

# An exploration of teachers' and mental health first aiders' constructs of mental health in secondary schools

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A research study submitted in partial fulfilment of the requirements of the University of East London for the Professional Doctorate in Educational and Child Psychology.

## Student Declaration

University of East London

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I declare that while registered as a research degree student at UEL, I have not been a registered or enrolled student for another award of this university or of any other academic or professional institution.

I declare that no material contained in the thesis has been used in any other submission for an academic award.

I declare that my research required ethical approval from the University of East London, School Research Ethics Committee (UREC) and confirmation of approval is Embedded within the thesis.

I declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own and has been generated as a result of my own original research.

Kirsty Ekers

Signature:

Date: 20.04.2020

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Firstly, I would like to acknowledge the time that teachers spent being interviewed by me. Without their kindness and reflections, this research project wouldn't have materialised.

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## Abstract

The socio-political and educational context in which this current research is situated supports a neoliberal agenda and therefore contributes to the complex discourse around mental health (MH) in the UK. However, as MH has become a higher-profile priority for the UK government, over the last decade, initiatives have begun to focus on promoting mental health in educational contexts. As a result, schools have been recognised as having the potential to embed universal approaches for positive MH development. One such school-based MH initiative was announced in 2017 with the introduction of Youth Mental Health First Aid training (MHFA) for every secondary school in England.

However, with the exception of an evaluative piece of research into the Youth MHFA programme, there is limited research into the views of secondary school practitioners' interpretation of the term 'mental health' and perceived emotional availability to promote the MH of their students. Therefore, this study aimed to explore the ways in which a small group of Mental Health First Aiders and teachers working in mainstream schools constructed the term 'mental health'.

Data was gathered using semi-structured interviews and analysed using thematic analysis. Themes were explored and identified in relation to the practitioner's understanding of the term 'mental health' and how available they feel, to promote their students' mental health in school.

Numerous themes were identified in relation to the practitioners' conceptualisation of MH, and alongside referring to a biomedical model, there was reflection upon the complex interaction between psychological and social factors related to the development of MH difficulties. Further, the significance of the relationships between school staff and their students, parents and colleagues within the context of supporting CYP's mental health emerged from the analysis.

Findings also highlighted the ways in which school staff are available to promote their students' MH, as well as the barriers which exist within this. For example, the impact of working in this field on school staffs' wellbeing, which illustrates the importance of

professional support, such as supervision, which it can be argued EPs are well placed to provide.

In light of the current mental health challenges in the UK, the present study suggests that the introduction of specific interventions such as MHFA Champions need to be complemented by a wider whole-school systemic focus on MH and wellbeing which aims to connect CYP with their broader social and cultural worlds.

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## List of Abbreviations

BESD	Behavioural, Emotional and Social Difficulties
BPS	British Psychological Society
CAMHS	Child and adolescent mental health services
CR	Critical Realism
CYP	Children and young people
DfE	Department for Education
DfEE	Department of Education and Employment
DoH	Department of Health
EBD	Emotional and Behavioural Difficulties
EP	Educational psychologist
EPS	Educational Psychology Service
EWB	Emotional wellbeing
EWMHS	Emotional Wellbeing and Mental Health Service
HCPC	Health Care and Professions Council
ICD	International Classification of Disease
LA	Local Authority
MH	Mental Health
MHFA	Mental Health First Aider
PCT	Personal Construct Theory
PHE	Public Health England
RQ	Research Question
SEMH	Social, Emotional and Mental Health
SENCo	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disability
SSI	Semi-structured interview
TA	Thematic Analysis
TEP	Trainee Educational Psychologist
WHO	World Health Organisation

## Chapter 1: Introduction

### 1.1 Chapter overview

This chapter starts by considering the current discourse around mental health (MH), the different constructs and explores the diverse terminology and associated meanings attached to these. Following this, the national and local context that the research is situated within is presented and relevant guidance and legislation introduced. Next, the theoretical underpinnings of the research will be discussed in relation to children and young people's MH and within their educational system. Finally, the researcher's position will be put forward including the rationale and aims for the current research.

### 1.2 The mental health discourse within educational policy

This section will introduce and consider the discourse by which mental health is understood within UK educational policy. The current research is set in a changing socio-political and educational landscape, in which the discourse around MH is complex and situated within a neoliberal-focused ideology. Neoliberal agendas typically emphasise an economic rationality with a focus on competitiveness, efficiency, accountability and high stakes testing (Apple, 2000). As a result, health and educational policies and practices are impacted by the performative culture of neoliberal political assumptions (Brown & Carr, 2018). For example, it can be argued that educational policy favours functionality over wellbeing with regards to MH care. Indeed, policy states that 'we will support employers to help more people with mental health problems to remain in or move into work' (DoH, 2014, p. 30), demonstrating the high value given to economic outcomes which characterises the UK neoliberal agenda (Bell, 2014). This can be viewed as problematic when attempting to incorporate MH and wellbeing as priorities within an educational context. Firstly, O'Toole (2019) claims that the performative educational culture, by which students and their teachers are judged in terms of targets, exam results and other quantitative outcomes, is not conducive to promoting their MH. However, it is acknowledged that for some, a performativity context can be a source of positive motivation, where learners enjoy the challenge and derive satisfaction from an instrumental teaching and

learning environment (Gilbert, 2012). Secondly, there is a risk of labelling those who may be outside of the norm as 'other', individualising MH difficulties and ignoring social and ecological considerations (Barrow, 2019). Therefore, it may be suggested that MH initiatives simply serve to primarily uphold academic standards and ensure successful future economic functioning characterised by employment (O'Toole, 2019). This can also be seen in school-based mental health interventions which, by focusing on changing a CYP's functioning, can be described as locating MH difficulties within the individual child, rather than the structures and networks which exist around them (O'Toole, 2019). All of this can be considered as part of a broader policy narrative that reinforces a biomedical explanation, reduces social problems to individual factors and, as a result, individualises the responsibility for mental ill-health and coping with it (Brown & Carr, 2018).

The complexity of the issues highlighted above illustrates the difficulties when attempting to define the term 'mental health'. Thus, it is acknowledged that the associated diverse MH terminology outlined below cannot be considered to be neutral or value-free, but is situated within the wider cultural and social context previously set out.

### 1.3 Mental health terminology within the educational context

Defining the term 'mental health' and its use is rather complex. Therefore, the next section will provide a brief outline of the huge variety of terms being used to describe MH, with a particular focus on children and young people (CYP) and educational settings.

#### 1.3.2 An introduction to the term 'mental health'

Definition of the term 'mental health' continues to be an issue in the field of education and to outline the historical and current debates around this issue could form a substantial thesis in itself. Nevertheless, it is important to explore this concept to an extent to provide a clear definition which informs the current research.



Traditionally used in a medical capacity, the language of 'mental health' mostly focuses on the negative states of individuals (Weare & Gray, 2003). However, more recently, wider definitions which focus on wellness have been developed using different terminologies. These often aim to de-medicalise the term 'mental health' and provide acceptable alternatives for use in an educational context. For example, Public Health England (PHE, 2015) use the term 'emotional health and wellbeing' in their school-based guidance. Furthermore, the term Social, Emotional and Mental Health (SEMH) was introduced in the Special Educational Need and Disabilities (SEND) Code of Practice in 2014. It replaced the terms Behavioural, Emotional and Social Difficulties (BESD) and Emotional and Behavioural Difficulties (EBD). This was an attempt to encourage practitioners working with CYP to focus on the underlying needs, rather than the behaviour itself (Tutt & Williams, 2015). However, the change in language is also important. Use of the term 'behaviour' often locates the difficulties within-child, whereas a social element to the phrase may allow some consideration of what may be happening or have happened to an individual to bring about certain behaviours. Although this 'social' aspect is not new and existed within the previous BESD label, the difficulty comes with the addition of the phrase MH, which may continue to imply a within-individual focus.

Thus, it could be argued that MH is a social construction and is open to interpretation in relation to the purpose for it being used and the particular perspective, such as medical, educational or social. This leads to there being a lack of an agreement or universally accepted definition for MH, and this is reflected in the wide variety of terms being used to describe 'mental health' and 'mental illness' between different children's services (Weare & Gray, 2003). In the healthcare system, for example, the dominant medical model is based on the concept of deficit within an individual with a focus on biological based explanations for illness (Waterhouse and McGhee, 2002). As a result, the term 'mental health' is at times used as a pseudonym for 'mental illness' (Weare & Gray, 2003). Whereas other fields, such as education, have been shown to construct MH as relevant for all with a focus on the learning environment, rather than the static mental state of individuals (Weare & Gray, 2003). The terminology used here often includes social and emotional components which invites consideration of

environmental factors but remains under the banner of 'mental health'. This may be due to the previous suggestion that the terminology associated with MH is ever-changing, with constructs being continually revised over time in accordance with society (Fee, 2011). Further to this, any definition of MH is clearly influenced by the culture which defines it; thus the term may have different meanings attached to it depending on the socioeconomic and political context (Kovess-Masfety et al., 2005).

Consequently, diverse terminology continues to exist within government educational policy such as 'emotional health and wellbeing', 'emotional literacy' and 'positive mental health' (DfE, 2018; DfE, 2018a; DfE, 2017a). This may be to emphasise that mental health is about wellness rather than simply illness. Consistent with this, the World Health Organisation (WHO, 2018) offers the following positive definition of mental health:

...a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (WHO, 2018).

Current policy documents appear in line with an understanding that mental health exists on a continuum (Keyes, 2002), whereby mentally healthy individuals present as positive and functioning well, through to individuals who may feel unable to cope and are in a state of distress. It is also accepted that mental health is not fixed, but can fluctuate along this continuum as circumstances change through different stages of life (Mental Health Foundation, 2020).

Given the wide range of concepts and language surrounding the notion of mental health as highlighted above, the next section will state the terms that the researcher has decided to use throughout the thesis and provide an explanation for this preference.

### 1.3.3 Definitions for the purpose of this research

Although described briefly above, it is pertinent to explain what terms the researcher intends to use throughout this study. Therefore, it is recognised that there may continue to be some negative connotations associated with the term MH and

reference to mental disorders and problems. However, for the purpose of this thesis and research process, the researcher has chosen to use the term 'mental health'. This is partly due to the WHO definition outlined above, but also Allport's (1937) description that mental health and illness are not two independent constructs but exist within a continuum as described by Keyes (2002). He introduced the notion that mental health and mental illness are more than simply a presence or absence of emotional states but includes how an individual is functioning in life. All these definitions support an understanding that mental health is not merely the absence of mental illness but the presence of something positive, therefore providing a multi-dimensional definition. Furthermore, MH appears to be the most frequently used term within current legislation and education policies. Other terms, including emotional wellbeing, will be used when referencing the work of other authors to uphold the language chosen in their research articles.

The following section will provide an overview of mental ill-health statistics and the implications of this within the current national context.

#### 1.4 The national context for mental health

This section will firstly detail the prevalence and impact of mental ill-health in young people in the UK through statistics and legislation. Following this, the researcher will outline the role in which schools are required to play in promoting young people's MH and wellbeing within education.

##### 1.4.1. An increasing focus on MH

For several years the topic of MH has been salient within the national discourse and consistently features in the UK's health policies. In September 2019, Public Health England (PHE) revealed mental health to be one of its corporate priority areas in a new 5-year strategy, and there was a commitment to 'promote good mental health and contribute to the prevention of mental illness' (PHE, 2019, p.7). Furthermore, the Queen's 2019 speech highlighted the Government's commitment to reform the

Mental Health Act and a White Paper setting out the detail on how this will be amended is pending at the time of writing this research.

Major surveys of children and young people's (CYP) MH in England have been carried out in 1999, 2004 and 2017. These appear to indicate that the level of MH difficulties in CYP has increased over the past two decades. However, it should be recognised that both increased awareness and understanding of MH may have also contributed to the rise as well as changes in the definition of MH overtime, which may have broadened the criteria of which symptoms and behaviour fall into the category of mental ill-health. In 2004, one in ten (11.7%) CYP fulfilled criteria for a MH disorder whereas, one in eight (12.8%) 5 to 19-year olds had at least one mental disorder when assessed in 2017. Likewise, Community Child and Adolescent Mental Health Services (CAMHS) have reported an upward trend in referrals over the last seven years. The number of referrals accepted have mostly reflected the increases in demand. However, the demand continues to outweigh supply, with an increase of young people on waiting lists to access CAMHS support and waiting times increasing year upon year (CAMHS Benchmarking Report, 2019).

These current statistics have forced policymakers to address CYP's mental health difficulties and present an economic argument which links to the broader societal costs of MH difficulties starting in early life. For example, by stating in policy that 'young people with mental health problems are more likely to experience problems in their future employment' (DfE, 2017a, p. 8), this suggests that employment is the best outcome of being mentally healthy, rather than the wellbeing of individuals who are able to reach their potential (Bell, 2014).

The following section highlights further national legislation which emphasises the responsibilities of educators working in schools to identify and support CYP's mental health and wellbeing.

#### 1.4.2 The role of schools in relation to MH

Over the last decade, government initiatives have begun to focus on promoting CYP's mental health (MH) in educational contexts, and schools have been recognised as

having the potential to embed universal approaches for positive MH development. However, education policies have continued to be highly criticised by mental health campaigners with regards to the challenges facing children's mental health, in particular academic school culture and pressures (Devon, 2016). Therefore, reflecting research that suggests whole-school approaches to be the most effective way of promoting children's social and emotional well-being (Weare & Nind, 2011), policies have shifted from a focus on individual difficulties, to universal preventative approaches for all CYP. Thus, the next section will outline the proposals set out in the current DfE (2017a) Green Paper: Transforming Children and Young People's Mental Health Provision.

The Green Paper on children and young people's mental health (2017a) focuses on earlier intervention and prevention. It acknowledges that all children and young people need access to high-quality mental health and wellbeing support within their schools or colleges and outlines three core proposals to achieve this: Firstly, to support every school and college to train and appoint a Designated Senior Lead for Mental Health. Secondly, to create new Mental Health Support Teams to provide early intervention and ongoing help to groups of primary and secondary schools. Lastly, to reduce waiting times for CAMH services for CYP requiring specialist support. To ensure that high quality training is available to meet the first proposal set out by the Green Paper, the Youth Mental Health First Aid training programme has been developed to provide teachers with greater MH knowledge and skills. One teacher from every secondary school in England was offered a free place on a special, evidence-based Mental Health First Aid (MHFA) training course to recognise MH issues in children (DfE, 2017a). It should be noted that school staff trained in MHFA (Mental Health First Aiders) are distinct from Education Mental Health Practitioners (EMHPs) who work within the Mental Health Support Teams (as outlined in the Green Paper's (DfE, 2017a) second proposal) to deliver low-intensity, specific MH interventions and work alongside a group of schools to support them with whole-organisation approaches to MH and wellbeing. Since this research will focus on the introduction of Youth MHFA in Schools programme, the next section will describe the role, responsibilities and aims of the MHFA training course.

MHFA has been defined as ‘the help provided to a person developing a MH problem or in a mental health crisis. The first aid is given until appropriate professional help is received or the crisis resolves’ (Langlands, Jorm, Kelly & Kitchener, 2007, p. 435). As a result of attending the course, the member of staff will qualify as a Youth MHFA Champion and be responsible for the school’s approach to MH. It is suggested that this training tool can be used by schools as part of their whole-school approach to mental health (Khan & Hounsell, 2018). MHFAEngland (2018) state that the course aims to provide staff with an in depth understanding of young people’s mental health, factors that affect wellbeing, practical skills to spot the triggers and signs of mental health issues and confidence to reassure and support a young person in distress. Most recent figures indicate that over 2,175 teachers have received training in 1,537 secondary schools (MHFAEngland, 2018) out of a possible 4,188 in England. This suggests that just 36% of secondary schools in England have invested in the training thus far. Positively, research published by University College London has shown that the MHFA training leads to an increase in confidence, awareness, knowledge and skills to support a young person struggling with their mental health (Robert-Holmes, Mayer, Jones & Lee, 2018). With children and young people’s MH continuing to be a clear priority at government level and key role of teachers to understand and promote positive MH, the Office for Standards in Education (Ofsted) incorporated a ‘mental health awareness and support’ judgement into their inspection framework. This mirrors the need for schools to focus on a holistic approach to wellbeing with a strong focus on their culture and ethos.

