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# *Secondary school teachers' experiences of supporting mental health*

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# Secondary school teachers' experiences of supporting mental health

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1 **Secondary school teachers' experiences of supporting mental health**

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3 Purpose: Teachers are often the first contact for students with mental health difficulties. They

4 are in an ideal position to identify students who are struggling and frequently support them

5 using different approaches and techniques. This qualitative study aims to investigate secondary

6 school teachers' experiences of supporting the mental health of their students.

7 Methodology: 7 secondary school teachers from state-funded schools in the UK participated in

8 face-to-face semi structured interviews. Interpretative phenomenological analysis was used to

9 understand and structure the data into themes.

10 Findings: Five superordinate themes emerged from the data analysis: Perceived role of teacher,

11 nature of relationship, barriers to helping the child, amount of training and resource, and

12 helplessness and satisfaction. Participants described the lack of training, resource and clarity

13 about their role to be causes of frustration. Internal and environmental factors often influenced

14 participants' feelings of helplessness.

15 Research limitations/implications: The findings from this study cannot be readily

16 generalised to the wider population due to the nature of qualitative interviews.

17 Practical implications: This study has led to a greater understanding of the experiences of

18 teachers within a school setting. It is crucial that mental health training for teachers

19 directly meets their needs and abilities.

20 Originality/value: This paper finds value in recognising the lived experience and

21 difficulties faced by teachers supporting students' mental health problems. A theoretical

22 model novel model is presented based on this analysis that can help inform best practice

23 for schools.

24

25 Keywords: "teachers" "qualitative" "school" "interpretative" "adolescence" "mental health"

26  The amount of time teachers spend in contact with students makes them well placed to notice

27  symptoms and behaviours associated with internalizing and externalising ~~disorders~~ difficulties

28  such as irritability, social withdrawal and changes in concentration (Ginsburg and Drake, 2002;

29  Chatterji *et al.*, 2004). Teachers working in secondary schools are faced with a high prevalence

30  of mental health problems in their students. In the UK, two-thirds of ~~children and~~ adolescents

31  with diagnosable mental health disorders have spoken to a teacher about their mental health

32  (Newlove-Delgado *et al.*, 2015). Teachers are in an ideal position to refer and signpost students

33  to mental health care services (Fazel *et al.*, 2014). They are often the first point of contact for

34  parents who are worried about their child's emotional wellbeing (Sax and Kautz, 2003; Ford

35  *et al.*, 2008).

36       Many teachers acknowledge their ability to identify students who are in difficulty ~~and~~

37  ~~manage mental health problems in the classroom~~ (Rothì, Leavey and Best, 2008; Andrews,

38  McCabe and Wideman-Johnston, 2014) and the link between academic and emotional health

39  outcomes (Kidger *et al.*, 2009). However without training, teachers have low confidence in

40  their knowledge and ability to recognise mental health problems, as well as providing support

41  within school (Roeser and Midgley, 1997; Walter, Gouze and Lim, 2006; Moor *et al.*, 2007;

42  Andrews, McCabe and Wideman-Johnston, 2014). Previous studies have found teachers often

43  feel uneasy when discussing mental health with students and are unsure how to manage

44  emotional difficulties in the classroom (Roeser and Midgley, 1997; Walter, Gouze and Lim,

45  2006; Cohall *et al.*, 2007; Moor *et al.*, 2007).

46       ———There is a demand from governmental bodies in response to public campaigns

47  for secondary school teachers in the UK to have increased mental health knowledge and

48  training (Department of Health, 2015; Department of Health and Department of Education,

49  2018). It is important to understand the context and experiences faced by teachers in secondary

50  schools in order to develop appropriate resources and interventions. There are many

51   programmes that train school staff around mental health (Anderson *et al*., 2018). However tTo

52   date, few studies have explored teachers' beliefs about specific aspects relating to students'

53   mental health, and their role in supporting students. A holistic understanding of teachers' lived

54   experience of students' mental health problems is needed to facilitate the design of resources

55   and training that may best support teachers (Kirkpatrick, 2008). By learning about the

56   experiences teachers have had regarding mental health in schools, intervention developers can

57   optimally design interventions and resources that may best help teachers in the future.

