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Barriers and proposed solutions to implementing preventative mental health strategies into post-primary schools and teacher training in Ireland: A qualitative inquiry

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Abstract

The current study aimed to explore the attitudes of principals, teacher training lecturers and teachers towards introducing preventative mental health strategies. Following a triangulated method, semi-structured interviews were undertaken with four principals, four teacher training lecturers, and a focus group was conducted with four teachers. Data were analysed following Interpretative Phenomenological Analysis. The three core themes derived from this study were: (1) cause and maintenance of mental health issues in adolescence; (2) barriers to implementing preventative mental health strategies; and (3) issues with teacher training and proposed solution. Participants favoured incorporating mental health training within teacher training, however highlighted that they were not mental health practitioners. The development and maintenance of mental health issues in adolescence is multi-factorial. Consequently, addressing this requires a wider systemic approach to include society, community, family and school.

Introduction

Prevalence of Mental Health Issues in Adolescence

Young people are most vulnerable and at risk of developing an enduring mental or substance abuse disorder when aged between 11 to 25 years (Kessler et al., 2005). UNICEF (2017) found that 22.6% of Irish adolescents aged between 11 and 15 years reported experiencing two or more psychological symptoms more than once a week. Children aged younger than 13 years have been reported to have a 33% chance of experiencing a mental disorder (Cannon, Coughlan, Clarke, Harley & Kelleher, 2013). Thus, adolescence is a crucial time for uncovering these disorders and beginning early interventions; especially as Ireland has the fourth highest adolescent (15-19 years) suicide rate in the European Union region (UNICEF, 2017).

Emotional Health Informing Preventative Mental Health Strategies

Childhood emotional health has been suggested as the most powerful predictor of life-satisfaction in adulthood (Layard, Clark, Cornaglia, Powdthavee & Vernoit, 2014). A recent meta-analysis revealed that schools in which social and emotional learning programmes were conducted, led to a significant improvement in social and emotional skills, attitudes, behaviour, and academic performance for pupils (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011). Despite these programmes aimed to prevent and promote adolescent mental health, such mental health programmes have not been standardised across Ireland or Northern Ireland.

Mental Health in Schools

Kutcher, Venn and Szumilas (2009) assert that schools must play an important role in prevention, early identification, and intervention of mental health issues. The ability to reach a large number of adolescents simultaneously is cost effective, and allows the integration of mental health discussions with other health topics. However, many teachers in the United Kingdom (UK) post-primary schools report feeling inadequately prepared to manage their students' mental health requirements (Rothi, Leavey & Best, 2008). Fraser (2010) emphasises that teachers are very competent in recognising learning or behavioural problems but struggle to identify students who internalise symptoms of anxiety, depression or other mental health issues. Additionally, Froese-Germain and Riel (2012) found that 68% of teachers disclosed that they had never received any professional training to aid them in identifying or coping with a student who has mental health issues. Limited time and lack of resources were also cited by teachers as a major concern (Trudgen & Lawn 2011). Despite this, 97% of teachers expressed that it was imperative to have these tools to help them recognise and understand their student's problems. Wei and Kutcher (2014) demonstrated that by facilitating interventions for teachers, they can become a powerful tool in the identification of mental health issues in their students and help link students to services.

Similarly, Rowling, Whitman and Biewener (2009) reported over 80% of principals agreed that emotional health, mental health and wellbeing are important for students' academic success. The principals also indicated that they wanted their teachers to undergo more training in the areas of teaching emotional and social learning skills, and effective prevention strategies. Schools are responsible for most referrals of adolescents to mental

health services (Rowling et al., 2009). Therefore, the teachers' role in adolescent mental health promotion and intervention must be emphasised.