### 1.5 Children and young people’s MH - A local priority

This research was undertaken whilst the researcher was on placement in an Educational Psychology Service (EPS) within a large Local Authority (LA) in the South East of England. The EP service offers core and statutory services to schools which are free at the point of delivery. According to the local MH and wellbeing strategy, the county is experiencing increased demand for MH services (Clinical Commissioning Groups, 2016). It is estimated that around 10% of children aged 5-16 in the county have a clinically diagnosable problem, based on the International Classification of Disease (ICD-10) diagnostic criteria (WHO, 1992), with 22,500 CYP having a MH

problem requiring specialist help (Clinical Commissioning Groups, 2017). This has created challenges in the delivery of its MH services. Therefore, a five-year transformation plan was developed in 2015 to improve the mental health and emotional wellbeing of children and young people. A clear role for schools is outlined in terms of understanding MH problems and providing support with hopes of developing training and a common understanding about emotional wellbeing and MH. There is a greater emphasis on prevention and early intervention through working with schools to manage MH and providing single points of access where staff can obtain support quickly and easily if required. Finally, an educational psychologist has been seconded to the Emotional Wellbeing & Mental Health Service (EWMHS). The aim of which is to firstly facilitate links between schools and EWMHS teams promoting partnership working. Secondly, to offer consultation and supervision to increase the capacity, skills and confidence in school staff to support MH needs in school.

## 1.6 Theoretical underpinnings

### 1.6.1 An ecosystemic understanding of mental health

The mental health of children and young people is often centred upon the individual, therefore located within-child and explained by problematising the child (Hanley, Winter & Burrell, 2017). As a result, attempts to solve problems typically focus upon the individual. However, an alternative view is to consider a systemic perspective, which reflects the broader ecology of an individual's life. This ecological approach suggests that young people's development is impacted by the various systems of their environment, and the relationships between these systems (Bronfenbrenner, 1979). Therefore, positive or poor MH is not derived solely from the individual who demonstrates the difficulties, but from the interaction between the social systems in which they are located. Consequently, this requires that CYP's mental health should be considered within the context of their educational system, local community and wider societal environment. Therefore, when developing and promoting children and young people's MH the role of external, broader factors should be taken into account. This appears to be in line with the government's encouragement for schools to provide holistic and whole-school frameworks to promote positive MH for all, however, it

continues to conflict with the CYP's macrosystem and the neoliberal agenda in education where academic standards and results are greatly emphasised and encouraged.

An ecosystemic understanding of CYP's mental health acknowledges the importance of their educational setting, and the interactions they experience with the adults within this system. This ecosystemic 'lens' therefore supports the rationale of the current study to explore the views and constructs of school staff working within a CYP's educational context.

The term 'constructs' was introduced by Kelly (1955) to describe the way in which an individual derives meaning from their social interactions and experiences. By eliciting different school staff's constructs of MH, the researcher will gain insight into the views and theories that they hold pertaining to MH. Further, these constructs will illustrate how staff identify, interact and engage with CYP and MH within school. Thus, the next section will further explore Kelly's (1955) theory of personal constructs (PCT) and outline how this is applicable to the current research.

#### 1.6.2 Personal construct theory

Personal construct theory (PCT) (Kelly, 1955) helps to understand the 'personal' ways in which individuals 'construe' (understand, interpret, and even actively design) their world. The theory proposes that people are experts in their own lives and are continually trying to make sense of their worlds by developing meanings. This construct system influences an individual's perception of the world, events and impacts one's decisions and choices. Kelly (1955) claims that individuals cannot see reality directly, but attempt to make sense of it through their interpretations of the world and events. This challenges the positivist view that there is one reality that can be captured. Therefore, constructs represent 'best guesses' and consequently, there is always potential for people to revise how they understand and interpret the world in the light of new knowledge.

PCT complements an ecosystemic approach since it adopts a holistic view of a person and suggests that constructs are built through social interactions and experiences with



the environment. It is this personal view of the world that the researcher hopes to explore in school staff. Therefore, personal construct theory (Kelly, 1955) provides a suitable framework to explore school staff's perceptions of mental health.

Since each person's system of constructs is unique, it is essential that the researcher reflect on one's own biases and influences which may have impacted upon the research journey. Therefore, the next section will outline the researcher's position and introduce the 'lens' through which the research is viewed.

### 1.7 Reflexivity: The researcher's perspective

When undertaking research, transparency with regards to the researcher's views and position is key. Therefore, in line with Merten's (2010) advice this next section will consider how the researcher's influence has guided the choice of research and impacted upon the completion of this work.

The researcher is a white British middle-class 30-year-old woman working as a Trainee Educational Psychologist (TEP) in a large county in the South East of the UK. The researcher also grew up and attended schools in the same area as where the research was conducted. The researcher's interest in the field of MH came from previous work experience in a CAMHS Tier Four secure unit for young people with acute mental health difficulties. During this time there appeared to be an emphasis on MH diagnoses and labels. Many YP came into hospital with a MH diagnosis, but many more came searching for these. This environment may have therefore contributed to the researcher's sensitivity for hearing labels and understanding of what this may mean for a YP. Whilst in hospital, YP often lost contact and connection with their educational setting and this presented as a barrier in being able to reintegrate the YP back into education.

Following this, the researcher worked within a mainstream secondary school in a mental health role. Teaching staff within this setting had a range of both positive and negative responses to this role and the meaning they attached to mental health care within an educational context. This led to discussions regarding the responsibilities of schools and impact of poor MH on educational outcomes.

The researcher's doctoral training is during a time when adolescent MH is firmly on the government's agenda. There is an emphasis on educational practitioners to promote and enhance CYP's mental health within school and initiatives are being rolled out to support this. Moreover, working as a TEP within a Local Authority (LA) has provided opportunities to work alongside schools systemically; aiming to empower staff to recognise and support the mental health of their students confidently and appropriately.

All of these very different experiences have led the researcher to develop constructs around the view of MH in education. For example, experience would suggest that MH difficulties continue to be located and presented as within the individual child by school staff. As a result, individualistic interventions are sought after and delivered with the hope of changing the child, whilst ignoring the broader social and structural inequalities that exist. Therefore, it is the researcher's belief that there is a lot more work that needs to be undertaken to ensure that MH and wellbeing is integrated meaningfully into educational policy and practice.

Lastly, the researcher has adopted a critical realist position. This worldview proposes that an individual's understanding of the world is constructed through their perspectives and position, but that an external reality remains independent of these constructions (Maxwell, 2012). This therefore supports the rationale for choosing to elicit practitioners' views for the current research, given that language is a tool through which perspectives can be communicated. Further information related to the researcher's philosophical position is provided in Chapter three.

### 1.8 Rationale and aim of the current research

The rationale for this research stems from the current national, local and personal interest in MH outlined above. A further rationale comes from the lack of current literature exploring the views of staff within a secondary educational setting who have had additional MHFA training. The introduction of trained staff into the educational environment may or may not have in turn affected the view of MH from other teaching staff. Therefore, it was also felt that gathering the views of teaching staff who

had not had additional training would provide further understanding of the terminology used to describe and engage with MH in secondary school settings.

The purpose of this research is therefore two-fold. Firstly, the study aimed to explore what both teachers and MHFAs say about their understanding of MH within secondary schools. Secondly, it aimed to consider the participants' views of their availability to support YP's emotional wellbeing. It is anticipated that this greater shared understanding of how secondary school practitioners engage with MH will produce practical implications for future EP practice.

### 1.9 Chapter summary

Chapter one introduced and discussed the current discourse on MH and relevant terminology that will be used throughout this study. Both the national and local context in which the research is situated have been presented and influencing theoretical underpinnings of PCT and Bronfenbrenner's (1979) ecological model outlined. The researcher's position has been put forward followed by the rationale and aims for the current research. Chapter two provides a critical overview of the current literature available exploring school staff's views and responses to MH in children and young people.

## Chapter 2: Literature Review

### 2.1 Chapter overview

This chapter provides a detailed account of the literature review process, question for the review and the search terms decided upon, including the rationale for the inclusion and exclusion criteria adopted. It highlights the journal articles selected and then engages in a critical analysis of these using a quantitative and qualitative checklist. The relevant papers have also been reviewed according to their theoretical framework and evidence presented. The chapter closes with the four main themes which were identified through synthesising the findings in the papers reviewed and goes on to provide a rationale for the current research.

### 2.2 The scope of the literature review

A literature review is a fundamental part of the research process and is described as ‘a systematic, explicit, and reproducible method’ by Fink (2005, p. 3). The review should aim to find, collate and evaluate all the previous work which has been produced in the relevant research area. Furthermore, the process supports the understanding of the ideas and work of others and provides a framework for the researcher’s own work (Hart, 1998). The following literature review was therefore conducted in order to provide an overview of the current body of literature and highlight any gaps within it so that this study can provide a unique contribution to the research base. Gough (2007) argues that from the outset literature reviews should identify a review question to provide focus and thoroughness throughout. The aim of the current research is to explore what both teachers and MHFAs say about their understanding of MH within secondary schools. Thus, the review aimed to answer the question:

*What do we know about secondary school staff’s perceptions and experiences of working with young people’s mental health in school?*

### 2.3 Systematic literature search

In June 2019, the final systematic literature search was carried out to review the available research in response to the review question posed above.

EBSCOhost was used to search the following databases which were regarded as the most relevant sources of research for the current study:

- Academic Search Complete
- British Education Index
- Child Development and Adolescent Studies
- CINAHL Plus®
- Educational Research Complete
- Education Resource Information Center (ERIC)
- APA PsycARTICLES®
- APA PsycINFO®
- Teacher Reference Centre

### 2.3.2 Development of search terms for the literature review

Whilst conducting an initial search of the research area, the terms ‘mental health’ and ‘wellbeing’ appeared to be used interchangeably within the available literature. By using both of the search terms together in the research database, articles were found referring to MH promotion, emotion regulation, mental illness and emotional wellbeing, all of which were relevant to the current research. It should be noted that use of the term ‘wellbeing’ also recognised papers using the hyphenated version (‘well-being’) within the EBSCO database.

Recent MH policies and initiatives, such as the government Green Paper: Transforming Children and Young People’s Mental Health Provision (DfE, 2017a), has so far limited MHFA training largely to secondary school staff. Further, adolescence is recognised as an important phase of development and evidence highlights that the rate of mental ill-health increases with age. For example, older CYP are at a higher risk of developing a MH difficulty (1 in 7) than younger children (1 in 10) (DoH, 2018). This is likely to mean that secondary school staff will encounter and interact with a range of MH needs more

frequently than primary school staff. Therefore, the literature search excluded primary school research and focused on research conducted in secondary schools.

Originally, the researcher wanted to research the views of teachers specifically in the literature search. However, this resulted in the search becoming too narrow and excluded the perspectives of other significant members of school staff such as pastoral staff and teaching assistants. In addition, many of the articles appeared to focus on teacher MH. Therefore, no specific profession was included in the final search term. Rather, research exploring the constructs and perspectives of all appropriate individuals was regarded as valuable. Thus, numerous phrases which refer to an individual's 'perspective' were utilised and identified by consulting a thesaurus.

In addition, due to the exploration of school staff's constructs who had received Mental Health First Aid training, the search string initially contained the term 'train\*' (with various thesaurus phrases) to capture articles which contained a training element. However, this appeared to restrict the search and overlook numerous relevant and significant studies. Therefore, the most appropriate Boolean phrase was deemed to be:

**(Mental health OR wellbeing) AND secondary school AND (perception\* OR perspective\* OR view\* OR opinion OR experience)**

This search string yielded 1,908 studies. Two more databases; ScienceDirect and Scopus were searched using the same search process. Scopus did not produce any more relevant articles, However, ScienceDirect identified one more study to include in the review (Kidger et al., 2016).

### [2.3.3 Inclusion and exclusion criteria for articles selected](#)

An initial check of the articles showed that a considerable amount of the research had been conducted outside of the United Kingdom. Since this research has a specific focus on the British education system, policy and MH provision, research carried out in countries other than the UK would lack relevance. Hence, the final Boolean phrase was adjusted to take this into account:

**(Mental health OR wellbeing) AND secondary school AND (perception\* OR perspective\* OR view\* OR opinion OR experience) NOT (United States\* OR Australia\*)**

1,544 studies were identified through this initial search. However, articles that were not published in scholarly (peer reviewed) journals such as, reviews and magazine articles, were excluded due to peer reviewed articles ensuring a high quality of research which left 1,282 papers to be reviewed.

The search was then adjusted to include only articles from the 1,282 that were published after 2000, when mental health services in England underwent a period of significant transformation. In 2001 the Department of Education and Employment (DfEE) outlined a need for schools to consider their role in promoting good MH (DfEE, 2001). The Every Child Matters (DfE, 2003) policy was also published; clearly placing MH promotion and early intervention work on all schools' agenda. More recently, guidance on managing pupils' MH in school has been published (Mental Health and Behaviour in Schools, DfE, 2018) and many more research projects have been commissioned to understand how educational institutions in England currently promote positive mental health and wellbeing among their pupils (Supporting Mental Health in Schools and Colleges, DfE, 2017). This left 1,171 papers in the review.

Non-English language articles were then excluded leaving 1,034 studies to be reviewed.

An early appraisal of results indicated that a significant number of papers related to research that had taken place within education cultures that were very different to the UK. Therefore, to ensure relevance, only research which took place in the UK was retained, leaving 68 research papers. Lastly, once duplications had been removed, 47 articles remained. Further details relating to numbers of search results can be found in Appendix A.

The title and abstracts of the 47 remaining studies were read, and papers selected according to the relevance to the review question. A second wave of inclusion and exclusion criteria was then applied which is set out in Table 1.

All studies conducted outside the school environment were excluded. As were studies not related to school-based professionals. This mostly excluded research focused on student perspectives.

Table 1

*Second wave of inclusion and exclusion criteria*

Inclusion and exclusion criteria applied to remaining articles		
	<b>Inclusion</b>	<b>Exclusion</b>
<b>Participants</b>	Secondary school staff or educational professionals	No mention of school staff or educational professionals
<b>Location</b>	Schools in the UK	Studies not conducted in schools (within the UK)
<b>Design</b>	Empirical research, qualitative, quantitative and mixed methods design	Literature reviews or meta-analyses
<b>Topic</b>	Mental health/wellbeing	No mention of mental health/wellbeing

On completion of the systematic review process, 6 final papers were identified. Each of the articles were checked for relevance and quality. Furthermore, the references were explored to identify any papers which may have been missed. This revealed three further relevant articles (Corcoran, & Finney, 2015; Rothì, Leavey & Best, 2008a and Rothì, Leavey & Best, 2008b).

A summary table presenting key information from each of the identified 9 articles can be found in Appendix D.

## 2.4 Critiquing the relevant literature

The studies selected for this review were a combination of quantitative, mixed-method qualitative approaches. The quantitative studies, of which there were three, were critically appraised using Gough’s (2007) Weight of Evidence (WoE) Framework (Appendix C). This process was chosen due to its ability to make one overall judgement (based on other generic and review-specific criteria) of how well a study contributes to answering the review question (Gough, 2007). Each study was rated according to three main areas: methodological quality (WoE A), methodological relevance (WoE B) and



relevance to the review question (WoE C). Using this framework, WoE B and WoE C are both review-specific ratings that assess how appropriate each study is in addressing the review question and can be judged by the researcher. However, WoE A was judged using published coding protocols for research. All three studies were evaluated using the Pawson, Boaz, Grayson, Long and Barnes' (2003) Types and Quality of Social Care Knowledge Framework. This framework outlines seven dimensions to assess research on the quality of knowledge. These are transparency, accuracy, purposivity, utility, propriety, accessibility and specificity (TAPUPAS). Gough (2007) notes that the TAPUPAS model is complementary to the WoE Framework and that the researcher reviewing the evidence can make judgements beyond the standard methodology. Therefore, all three methods were combined to give an overall weighting to each piece of evidence in terms of its ability to answer the review question. Following application of the Weight of Evidence Framework, all quantitative studies were found to have a medium overall weighting using this approach and further rating details can be found in Appendix C, however the impact of the medium ratings given will now be briefly discussed.

It is interesting to note that the lowest ratings overall were given to WoE C for all three papers, which concerns how far the study is useful for answering the current review question. Further, the 'specificity' element of the TAPUPAS model, which relates to the method specific quality in terms of the type of knowledge it generates and how relevant this is for the researcher conducting the review, was also given a low rating and impacted the WoE A score for all three papers. Thus, for this literature review, qualitative studies are considered to be more relevant in answering the review question due to the richness of the data they provide with regards to school staff's views and experiences. However, the qualitative research reviewed here contributes to answering the review question through representing the views of a large number of participants through surveys and questionnaires.

