapy or psychological interventions (Meza et al., 2023, pp. 13780). The use of theory, the importance of a good and safe therapeutic relationship are two such active ingredients. Regarding the therapeutic relationship, establishing and maintaining a good working alliance and approaching the client with unconditional positive regard (Rogers, 1957), were both mentioned by participants in this study. These two concepts are commonplace in the wider psychotherapy active in-gredients literature (Jørgensen, 2004) and thus, do not relate specif-ically to dramatherapy. In addition, and with regards to the use of theory, a range of non-dramatherapy theories were named by partici-pants in this study. Working with the unconscious, transference and counter-transference, containment and trauma-informed practice are some of those named. The emergence of common active ingredients in this study not only shows what may be similar between interventions but also affirms the importance of the psychotherapeutic foundations of dramatherapy interventions.

Results in the school and educational context

As this study was of school-based dramatherapy, it is unsurprising

that a number of the active ingredients uncovered relate specifically to the ecology of the school setting. That many professionals work sys-tematically to ensure that dramatherapy can take place in schools and that parents may, or may not, be involved in the process of delivering dramatherapy both emerged as findings in this study. These findings correspond with a cross-sectional study of North American school-based dramatherapists (Mayor & Frydman, 2018). In this study, 94 % of re-spondents noted that 'consultation with school personnel' was an active part of their delivery of school-based dramatherapy. Time spent engaging with parents and delivering parent workshops is also noted in this study although specific percentage data is not offered (Mayor & Frydman, 2018). The challenges of working with many school-based professionals were also identified in both the present and cross-sectional studies. Many of the dramatherapists interviewed in this study noted that both teachers and other school-based professionals who were responsible for referring children to dramatherapy often did not know exactly what the practice entailed or whom should be referred. This quandary is by no means unique to school-based dramatherapy but is a difficulty of many school-based therapies both within (Carr & Wigram, 2009) and outside of the arts therapies (Gee et al., 2021). Interestingly, for dramatherapy, such a finding was also noted over 20 years ago in a publication by Gersch (2001), however, the issue is still outstanding. Whilst many of the dramatherapists involved in this study mitigated these challenges by delivering their own continuing profes-sional development sessions, it may be that a larger school-wide intro-duction to therapeutic approaches and, in particular, to dramatherapy, is of benefit. If implemented, such an offer may relate to initiatives such as mentally healthy schools (Anna Freud Centre National Centre for Children and Families, 2020) and the UK government's 'whole school approach to mental health' (Department for Education, 2021) and may, therefore, benefit schools and pupils more widely.

The active role that dramatherapists take in creating a safe thera-peutic space when working in school settings was also uncovered as an active ingredient in this study. In particular, the challenges of accessing suitable spaces for therapy and demarking therapeutic space from the classroom or educational spaces were noted by dramatherapists. The challenges of accessing suitable space to deliver dramatherapy in schools are noted throughout existing dramatherapy literature; many authors have noted this as a challenge that they, and others, face when delivering the intervention in school settings (Frydman & Mayor, 2021, 2023; Mayor & Frydman, 2018). In addition, and owing to a lack of suitable space, many dramatherapists deliver therapy in unused class-rooms with which, it has been noted, that CYPs often have unconscious and conscious associations. Rules, expectations, hierarchy, rivalry and feelings of inadequacy are all recognised as examples of such associa-tions in the literature (Holmwood, 2016, 2023; Leigh, 2012). As this study elicits accessing suitable space, not only as a challenge to but, also, as an active ingredient of dramatherapy, we wish to strengthen the existing calls (Frydman & Mayor, 2023) for dramatherapists to access to suitable spaces, such as private, designated and equipped rooms, in schools. Dramatherapists, and dramatherapy organisations who work in schools, may also wish to use the findings of this study to advocate for their access to suitable spaces to deliver their work.

The eleven active ingredients identified in this study corroborate much of the existing discourse on dramatherapy. Additionally, however, this study determines the role of each finding as an active ingredient of the practice and thus strengthens both clinicians' and researchers' un-derstanding of the potential mechanisms of the practice, in particular, when delivered in schools.

Limitations & recommendations for future research

Although facilitating a rich exploration into the practice of school-based dramatherapy, and whilst eliciting insight into the potential mechanisms by which dramatherapy operates, this study also has several limitations. A relatively small sample size (N = 17), and the

majority of participants being female (N = 15), means that the findings of this study may not be representative of the field as a whole; this was mitigated somewhat as dramatherapists who work in different kinds of schools, who were of a wide range of ages and who had a range of training backgrounds all contributed to this study. In addition, as dramatherapy is a heavily female-dominated profession, this may be more representative of the field than it seems. Another limitation was that a small number of participants (N = 3) were known, by virtue of her being a dramatherapist, to the lead author in advance of the study and this may mean that participants attempted to answer questions favourably or helpfully. To mitigate this risk, a professional research persona was adopted and participants were encouraged to answer all questions honestly throughout the interviews. Two further limitations relate to the nature of this study as attempting to elicit the active ingredients of a complex intervention. As simply asking dramatherapists about the active ingredients of the practice is not effective, (as tested in a pilot of this study), researchers must ask about examples of their work and about their thoughts on its operation before uncovering themselves, via analysis, what are the active ingredients. This process involves the researchers' *translation* of interview transcripts into active ingredients and thus, mistranslation may occur. To mitigate this, this study presented the findings to a focus group of dramatherapists for triangulation, however, this focus group did not utilise an observer, as is customary for this method, due to practical limitation faced in this study. As such, one must remain mindful of the limitations of this method. The results of this study also represent a limitation; whilst a small handful of the codes applied in the analysis relate to dramatherapy specifically (such as using story, character and metaphor), many of the findings may relate to the arts therapies more generally. Future research which seeks to differentiate dramatherapy processes from other arts therapy modalities may be of value in the future. A final limitation relates to the measuring of the active ingredients uncovered in this study. Whilst this was beyond the scope of this particular study, future research which measures the active ingredients uncovered for mediation or symptom reduction is warranted and encouraged.

Conclusion

Uncovering the active ingredients (that is, the components of an intervention which are responsible for change), of complex interventions such as dramatherapy, is of great value to both research and clinical practice alike. Knowing the aspects of an intervention which are responsible for change may lead to more focused research and to improved delivery and outcomes. The active ingredients uncovered by this qualitative study related to the inherent flexibility of dramatherapy and the ability of the practice to provide CYPs with agency. In addition, ingredients relating to both the creative and psychotherapeutic nature of the practice and to the delivery within a school setting also emerged. To our knowledge, this is the first study which sought to identify the active ingredients of school-based dramatherapy. As such, and as dramatherapy is delivered in many school settings, these findings make a significant contribution to the field. As well as being of use for dramatherapy trainings, these findings may also be used to inform further research, which seeks to measure mediators of change and to facilitate effective symptom reduction in dramatherapy for this client group.

CRediT authorship contribution statement

Dennis Ougrin: Supervision. **Catherine Elizabeth Carr:** Supervision. **Eleanor Keiller:** Writing – review & editing, Writing – original draft, Visualization, Validation, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Taryn Hutchinson:** Formal analysis. **Jennifer Y. F. Lau:** Supervision.

Declaration of Competing Interest

The authors of this work declare that they have no conflicting interests in relation to this work.

Data availability

The authors do not have permission to share data.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.aip.2024.102190.

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