Mental Health Provision in Irish/Northern Irish Schools

Social and personal health education (SPHE) is taught in Ireland to every adolescent up to the Junior Certificate, in order to raise adolescent understanding and awareness of general wellbeing and positive mental health, build resilience, and to equip adolescents with adequate coping skills. A review by the Department of Education and Skills (2013) reported SPHE was effective at teaching adolescents how to recognise and understand general health issues but less effective (up to 47%) at teaching life skills such as coping strategies. Emotional health was the worst rated section overall, as only 53% of students strongly agreed that SPHE helped them to understand their feelings and emotions, therefore scrutinising the practical effectiveness of SPHE.

Schools are experiencing negative consequence from the economic downturn. Special needs assistants, guidance counsellors and resource hours have been drastically reduced (Cradden, 2014), leading to a 59% decrease of counselling available in schools, whilst 168 guidance counsellor roles were withdrawn (McLaughlin, 2015). However, up to 66% of withdrawn posts from 2012 will be restored in September 2017 (Department of Education and Skills, 2017), suggesting the necessity of these resources for adolescents. Recently, a mental health awareness initiative programme entitled: "*Student mental health: Whose business is it anyway?*" was introduced to post-primary schools in Ireland, aiming to encourage teachers to be mental health promoters, but was reticent on their role and boundaries. Additionally, a wellbeing programme will be introduced in September

2017 for junior cycle post-primary students (National Council for Curriculum and Assessment, 2017). This includes 300 hours of timetabled engagement over a three year period. It is envisaged this will be delivered primarily through the core subjects of civil, social and political education, physical education, SPHE and guidance. Each individual school will design and implement their own wellbeing programme tailored to their needs, where all staff share the responsibility for supporting students' wellbeing. However, this has not been introduced as a module in teacher training.

To ensure teachers are equipped to detect and intervene when a student is experiencing an emotional or mental health issue, it has been strongly recommended that mental health training is incorporated into the Postgraduate Certificate in Education curriculum (Bostock, Kitt & Kitt, 2011), particularly as mental health promotion has a beneficial impact on children (Department for Education and Skills, 2001). However, it is imperative that any programmes implemented in schools include a definite structure, clear and concise guidance (removing the risk of differing interpretations) and that staff have adequate resources and training. Without this, new initiatives may have disappointing results and result in mistrust by school staff, adolescents and their families (Humphrey, Lendrum & Wigelsworth, 2010).

Objectives of the Current Study

The current study aimed to examine the attitudes of post-primary school teachers, principals and teacher training lecturers (TTLs) towards the inclusion of emotional and mental health awareness as part of their training. Hence, the research questions were to determine whether educators believe teachers have the capacity to take on the role as a

mental health promoter in terms of ability to recognise mental health issues in their students and time available. Furthermore, the current study investigated who should be responsible for intervening in relation to emotional and mental health, and what educators deemed the ideal approach to be in schools. Consequently, a qualitative methodology was employed in order to elicit the educator's personal experiences, thoughts and beliefs and to expand current knowledge in the field.

Method

Design and Participant Sample

One focus group and eight semi-structured interviews were conducted in the current study. A focus group was conducted with teachers (n=4; all female). Four semi-structured interviews were conducted with TTLs (female=3) and four semi-structured interviews were conducted with principals of post-primary schools (female=2). All participants were currently employed and represented ten educational institutions.

Interview Schedule

Specific topics which emerged from the literature were developed into questions. These included the areas of knowledge of mental health, understanding of student wellbeing, willingness to engage with students with emotional or mental health issues and beliefs regarding their responsibility to intervene. Three interview schedules were composed to allow for educator role disparities, as all questions were similar but varied based on the role the participant held.

Procedure

Every post-primary school in six counties in the West of Ireland and all third level institutions in Ireland who offer the Degree in Education or the Professional Masters of Education were invited by letter to participate. Consequently, twelve volunteers were sent an information letter which explained the rationale for the study.

A mutually convenient meeting was arranged to conduct the semi-structured interviews outside of work hours. The semi-structured interviews were conducted on the campus of the education facility the interviewee worked in. The interviews ranged from 20 to 40 minutes with the average interview lasting 30 minutes.