The critical appraisal of qualitative research can be challenging because of the wide range of approaches, methodologies and epistemologies associated with this type of research (Yardley, 2008). Therefore, the papers were evaluated using Yardley's (2000,

2008) guidelines. These guidelines were selected due to the flexibility of the broad criteria which can be applied to diverse types of qualitative research.

Based on Yardley's (2000, 2008) core set of principles, a qualitative checklist was created (see Appendix B) and where the research was judged to meet the criteria a tick has been marked. Two of the papers employed a mixed-methods approach (Kidger et al., 2009; Partridge, 2012), but were deemed by the researcher to place more emphasis on the qualitative portion of the study. Therefore, these articles have been assessed using the Yardley (2000, 2008) criteria.

Following an initial read through of the 9 research papers, four broadly common themes were identified: the teacher's role in supporting MH, conceptualisation of MH, whole school approaches to promoting MH and the importance of teachers' emotional wellbeing.

The 9 articles included in the review are critiqued below within the four themes identified above. This aims to provide an overview of the research previously already carried out in this topic area, consider the findings, their implications and potential directions for future research. It should be noted that many of the articles fit into more than one of the themes identified, so therefore feature frequently across the different topics discussed below.

The following section will discuss pieces of research which explored school staffs' perception of their role in supporting CYP's mental health. Research in this area also reports staff's views around the existing MH provision within educational settings. Lastly, challenges are highlighted with the expectations for teachers to play a key role in delivering school-based universal interventions, as well as identifying students in need of additional MH support.

#### 2.4.1 Teacher's role in supporting MH

It is widely accepted that school staff can play a valued role in identifying and supporting students with MH concerns (Kidger et al., 2009). Therefore, exploring their perceptions of this role is crucial, including how well-equipped they feel to fulfil it. School staff interviewed in both Kidger et al. (2009) and Rothì et al.'s (2008a) studies

acknowledge that they have a duty of care towards their students' MH and wellbeing, including identification of and intervention with students at risk of MH difficulties. There appears to be an acceptance that due to the stark rise in MH difficulties amongst young people that teaching practices must transform and adapt to cater for an ever-changing pupil population (Rothì et al., 2008a). In addition, staff feel that this responsibility should be evident through both teaching practices and by way of forming meaningful relationships with their pupils (Kidger et al., 2010). This is further reflected in Partridge's (2012) small scale study which references the holistic role of school staff. The ability to build relationships with their students is central to this, as well as developing trust and being emotionally available. Thus, the participants in the studies appeared to be aware of the significant role they play in their students' lives. Further to this, Kidger et al. (2010) report findings from 14 school staff which highlights the clear link between teaching and emotional health. Individuals in this research, describe MH as inseparable from learning given that by purely having a relationship with their pupils, teachers inevitably have an influence on their emotional wellbeing, through their interactions and behaviour. Pupil behaviour was also linked to emotional wellbeing by the interviewees. However, the staff in this study expressed some concerns around the lack of clear guidance in policy with regards to a teacher's role in identifying pupils at risk of MH and then providing the appropriate support (Kidger et al. 2010). Limitations of this study include that although the aim of the study was to explore the role of teachers in supporting CYP's MH, almost half of the participants were not currently working within a teaching role. Further, all the individuals interviewed were engaged in MH activities so may be more knowledgeable and passionate about their role in this area than other members of staff.

Corcoran and Finney (2015) use a constructionist paradigm to explore the teacher's role in relation to policy in more detail. Through semi-structured interviews the role of school staff in relation to MH promotion and intervention in both primary and secondary schools is examined. A convenience sample of 17 members of school staff took part in the interviews and the responses were studied using discourse analysis. This analytic method was chosen since Corcoran and Finney's (2015) constructionism paradigm recognises that the roles which individuals perform in society are not static

and cannot be separated from the context that they take place in. In addition, Corcoran and Finney (2015) highlight that as policy changes, so do educational practices and roles. The school staff involved in this particular study were very aware of the policy context which they work in and the ever changing, expansion of their role. Participants in this article generally accepted that part of their role involved supporting students' MH and 'in an ideal world that would be part of a teacher's role' (Corcoran & Finney, 2015, p. 106) to promote emotional wellbeing. One participant explained that promotion of emotional wellbeing is naturally embedded within her pedagogy and is an integral part of her work; 'it's there, it's just happening' (p. 108). However, this way of teaching may not come naturally to all educators. For example, the staff interviewed in this study did not feel that the majority of their colleagues would agree that it should be within their role as a teacher to promote MH in school. Corcoran and Finney (2015) hypothesised that this is because it is viewed as something additional to their core teaching duties or conflicting with other responsibilities. It may also lead to confusion around a teacher's role leading to a resistance around MH training (Rothì et al. 2008a). Whilst the study by Corcoran and Finney (2015) has relevance to the review question, it should be noted that only seven participants were from secondary schools. Therefore, the findings may not be as applicable in mainstream secondary settings. For example, there is less continuity and presence of a single class teacher than primary school and fewer opportunities for information sharing. However, Kidger et al.'s (2009) study presents similar results in which secondary staff who delivered Personal, Social and Health Education lessons felt that it was a 'burden' and 'not what they would choose to be doing' (p. 18). Likewise, interviewees in Kidger et al.'s (2010) article expressed that some secondary school teachers may be hesitant to be involved with the MH of their students. It was felt that this was because academic work is viewed as more important than MH promotion. Although the staff interviewed stated that MH promotion could be part of a school's purpose alongside academic learning, they felt that their colleagues do not feel the same way. Concerns by others revolved around the encroachment of such responsibilities onto their primary pedagogic role (Rothì et al., 2008a).

The research reviewed largely focused on school staff identifying MH needs (Rothì et al., 2008b), rather than providing effective ways to support them. One explanation for this being less apparent in the literature is that teachers may not consider identification of MH needs as part of their role and view MH as something additional to their everyday duties. For example, similar to Kidger et al.'s (2009) study, the word 'burden' was used in several of the papers (Rothì et al., 2008a; Corcoran & Finney, 2015) to describe the additional requirement for teachers to focus on student MH, as well as an increased pressure to improve academic standards. This expectation to educate on good MH, identify and refer those who may need further specialist support is described by Kidger et al. (2010) as a new addition to the traditional teaching role. This has the possibility of causing confusion about the function of teachers (Rothì et al. 2008a). As such, for these new roles to be adopted, educators need to be provided with the necessary knowledge and skills. However, it would appear that teachers are already skilled at being able to recognise emotional and behavioural disorders in their students (Rothì et al. 2008a). For example, teachers revealed that they are alerted to a possible MH issue by multiple behavioural indicators; including any significant changes in behaviour, a student's ability to form and maintain healthy relationships with others and their academic progression (Rothì et al. 2008a). This was reflected by Rothì et al.'s (2008a) research who revealed that teachers were more concerned by a student who disrupts the learning environment with clear externalising symptomatology. This however implies that teachers may only become aware of a MH difficulty when there is a clear barrier to learning and an obvious impact on academic performance.

#### 2.4.1.1 MH provision within school

This sub-section will examine research which explored the MH-focused activities that schools employ to support the MH of their pupils. Firstly, Kidger et al. (2009) used a mixed method design to quantify the current level of emotional health provision in secondary schools and examine staff and student views around this provision. A key finding was that students preferred it when outside speakers with a high level of expertise came to speak with them about emotional health, rather than using their own teachers. This was due to teachers not being available enough and students

feeling like they may be treated differently by talking to a teacher about MH. Therefore, this study highlights an important issue in that students do not view MH promotion as a natural part of a teacher's role in school and perceive that stigma may still exist amongst school staff. Further to this, Sharpe et al. (2016) used an online questionnaire in a quantitative methodology to gather information from 577 members of school staff about the MH provision available to the students in their school. The results showed that over two thirds of the schools surveyed had some kind of specialist MH support available. This was most frequently staff training and whole school approaches. This therefore implies that school staff are expected to promote MH and wellbeing and training is provided to this end.

#### 2.4.1.2 Teacher self-efficacy for supporting student MH

Teacher self-efficacy in this review concerns teachers' beliefs in their capability to successfully promote and support the MH of their students. Rothì, Leavey and Best (2008a) explored teachers' views regarding their competency in the recognition and management of students with MH needs. They conducted semi-structured interviews with 30 teachers with a range of experience and additional responsibilities. Using thematic analysis, they identified four themes related to the teachers' experiences: the perception of their tier one responsibilities, MH training, recognising students with MH needs, MH language and discourse. However, a key finding revealed that teachers reported feeling frustrated by their own inability to effectively support their pupils' MH needs and felt uncertain about the concerns they have for their students' MH (Rothì et al. 2008a). This may indicate that the teachers interviewed view pupil MH support as part of their role, but feel ill-equipped to promote it sufficiently which affects their own wellbeing and contributes to lower 'job satisfaction'. This may explain Rothì et al.'s (2008b) finding that school staff view outside agencies as 'fire-fighting' approaches, which they turn to when they feel too overwhelmed to manage MH, rather than feeling able to engage in early intervention strategies themselves. It is acknowledged that efficacy is potentially influenced by teacher wellbeing and this is considered later in section 2.4.4.

Once again, Rothì et al. (2008b) carried out 30 semi-structured interviews (a relatively large sample for a qualitative study), however, it should be noted that only thirteen participants were from secondary schools, therefore limiting its applicability to secondary settings. The study firstly explored teachers' understanding and perceptions of the term MH and revealed that it was constructed mainly using a deficit model, with references to mental 'illness'. Teachers in this research highly valued EP skills, perceived them to play a part in the support of pupils' MH needs and a theme highlighted from the interview data indicated that teachers found educational psychologists (EPs) particularly helpful in identifying the type of MH difficulty that young people may be experiencing. However, they also identified EP shortages, an under-resourced EP system and a lack of time allocated for schools as frustrating. This may reflect teachers' desire to implement useful MH strategies as part of their role, however, feel a lack of support from outside agencies to do so, for example, the EP service. These findings reveal some of the challenges associated with student MH support in school and the next section will go on to explore this in more detail.

#### 2.4.1.3 Challenges for teachers as MH promoters

From the studies reviewed above, it is clear that teachers are willing to engage in student MH promotion. There are, however, several challenges to this work including a lack of clarity in policy documents, training and time, limited knowledge, confidence and a possible reluctance to participate explicitly in student MH.

Partridge (2012) identifies a concern around the capacity of teaching staff and Rothì et al. (2008a) highlight the already high demands placed upon teachers' time. This leads to teaching staff feeling overwhelmed, and even less equipped to manage MH (Rothì et al., 2008a) due to the pressure of their responsibilities, leaving them unable to carry out emotional work (Kidger et al., 2010). Educators in Corcoran and Finney's (2015) research described the relentless professional challenges which they face whilst trying to do their job to their best of their ability. In response to this, teachers want more time to engage with students and training to support them in responding to MH needs effectively (Rothì et al., 2008b).

School staff report inadequate access to not only initial, but on-going MH training and alternative ways of working with young people at risk of MH difficulties (Rothì et al., 2008b; Kidger et al., 2010). In particular, MH training specific to young people in a school-based environment, rather than generic MH training is required (Rothì et al., 2008b). This would consequently provide those who were reluctant to attend to student MH with the confidence and skills to take an interest in the emotional wellbeing of their students (Kidger et al. 2010). However, this has to go hand in hand with teachers being provided with the time to not only attend the MH training, but continued support to implement the various approaches in their everyday practice (Rothì et al., 2008a).

Policy guides the role of educators and their practice. As a result, this often places pressure on school staff (Rothì et al., 2008a; Kidger et al., 2010), who may feel that they do not have the adequate training or skills to fulfil their duty. Therefore, Kidger et al. (2010) argue for policy to be more transparent and outline the clear expectations of professionals so that there is less ambiguity concerning job roles. This will ensure that rather than changes in policy increasing the demands placed on teachers, it provides the necessary clarity through outlining how schools can support MH in terms of whose role it is to support this area and what provision should look like.

#### 2.4.1.4 Section summary

The papers reviewed above suggest that school staff understand that promoting MH is part of their role and are already supporting student MH in school. It is clear that the way in which they define their role influences how they engage with MH practices. Further, the perceived lack of skills and confidence reported by school staff, as well as the high level of pressure placed on school staff to effectively support student MH cannot be ignored. Over time, expectations of a teacher's role have expanded leading to uncertainty within a now complex role. Thus, greater clarity in policy around teachers' role in MH, as well as the terminology and conceptualisation of MH in education is required to help school staff feel confident to support CYP with MH needs. The next section will therefore explore the concept of MH depicted within the research reviewed.



#### 2.4.2 Conceptualisation of MH

Many of the articles featured in this review do not explicitly refer to a theoretical framework. However, the language used when referring to MH or emotional wellbeing (EWB) throughout each paper often demonstrates how the researchers have conceptualised this construct. Therefore, particular consideration is given to how this concept is defined and explored by each of the different research papers.

Kidger et al. (2010) conducted some pilot research which identified the phrase 'emotional health and wellbeing' to be the most commonly used expression within schools to describe all types of MH provision. Rothì et al. (2008a) found that teachers mostly avoid using psychiatric language and labels as they felt them to be stigmatising and judgemental. This could also influence their views of MH professionals and children receiving support from such professionals which may lead to further stigmatisation. Thus, using language that was based around needs rather than language associated with MH problems was believed to stigmatise students less. In addition, teachers articulated that they were not MH experts and such language is not used during teacher training. For similar reasons language rooted in education, such as Emotional and Behavioural Disorder (EBD) was found to be more acceptable for them to use. Additionally, the staff in Rothì et al.'s (2008a) study expressed that they prefer to speak with regards to a student's observable behaviours, as some staff may misunderstand what is meant by specific MH terms. Moreover, it was felt that MH difficulties come under the Behavioural, Emotional and Social Difficulties (BESD) category which was the term used prior to the new SEND Code of Practice (2014), and is considered more useful for schools when providing additional support to a student. This is in line with teachers finding it difficult to distinguish between BESD and MH difficulties in the same study. Thus, this research indicates that teachers do not feel confident using MH language to describe their students' needs. As a result, research conducted in this area should take this into account when using language heavily laden in MH terms with teachers. All the participants in this study were qualified teachers with considerable teaching responsibilities, therefore although their additional duties may vary, they all have sufficient skills in teaching and some knowledge of child

development. This may influence the way they view MH, how they identify a potential need and support this.

Contributing to the ambiguity around defining MH is the range of different constructs referring to MH in policy and within education. Several of the papers in this review utilised semi-structured interviews (Rothì et al., 2008a; Kidger et al., 2010; Corcoran & Finney, 2015) which appears to help reveal the participants' underlying concepts and beliefs about MH issues in depth. Furthermore, research using this method of data collection produced rich data of how school staff work with young people and how they speak about their MH difficulties (Kidger et al., 2010). Many of the researchers' analysis of their interview data was typically content driven, which illustrates an interest in the specific terminology and words used by the participants (Corcoran & Finney, 2015; Kidger et al., 2009; Rothì et al., 2008a). This has revealed that MH terms are often used in different ways by educators (Kidger et al., 2010). This may be due to the constructs that school staff hold of MH meaning that there is some variation in how MH promotion and provision is interpreted and implemented across schools (Sharpe et al., 2016). For example, staff who speak about managing MH 'problems', rather than promoting good MH for all (Kidger et al., 2009) will seek different training, support and supervision. In addition, school staff who perceive to be managing MH 'problems' appear to feel overwhelmed so therefore refer to specialist services (Rothì et al., 2008a). Whereas staff who believe they are promoting healthy relationships and a whole school ethos of wellbeing may be able to incorporate this into their pedagogy and or day-to-day interactions with students, so therefore feel under less pressure (Corcoran & Finney, 2015).

#### 2.4.2.1 Section summary

This section highlighted the wide range of terminology being used within the education research literature regarding MH. Different terms used include 'emotional wellbeing', which is deemed to be more acceptable in an educational context with a focus on the environment, to 'mental health disorders', which may medicalise or imply a deficit model. This is potentially problematic in the field of mental health and has implications for identification and interventions within schools.

The next section will explore literature which recognises the importance of school environments and ethos, and propose a move away from an individual focus towards a whole-school, complex, multicomponent approach to promoting MH within school.

#### 2.4.3 Whole school approaches to promoting MH

Four of the ten articles reviewed highlight the importance of ‘whole-school approaches’ to supporting MH in secondary schools. This includes addressing issues such as bullying, enhancing teacher-student relationships and increasing the amount of emotional health work taught on the curriculum.