58   ***The present study***

59   The aim of the current study is to explore teachers' perspectives of supporting students' mental

60   health, focusing on their emotional and cognitive processing of these experiences. The

61   rigorous, detailed and phenomenological exploration of the experiences of teachers will help

62   to better understand the impact of supporting students on participants' own beliefs and

63   emotions. The study uses the methodological framework of Interpretative Phenomenological

64   Analysis (IPA) to generate a rigorous, detailed and in-depth exploration of the 'lived

65   experience' of individuals, thus enabling a rich understanding of participants' stories and

66   perspectives (Smith, 2004). In the last decade IPA has been increasingly used in qualitative

67   health research, particularly when the topic is under-studied and participants' experiences have

68   yet to be systematically explored (e.g. Fox and Diab, 2015; Smith and Rhodes, 2015).

69   The present study aims to explore the experiences teachers have had regarding the

70   mental health of their students in schools. A better understanding of teachers' experiences,

71   needs and opinions can improve the development of future mental health interventions targeted

72   at teachers (Han and Weiss, 2005; Neil and Christensen, 2009).

73

74   **Method**

75  The study uses the methodological framework of Interpretative Phenomenological Analysis

76  (IPA) to generate a rigorous, detailed and in-depth exploration of the 'lived experience' of

77  individuals, thus enabling a rich understanding of participants' stories and perspectives (Smith,

78  2004). In the last decade IPA has been increasingly used in qualitative health research,

79  particularly when the topic is under-studied and participants' experiences have yet to be

80  systematically explored (e.g. Fox and Diab, 2015; Smith and Rhodes, 2015). IPA employs a

81  systematic approach to analysis, which recognizes the role of the researcher as an interpreter

82  of the insights from the participant. IPA uses idiographic inquiry in which each participant's

83  story is analysed in detail and considered as an individual, separate narrative prior to exploring

84  commonalities across participant accounts (Smith, Harr and Van Langenhove, 1995; Smith,

85  2004).

86  Ethical approval for the study was granted by the University of Reading Research

87  Ethics Committee (reference number 2016-037-PW). The study used IPA and was conducted

88  following established criteria for rigour in qualitative research (Denzin and Lincoln, 1994),

89  using the COREQ checklist for reporting (Tong, Sainsbury and Craig, 2007) (Appendix A).

90  ***Sampling*Participants**

91  Participants were eligible for inclusion if they were a) secondary school teachers who

92  b) had experience of a conversation with at least one student about their mental health. We also

93  only recruited participants in the South East of England due to travel limitations of the research

94  team. The study was advertised via word of mouth and online social media (Twitter, Facebook)

95  snowballing distribution of information. Advertisements were shared from the personal and

96  university social media accounts, and subsequently 're-shared' by members of the public.

97  Eligible participants contacted the lead researcher and were contacted with further information

98  about the study. Nineteen people expressed interest in the study. From this pool of potential

99  participants, seven individuals met the inclusion criteria (reasons for exclusion: 5 people taught

100    in primary schools, 7 people did not respond past initial contact). The number of participants

101    in the study was determined by the recommendation from Smith, Flowers and Larkin (2009)

102    that the number of interviews for an in-depth IPA analysis should be between four and ten.

103    Participants were seven teachers working in different secondary state schools in the South East

104    and London regions of the UK. There were five female and two male teachers and their ages

105    ranged from 24 to 53 years. Five participants were White British, one was Asian British and

106    for the remaining participant, ethnicity was not provided. Years of experience working as a

107    teacher ranged from 2 to 26 years.

108    ***Procedure***

109    One-to-one interviews were conducted by the male lead author, a PhD student trained

110    in qualitative research methods at the University of Reading. The interviewer had no prior

111    relationship with the participants before the study. Interviews took place in a private room in

112    the teacher's school or the University of Reading. Participants gave their informed written

113    consent for their data to be included in the research. The interviews lasted between 38 to 84

114    minutes. Participants were reimbursed £15 for their time. Interviews were audio-recorded and

115    transcribed verbatim by the lead author. Detailed field notes were written by the lead researcher

116    following interviews and were used as an aid during analysis.

117    At the start of the interview participants were asked to think about a specific time that

118    they had supported a student who was struggling with mental health difficulties. Interviews

119    followed a semi-structured topic guide written by the authors and piloted with a secondary

120    school teacher by the lead author (Appendix B). The topic guide was used flexibly to explore

121    in depth the emotions, cognitions and beliefs felt by the participants when recalling their single

122    experience interacting with a student with a mental health problem.