All post-primary teachers who responded to the letter of invitation were provided a list of five possibilities for time and date of the focus group. The most popular option was chosen. Participants were notified of this by email and their attendance confirmed. The focus group was held in local hotel conference room during the summer holiday period. The teacher's focus group (TFG) was conducted in 39 minutes.

Written informed consent was obtained from all participants and a debrief sheet was provided at the close of the semi-structured interview or focus group. The semi-structured interviews and focus group data were recorded on a digital device. All data were collected from February until June 2015. Ethical approval was granted from Ulster University Research Ethics Committee (REC/12/0322).

Data Analysis

All semi-structured interviews were assigned a pseudonym and were transcribed following Interpretative Phenomenological Analysis guidelines, examining the individuals lived experiences and how they made sense of these (Smith & Osborn, 2003). This procedure progressed through several stages involving note taking, repeated reading of transcripts, deriving emergent themes, connecting themes and checking the themes against the transcripts. The superordinate themes were supported in all transcripts, there was a pattern across cases and the themes were ordered by importance. The use of the triangulated method increased the validity of the findings through cross-verification across the educators.

Findings with Discussion

Three superordinate themes emerged from the data: (1) perceived cause and maintenance of mental health issues in adolescence; (2) barriers to implementing preventative mental health strategies in schools; and (3) issues with ITT and proposed solution, each with subsequent subordinate themes as illustrated in Figure 1, below.