Three of the four studies focus on promoting MH and use the phrase ‘emotional health’ throughout. The fourth study refers to supporting MH. All four studies appear to consider MH and wellbeing as less ‘within-child’ (Kidger et al., 2010; Partridge, 2012), and focus on the school’s ethos as a vital factor in promoting MH for all.

Further to this, Partridge’s (2012) research specifically focuses on the impact of systemic influences which occur in and between the people working in educational organisations. Six members of pastoral staff took part in this study exploring the experiences of their own emotional wellbeing and identifying approaches to support them in their role. The research employed a mixed methods approach within a critical realist epistemology. The qualitative phase used semi-structured interviews which were analysed using IPA. The findings showed that supporting YP is emotionally complicated for staff and they report that systemic influences affect how they respond to and work with pupils’ MH needs. Thus, the prevailing view was that individual interventions are less effective than a whole school ethos which aims to promote emotional well-being. Therefore, recommendations included promoting a supportive school ethos through whole school approaches to shadowing, training, group work and mentoring. It should be emphasised that Partridge (2012) defines poor ‘wellbeing’ in terms of ‘emotional labour’. This suggests that differences in conceptualisation may mean that MH has been researched differently in this paper than other research highlighted in this review, for example, from a psychodynamic perspective.

Sharpe et al. (2016) conducted an online survey of 577 school staff about the provision of MH support in schools together with who provides the support, what is specifically available and any potential barriers to supporting MH in school. It was found that schools most frequently reported using whole school approaches to support student MH and two thirds of schools had some specialist MH support available; most often provided by EPs. However, exactly how the support is put into practice and the detail of the provision is not investigated nor is the effectiveness of such MH support. This is a limitation of quantitative research since the participants' responses were constrained by the questions posed in the survey. In addition, the study sample was not representative of schools across England due to the convenience sample employed. Furthermore, the participants in this study included both members of senior leadership staff and pastoral staff. However, 40% of the respondents were "other members of school staff" (p. 150) which is extremely vague making it difficult to compare to other research and replicate when it is unclear which members of staff took part in the survey. In fact, many of the articles reviewed interviewed a variety of school staff including teaching staff with senior roles, teaching assistants, learning mentors (Kidger et al., 2009) and those in emotional health and wellbeing-related positions (Kidger et al., 2010). Due to the variation of teaching and non-teaching staff recruited in these studies, they may face different circumstances and challenges in relation to MH in schools. Therefore, it would be beneficial to conduct qualitative research with a more homogenous group of staff, e.g. qualified teachers in order to explore their particular views further.

The remaining three articles conclude that there is a need to tackle student MH holistically, with a focus on interpersonal relationships (Partridge, 2012), in particular positive teacher-student relationships (Kidger et al., 2009; Kidger et al., 2010). Both studies also suggest implementing relationship policies amongst their recommendations to support a positive school environment in addition to, consideration of curriculum and classroom practice. The literature is clear, however that introducing emotional wellbeing lessons in isolation should be avoided in favour of adopting a holistic approach in which the school organisation and ethos is more supportive for all.

An eco-systemic framework is employed by Kidger et al. (2010) to explore the different systems which may be having an impact on young people and Partridge (2012) similarly adopted a systemic theoretical perspective to research in this area. Both papers argue that providing MH support for pupils will involve a fundamental shift of central school processes such as pedagogy and building relationships to develop a sense of school community. This systemic change must be implemented so that MH and wellbeing can be promoted across the whole school (Partridge, 2012).

#### 2.4.3.1 Section summary

The literature strongly suggests whole-school approaches to support student MH, this includes understanding MH more holistically, creating a listening culture (Kidger et al., 2009) and including MH as a fundamental part of the curriculum. However, achieving this may require additional support and there was a student preference for external professionals to be involved (Kidger et al., 2009). However, this can be problematic due to organisational issues and a possible clash of key messages delivered by the school and outside speakers, who may not have a thorough understanding of the education system. EP services appear well placed to assist schools implementing whole school changes, however a perception from teachers that there is a severe shortage of EPs (Rothì et al., 2008b) suggests that this type of work is not likely to be contracted. Likewise, the capacity of CAMH services was also identified as a barrier to improving MH provision within schools (Sharpe et al., 2016). There is also a need for clearer guidance at policy level to ensure that emotional health needs are addressed effectively and timely within schools.

#### 2.4.4 The importance of teacher MH and wellbeing

Three of the ten papers critiqued focused solely on educators' MH (Harding et al., 2019; Partridge, 2012; Kidger et al., 2016). However, several of the other articles also highlighted the significance of teacher MH and the association between this and student wellbeing.

Harding et al. (2019) explored the association between student and teacher MH and wellbeing using a cross-sectional design. Student wellbeing and psychological distress, teacher wellbeing, depressive symptoms, absence and quality of teacher-student relationships were measured using various wellbeing scales and questionnaires from 1182 teachers in 25 secondary schools. Results of this study indicate that better teacher wellbeing was associated with better student wellbeing. In addition, better teacher-student relationships were associated with lower student psychological distress. This latter finding has been explained in that better relationships bring about higher levels of connectedness and belongingness with the school, leading to higher levels of student wellbeing. Although the research found that teacher MH and wellbeing is associated with student MH, the effect sizes in Harding et al.'s (2019) paper are small and the study is limited by its cross-sectional design. Therefore, the temporal direction of the teacher-student wellbeing associations cannot be established and could go either way. Further, both teacher and student measures were based on self-report. These can be influenced by recall bias and individuals may be more likely to report socially acceptable or preferred answers. Lastly, Harding et al. (2019) recognise that students with poor MH may well rate other school-related factors negatively. This could partially explain some results such as the association between student wellbeing and the student-teacher relationship.

Kidger et al. (2010) discovered that the participants in their study found teaching emotionally draining. This led to a reduction in the interviewees' ability to support and respond to pupils appropriately, creating more emotional distress for both students and teachers. Furthermore, other research has indicated that teachers are good at recognising MH issues in their students (Roth et al. 2008a), however it is clear that this can only be achieved when teachers have strong relationships with their students and the space, freedom and time to be a source of emotional support. Lower depressive symptoms in teachers has also been associated with better student wellbeing (Harding et al., 2019). This may be because developing and modelling good quality relationships with students is difficult for teachers who are experiencing poor MH (Kidger et al., 2010). Thus, they become less able to promote good MH in their day-to-day interactions with students. In addition, Partridge (2012) found that staff often

developed negative coping strategies in response to their own emotions, therefore not modelling helpful coping mechanisms for dealing with poor MH for their students. It appears that relationships are central to staff's role, however being emotionally available is also paramount in supporting student MH (Partridge, 2012), although this can sometimes lead to emotional exhaustion (Kidger et al., 2016).

#### 2.4.4.1 The capacity of school staff

'Emotional labour' is a term utilised by both Partridge (2012) and Kidger et al. (2016) and is defined as workers being expected to manage their own feelings in line with organisational rules. Kidger et al. (2016) claim that teachers' work involves 'emotional labour' to a very high degree since they are constantly interacting with students, their parents and responding to both challenging emotions and behaviour. It is argued that this can be a source of stress and contributes to the risk of poor MH among teachers. In this research, MH is considered to be multi-faceted. It can be affected by the quality of one's relationships, working conditions and 'emotional labour' exerted. MH is very much viewed as a product of one's environment. Kidger et al. (2016) presented self-report questionnaires to 555 teachers from 8 different secondary schools. It was found that the mean wellbeing score collected from teachers on the Warwick Edinburgh Mental Wellbeing Scale was four points lower than the general population in the UK. In addition, moderate to severe depressive symptoms were present in twice as many of the teacher sample. It was also discovered that participants wanted to speak to their colleagues about feeling stressed but felt unable to, and this was linked to both poor wellbeing and high depressive symptoms. The authors did not speculate as to why this may be the case, however, based on other findings that positive relationships and connectedness are important factors for teacher wellbeing, this may explain why being unable to speak to work colleagues could have a detrimental impact on teacher MH. Presenteeism (defined as teachers who continue to attend work whilst ill) is also associated with poorer student wellbeing in Harding et al.'s (2019) study, therefore highlighting the impact of poor teacher MH on student wellbeing through their inability to manage classrooms effectively due to being unwell. In relation to this, it was found that poor student attendance was also related to depressive symptoms in

teachers (Kidger et al., 2016). However, longitudinal research is required to further understand the link between teacher presenteeism and student attendance, since this research is cross-sectional so the direction of causality cannot be established. In addition, due to the data collection methods employed, results are based on teacher self-report which is subject to bias and the authors acknowledge that individuals with poor wellbeing may rate other aspects of school life negatively also. Other measures such as the level of support provided for teachers may have been useful to explore as this may have shown stronger associations with MH outcomes. Nevertheless, the findings suggest that dissatisfaction and stress at work is associated with poorer teacher wellbeing (Kidger et al., 2016).

#### 2.4.4.2 A role for staff supervision

Other research reveals that teachers report feeling frustrated when they are not able to effectively deal with and support their students' MH needs (Rothì et al., 2008b) and there is a belief that they are inadequately prepared to deal with them (Rothì et al., 2008a). This frustration may be linked to teacher's attitudes towards MH, but ultimately these feelings of ineffectiveness at work can lead to teachers feeling disempowered by the system in which they work, which is placing a high level of demand upon them (Rothì et al., 2008a). This dissatisfaction with their working conditions is also linked to their own poor MH (Kidger et al., 2016). Thus, when more pressure is put onto teachers, whether this be in terms of raising academic standards, increased assessments or promoting MH and wellbeing, the knock-on effect is that this has detrimental consequences on their MH (Corcoran & Finney, 2015). These occupational stressors often lead to teachers having unmet MH needs of their own and impedes their ability to act as positive role models (Kidger et al., 2010). Further, school staff report a negative effect on their MH and wellbeing if they feel that they are not being supported by school management or indeed, the education system as a whole (Corcoran & Finney, 2015). In response to this, staff felt they needed opportunities to reflect, offload and process difficult emotional experiences (Partridge, 2012). This could be provided in the form of supervision and Kidger et al. (2010) advocate for



teachers attending to their own MH and wellbeing needs that arise from their experiences of supporting pupils.

Partridge (2012) adopts a psychodynamic perspective within her research and this influence guides the finding that staff sought containment in order to manage the emotional demands placed upon them. This small-scale study employs a mixed method research approach, with the quantitative phase adopting a technique based on PCT (Kelly, 1955). Repertory grids were used to explore how participants construed particular situations by asking them to recall experiences which both challenged and supported their own emotional wellbeing. Although the method of collecting the staff's constructs through the repertory grids is well explained, and they appear to be useful research tools, the process of analysis is not stated clearly, nor are the results from this analysis, simply that the repertory grid themes support those found from the IPA investigation of the data, therefore making the research very hard to replicate. Nonetheless, the research raises a concern around the capacity of staff and identifies EPs as well placed to offer supervision and training for staff in terms of managing their own emotional wellbeing. Staff in this study made reference to building trust and relationships with pupils which reiterates Harding et al.'s (2019) finding that positive student-teacher relationships are also important for teacher wellbeing. In addition, MH is understood as variable by the participants and important for everyone (Partridge, 2012). The research emphasises the importance of supporting the MH needs of school staff if they are expected to support the MH needs of their students. Thus, ensuring teachers are sufficiently supported to deal with the emotional aspects of their job is a key factor in helping them to engage with MH and wellbeing in school (Kidger et al., 2010).

#### 2.4.4.3 Section summary

This group of articles highlights that staff wellbeing impacts directly on pupil MH. For example, teachers are less able to offer effective support when they are feeling ill-equipped (Partridge, 2012) or build supportive relationships with their students (Harding et al., 2019). Further, it is reported that conflicting pressures limit school staff's capacity to effectively support MH. Thus, the research suggests that focusing on

improving teacher wellbeing may lead to improved student wellbeing through developing greater emotional availability to build and maintain supportive relationships. The students in Kidger et al.'s (2009) study also identified 'good availability' (p.11) as an important characteristic when discussing the quality of various help sources.

## 2.5 Summary of the literature and rationale for the research questions

A synthesis of the findings of the research reviewed suggested four main themes: the role of the teacher in supporting MH; the conceptualisation of MH; the importance of whole-school approaches in promoting MH; and teachers' MH.

There are number of key issues which have emerged from the literature exploring MH promotion in secondary schools:

- There is some confusion around teachers' role in supporting MH within school. They often feel under pressure by the high level of demands placed on them and feel too overwhelmed to manage MH needs as well (Rothì et al., 2008b). The responsibility to identify and manage pupils with MH needs is described as a 'burden' on top of all their other duties (Kidger et al., 2009), including the lack of time to attend to everything needed (Kidger et al., 2010). Much of the research points towards teachers feeling inadequately equipped to identify and manage MH difficulties. However, teachers did express a desire for specific training on how to support MH needs within education (Rothì et al., 2008b), indicating that once given the correct tools, they would be willing and more confident to engage with student MH support.
- The definition and use of the term MH is ambiguous in policy and the literature. This ranges from wellbeing being defined as the 'subjective experience of happiness and life satisfaction' (Harding et al., 2019, p. 461), the phrase 'emotional health and well-being' being adopted (Kidger et al., 2010) to disorder and 'problems' (Rothì et al., 2008a) being the terms applied within the research. In addition to this, the theoretical position of the researchers is rarely explicitly stated, however the approaches used are informed by positivist, post-

positivist and constructionist positions. Lastly, the researchers not always explicitly stating the theoretical perspective in which the research is placed further adds to the ambiguity in the MH literature.

- The importance of whole-school approaches to MH promotion was highlighted as an ideal strategy in the research which should include MH appearing on the curriculum, consideration of classroom practices, plus ensuring the school environment and ethos is geared towards supporting everyone's MH (Kidger et al., 2010). Building and maintaining positive teacher-student relationships appeared to be at the centre of creating an environment to support student emotional health due to higher levels of connectedness (Harding et al., 2019).
- Many comments were made by interviewees in the literature regarding their own MH needs. A link was identified between better teacher wellbeing and student wellbeing and this was partially explained by the quality of teacher-student relationships (Harding et al., 2019). Teachers stated that when their own MH is poor, their ability to support student emotional health is reduced (Kidger et al., 2010). Furthermore, when teachers are not emotionally available, they are less able to model and form positive relationships with both colleagues and students (Harding et al., 2019). Thus, supporting teacher wellbeing in the form of supervision (Partridge, 2012) has been suggested as a solution to help teachers engage in promoting MH (Kidger et al., 2010), therefore improving student wellbeing.

### 2.5.1 Implications of the literature review for the current study

From the four themes identified above, two areas emerged for further investigation. Firstly, the research reviewed does not appear to provide a clear understanding for how secondary school practitioners conceptualise MH. This may account for the ambiguity around school staff's perception of their role and how they engage with MH. Further, much of the research is now dated and does not consider the commitment to, or impact of the MHFA training programme outlined in the most recent government Green Paper (DfE, 2017a). To date, there is no published research on how the introduction of more skilled staff may have affected the view of MH within education

and the responses to it. Therefore, the current study aims to explore what both teachers and MHFAs say about their understanding of MH within secondary schools. Secondly, the expectations of school staff to support MH has led to challenges around efficacy and availability to provide effective support. Thus, the current study also aims to explore the participants' availability to support CYP's mental health.

## 2.6 The research questions (RQs)

Based on the literature search conducted, the current study explores the following research questions:

RQ1: How do teachers in mainstream secondary schools construct "mental health"?

RQ2: How do Mental Health First Aiders in mainstream secondary schools construct "mental health"?

RQ3 What are teachers' views on their emotional availability for supporting students' MH?

RQ4: What are Mental Health First Aiders' views on their emotional availability for supporting students' MH?

## 2.7 Chapter summary

Chapter two builds upon the context provided in Chapter one for this study by providing an overview of the relevant literature around secondary school teachers' perceptions and experiences of working with young people's mental health in school. The systematic literature search has been described and the findings from the literature selected has been synthesised into four themes: the role of the teacher in supporting MH; the conceptualisation of MH; the importance of whole-school approaches in promoting MH; and teachers' MH. This chapter concludes with identifying the gaps in the research and the rationale for the research questions. The following chapter will provide a detailed account of the methodological approach to conduct this piece of exploratory research.

## Chapter 3: Methodology

### 3.1 Chapter Overview

This chapter provides a detailed description of the researcher's approach to methodology and data collection. A clear purpose and rationale for the research is set out, followed by an outline of the ontological position adopted. An argument is presented for a qualitative research design, located within the context of the exploratory purpose. The procedures for data collection and analysis are described. An examination of thematic analysis and the rationale for its selection to guide this research are explored. Issues of trustworthiness and credibility are considered including the role of reflexivity within the research process. The chapter closes with a consideration of the ethical issues associated with the research.