123    ***Data Analysis***

124    The data analysis was completed in several stages following the IPA framework (Smith et al.,

125    2009). This methodology ensured an in-depth and idiographic analysis by focusing initially on

126    individual interviews and eventually working towards an overall categorisation of themes.

127    Firstly, the lead researcher (LS) read and re-read each transcript to ensure a high level of

128    familiarisation with the data. In the second stage, transcripts were independently coded into

129    nodes with interpretative annotations added that focused on the cognitive and emotional

130    experiences of the participant. The computer software package NVivo (QSR, 2014) was used

131    to facilitate coding of the transcribed data. After this idiographic approach, nodes from the

132    different interview transcripts were compared and linked. The following stage involved

133    grouping and organizing nodes into themes. Themes were discussed and questioned with two

134    further researchers (KH, an experienced qualitative researcher & PW, an experienced

135    researcher into young people's mental health and a clinician) acting as independent auditors

136    (Smith, Flowers and Larkin, 2009). Superordinate themes were derived from the data following

137    an iterative processing and rearrangement of the themes until the authors felt that the data was

138    well represented.

139

140

141    **Results**

142    The interpretative analysis of the interviews resulted in five superordinate themes that are

143    shown presented in Table 1 and are explored further below. A map of the superordinate themes

144    and their relation to each other is presented in Table 2.

145

146    [Table 1 near here]

147

148    *Perceived Role of Teacher*

149    Participants presented their role of a teacher as a 'balancing act' between adequately providing

150    support and facing the consequences of being too close to a student. All participants

151    acknowledged how they did not want to become a 'therapist', and yet still expressed difficulty

152    in knowing how close they should be to students.

153         *Going beyond the role of an educator.*

154    All participants viewed their primary role as educators, with a focus on the academic

155    achievement of their students. It became clear that participants worried that they would be

156    giving incorrect advice if they were to advise students.

157              I'm so much more confident to listen and no I'm not there to fix

158              it for them but … I can have a discussion with him and then

159              slowly they will start talking more and more and then hopefully

160              calm - Participant 2 (P2); female

161    Some participants were unsure whether to support students suggesting a lack of clarity over

162    their role as caregivers.

163              I'm there to be a caregiver but like to a certain degree. I don't know

164              what the degree is yet – P5; female

165         *Consequences from being too close to students.*

166    Many of the participants worried around boundaries and the consequences of being too close

167    with students when discussing their mental health. Participants ~~described~~ felt that they had

168    difficulty maintaining a disciplinary role with a student whilst supporting them.

169              Things can go wrong very easily and very quickly and then as I

170              found before … my relationship with this child as a teacher was

171              compromised because of the relationship that I had with the child

172              as somebody who cared about her and that was not my role so I

173              think I learnt a valuable lesson – P7; female

174        *Role of teacher to refer and signpost.*

175    Some participants described how it is not their responsibility to support students directly but

176    that they felt they should be referring students to other appropriately trained professionals.

177    Several participants spoke about the mental health of their students in a medicalised way,

178    perceiving their problems as something that 'required fixing' by a health professional rather

179    than more holistically by the people around the young person.

180                It's not our responsibility. I think we're not trained to be counsellors

181                we should ... send them off, refer them to someone else cause we

182                can't take responsibility. That's what I feel - P5; female

183    In contrast, other participants argued that in fact teachers can work collaboratively to support

184    a student.

185                It doesn't always have to become someone else's problem … this is

186                everybody's responsibility, we're all in this together absolutely and

187                you … just have to be given the right language and some structures

188                on what advice to offer - P2; female

189    **Nature of relationship**

190    Participants invested in the mental health of their students exhibited a parental-like caring and

191    sympathy. These participants described a more trusting relationship and found that this made

192    it easier for the young person to be open.

193    *Conversations depend on good relationships.*

194    Participants clearly emphasised that they felt trust was important in building a good relationship

195    with the young person.