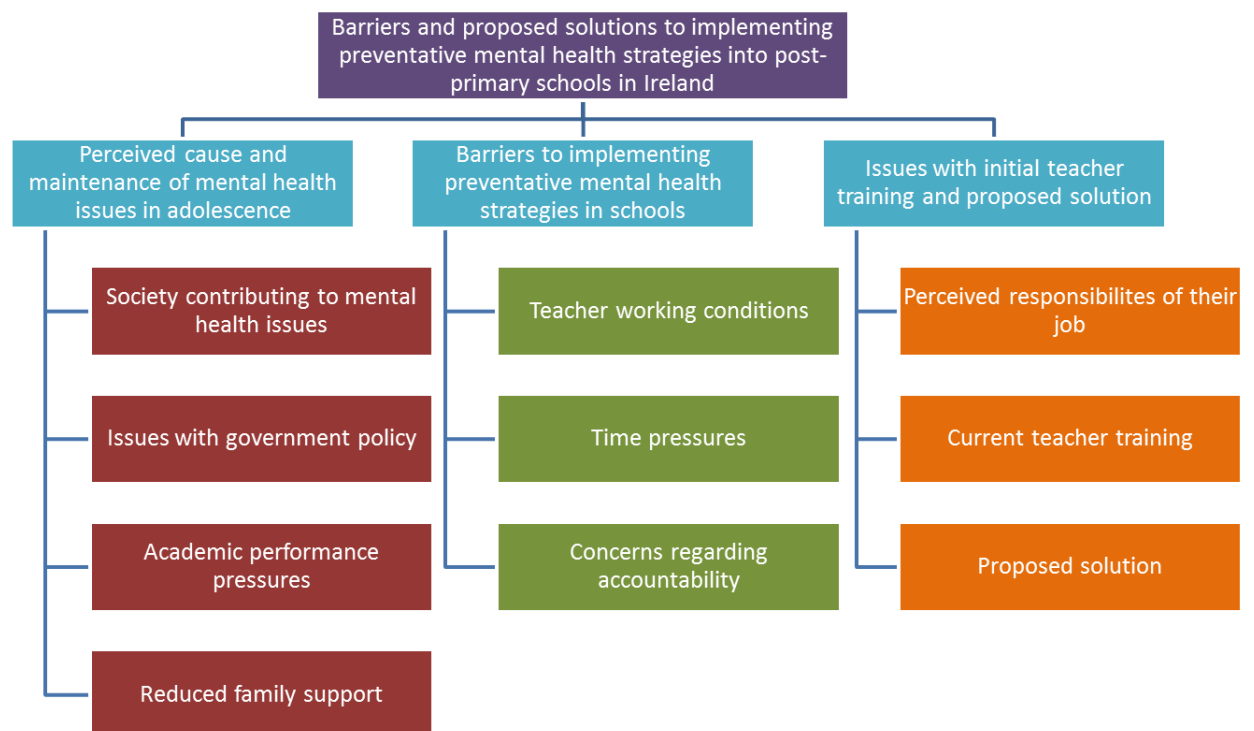


Figure 1: The superordinate themes and subsequent subordinate themes which emerged from the data.

Superordinate Theme 1: Perceived Cause and Maintenance of Mental Health Issues in Adolescence: *“... it is the single major impacting issue on students’ performance in school.”*

Factors contributing to the cause and maintenance of mental health issues in adolescence included society, issues with government policy, academic performance pressures and reduced family support.

All educators recognised the abundance of current mental health problems in schools and acknowledged that these problems need to be addressed:

“Since becoming principal I’d say it is the single major impacting issue on students’ performance in school... I mean we’re not trained psychologists or counsellors... it’s becoming... part of your work every day. If somebody has a problem... you have to suspend what you are doing to deal with that young person.” - Joan (Principal).

The above findings are consistent with previous literature suggesting that teachers do not receive adequate professional training (Froese-Germain & Reil, 2012). Educators agreed that issues originated and are proliferated by a variety of different layers of society and their reciprocal relationship with the adolescent, including society, government policy, families, communities and schools. Applying general strain theory (Hay, Meldrum & Mann, 2010) to this idea, the layers referred to by the educators could be considered as strains upon the adolescent, which may be contributing to or exacerbating poor mental health and emotional wellbeing. Consequently, schools are crucial in prevention, early identification and intervention of mental health issues (Kutcher et al., 2009).

Society Contributing to Mental Health Issues: “When something happens in society, schools will fix it.”

Educators deemed societal issues as the cause of *mental health problems and they perceived pressure from society to repair this damage: “When something happens in society, schools will fix it”* (Joan, Principal).

The adolescent’s inability to cope with stressors was believed to have an effect:

“We’re seeing a generation who have grown up differently and are less equipped for disappointment... it hits them harder.” - Joe (TTL).

The educators reported willingness to be involved in society-wide health promotion, but expressed frustration and anger that schools often adopt much responsibility for dealing with these issues:

“Teachers are expected to do absolutely everything under the sun... we’ve kind of decimated our mental health services... it would be wrong to think that you could resolve what is a really huge societal problem in the classroom, given that every other support in the country have been pulled away.”

- Liz (TTL).

These findings support a previous review of SPHE provision in schools in Ireland, which identified the possibility that societal concerns or experiences may contribute or exacerbate adolescent mental health issues (Department of Education and Skills, 2013; Hay et al., 2010). Therefore, teaching adolescents to recognise and cope with their physical and mental wellbeing is crucial to society-wide health promotion, and thus should be a society-wide responsibility.

Issues With Government Policy: “It’s nothing to do with teaching... you are not even giving any time to the kids you just feel it’s unproductive.”

The educators were disappointed and frustrated with the decline in government assistance, particularly the reduction or removal in guidance counsellor hours and the lack of statutory services available. Educators reported having to manage situations with no specialist input:

“One of the most retrograde and insidious things that have happened in schools is the... downgrading of the counselling and guidance services...”

we've a school with 1033 pupils, the equivalent to a small village... to think that the counselling services are off radar, that's saying something fairly awful about us as a society." - Mark (Principal).