### 3.2 Purpose of Research

The intention of the present research was to explore the social phenomenon of mental health. In particular, how secondary school teachers and Mental Health First Aiders (teachers who have received Mental Health First Aid training) construct the term MH and their experiences of supporting this with young people in a school-based environment.

It is hoped that this research provides a current picture of the existing practice of MH support in secondary schools, both from those with and without extra specific MH training in this area. It is then anticipated that this will have implications for how EPs work with school staff to engage them in discussions regarding their MH provision. In addition, this research may inform EPs' role in monitoring how school staff feel they are managing young people's (YP) difficulties and empower teachers in their individual teaching roles. It is expected that this research may provide a basis for EPs to work with schools to ensure MHFAs skills are being used effectively within whole-school approaches to MH. Furthermore, EPs' supervisory skills could be offered to schools to support MHFAs and maximise their potential to promote the MH of all students.

### 3.3 Ontology and epistemology

The section will describe the philosophical assumptions held by the researcher which underpin the development of the research design and process. Firstly, brief descriptions of ontology and epistemology will be provided, followed by the position of critical realism being put forward as the researcher's philosophical stance adopted for this study. Other paradigms are referred to to explain and justify the chosen paradigm.

#### 3.3.1 Ontology

Ontology is concerned with the study of 'being' and 'what is'. For example, the nature of existence and structure of reality (Crotty, 1998). Snape and Spencer (2003) define ontology as the nature of the world and what we can know about it. Thus, the way researchers view the world and their assumptions about how to develop knowledge inevitably impacts upon every aspect of their research journey. This includes the type of research questions posed, the data sought, and the techniques employed to gather, analyse and interpret information. There are a range of ontological positions which can be said to lie on an ontological spectrum. The two main ontological paradigms for research in psychology; positivism and relativism form the two poles of the spectrum. Positivism focuses on the importance of objectivity and a search for 'the truth', whilst relativism assumes that there are no universal truths, but rather that knowledge is produced by exploring and understanding people's social worlds. The concept of 'social ontology' was introduced by Bryman (2008). This considers whether social entities can be objective and therefore exist independently of society, or whether they are social constructions created only by individuals' actions, perceptions and interpretations of society. This is particularly important in relation to this piece of research given that MH is a social phenomenon under study. Therefore, it is paramount for the researcher to establish their own belief system within this ontological framework and be transparent about the position they adopt. This enables other interpretations to be considered in order to remain open-minded about how the research is viewed.

### 3.3.2 Epistemology

Crotty (1998) defines epistemology as the way one looks at the world and how to make sense of it. In other words, it clarifies the relationship between the researcher and the 'reality' they intend to explore through the approaches adopted. Therefore, it follows that the epistemological assumptions held by the researcher about how knowledge can be acquired and communicated to others affects how the researcher proposes to discover this knowledge (Cohen, Manion & Morrison, 2007). This belief system (Guba & Lincoln, 2011) determines which paradigm the researcher will select and the associated research design and methodological approach.

The paradigms of positivism, post-positivism and social constructionism are briefly explored below before concluding that critical realism will be the approach adopted for the current research.

### 3.3.2 Positivism

Positivism, also referred to as realism, focuses upon the importance of objectivity and the search for 'factual' knowledge. These facts are believed to be discoverable, described and understood within a reality which is 'out there' to be studied and known. This objective reality exists independently of human observation. Thus, central to positivist research are statistical, quantitative methods, which are employed to uncover this single, objective reality (Carson et al., 2001). Accordingly, positivist researchers remain neutral and independent of what is being researched, therefore positivist knowledge is said to be objective, value-free, generalisable and replicable (Wellington, 2000). Whilst the positivist paradigm prioritises the scientific finding of regularities, which can therefore be generalised, it does however overlook personal meanings, experiences, perspectives, and the unique complexity of individuals and social relatedness. This position therefore is not suitable for this research which focuses on personal constructs, perceptions and experiences which are not directly observable, empirically measured or fixed, but are elicited and understood through language.

It has been claimed that positivism in its extreme form is inadequate for understanding the social world due its rich complexity (Antonesa et al., 2006). Consequently, alternative ways of conducting social research have been suggested. One of which is outlined in the next section.

### 3.3.3 Post-positivism and critical realism

A shift took place from positivism to post-positivism during the middle of the 20<sup>th</sup> century. The emphasis was placed on the researcher as the one who actively constructs knowledge, rather than simply observing the laws of nature (Crotty, 1998). The post-positivist view argues that the outcome of any research is not completely objective, “nor unquestionably certain” (Crotty, 1998, p. 40).

Critical realism (CR) is one philosophical stance linked to post-positivism. It is an alternative paradigm to positivism with a focus on description and hermeneutics. Archer et al. (2016) state that CR is often hard to define as there is no one set of beliefs which bring together all critical realists. However, they are united through their commitment to form a post-positivist philosophy which adopts ontological realism and epistemic relativism. Critical realists acknowledge that reality exists, although it cannot be known with certainty since the researcher’s observation is fallible. It is inherently biased by an individual’s values, cultural experiences and view of the world which is both acknowledged and accepted within this research. Throughout this research there is a “commitment to the existence of a real, although not an objectively knowable, world” (Maxwell, 2011, p. 153). Furthermore, mental health, as well as participants’ views and beliefs about it are considered real phenomena and part of reality.

#### 3.3.3.1 Ontological realism

Critical realism attempts to bridge the gap between the one, fixed reality proposed by positivists and a social constructionist worldview which posits that reality does not exist beyond meaningful ways of describing it. By adopting a critical realist ontological view, the researcher claims that there are multiple, complex realities that can be constructed (Robson, 2002). Therefore, it is proposed that a reality exists for school



staff, but knowledge about that reality will be influenced by their understanding of the world at that time.

#### 3.3.3.2 Epistemic relativism

Critical realism relies partly on epistemic relativism (Bhaskar, 2008), which argues that knowledge is only valid within a specific context, society, culture or individual. The relationship between knowledge and reality is a result of individual and social experiences (Dewey, 1938). Within the researcher's critical realist perspective, the social construction of knowledge is emphasised throughout. Experiences and social interactions with others lead to constructs being made about our own reality. This includes the influence of the researcher's own beliefs, perceptions and replies which will undoubtedly shape the participants' responses when engaged in a process of constructing their 'reality' of MH (Edge & Richards, 1998). Therefore, a critical realist stance acknowledges that research such as this involves a greater connection between the researcher and their participants. Consequently, the researcher becomes embedded within the research and it ultimately develops as 'a product of the values of the researcher' (Mertens, 2015, p. 170). However, it is recognised that the reality described by the participants can only be understood partially by the researcher because of one's own fallible perceptions (Mertens, 2010).

#### 3.3.4 The world through a 'lens'

Kelly (1955) proposed his personal construct theory (PCT) as an alternative view to the dominant behavioural and psychoanalytic perspectives of the time. His theory claims that individuals develop a set of personal constructs which are used to make sense of the world and interpret events. These constructs are based on our experiences and observations which can adapt and change according to whether our beliefs are confirmed or challenged during an event or situation. Kelly (1955) claimed that we experience the world through the "lens" of our constructs. Hence, our constructs are active when trying to make sense of situations or predicting events, which in turn determines our thoughts, behaviours and feelings. Therefore, through exploring

constructs, it may be possible to gain insight into one's attitudes and responses to a particular phenomenon, for example MH.

### 3.3.5 MH as a social construct

Throughout this research, mental health is considered as a fluid construct. It can change and evolve through time, across cultures and as a result of one's experiences. Fox, Martin and Green (2007) propose that knowledge cannot be individually constructed, suggesting that the meaning attributed to concepts is therefore socially constructed. Furthermore, Sampson (1993) argues that mental illness is a social construct which has been shaped and revised by cultural and historical discussions between many individuals. Thus, world views are not universal, and culture shapes the response to mental illness (Prior, Chun & Huat, 2000). McCann (2016) highlights the ethical harm, social and cultural stigmas which can occur when a positivist diagnostic system is used universally across cultures. Social constructs within an individual's culture influence their views and experiences which in turn effects their behaviour (Hassim & Wagner, 2013).

This research considers teachers and MHFAs to be in a significant position in society to have an impact on the construction of MH in schools, promote wellbeing and strive towards positive MH for all.

### 3.3.6 Summary of the ontological and epistemological position of this research

As discussed previously, researchers are exposed to a wide range of competing philosophical and methodological perspectives. How these are understood and made sense of determines the design of the research, how any data is interpreted and ultimately shapes the interpretation of any findings.

CR appears well suited to exploring research questions related to understanding complex social phenomena, such as MH (Clark, 2008). Therefore, a philosophical stance which combines ontological realism with epistemological constructivism, ought to provide a more accurate understanding of MH that goes beyond positivism and constructivism.

In addition, a critical realist stance fits well within research that is being conducted within a large system such as a local authority. It acknowledges that there are pre-existing broader social structures and realities such as EPs working with schools to support YP's MH and national MH policies.

From the outset of the current study, the researcher adopted a philosophical perspective of critical realism. This not only guides the methodological choice but is also axiological (Carter & Little, 2007). Hammersley (1992) advocates for the application of critical realism to qualitative research, therefore it was decided that this research should adopt a qualitative methodology which is outlined in the next section.

### 3.4 Qualitative Research Design

Due to the researcher adopting a critical realist perspective and the exploratory nature of the research, this informed the choice of applying a qualitative design.

Consistent with qualitative research, semi-structured interviews were considered to allow teachers' and MHFAs' constructs of MH to be explored. This method was felt essential so that rich narratives could be gathered and to provide a deeper understanding of the participants' experiences through words, rather than 'cold and abstract' (Greig, Taylor & MacKay, 2013) figures and statistics.

Furthermore, PCT (Kelly, 1955) helps us to understand the "personal" ways in which individuals "construe" (understand, interpret, and even actively design) their world. Constructs are built through social interactions and experiences, and it is this personal view of the world that the researcher hopes to access in both teachers and MHFAs. This is in line with the epistemological approach underpinning the research interviews which sees both the interviewer and interviewee as constructing knowledge and understanding as part of a collaborative process. Constructs may be revealed through responses to scenarios presented to the participants, since according to Kelly's PCT model (1955) individuals interact with their world by approaching every situation based on their past experience of similar situations. Therefore, by presenting vignettes the researcher can gain insight into the participants' perception of the situation and

how they engage with their world. This focus on complexity, detail and how individual meaning is constructed is central to qualitative research.

### 3.5 Research Procedure

#### 3.5.1 Context of the study

At the time of the research project the researcher was employed as a Trainee Educational Psychologist (TEP) within a large Local Authority (LA) in the South East of England.

#### 3.5.2 Participant recruitment

Following ethical approval (Appendix E) the recruitment process started in February 2018.

##### 3.5.2.1 Mental Health First Aiders

An email was sent to all EPs in the service enquiring whether the staff in the secondary schools they were linked to had to their knowledge received MHFA training. Five secondary schools within the LA were identified and an introductory email to the head teacher and SENCo was sent outlining the research and asking for the details of the research to be passed on to teachers who had attended the MHFA training delivered by MHFAEngland (Appendix F). Once potential participants had been identified, the researcher contacted them directly, via email and described in further detail the researcher's role in the LA, the purpose of the research and why they had been invited to take part. Participants who continued to express an interest in taking part in the research were sent participant information letters (Appendix G) and consent forms, both by email which outlined their right to withdraw at any stage (Appendix H). The consent forms were also taken to each interview and signed by both interviewer and interviewee prior to the interview.

##### 3.5.2.2 Teachers

Once the researcher had carried out the MHFA interviews, teachers who had not received the MHFA training, but had an interest in the research topic were recruited by the researcher through recommendations from MHFAs. The researcher then contacted those teachers directly, via email, to provide them with details of the research and invite them to take part in the study.

### 3.5.3 Sampling and inclusion criteria

Due to the critical realist world view which was driving this research, a focus on population representation and quantitative notions of sample size was not significant. However, it was important to consider how many interviews would provide rich enough data and reach saturation of views within each group in order to fully explore the views of the two chosen groups (teachers and MHFAs).

Sample size should be carefully considered in qualitative studies and to guide this the concept of ‘information power’ can be applied (Malterud, Siersma & Guassora, 2015). This proposes that the more information the sample holds relevant to the study, the lower the number of participants needed. Therefore, it was necessary to interview a sufficient number of participants to obtain a range of views, but also achieve enough depth to understand these fully, which may be absent in a large sample size (Smith & Osborn, 2008). Consequently, rather than focus on an ideal number of participants to recruit, the researcher concentrated on the ‘information power’ held by the sample (Malterud et al., 2015). The sample size was then evaluated continuously for adequacy throughout the research process.

Purposive sampling was used to recruit participants since specific criteria needed to be met in order to answer the research questions posed. Participants were therefore selected using the following inclusion criteria:

Table 2

#### *Inclusion criteria for teachers*

Inclusion Criteria
Participants are secondary school staff
Participants work within the LA where the research is conducted
Participants hold a recognised teaching qualification

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Participants have been teaching for at least 3 years

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Table 3

*Inclusion criteria for MHFAs*

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Inclusion Criteria
Participants are secondary school staff
Participants work within the LA where the research is conducted
Participants hold a recognised teaching qualification
Participants have been teaching for at least 3 years
Participants have attended the one or two day MHFA training run by MHFAEngland

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The reason the criteria for participation included at least three-years of teaching experience was to ensure that both participant groups had had sufficient time working with a range of CYP and MH needs.

#### 3.5.4 Participant characteristics

Nine members of staff from four secondary schools voluntarily expressed interest in participating and the researcher contacted them to schedule a time to visit the school and conduct the individual interviews. The researcher recruited five MHFAs from four secondary schools and four teachers from three of the four schools in which MHFAs had been recruited. Three of the schools were mixed, state schools. The fourth was a single gender, grammar school. The number of years teaching experience ranged from 7 to over 30 years. Further information relating to the nine participants is shown in Table 4.

Table 4

*Participant information*

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Participants				
Interviewee	MHFA trained	School	Role	Teaching experience
A	Yes	A	SENCo and Head of Learning Support	23 years
B	Yes	B	Deputy Head for Pastoral Care	31 years
C	Yes	C	Class teacher and Head of Year 13	12 years

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<b>D</b>	Yes	D	Class teacher and Head of Year 12	8 years
<b>E</b>	Yes	D	Class teacher and Head of Year 10	10 years
Total number of participants with MHFA training (n=5)				
<b>F</b>	No	C	Class teacher and tutor	15 years
<b>G</b>	No	C	Class teacher and second in department	13 years
<b>H</b>	No	B	Class teacher	7 years
<b>I</b>	No	A	Class teacher and tutor	20 years
Total number of participants with no additional MHFA training (n=4)				
Total number of participants (n=9)				

### 3.5.5 Data gathering methods

#### 3.5.5.1 Semi-structured interviews

This research utilised ‘semi-structured interviews’ (SSIs). This method of data collection fits with the researcher’s critical realist epistemology, since interviews are necessary for accessing human thought, meaning and experience (Smith & Elger, 2012). In addition, interviews can facilitate insight into one’s reality, which should be derived directly from the individual who has experienced it. In addition, CR acknowledges that the interaction is critically influenced by the research agenda (Smith & Elger, 2012). Therefore, although the interviewer was inevitably driving the interview (Willig, 2013), the flexibility of semi-structured interviews to contain exploratory questions and scenarios enabled participants to construct their own experience and explore their meaning. Semi-structured interviews allowed the researcher to establish rapport with participants, clarify participants’ views and probe interesting areas that arose during the interview or follow the interests of the interviewee. This meant that the researcher could be guided by an interview schedule, rather than be dictated by it (Smith & Osborn, 2008); which the researcher made explicit to participants prior to the start of the interview.

Due to the flexibility that semi-structured interviews offer, issues of reliability and lack of standardisation between interviews can be present (Robson, 2002). Therefore,

various other data gathering techniques were considered such as structured interviews or questionnaires, though these techniques would not fit within the epistemological position of the research or be sufficiently flexible to explore the participants' views and experiences fully. Furthermore, focus groups were deemed unsuitable to elicit experiences regarding a sensitive topic such as MH. The researcher acknowledges that the sensitivity of a topic is not fixed; it may be acceptable for some, but not others (Farquhar & Das, 1999). However, to protect the participants' personal experiences of MH, focus groups were not deemed to be the safest environment to explore this concept.