196                I felt like obviously this person trusted me because people don't

197                obviously share random horrible stories about themselves to

198          random members of the public. They find safe confiding people

199          that they trust, so I did feel like this person trusts me – P5; female

200          *Showing care and positive regard for the student.*

201   Many of the participants spoke of how much they cared about the wellbeing of their students.

202   These participants tended to be those who considered student wellbeing as part of their role.

203          You know this person's come to you in trust and you want to you

204          want to be there to help them because you know what it's taken for

205          them to do that - P2; female

206   Several participants were protective over the young person, such as defending the student in

207   front of their parents.

208          I had a parents' evening with her mum ... and I remember getting

209          really annoyed at her mum for not quite realising how talented she

210          is or how unique and special she is" - P1; female

211          *Ability to provide stable environment.*

212   The participants believed that mMany of the students supported by participants experienced

213   transitory and unstable lives at home and with their friendship groups. It was clear that

214   participants saw the school setting as one that can be consistent and secure for their students.

215   The participants spoke about their responsibility to provide this stable care as if they are 'in

216   loco parentis/in place of parents' whilst the student is in school.

217          We are a stable environment for her. We're somewhere where she

218          can come and get the support and have the family relationship that

219          she needs – P3; male

**Barriers to helping the young person**

221   All of the participants described various barriers to obtaining appropriate help for their

222   students.

223     *Amount of time or space.*

224  All participants described how the pressures of time and space when working in a school were

225  barriers for them adequately supporting their students. When a student with a mental health

226  problem approached them, participants found that their academic commitments got in the way

227  of them feeling confident in providing good support being able to provide good support to the

228  student.

229               I felt frustrated as well because if I couldn't fix this in five to ten

230               minutes then well then I couldn't fix it because I had to be

231               somewhere else because the school timetable is so rigorous – P2;

232               female

233     *Working with other teams and services.*

234  Participants described overburdened external services as a clear barrier for getting the young

235  person appropriate help. The NHS Child and Adolescent Mental Health Services' (CAMHS)

236  long waiting times and low referral rates was viewed by many participants as a problem that

237  often contributed to mental health decline in students.

238               I want action immediately. I understand that CAMHS and other

239               professional agencies have longer waiting lists. I understand the

240               cuts that they've gone through and I understand the frustrations

241               they have but it doesn't stop still when you've got a young person

242               in front of you crying out for help that you want to help them and I

243               think you then pick up those frustrations – P6; male

244     *Involvement of parents.*

245  Parents were occasionally seen as a source of difficulty and a contributing factor to the

246  student's poor mental health. Some participants described how parents' own beliefs and

247  cultural views about mental health stopped students from accessing appropriate help. This

248 made it very difficult for participants to talk to the family about their child and try to

249 recommend services and strategies.

250         I think also we're not only having to deal with the mental health of the

251         young people but also their parents ... don't acknowledge it themselves

252         – P6; male

253

### Amount of training and resource

255 Many of the participants spoke about the training and resources necessary to adequately support

256 their students. Often participants reported a lack of understanding and knowledge about how

257 best to help. In various examples participants resorted to using 'common sense' and their

258 teaching skills to independently provide solutions.

259         *Previous understanding about mental health.*

260 Unanimously participants mentioned a lack of training and preparation to help students with

261 mental health problems. Participants subsequently felt ill-prepared and unable to competently

262 support students.

263         It was a case of trying to make a square fit a circle so with the

264         training we had and with the resources we had trying to support

265         them, it just felt very inadequate, it felt superficial the support we

266         were giving and it didn't feel like we were actually supporting them

267         in any real way - P7; female

268         *Having to independently come up with ideas.*

269 Frequently participants described having to support students doing what they instinctively

270 thought was the right thing to do.

271         I just had to sort of rely on my natural teaching skills which is just

272         to listen to her and to say to her is it's probably not as bad as you're

273        making it out, it's all in your head, it's all in your mind, but a lot of

274        the time what I was saying was probably not the right thing and she

275        was getting more and more anxious - P2; female

276  ***Helplessness and Satisfaction***

277  The emotions described by many participants were those of helplessness and feeling as though

278  they had let down their students. On the other hand, there were participants who felt that they

279  positively impacted their student's mental health and were glad to help.

280        *Sadness and Helplessness.*

281  At times during the interview many participants became upset and emotional. When they

282  perceived that their student was not showing signs of improvement or receiving appropriate

283  support, some participants felt devastated. This was especially the case for those that had a

284  strong empathetic investment in their student.