Thus, school staff report feeling vulnerable and abandoned, sometimes having to be proactive to ensure the safety of students:

"We pay for a counsellor for some of our students... because we just see someone in crisis and they are not being seen." - Kate (Principal).

This corresponds with previous findings that teachers were disillusioned by government and policy makers as they were not provided with the time or resources to make viable changes (Rothi et al., 2008). However, many of the withdrawn posts from 2012 were due to be restored in September 2017 (Department of Education and Skills, 2017). It is yet to be seen if this has improved the situations in schools.

Academic Performance Pressures: "Some of the exam students... crumble."

Academic pressures which arise in schools can create or amplify mental health problems:

"There is a really strong focus on exams in the Irish system and... it's hard not to pay attention to that. From the point of view of students, teachers and parents." - Liz (TTL).

"Our education system is not enabling students to grow either emotionally or socially. They become very competitive." - Sue (TTL).

"Some of the exam students do change... they crumble." - TFG.

As grade attainment and extra-curricular achievements are becoming increasingly important for academic progression and success (Hay et al., 2010), and therefore has an

impact upon adolescent mental health and wellbeing, it is imperative that the SPHE initiative (Department of Education and Skills) is maintained, improved, with also the possible addition of new initiatives. This is to facilitate and empower adolescents with the skills required to understand and monitor their own mental health and wellbeing, while also providing sources of contact for any adolescent who may be distressed.

Reduced Family Support: “They don’t have the family networks and family structures.”

Changing family structure was discussed as a cause and sustaining factor in the prevalence of mental health issues in Irish adolescents: *“They don’t have the family networks and family structures.”* (Sue, TTL). Some participants alluded to parents impeding their child’s ability to learn from their mistakes, to build resilience, or to cope with failure:

“Children have very little resilience and very little coping skills. Even if it’s only for the simple things that they have forgotten their PE uniform... mum or dad... they’ll come in with it, so that the child doesn’t have... the consequences... being accountable, taking responsibility for what you can... not being afraid of consequences and learning from that.”

- Kate (Principal).

This example coincides with experiential learning theory (Kolb, 2015) as the child is learning from the adult that instead of taking responsibility for their actions or inactions, that their parent will address any issues for them. This may lead to adolescents having poorly development coping mechanisms and resilience, as they have not yet had the opportunity to learn from their experience of addressing issues independently.

The educator's socio-ecological perspective regarding the cause and maintenance of mental health issues concurs with the World Health Organisation (2013) opinion. It advocates the responsibility of mental health promotion, protection and recovery to individuals, their communities (including schools) and society, proposing that mental wellbeing should be embedded in all aspects of human interaction. While all educators acknowledged their role in this wider collective responsibility of mental wellbeing, the burden of expectations that the educators experience from every facet of society frustrated and disappointed them.

Superordinate Theme 2: Barriers to Implementing Preventative Mental Health Strategies in Schools: *“The government... develop these initiatives as a knee jerk reaction... suicide rates have gone up, so we put a programme into schools.”*

Factors contributing to the barriers to implementing preventative mental health strategies in schools included teacher working conditions, time pressures and concerns regarding accountability.

The educators acknowledged the initiatives available to schools however, many believed that these initiatives were reactive responses to mental health issues rather than proactive health promotion, which resonances previous findings (Humphrey et al., 2010):

“There are so many initiatives... many strategies in place at the minute.”

- Mark (Principal).

“Sometimes the government... develop these initiatives as a knee jerk reaction... suicide rates have gone up, so we put a programme into schools.”

- Joan (Principal).

“Sometimes we operate in fire brigade tactics... we’re up there in the danger... rather than actually back down here... making sure that the people downstream are ok and... they are not getting to crisis stage.”

- Kate (Principal).

Teacher Working Conditions: “There is a lot of negativity in our staff at the minute.”

Supporting previous literature (Humphrey et al., 2010), cynicism was cited as a barrier for trained teachers to delivering mental health initiatives as part of CPD to their colleagues:

“I wouldn’t blame a lot of teachers getting cynical... here’s the latest initiative now, this month, I wonder what we’ll have next month?”