Through carrying out a pilot study and preparation prior to the interviews, the researcher ensured that they had developed competent and confident interview skills to facilitate successful interviews (Gillham, 2005). In addition, training in empathic listening and responding, probing and summarising (Egan, 2013) supported a relaxed interview experience.

The final semi-structured interview schedule was developed by the researcher and guided by the central research questions. It was further altered based on feedback provided by the pilot study interviewees which is presented in the section below.

Given that this research takes a critical realist perspective, it is recognised that 'realities are wholes that cannot be understood in isolation from their contexts' (Lincoln & Guba, 1985, p. 37). Hence, research participants should ideally take part in the research in the context related to the study. Thus, all semi-structured interviews took place in meeting rooms within the various participants' schools between June and August 2018.

Prior to each interview, participants were provided with a participant information letter (Appendix F) and written, informed consent was gained from the participants (Appendix G). The information sheet was re-visited, and any clarifying questions were asked and answered. Additional opportunities were then provided for the participants to ask any further questions they may have. 'Are you happy for me to start recording?' was always asked before turning on the dictaphone to commence the interview.



Charmaz (2006) suggests that specific ending questions should be included when conducting interviews. Furthermore, the researcher felt that it was necessary to close the interview by asking a question that was designed to 'catch' any other relevant information that may not have been captured by the pre-planned questions and provide participants with the opportunity to reflect upon the interview process. It also signalled to participants the end of the interview. The researcher therefore ended the interview with the following closing question based on Charmaz's (2006) guidance:

'Is there anything that's occurred to you through us talking that you've not thought about before?'

The interviews were audio-recorded by the researcher. Each interview lasted between 30 and 65 minutes. The recordings were stored securely on an encrypted laptop and shared only with a professional transcriber. The recordings were assigned a letter and contained no names to protect the anonymity of the participants. Once the recordings had been fully transcribed, the audio files were permanently deleted. The anonymised transcripts will be kept on an encrypted laptop for three years to enable the research to be published in the future.

#### 3.5.5.2 Use of the vignettes

Vignettes were introduced during the semi-structured interview with the aim of provoking thought and eliciting opinions, perceptions and beliefs from the participants concerning their responses to MH related issues in young people. Within a qualitative paradigm, vignettes are described as written episodes "about hypothetical characters in specified circumstances, to whose situation the interviewee is invited to respond" (Finch, 1987, p. 105). It was anticipated that researching teachers' constructs and responses to the topic area may be sensitive, therefore vignettes allowed these to be explored in a less personal and threatening way (Finch, 1987).

In addition, previous literature has indicated that vignettes have proven to be a useful tool when exploring teachers' views on young people with emotional and behavioural difficulties (e.g. Loades & Mastroyannopoulou, 2010). Vignettes have also been employed in research exploring young people's attitudes and recognition of MH

difficulties (Jorm & Wright, 2008). Jorm and Wright (2008) used vignettes which labelled a specific MH disorder, for example the words 'depression' and 'schizophrenia' accompanied a description of a young person's difficulties. In contrast, Secker, Armstrong and Hill (1999) intentionally avoided using diagnostic labels, instead asking participants to describe a behaviour typically associated with MH.

Consequently, the vignettes constructed for the current research contained language which described general behavioural difficulties in young people and did not explicitly specify that the individuals portrayed necessarily had a MH difficulty. Both vignettes depicted a story about an individual describing various difficulties they may be experiencing across different contexts (at school and/or at home). They also portrayed numerous forms of externalising and internalising behaviours (Appendix L). Although the vignettes aimed to describe directly observable emotional and behavioural difficulties, it should be noted that they were presented to the participants primarily as tools to facilitate discussion, with the specific purpose of exploring on a deeper level 'how' the participants spoke about and engaged with MH. Furthermore, during the interviews, prior to the vignettes being produced, the participants were asked about their views on the subject of MH so that the discussion was focused on this area.

The vignettes were constructed based on the researcher's own experiences as a TEP working with teachers who had described similar concerns and whose consent was gathered to use the discussion as the basis of an anonymous case example in the current research.

During the interviews all participants were presented with the same two written vignettes, one after the other, at the same point in the interview once the researcher had asked them broad questions regarding their views on MH. The researcher introduced the vignettes as case examples of young people they may or may not have worked with.

### 3.5.6 Pilot Study

In the following section, the researcher will present findings from the pilot study of interview questions and vignettes.

Ethical consent was obtained to carry out two pilot interviews in March 2018. The purpose of the pilot interviews was to determine whether the drafted semi-structured interview schedule was fit for purpose and to identify any adjustments that needed to be made to ensure the interview technique was effective in gathering rich and meaningful data. Furthermore, it provided an opportunity for the researcher to gain experience of carrying out interviews.

The interviews were conducted with a student support manager and an experienced speech and language therapist. Non-teaching, school-based staff were chosen specifically for the pilot study to ensure that the language used was appropriate to a school setting, and not overly reliant on MH specific language. The interviews were not audio-recorded as they were not to be included for data analysis purposes, but the researcher kept notes. See Appendix J, for a copy of the pilot interview schedule.

Overall, both participants were positive about the interview process and based on their feedback, three changes were made to the semi-structured interview process:

1. Both interviewees were conscious of providing the 'right' answer or the kind of answer they felt the researcher was looking for. Similarly, the interviewees were both keen to state that they were 'not experts' on MH and expressed insecurities around their skills when working with MH concerns. Therefore, during the pilot interviews the researcher became aware of the need to use reassuring comments such as 'there are no right or wrong answers' and explain that the research was only interested in their views. Consequently, the researcher reflected on the need to use reassuring statements with future participants in the hope that this would provide a safe environment for them to share their experiences.
2. Although the pilot study highlighted the benefits of using vignettes as part of the interview schedule, it was clear that more prompts were needed to invite the interviewees to share their responses to MH difficulties in a school setting. Therefore, further prompts were included in the final interview schedule to promote this, such as "in the context of the vignette how would you support X?"

3. A closing question was included to draw the interview to a smooth end and allow the interviewee to add any more information that may not have been drawn out during the interview process.

The pilot interviews provided valuable insights into the interview process. For example, building a strong rapport with interviewees and being guided by their dialogue appeared to elicit more discussion and opportunities to clarify views. Therefore, this was something that the researcher attempted to prioritise at the beginning of each research interview using introductory, relationship building questions.

The final semi-structured interview schedule used can be found in Appendix K.

### 3.5.7 Transcription

Transcription is the process of converting speech into written or printed form. As a result, transcripts are not considered to be original data as the process requires a number of decisions and judgements to be made (Kvale, 1996). Thus, in an attempt to achieve greater objectivity, the interviews were transcribed by a professional transcriber in June 2019 who was requested to carry out a full verbatim (orthographic style) transcription (see Appendix M for instructions given to the transcriber).

Orthographic transcription (Braun & Clarke, 2013) was chosen due to the researcher's interest in what was said, rather than how it was said. Therefore, repeated words and subtle utterances are included for authenticity.

Once all 9 interviews had been transcribed the researcher checked them twice whilst simultaneously listening to each original audio recording. This enabled the researcher to become immersed in the data once again. The audio recordings were then deleted once the researcher was satisfied that the transcriptions were accurate.

### 3.6 Data analysis

The researcher chose to use a six-phase thematic analysis (Braun & Clarke, 2006) to analyse data items and data sets. For clarification, in this research a data item represents each individual interview and a data set refers to all the interviews for each

group; MHFAs and teachers. The data corpus refers to the entire data collected for this research.

A description of the rationale and structure of this process is outlined in the sections below.

### 3.6.1 Rationale for data analysis

Braun and Clarke (2006) recommend that researchers should be explicit about the assumptions and choices which inform their analysis selection. Those choices will be outlined in the next section so that trustworthiness and clarity around the process and practice of the analysis method can be evaluated.

The researcher considered the merits and philosophical basis of several qualitative data analysis approaches including grounded theory, discourse analysis and thematic analysis. All of which are briefly outlined below.

Grounded theory is an inductive methodology which aims to generate theory from systematic research. Grounded theory is not static in regard to its philosophical perspective. Classic grounded theory is thought to adhere to critical realism, however the method appears to have evolved over time to fit a more constructivist paradigm (Annells, 1996). Charmaz (2000) makes it clear that grounded theory principles should be adopted from the start of the research process and that it is not enough to simply employ some elements of the approach and therefore label the research as such. Although this approach could be adapted to fit the researcher's 'worldview' and the initial research question identifies the phenomenon of interest without making (too many) assumptions, the focus was to explore the perspectives of different staff members with varying levels of experience and MH training. The sample therefore was not homogenous, which is deemed necessary in grounded theory research to reach data saturation. Therefore, grounded theory was judged to be an unsuitable approach for this research.

Discourse analysis was considered as a data analysis technique due to the type of information being sought i.e. constructs. It is of particular relevance when listening to people's narratives (Jankowicz, 2005). However, 'discourse is not produced without

context' (Fairclough & Wodak, 1997, p. 277) and is therefore influenced by a whole range of situational factors. The semi-structured interview process, including the vignettes were both driven by the researcher, including the language presented. Hence, the conversation was not completely authentic or spontaneous, which is recommended by Willig (2013) for discourse analysis. Consequently, discourse analysis was discounted, and it was decided that thematic analysis (TA) would be most appropriate method to employ since the research aimed to discover MH constructs by identifying repeated patterns of meaning and engaging with the language used at face value.

TA is a method for identifying, organising, describing and reporting themes within a data set (Braun & Clarke, 2006). It can also produce trustworthy and interesting results when applied rigorously (Braun & Clarke, 2006). TA is a theoretically flexible approach (Willig, 2013), therefore can be located within the researcher's critical realist epistemology. In line with this philosophical framework, TA is utilised to acknowledge how participants create meaning of their experience and ways in which the broader social contexts impact those meanings; whilst maintaining attention to the material and limits of reality (Braun & Clarke, 2006). Furthermore, given the exploratory purpose of this research, TA is useful when gathering the perspectives of different research participants, by highlighting similarities and differences, and generating unanticipated patterns from the data (King, 2004).

#### 3.6.1.2 Inductive thematic analysis

Braun and Clarke (2013) describe two forms of thematic analysis: inductive and deductive. Inductive analysis aims to generate an analysis primarily grounded in data, whereas deductive analysis is structured around the theoretical underpinning of the research or existing theory.

With regards to the current research, rather than attempting to explain previously identified patterns, the research attempted to explore new themes regarding teachers' and MHFAs' subjective perceptions of MH and their experience of working in secondary schools. It felt important to interpret the participants' responses whilst

respecting their views, experiences and context. Thus, an inductive, data-driven approach benefited the exploratory nature of the research and falls in line with a critical realist position. To ensure that any themes identified were strongly linked to the data the researcher attempted to set aside any preconceived analytic notions and use language, words and phrases that were as close to the raw data as possible. However, the researcher acknowledges that according to the critical realist position of this research, the researcher cannot be separated from what is being researched. Therefore, the data cannot be coded in a completely theoretically epistemologically free environment (Braun & Clarke, 2006), since one's philosophical assumptions and positioning are always part of qualitative research (Braun & Clarke, 2019).

### 3.6.2 Critique of thematic analysis

There are some limitations of thematic analysis as noted by Braun and Clarke (2013) which should be acknowledged. Firstly, the approach tends to describe rather than interpret participant views. However, the nature of this research and consequently the research questions were developed to explore and analyse the views of schools staff, rather than make sense of their experiences. Secondly, thematic analysis has come under scrutiny as an ambiguous process with a lack of concrete guidance and clarity (Holloway & Todres, 2003). However, Braun and Clarke (2006) have provided a clear six-phase replicable model which addresses these concerns around a perceived lack of rigour in the process. In the section below the researcher will provide a description in detail (based on Braun & Clarke's (2006) model) of the step-by-step process of conducting TA for the sake of reliability and trustworthiness.

### 3.6.3 Process of thematic analysis

The paper written by Braun and Clarke (2006) provides a detailed guide to conduct thematic analysis and is used here to work through each of the six stages: familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and write up.

#### *Phase 1: Familiarisation*

Firstly, the researcher aimed to become fully immersed in the data in order to gain a comprehensive understanding of the interview content and all aspects of the data corpus. During the semi-structured interviews, the researcher became aware of the data experientially. Once the audio recordings had been transcribed by a professional transcriber (see Appendix M for transcription instructions) the transcripts were printed for ease of reading. The principal researcher read and re-read the transcripts whilst simultaneously listening to the audio recording to ensure accuracy and make notes of initial ideas and impressions.

### *Phase 2: Generation of initial codes*

Once familiar with the data, the researcher began identifying preliminary codes. Following this, the researcher found it easier to code electronically using NVivo12 (Appendix N). The transcription data from each individual interview was transferred into NVivo12 and initial codes were generated using both the notes taken from stage one and the longest transcripts as these contained the richest data. Subsequent transcripts could then be analysed with these codes for reference. Numerous codes were identified in a systematic nature in order to provide a comprehensive understanding of the context of the conversation. Codes were semantic in nature aiming to capture the semantic meaning of the data, rather than applying a pre-existing framework (Braun & Clarke, 2013).

### *Phase 3: Searching for themes*

For this phase of the analysis, the researcher printed out all the generated codes from NVivo12 and cut them into individual strips. The codes were then reviewed with the aim of identifying any overlap or similarity between them. The codes could then be grouped together to start the search for themes. According to Braun and Clarke (2013) a code captures one idea, but a theme should have a 'central organising concept' (p. 224). As such, themes were identified to capture meaningful data content and be related to the research questions set out by the study. See Appendix O for photographic evidence of this process.



#### *Phase 4: Reviewing themes*

Once several themes had been identified during phase three these were reviewed by referring back to the coding framework and checked against the highlighted extracts and codes in NVivo12. The following questions were then applied to review the themes as they developed as suggested by Braun and Clarke (2013, p. 226):

- Is there a central organising concept that explains something about the content of the data?
- Is the theme meaningful in relation to the research question/s?
- What is the focus/boundaries of this theme?
- Is the data in this theme too diverse? Could subthemes be used? Should it be split into two or more themes?
- Is there enough data to support this theme?
- How does this theme contribute to the analysis?
- Is the central organising concept of the theme reflected in its title?

Following this review process, the provisional themes were reviewed against the un-coded data set which involved re-reading the transcripts. This ensured that the themes captured the meaning of the data in relation to the research question/s. Further, consultation between the principal researcher and the Director of Studies allowed for further revision of themes in relation to the dataset. During this phase themes were organised into overarching themes which capture an idea represented across a number of themes.

Two provisional thematic maps were developed to explore and refine the connections and coherence between the subthemes and themes. This was firstly done by hand for ease and flexibility, then transferred to an electronic version later (see Appendix O).

#### *Phase 5: Defining and naming themes*

This phase was ongoing as although the researcher was generally happy with the themes, and subthemes these were re-named and refined on several

occasions by referring back to the transcript data and in conversation with the researcher's Director of Studies. This was to ensure that the language used to describe the themes and subthemes accurately reflected the contents of transcripts. As a result of defining the focus and boundaries of the themes some of the subthemes and themes were combined.

#### *Phase 6: Write up*

The final phase involved the write up of this thematic analysis process. The final thematic maps are reported in Chapter four of this thesis which clearly evidences the themes identified alongside extracts from the data set to demonstrate the prevalence of each theme.

All six stages were then replicated to analyse the four remaining teacher interviews.

It should be noted that whilst the process is presented here as a linear, six-phased method, the researcher recognises that the entire process is iterative and reflective, developing over time and involving a constant moving back and forward between the phases. This involves continual questioning of the researcher's assumptions which are made when interpreting, coding and creating themes (Braun & Clarke, 2019).

### 3.7 Research quality

It would not be accurate to say that qualitative research does not strive to achieve validity and reliability since this would imply it is therefore, invalid and unreliable (Morse, 1999). However, critics of qualitative methodologies express concerns around its lack of rigour, therefore it is important to consider the quality of this research in a different way. Robson (2002) suggests that terms related to quantitative approaches can be operationalised differently in qualitative research, and Lincoln and Guba (1985) introduced the term 'trustworthiness' to evaluate the quality of qualitative research. To achieve trustworthiness, they suggest that this involves establishing four principles; credibility, transferability, dependability and confirmability. The following sections will address these criteria in turn and present the approaches which the researcher used to respond to through the research process.