285        How do we feel? You do feel helpless ... you feel that you're losing

286        a child - P3; male

287  The perceived lack of options for support or treatment for the young person led participants to

288  feel that there was nothing else that they could do to improve the mental health of their student.

289        Initially there was nothing there was nothing I could do, there was

290        nowhere I could send her, there was no referral, there was nothing

291        - P2; female

292  The culmination of not being able to adequately support a student together with other services'

293  limited availability meant some participants felt as though they had failed in their role as a

294  teacher.

295        I came into teaching to help young people to be more successful to

296        change their lives for the positive and generally I've been

297        successful in doing that but when you can't and when ... that

298        support is either not there or they can't do it, that that's a horrible

299        feeling - P4; female

300    *Frustration.*

301 The barriers to getting the student appropriate help combined with the participants' own lack

302 of knowledge and capability often contributed to feelings of anger and frustration. Participants

303 described aggravation at not being able to have resources within the school to support a high-

304 risk student.

305        There was nowhere I could put her, there was nowhere private I

306        could take her ... so it was just very frustrating the kind of mental

307        health support we were offering - P2; female

308    *Satisfaction and hope from helping.*

309 In the cases where participants felt that they had helped their students, they expressed a great

310 deal of relief and satisfaction. Many participants were hopeful that their support would make a

311 positive change to the young person's life.

312        I just felt so pleased that I did it [helped]. I said to my daughter in

313        the car on the way home it was the right thing to do ... I just felt

314        elated that he was coming out the other end – P4; female

315 Some participants described their desperate hope that the mental health of their students would

316 improve. The quote below highlights the resilience and perseverance of the participant to help

317 his student and keep him safe in the face of various barriers and setbacks.

318        You just keep going and keep trying to help them so you hope that

319        they're going to be in school on a Monday after a weekend and you

320        hope that you get another chance of keeping them safe for another

321        week and hoping that something is going to change that's gonna

322    give them a better opportunity, give them better support. You just

323    keep going - P3; male

324

**Discussion**

326    Semi-structured interviews were conducted with seven secondary school teachers in the UK.

327    The interviews explored participants' experiences of conversations with students concerning

328    their mental health. Five superordinate themes were generated exploring the different factors

329    of participants' experiences.

330    Based on the findings from this study, we propose an interpretative and theoretical

331    model to represent of the experiences and perceptions of the participants (shown in Figure 1).

332    The emotional response from participants depended on their observed changes in the students'

333    mental health and the extent of their own investment in the emotional health of the student.

334    The changes in the mental health of the student relied on two factors: a) the barriers to getting

335    the child appropriate help, and b) the internal knowledge and expertise of the teacher to help

336    the student. The participant's interest in the mental health of their students was determined by

337    how they themselves view the role of the teacher their closeness to students. These two streams:

338    a) the ability for the child to get appropriate help from the school, external services or the

339    teacher themselves and b) the teacher's own investment in the student's mental wellbeing

340    combine and impact on the emotional reaction of each participant.

341

342    [Figure 1 near here]

343

344    Many of the participants felt unable to successfully help their students and spoke as if

345    they had failed them. The helplessness described by participants included feelings of failure,

346    isolation and negative predictions for the student's future. This helplessness has previously

347    been linked to the perceived 'ambiguity of the teacher's role' as highlighted in our own analysis

348    (Travers and Cooper, 1993). This helplessness is likely to impact on teachers' own wellbeing

349    and ability to work effectively as well as them feeling emotionally drained (Kidger *et al.*, 2010).

350        A common generated theme was the lack of knowledge from participants about what

351    to do and the right way to respond to students with mental health difficulties. Several

352    participants viewed their student's mental health as a medical problem to be fixed. This has

353    potential to limit the perception of their own capacity to support them. This theme is held

354    consistently across similar studies, in which school teachers describe their lack of training or

355    knowledge to adequately support the mental health of their students (e.g. Walter, Gouze and

356    Lim, 2006; Kidger *et al.*, 2009; Knightsmith, Treasure and Schmidt, 2013; Andrews, McCabe

357    and Wideman-Johnston, 2014). Many researchers and teachers themselves have emphasized

358    the importance of school staff receiving adequate training, information, and resources to

359    distribute to students with mental health problems (Roeser and Midgley, 1997; Reinke *et al.*,

360    2011).