- Mark (Principal).

“I know they are not... going to be comfortable enough giving it...”

- Ed (Principal).

This was corroborated by the TFG who acknowledged an uninviting atmosphere for delivery of these initiatives to their colleagues: *“There is a lot of negativity in our staff at the minute...you’re actually frowned upon by doing anything extra like that...”* (TFG). This supports previous research by Kidger et al. (2010), as teachers who perceived disinterest in emotional wellbeing work from colleagues were reluctant to engage with it.

Time Pressures: “There’s never time... allocated for the staff to sit down and say well this is what I’ve learnt and... pass on the information.”

Time constraints were highlighted by educators to be the foremost obstacle to implementation of mental health initiatives: *“Training days, there’s never time... allocated for the staff to sit down and say well this is what I’ve learnt... pass on the information.”* (TFG). One principal noted the dilemma of selecting the most valuable initiative to the individual school:

“If it’s done it will be... at a cost to something else... all the initiatives are very worthy... they merit implementation, but we are not good at giving schools the tools... either physical resources or personnel resources or the most valuable of all the time resource to implement... everything bogs down at the implementation gap.” - Mark (Principal).

Teachers highlighted if a student approaches them it can difficult to find time to accommodate them and were afraid to tell the student to return at a more suitable time: *“When I was speaking to the student it was in my own personal time. I had to do it after class... they might feel that they are pushed away.”* (TFG). The TFG emphasised that often those who have extra responsibilities such as year head, tutor, or guidance counsellors were not assigned extra time to perform these duties and their own time must be used:

“They don’t really get the time to go and actually deal with them... it’s... in their own free time. Which people don’t really have... and they (the students) are losing out... the guidance counsellor is fully... booked up.”

Nonetheless, one TTL insisted that all school staff should always have time for students in distress and that using time to address issues may have long-term benefits:

“You always have the time... if you enter teaching for the right reasons then you would never not have the time to deal with something serious... by dealing with mental health issues they may actually be ultimately reducing their workload. They might have happier students, less classroom management issues.”

- Joe (TTL).

These findings could be related to previous literature highlighting the reduction in support and resources available to educators and in schools (Cradden, 2014; McLaughlin, 2015), and possibly an increase in stress for educators.

Concerns Regarding Accountability: “I can’t let this go because... I don’t know what is going to happen.”

Accountability was identified as a barrier to the implementation of mental health strategies in schools. Most principals believed their teachers were open to attending to student mental health issues: *“In this school... they don’t have a problem with it... they’ll talk the child down, they’d reassure them, they’d pass it on.”* (Kate, Principal). Whereas the TFG reported feeling nervous when approached for support even when they had assured students of their availability:

“The end of the class... a girl approached me. I nearly dropped...she asked me something... you can get yourself into a situation where you are not comfortable.”

- TFG.

One teacher discussed an incident where a student confided in them but there was no specialist available for a week. Similar to Mazzer and Rickwood (2015), the responsibility of feeling accountable for this student’s wellbeing was distressing: *“I can’t let this go*

because... I don't know what is going to happen or how someone is going to react."
(TFG).

Several principals recognised the volume of work involved in a student disclosure and staff member's hesitation to be involved, however, believed it could be within a teacher's scope to deliver low level interventions or workshops:

"I can understand if there's a number of them that are afraid... its easier not to hear things anymore... there is so much work involved now with reporting... it could be developed."
- Ed (Principal).

However, other principals inferred that teachers should not be responsible for teaching these skills: *"It shouldn't just be the school... that have to do that... teachers are teachers... that's not what they got into teaching to do."* (Joan, Principal).

Educators agreed that teachers should create an open and safe learning environment where students feel comfortable disclosing issues to them but that a teacher should not manage the student without specific training:

"Teachers should be... skilled in being able to listen but also know boundaries... they are not therapists... they have the skills of knowing what they need to take further... knowing where that boundary is."