### 3.7.1 Credibility (validity)

In qualitative research, credibility refers to what may normally be described as internal validity in quantitative research. That is to what degree does the research measure or test what is intended? This however assumes that there is a single tangible reality which can be measured (Lincoln & Guba, 1985). With this research adopting a critical realism paradigm, this assumption is replaced by the idea that there can be multiple interpretations of a single reality which is always historically, socially, and culturally situated. Therefore, rather than seeking 'truth', this research aimed to reflect personal constructs of the two participating groups, whilst indirectly demonstrating their external reality. Thus, firstly this research strived for credibility by using sound and appropriate research methods which have been successfully utilised in previous comparable projects. Secondly, informal member checking took place 'on the spot' and at the end of each interview which provided the participants with the opportunity to add to, clarify or review the researcher's understanding of the participant's reality. Since CR states that some knowledge can be closer to reality than other knowledge, Shenton (2004) suggests that provisions can be put into place to ensure that respondents are able to be as honest as possible. This includes familiarising oneself with the culture of participating organisations before data collection takes place and establishing trust between researcher and informant. Hence, in this research the researcher made it a priority to build links with key school staff before the interviews took place which was initiated through the school's link EP, with whom the school already had a positive relationship with. Plenty of time was taken to build rapport, even before the start of the interview to create a relaxed, informal atmosphere where participants were encouraged to be honest from the outset. By highlighting the researcher's independent status from the participant's organisation and re-iterating that responses would be kept anonymous and not affect their employment in any way, it was felt that participants were able to be more open in their dialogue. Triangulation was achieved through recruiting participants across multiple organisations to not only provide a rich picture of attitudes and greater diversity, but enhance credibility if similar results were to emerge at different locations. Opportunities for peer scrutiny of

the project were welcomed since a fresh perspective allowed the researcher to be challenged. This enabled the researcher to refine the method of research and justify any decisions made throughout.

### 3.7.2 Transferability (generalisability)

Transferability is the criterion against which applicability of qualitative data is assessed (Guba, 1981), based on whether the findings also fit into similar contexts outside of the research. Due to the critical realist research framework adopted, the aim of this research was to explore the experiences and perceptions of the individual participants, rather than produce widely generalisable data. Thus, it would be inappropriate for the researcher to suggest that the findings will be generalisable to other MHFAs, teachers, schools and EP services due to the uniqueness of the research situation. However, by presenting sufficient descriptive data to allow transferability judgments to be made, it is hoped that themes and recommended outcomes would be seen as relevant and transferable to other LA EP services and schools.

### 3.7.3 Dependability (reliability)

Dependability concerns the consistency and stability of the research findings (Guba, 1981), not so that they can be replicated necessarily, but so that other researchers would be able to carry out the same study in the future. Since CR postulates that reality is always historically, socially, and culturally situated, it is acknowledged that it would not be possible or appropriate to attempt to replicate the research's findings. However, to satisfy this criterion, the researcher has provided transparent, detailed descriptions of the methods of data gathering, analysis, and interpretation. This ensures that a 'dependability' audit can be carried out to determine whether the processes utilised fall within generally accepted practice.

### 3.7.4 Confirmability (objectivity)

Confirmability is the degree to which the findings of the research are shaped by the experiences and views of the respondents, rather than the researcher's bias,

preferences, motivation, or interest (Shenton, 2004). In line with a critical realist framework, throughout the study the researcher practiced continuous reflexivity. That is, the researcher aimed to explicitly reveal any underlying epistemological assumptions which underpinned the research aims and research design (Ruby, 1980). Personal reflexivity also provides an insight into how the researcher's own experiences, beliefs and views play a central role in the research process (Willig, 2001). This was achieved by way of keeping a reflective journal to allow the researcher to be clear and open about any shifts in ideas, values or orientation as the study developed.

### 3.7.5 Researcher reflexivity

To further understand the research topic and demonstrate the trustworthiness of the research findings, the researcher engaged in critical self-reflection of the ways in which their practice impacts on the research journey. In line with a critical realist perspective, the researcher cannot be objective. Therefore to maintain trustworthiness and integrity, the researcher must demonstrate reflexivity throughout the research process (Fox, et al., 2007). To be reflexive is to be self-aware of the dynamics between the researcher and the researched (Finlay & Gough, 2003).

Reflexivity is often viewed as a defining feature of qualitative research (Finlay, 2002) and it is argued that researchers should incorporate reflexive practices to enhance the quality of their work. Wilkinson (1988) outlined three forms of reflexivity; personal, professional, and disciplinary which are believed to inform qualitative research. Personal reflexivity refers to the researcher's individual preferences, motivations and expectations which influence the research topic. An example of this type of reflexivity taking place during the research process was keeping a reflective journal to record and consider reflections about oneself. The researcher noted that some participants spoke openly about their own MH and how this made them feel in their different roles as an interviewer, researcher and TEP. In addition, important events and decisions could be recorded and captured at different stages of the research process. Professional reflexivity refers to the interpersonal dynamics, how participants are viewed within the research and the accepted style of communication. Lastly, disciplinary reflexivity involves what Willig (2001) would describe as epistemological reflexivity in which the

researcher outlines their stance towards theory, method and psychology. As previously discussed, the researcher adopted a critical realist approach to conduct the current research. By reflecting back on this philosophical stance, the researcher can further understand how this shapes both the research process and findings. In reality, all three types of reflexivity interlink; for example, choosing to research MH constructs is informed by the researcher's previous experience of MH discussions in schools, further informed by the communication style adopted with participants and preferred theories concerning MH, diagnosis and treatment.

Reflexivity and CR sit particularly well with each other since the researcher acknowledges their own impact upon the interviewee (Finlay & Gough, 2003). Further, the philosophical perspective adopted can be used reflexively in order to understand the use of critical realism within the interview method and its influence on the interview experience as a whole.

### 3.8 Ethical considerations

All aspects of this research adhered to the British Psychological Society 'Code of Ethics and Conduct' (BPS, 2018) and the researcher referred to the 'Guidance on conduct and ethics for students' produced by the Health Care Professional Council (HCPC, 2015). A research ethics application was submitted to the Research Ethics Committee of the School of Psychology, University of East London, in January 2018 and approval was received in February 2018 (see Appendix E for decision letter).

Willig (2013) outlines five main ethical considerations in qualitative research namely: informed consent; the right to withdraw; no deception, confidentiality/anonymity and debriefing which were upheld during the current study. These issues are briefly outlined below alongside the approaches taken to overcome or accommodate these.

#### 3.8.1 Informed consent

As described previously, all participants were required to provide both verbal and written consent prior to taking part in the research. The participants were reminded that they could withdraw from participating in the research up to the point of data

analysis. It was explained that if they wished to withdraw before the data analysis has taken place, they can request that their transcript be destroyed. However, once the data analysis has begun the anonymised information which has already been included will remain in the study. Lastly, due to the potential emotive nature of MH, all participants were fully debriefed on conclusion of the interviews and provided with a debrief letter referring to appropriate support organisations should they want to speak about any issues which may have been raised (Appendix I).

### 3.8.2 Confidentiality and anonymity

The researcher assured the participants that their responses would be anonymous and confidential. Further, the participant information and consent forms ensured that data protection, anonymity and confidentiality procedures were clearly explained.

Participants were made aware that the original recordings of the interview would be stored in a locked container, only accessible by the researcher, in the Local Authority offices. The original audio recordings were permanently deleted once the transcriptions were complete and checked by the researcher. In addition, all interview transcripts were completely anonymised by referring to interviewer (I) and respondent (R) so that no staff, students or schools could be identifiable in the transcripts. It was explained to the participants that no names would be used in the write up of any findings from the research.

Furthermore, participants were informed that the anonymised transcripts would be held for 3 years, which is required for research that may be published. During this time the transcripts will be stored securely in electronic form on an encrypted USB flash drive kept in a locked office.

### 3.8.3 Sharing of the data

Anonymised transcript data was shared with the researcher's Director of Studies and the University of East London will be permitted to look at the interview transcripts if they request it as part of the university's process.

It is hoped that the research will be shared and disseminated within the local authority, individual schools in which the research took place and during a whole-service CPD day. The research will be presented at the University of East London to tutors, trainee EPs and other university EP training providers. The data analysis, once included in the final write up will form part of the researcher's doctoral thesis which will become a public document.

### 3.9 Chapter summary

This chapter has outlined the researcher's critical realist ontology and epistemological framework which underpins the current research. Following this, the exploratory purpose of the research was introduced, and the suitability of a qualitative research design presented. The data collection procedures and rationale for undertaking a thematic analysis was discussed and both processes described in detail. The importance of researcher reflexivity was illustrated to ensure transparency and provide an insight into the researcher's analytical process. The chapter closed with a consideration of the quality of qualitative research and ethical issues.



## Chapter 4: Findings

### 4.1 Chapter overview

The previous chapter detailed the ontological position of the research, the research design and the procedures for data collection and analysis. The qualitative research design was outlined, as well as ethical considerations. This chapter reports the findings following the data analysis of both the teacher and MHFA interviews. The identified themes are illustrated in two thematic maps - one thematic map providing themes identified from the MHFAs' interviews and the second thematic map providing themes identified from the teachers' interviews. The thematic maps will be followed by:

- A detailed description of the themes identified;
- A description of the sub-themes identified.

Quotations have been included to expand and evidence the analysis process.

The findings presented below will be discussed in relation to the study's research questions later in the Discussion chapter which will go on to make explicit links between the findings presented here and the wider literature.

Due to the inductive nature of the TA, this chapter is organised in relation to the themes identified, rather than the research questions presented in the previous chapter. Thus, the findings are presented in two parts; findings representing the MHFAs' views and findings representing the teachers' views. The next section will proceed to present the findings from the MHFAs' interviews.

### 4.2 Summary of themes from thematic map 1 (MHFAs)

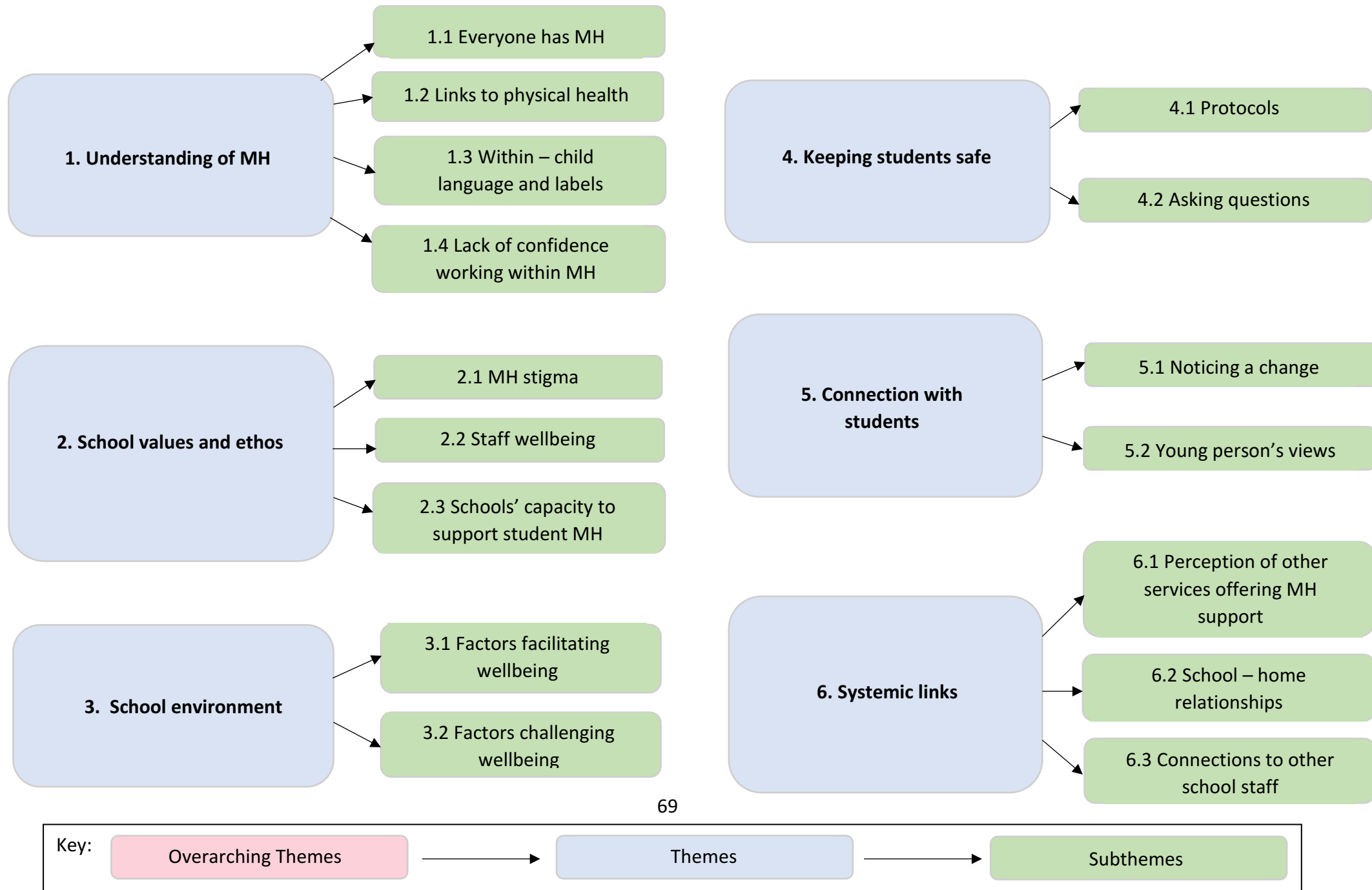
Six themes were identified from the analysis of the MHFAs' interviews:

1. Understanding of MH;
2. School values and ethos;
3. School environment;
4. Keeping students safe;
5. Connection with students;

## 6. Systemic links.

Within each theme, several subthemes were identified as shown in Figure 1. Owing to the nature of semi-structured interviews and the richness of the data collected, there are some overlaps between a number of subthemes and themes. Therefore, codes were arranged into subthemes and subthemes into themes using a 'best fit' approach and any overlaps are made explicit in the extracts presented below. See Appendix O for an example of this process.

Figure 1. Thematic map depicting how MHFAs' construct MH in schools and their role in supporting MH.



#### 4.2.1 Theme 1: Understanding of MH

This theme reflects the following views of the MHFAs: MH is a term which can apply to everyone; it has a link to physical health; the construct of MH is defined as within-child; there are concerns when working within this area.

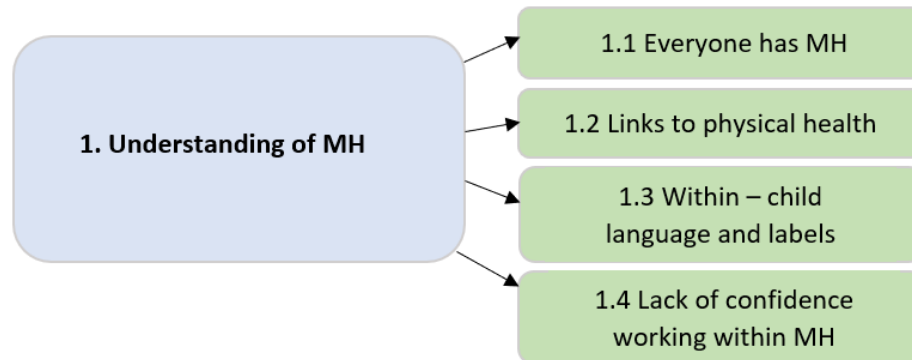


Figure 1.1. Theme 1: Understanding of MH

##### 4.2.1.1 Subtheme 1.1: Everyone has MH

The thematic analysis of MHFA interviews indicated that MH was viewed as a construct that all people possess. For example,

*‘I kind of think it’s for everybody, you know, it’s not just...oh, certain people have mental health issues...I think we all have a mental health’* (MHFA1, L.71-72).

This fits with other MHFAs’ view that MH is simply a construct which exists, not to be viewed as something positive or negative, but a neutral term. For example,

*‘you know, mental health just exists...it’s not necessarily a positive thing, it’s not necessarily a negative thing, it just exists and it’s there...and you have to have that realisation that it exists’* (MHFA3, L.145-147).

One participant also expressed the importance of viewing the construct of MH as something which can also be positive as well as negative:

*‘from my point of view it is important to get across that when you talk about mental health it’s not all bad mental health, its good mental health as well’* (MHFA2, L.78-80).

Further, another participant suggested that it was his role to help young people change their understanding of MH so that there could be a culture shift in terms of considering MH as a construct that everyone experiences:

*'but the message we try and get a lot to our kids is that every single person in this school has...mental health'* (MHFA3, L.125-126).