361        Participants' experience of helplessness was often attributed to poor communication

362    and input from external services, notably CAMHS. Similar UK studies have highlighted the

363    negative experience that teachers have had with external support services, such as the lack of

364    communication from CAMHS and external services' long waiting times (Ford and Nikapota,

365    2000; Rothi and Leavey, 2006). The time restrictions from the teaching profession on the

366    ability to support emotional issues in students has been repeatedly been reported by teachers in

367    previous research (Walter, Gouze and Lim, 2006; Williams *et al.*, 2007). School-based

368    interventions may help staff feel able to not rely as heavily on external services and avoid the

369    identified barriers to providing support.

370

371     Similarly, parents of students were often viewed as a barrier to helping the young

372 person. Other studies have identified that teachers find working with parents a frustrating

373 process in which parents are often perceived to be "uncooperative, disengaged, and unwilling

374 to take responsibility for their children's actions" (Williams *et al.*, 2007; Knightsmith, Treasure

375 and Schmidt, 2013). In one questionnaire, teachers endorsed lack of parental involvement as a

376 barrier to getting help for their students (Walter, Gouze and Lim, 2006). Teachers have rated

377 problematic relationships with parents as the most common barrier to supporting students with

378 behavioural health difficulties (Ford and Nikapota, 2000).

379 ***Strengths and limitations***

380     The qualitative method of this study enables a valid exploration of the issues that

381 concern teachers when discussing mental health in schools. The study met all of the

382 requirements of the COREQ guidelines for rigorous qualitative research (Appendix A). All of

383 the participants were practicing teachers with first-hand experience of mental health difficulties

384 in students and therefore in a position to contribute to the research question. Whilst

385 participants' specific experiences with students differed extensively, the themes that have been

386 generated were consistent across all those interviewed.

387     It is important to acknowledge the limitations encountered when conducting qualitative

388 research. Participants were teachers who expressed an interest in discussing their experiences

389 and were willing to give up their time to participate in the research. It would be useful to

390 investigate the experiences of teachers who have not had supportive interactions with their

391 students and are not interested in their mental health. The participants were all teachers within

392 schools with a 'Good' or 'Outstanding' Ofsted rating, meaning that their schools are deemed

393 above average in academic, social and behavioural ability. It would be of interest to future

394 research to learn more about teachers' experiences in lower-ability or lower-Ofsted rating

395 schools. Characteristically these schools are less financially flexible and so may present

396 different experiences and problems for teachers. Likewise, the participants were all based in

397 schools in the South East of England. The demographic uniqueness of the sample has potential

398 to shape the data and their experiences. Going forward, further research should be conducted

399 with samples that differ in their geographic and demographic characteristics. This is important

400 to understand to what extent the interpretational model may be generalised to other school staff.

401        The opinions, beliefs and own school experiences of the authors themselves have

402 potential to shape the data and analysis. The lead author has an interest in the role of mental

403 health in school and is passionate about there being provision of mental health support for

404 students. Similarly, the lead author's research is funded by a charity focused on young people's

405 mental health. One of the authors is a clinical psychologist with a strong interest in mental

406 health in young people.

407        Whilst we intend that the current study has 'theoretical generalisability', in that the

408 knowledge and understanding from these unique accounts may extend and be relevant to the

409 wider experiences of others, these results are not intended to be generalizable to the wider

410 population. It would be interesting to explore whether participants' experiences are shared by

411 other teachers, other support staff within the school, as well as the students themselves.

412 *Conclusion*

413        This paper aims to use an idiographic and experiential-driven qualitative analysis to

414 better understand the experiences of secondary school teachers in supporting the mental health

415 of their students. Participants from this study expressed a great deal of caring for their students,

416 but also a range of negative cognitions due to lack of training, resources and adequate

417 guidelines. These findings suggest that the emotional reaction of participants to these

418 experiences is determined by a) how they view their own role in relation to supporting their

419 students, and b) whether their student is receiving effective and informed help from the school,

420    external services or from the teacher. This interpretation is presented as a model that can help

421    inform the design of future teacher-targeted mental health interventions.