- Cynthia (TTL).

Therefore, although many principals and TTLs were confident in teachers' awareness of their student's needs, the teachers themselves were worried about the responsibility involved with disclosure.

Superordinate Theme 3: Issues with Initial Teacher Training and Proposed Solution: “*The role of the teacher is changing, it’s not like it was years ago.*”

Factors contributing to issues with ITT and the proposed solutions included perceived responsibilities of their job, current ITT and proposed solutions.

The evolving role of a teacher was acknowledged by educators who alluded to teacher’s current responsibilities in contrast to their original teacher training: “*The role of the teacher is changing, it’s not like it was years ago... you walked into the classroom and you walked out of the classroom.*” (TFG).

The educators further discussed what role teachers have in relation to their students’ emotional or mental health issues considering their perceived responsibilities of the job and specific training afforded, supporting previous recommendations to incorporate mental health training into the Postgraduate Certificate in Education curriculum (Bostock et al., 2011).

Perceived Responsibilities of the Job: “They don’t realise that they could have a huge contribution to... their emotional and mental health.”

The debate as to whether teachers should be able to recognise or intervene with their students’ mental health issues was a contentious issue. Most educators believed teachers have responsibilities to support students: “*I think everybody is... the whole community of a school is.*” (TFG) and “*Every teacher should be equipped to deal with that one scenario where a person might really need help or someone to talk to.*” (Joe, TTL).

Coinciding with research by Askeff-Williams and Cefai (2014), most of the TFG agreed that they: *“Would like for students to come to me. I’d hope that if there was a student that was in distress... that they would.”* (TFG).

However, not all educators agreed that teachers should be able to recognise a student with mental health issues, which is similar to findings from research by Fraser (2010):

“There is no way they should be able to... even noticing someone is unwell can be easy or hard... being able to identify triggers... that can’t fall within the job of a teacher... we are not qualified to do that.”

- Liz (TTL).

However, principals highlighted that teachers were often unaware of the positive effect they can have on their students:

“Sometimes, teachers... don’t give themselves the clap on the back for the amount of confidence they can build and the amount of rapport they can build with students.”

- Kate (Principal).

“Whatever subject it is, they feel that that’s their contribution to this child’s life... they don’t realise that they could have a huge contribution to... their emotional and mental health... the kids really look up to them.”

- Ed (Principal).

One TTL highlighted that if teachers believe mental health promotion was outside their remit and they did not receive any grounding in it during teacher training then: *“They won’t be seeking out continued professional development relevant to mental health.”* (Cynthia, TTL). This supports Rothi et al. (2008) findings that some teachers were averse

to initiatives as they believed that mental or emotional health training caused confusion regarding the role and function of teachers.

Lending support for previous research findings, the educators have highlighted the importance of training so that educators feel equipped and supported in relation to addressing adolescent mental health issues as otherwise educators are hesitant to engage in this (Kidger et al., 2010), but also the importance of having this responsibility included in teacher training from the offset (Bostock et al., 2011).

Current Teacher Training: “Unless it happens in initial teacher education it’s not really going to happen properly.”

Many TTLs acknowledged that their student teachers did not undertake any training in student mental health promotion, recognition or pathways to proceed other than to direct it to a year head or tutor: “*We do not have so much on their students’ mental health...*” (Sue, TTL) and “*At the moment we don’t really address it specifically...*” (Joe, TTL).

However, one TTL insisted their students received training in this area, which supports recommendations by Bostock et al. (2011):

“They would get specific inputs particularly... mental health of youth and wellbeing... barriers and enablers to mental health... they would get more... in terms of recognising difficulties and pathways to support...”

- Cynthia (TTL).

Skills taught included:

“Basic listening, non-judgemental skills... identify resources... who they talk to... in terms of signposting...” - Cynthia (TTL).

Supporting Trudgen and Lawn (2011) findings that teachers’ recognition of issues was subjective and without any formal knowledge or training the TFG admitted they were bereft of this input during ITT. However, the TFG were in favour of student mental health being addressed within the Professional Masters of Education:

“I think it would be good... the masters of education now having a module on it... you’d be learning yourself... it’s mutually enriching for both (TTL and student).”

The TFG also suggested that addressing this in ITT would be constructive especially with the course protraction recently:

“Unless it happens in initial teacher education it’s not really going to happen properly... it has to be embedded... in a formal way in... programmes. So the Professional Masters of Education is a good opportunity.”

Proposed Solution: “How would you deal with this situation... not just theoretical.”

All of the principals were cautiously in favour of a module being introduced within ITT as they did not want the burden of expectation and feared being abandoned further by services:

“There’s a partial responsibility... there’s an onus on all of us... I would like to see that included but... not because... it is seen as the role of the

teacher to do this, it's just an add on that will help you if you find yourself in this situation... I would hate to think it's going to be another thing that is lobbed on top of the teacher." - Kate (Principal).

For effective implementation, educators deemed it crucial that materials are delivered in a specific way. The TFG and TTLs suggested the introduction of a practical, rather than an academic module would be more beneficial: *"A module, not a lecture on it... real life... how would you deal with this situation... not just theoretical."* (TFG) and *"There's lectures input around that... there's group discussion and small role plays... in relation to that."* (Cynthia, TTL). However, educators were adamant that if a teacher was to confront these issues in schools, significant adjustments are necessary:

"If they want... societal issues to be addressed in schools they will to have to configure the school day a little bit different... time away from academia." - Mark (Principal).

Implications and Future Recommendations

The current study enhances previous research in other countries in relation to teacher's perceptions by adding another layer of understanding of principals and TTLs attitudes and beliefs. The findings of the current study imply that perhaps the current structure where teachers attend training courses and are expected to deliver the content to their colleagues on their return is not functioning to its full potential. Many educators cited time restrictions, cynicism or disinterest from other staff members being a barrier to this. Perhaps the Department of Education could introduce and evaluate a pilot module delivering the current initiatives they have devised in teacher training rather than for continued professional development, as that model of learning did not seem to be

effective for the participants of the current study. Should training continue without change, specific time needs to be allocated for teachers to deliver this information to their colleagues.

The current study also suggested that schools feel overwhelmed with increased responsibilities of adolescent mental health coupled with the reduction of specialist staff available both within schools and the external statutory services. Therefore, reinstatement of the specialist services trained in emotional and mental health to schools should reduce the stress on teachers and principals and hopefully improve the long-term wellbeing of the students.

Strengths and Limitations

The purposive sampling method may have led to selection bias in the current study, however, a wide geographical spread of participants were invited and subsequently participated in the study. Consequently, the sample was reasonably diverse in terms of a qualitative study in Ireland. Although the focus group was smaller than intended, it is believed that data saturation was reached as no new themes or codes emerged (Guest, Bunce & Johnson, 2006).

Conclusions

The current study is the first of its kind to interview teachers, principals and TTLs of teacher training programmes in Ireland/Northern Ireland, around issues relating to the mental health (including barriers and solutions) of adolescents in Ireland. Key findings

emerged in this study indicating that the educators believe that the development and maintenance of mental health issues in adolescence is multi-factorial and therefore requires a wider systemic approach to addressing the issue, including society, community and family in addition to school. Teachers feel anxious, ill-equipped and poorly resourced in terms of time to cope with mental health issues as they arise, daily, in school. The teachers themselves proposed a solution and suggested that the introduction of a module into ITT would be beneficial. However, some educators are also cautious about this due to concerns relating to imposed accountability and responsibility, in addition to their teaching roles. Hence a well-governed and balanced approach is required.

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