422

426

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| Superordinate themes | Subordinate themes |
|---|---|
| 1. Perceived role of teacher | • Going beyond the role of an educator<br>• Consequences of being close to students<br>• Role of teacher to signpost and refer |
| 2. Nature of relationship | • Conversations depend on good relationships<br>• Showing care and positive regard for the student<br>• Ability to provide stable environment |
| 3. Barriers to helping the young person | • Amount of time or space<br>• Working with other teams or services<br>• Involvement of parents |
| 4. Amount of training and resource | • Previous understanding about mental health<br>• Having to independently generate ideas |
| 5. Helplessness and Satisfaction | • Sadness and helplessness<br>• Frustration<br>• Satisfaction and hope from helping |

Table 1: The superordinate and subordinate themes generated from analysis
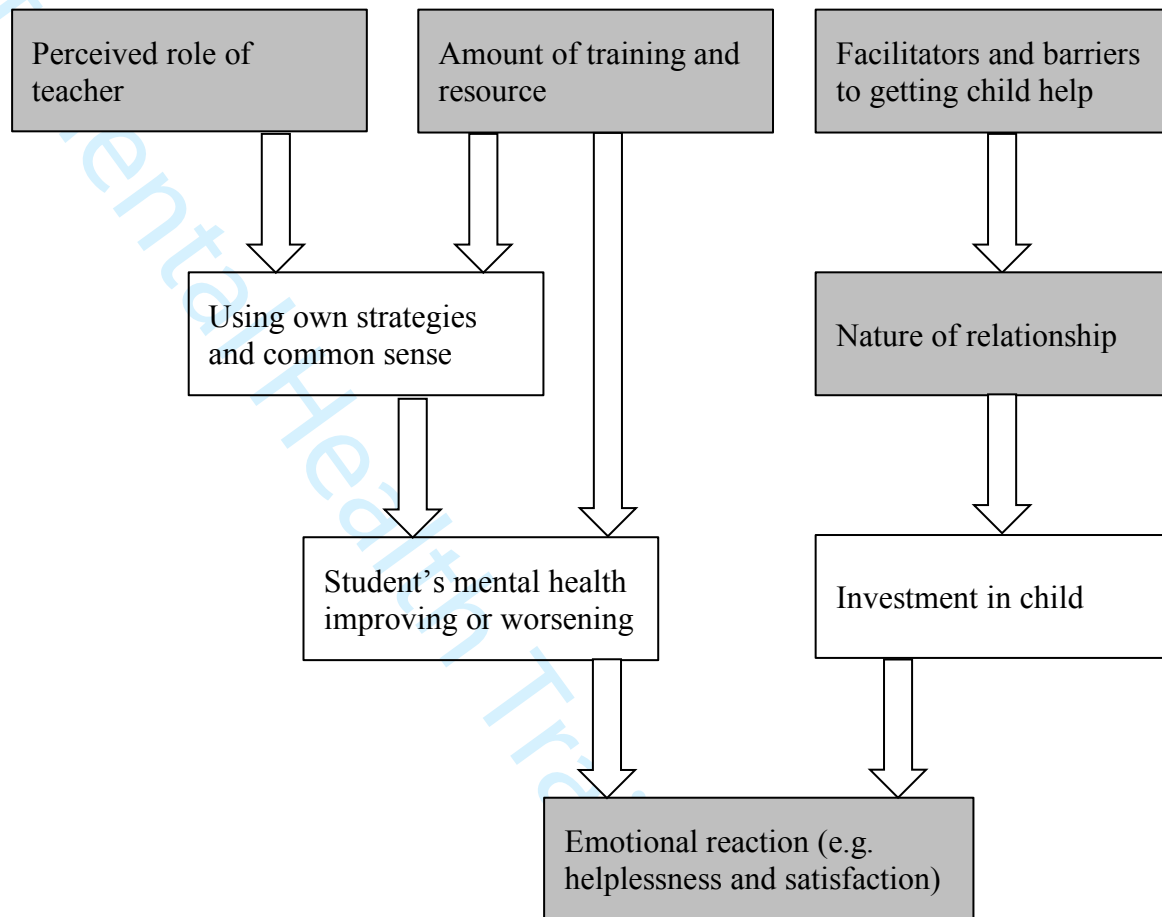
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Figure 1. A theoretical model based of teacher's experience when supporting a student with a mental health problem. The grey boxes represent the five superordinate themes.

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