#### 4.2.1.2 Subtheme 1.2: Links to physical health

All five MHFAs spoke about the connection between mental and physical health and how this can be helpful when attempting to understand MH. One participant made this link explicit:

*'For me, I think mental health in the same way as our physical health'* (MHFA1, L.58).

There was also a recognition that there are differences when understanding physical health and MH and one participant commented:

*'I think everyone understands about their own physical health. And not necessarily an injury, not necessarily a broken leg or a cold or a...but just general physical health. How are you feeling? Are you well? Are you not well? But I don't think many people have the similar appreciation of mental health'* (MHFA3, L.162-166).

In addition, different perceptions were highlighted by one participant with regards to someone experiencing physical or mental illness and how this would be perceived in terms of their ability to work.

*'there is still, I think, if anybody actually says they are having any kind of mental health illness it's a really serious illness and they won't be able to do their job'* (MHFA2, L.132-134).

*'You notice if someone says they have got tonsillitis or whatever that's fine you...you deal with it, you get the treatment, you come back...but I still think it's seen as a much bigger thing they go through'* (MHFA2, L.135-138).

Furthermore, the different views on physical and MH were questioned by one participant in a similar way:

*'Say if somebody had broken their leg, we would say, 'Oh they have broken their leg' so...again it's that line isn't it...what's so different about mental health?'* (MHFA5, L.285-286).

The link between MH and physical health was also made in relation to treatment by one participant:

*'I see it as something that can be treated...so just like with physical health you can get...like there is a point in seeking help because it can get better'* (MHFA4, L.20-21).

Similar to this, a connection was expressed in how individuals can look after themselves, both physically and mentally,

*'we look after our bodies and always are bothered about, you know, if we are being healthy and what we are putting into our bodies 'da da da da da'...so then it's like looking after our minds in the same way...I think'* (MHFA5, L.58-61).

#### 4.2.1.3 Subtheme 1.3: Within-child language and labels

Depending on an individual's understanding and interpretation of the term 'mental health', different language was utilised to indicate what their preferences were when discussing the construct. MFHA1 preferred to use the term 'wellbeing':

*'I think mental health/physical health, you know, sort of wellbeing to me'* (MHFA1, L.70-71).

This position fits with previous research suggesting that school-based staff prefer to avoid using language that could be perceived as indicative of a MH difficulty. For example, the word 'wellness' appeared more comfortable for MHFA4:

*'.....I suppose mental...wellness, I suppose'* (MHFA4, L.14).

Although I had been clear about introducing the topic as 'mental health', many changed the language to suit their understanding as the conversation progressed,

*'to look after your mental wellbeing I think'* (MHFA5, L.76-77).

Many of the MHFAs spoke about the involvement of GP services and that they would recommend for young people to seek medical advice,

*'I mean I would recommend for parents that a GP visit would be the right thing'* (MHFA1, L.247-248).

*'we always advise parents to take them to the GP'* (MHFA5, L.196)

This may be due to the strong link made between physical and MH, therefore a medical model is employed whereby there is thought to be a physical cause. However, this conflicts with the reluctance to use the term MH due to its link with the medical model.

Moreover, medical MH diagnoses were spoken about frequently by this group of participants and how diagnosis can be perceived as helpful for school staff when working with a young person,

*'he goes to a GP and the GP says he has got clinical depression, I know what I am working with'* (MHFA3, L.500-501).

A similar view was expressed by MHFA4:

*'I think if it's a proper diagnosis from a professional, like a medical professional, then I think that is helpful in most cases'* (MHFA4, L.348-349).

Further, one MHFA felt that diagnoses are more readily accepted and understood by other school staff,

*'if it has a medical diagnosis then everybody automatically...even if they don't really understand mental health...automatically kind of accepts that this is a real thing and it's not just them kind of being a bit 'teenagery'...this is a real problem that we need to address. I think for that reason labels and things are helpful'* (MHFA4, L.360-364).

In contrast, however, MHFA3 expressed that there are some clinical diagnoses that he stated that he would not be able to effectively deal with,

*'if people are self-harming or having suicidal thoughts or have got clinical depression or...I can't help with that'* (MHFA3, L.342-344).

How an individual constructs MH appeared to influence how comfortable they are in discussing MH with others and an awareness that parents, in particular, may possibly

attach negative connotations to the term MH. Speaking about observable behaviours may be a more comfortable way to communicate than direct MH language for some, *'I go quite softly, softly. 'I have kind of noticed this in school and I just want to make you aware of it''* (MHFA5, L.225-226).

#### 4.2.1.4 Subtheme 1.4: Lack of confidence working within MH

There was evidence of uneasiness whilst working within MH, even speaking about MH with the researcher, participants stated explicitly that they were not experts in this field of work,

*'like I always say I don't know the answers to everything, I am not, you know, I am not an expert'* (MHFA5, L.84-86).

Following on from this, there appeared to be uncertainties around whether staff were saying or doing the right thing when it came to MH concerns and a desperation to 'get it right' (MHFA4, L.446),

*'you never know whether you are doing the right thing do you? You always worry about that...whether you are saying the right thing and doing the right thing...that's for sure'* (MHFA5, L.378-390).

*'everyone wants to do the right thing'* (MHFA4, L.446).

Others also questioned whether what they were doing regarding MH was correct due to a lack of confidence,

*'is it right...is that right for them? I don't know'* (MHFA3, L.519-520).

As a result, the same MHFA expressed that he would always work within a team when dealing with student MH difficulties,

*'I don't think ever we have dealt with a student on our own. So anything that I am doing for a particular student, it will be discussed...just for...reassurance, 'Do you think I should be doing this?' 'Do you think I should refer this?' 'What help do you think they should get?''* (MHFA3, L.533-536).



A lack of confidence around working within the field of MH difficulties was also evident from other interviews,

*‘one of the things was...was to check that some of the things we had in place, to check that they were maybe the right things’* (MHFA1, L.31-32).

#### 4.2.2 Theme 2: School values and ethos

This theme was pertinent in MHFAs’ interviews with regards to how they spoke about the culture of their school, wellbeing of the staff and whole-school responses to MH.

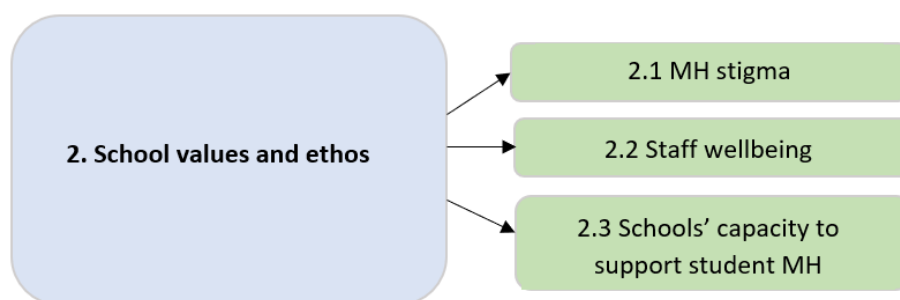


Figure 1.2. Theme 2: School values and ethos

##### 4.2.2.1 Subtheme 2.1: Stigma

A school’s culture was highlighted across the interviews as something that had great impact upon not only students’ view of MH, but the views of staff and the wider community. Attention was drawn towards the stigma of MH continuing to exist within society. One MHFA was very aware of the difficulty when using specific MH language across different cultures and communities,

*‘so I think some schools, there is more cultural...there are more cultural implications with self-harm and what that means. So, for example, with schools that are in...I have got a friend who works in a school that has quite a predominantly traveller background and actually the way that they broach that has to be very different because there is culturally quite a lot of stigma about mental health issues’* (MHFA1, L.211-216).

Another MHFA expressed that young people’s understanding of MH is perhaps different to that of their parents, who have expressed embarrassment for being spoken to about their child’s MH difficulties,

*'So the young people know a lot about it and they are really open and accepting ... parents kind of say the right things but then the student will come back and say that the parents just said they had been really embarrassed by being brought into school ... I think it's that...adults that struggle with it'* (MHFA4, L.42-52).

The culture of a school was further identified as an area which can have a profound influence on whether both staff and students felt comfortable to speak about their own MH,

*'I don't know I think what I am trying to say, it's about the culture of any school or any places that...the more you make people feel that they are able to share things or able to get involved in things, the more likely they are to do it'* (MHFA2, L.413-416).

However, the same MHFA expressed that stigma still exists within the school environment meaning that staff were less likely to express concerns around their own MH to the Senior Leadership within the school,

*'it's built up over so many years...there's been this huge stigma over mental health issues'* (MHFA2, L.121-122).

However, there was hope that the culture and ethos within schools continues to progress towards positive views and attitudes around MH,

*'I hope the culture changes. I think I can always say...well I think we need a few generations to move on ... I think it will be seen in a different way. I think the culture will change and I think we are in that change now'* (MHFA3, L.751-755).

#### 4.2.2.2 Subtheme 2.2: Staff wellbeing

The MHFAs identified that their own MH was something to be aware of, including the impact of their workload, the volume of student MH needs and focus on academic achievement. It is acknowledged that there is some overlap here between this subtheme and a school's capacity to support students' MH.

Since MH is a topic which is discussed on a regular basis in the school environment, MHFA3 acknowledged that the MH of staff was now becoming an area of interest,

*'because we are teachers and we deal with mental health of students, and we are kind of becoming more aware in that way, that teachers are quite aware of their own mental health'* (MHFA4, L.451-454).

There was also a recognised link between the wellbeing of staff and that of students, *'the pressure on teachers is massive...and that is kind of passed on to the students as much as we don't want it to be'* (MHFA4, L.455-457).

There was an indication that schools are attempting to create environments where staff can raise MH concerns of their own by introducing forums focused on staff wellbeing,

*'as a school...we have our staff...wellbeing committee who do lots of different things and feedback'* (MHFA2, L.90-92),

*'hopefully making people able to, you know, raise things that are making their work more difficult which will then affect their mental health as it goes through'* (MHFA2, L.93-95).

The MHFAs interviewed also identified that teachers' workloads and pressure to deliver exam results impact on their own wellbeing,

*'staff feel the pressure...yes...from above...from the government...from league tables and all of this...and they have their own workload and their own personal lives to deal with as well'* (MHFA4, L.458-460).

Further, the volume of students with MH needs and the perceived lack of time to support them adequately by staff appeared to cause frustration. This is likely to impact upon their own wellbeing,

*'so actually our timetable over two weeks is 50 lessons now...42 of those lessons we are teaching and I would say out of 172 students in my year group...possibly...maybe not quite half...60 maybe 70 students who I have dealt with in some sort of capacity regarding general mental health or mental illness'* (MHFA3, L.600-602).

MHFA3 highlighted the difficulties that teaching staff face in an attempt to offer support to their students,

*'because it's impossible to be available all the time...you just can't do it'* (MHFA2, L.463-464).

The issue of exam and school pressure was mentioned by all of the MHFAs. It was suggested that this is having a detrimental effect on student MH due to both increased levels of stress and having less time to engage in social or leisure activities,

*'I think they are almost too pressured at school to perform and grade that actually they will not sacrifice homework for football in the park'* (MHFA3, L.233-234).

*'year 11s obviously have got all their GCSE exam stress. Year 12s have exam stress'* (MHFA4, L.152-153).

Although, there is an emphasis on caring for students emotionally as well as academic teaching,

*'it's really important to us that all staff say that, that it's not just...you are not teaching your subject you are teaching the kids'* (MHFA2, L.371-373).

There were also suggestions of a conflict between academic learning and emotional wellbeing and a pressure to focus on academic outcomes,

*'everyone wants to do the right thing and everyone has good intentions, but then this kind of exam results...looms large'* (MHFA4, L.448-449),

*'so almost by contract and job role, teaching and learning comes before pastoral support, technically'* (MHFA3, L.647-649).

#### 4.2.2.3 Subtheme 2.3: Schools' capacity to support student MH

As mentioned previously, the prevalence and perceived increase in the numbers of MH issues amongst students is a factor affecting schools' capacity to support student MH,

*'as a school...we have, you know, really seen that mental health...we have seen huge amounts of our students experiencing great difficulties'* (MHFA1, L.16-18).

*'when we are talking about one in, you know, sort of ten people experiencing...for us as a school...that's three students in every tutor group that could experience significant mental health issues' (MHFA1, L.85-87).*

Self-harm was an issue that was identified as particularly common within an all-girl school setting,

*'sadly it does seem to be something that is very prevalent...at least among the girls that we have here' (MHFA4, L.93-94).*

A lack of time to spend with students focused on their MH needs was recognised by the MHFAs interviewed, affecting the capacity for schools to engage with student MH,

*'it's like sitting down and realising you have just got to take a minute or two or however long and just sitting there and listening. And often that's all they need, you know, they might just need that but it might be something else or whatever so...time is what helps...which is often very tight, but you just have to ignore that' (MHFA5, L.353-357),*

*'you know, in an ideal world if there was more time available for people...'* (MHFA2, L.491-492).

MHFA3 reflects upon the effect of both the shortage of time available to support MH and an increased number of student MH issues,

*'with my year group and the numbers I have got and the number of mental health problems...there is absolutely no way...not a chance...that I can help my whole year group...not a chance. If I had no lessons...literally no lessons...I don't think I could do it...I don't have the hours' (MHFA3, L.638-641).*

*'I mean as a school we...we have been thinned right down, we have had redundancies but yet...I...we are not even dealing with the same things that we did...we are dealing with more because actually there are more issues and its... We are stretched thin and I think there's a danger for all of us that we...but then a danger for the students that we are supporting as well' (MHFA1, L.401-405).*

### 4.2.3 Theme 3: School environment

This theme demonstrates the protective and risk factors influencing MH identified by the MHFA participants.

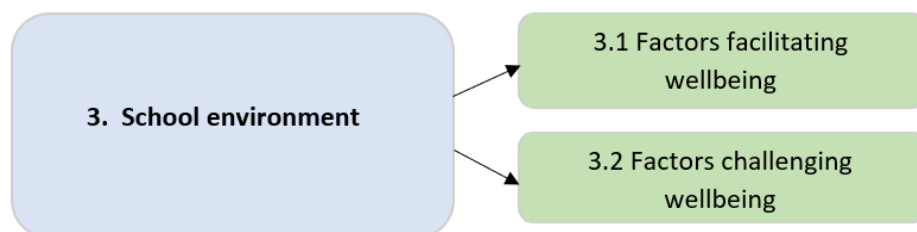


Figure 1.3. Theme 3: School environment

#### 4.2.3.1 Subtheme 3.1: Factors facilitating wellbeing

The MH knowledge of students, relationships between staff and students and a whole-school approach to MH were revealed as positive approaches for protecting student MH.

Students knowing a lot about MH was emphasised as helpful in providing them with language to speak about the concept enabling them to be more open and speak about it with others,

*‘but I think that actually young people...I mean I am specifically involved with year 12s so the sort of 16, 17 year olds are really well informed and they have a much better idea of mental health than their parents do and that some staff do as well’ (MHFA4, L.37-40).*

This notion of empowering students through providing them with MH knowledge was suggested through assemblies and a MH curriculum,

*‘the week after...X and I are doing assembly on mental health. So it’s an hour’s assembly. It starts with the low-level stuff...it says almost a lot about things that potentially could happen, if that makes sense’ (MHFA3, L.85-88),*

*‘we are changing our delivery of PSHCE...we are not calling it that anymore because, you know, sort of...just, well basically nobody really knew what it meant...and mental*

*health and emotional resilience, emotional wellbeing is going to be at the fore of how we are driving that through'* (MHFA1, L.45-49).

It demonstrates that this is happening in this particular context that schools are changing the way they teach emotional wellbeing on a whole-school level.

A factor that came across strongly from all of the MHFA participants was the importance of building strong relationships with their students,

*'oh, I just think relationships are key to it all really...since I got into teaching I have always been...kind of...interested in my subject, but pastoral is like the thing that I have...just sort of loved. ...because I love people and I love kind of just chatting on and, you know, just having that relationship'* (MHFA5, L.21-24).

This staff-student relationship was highlighted as fundamental for understanding the students and how to support them effectively,

*'so if we take the teaching away and we say that my head of year role, pastoral, was my job, I would straight away say 1:1 conversation with the kids, definitely, absolutely no question...because that initial conversation for me will determine the relationship and what happens next'* (MHFA3, L.651-655).

Further, it was indicated that a positive relationship, will in turn enable students to share things with staff around their emotional wellbeing,

*'I still think the most important thing for me is that students feel able to share issues they have with mental health'* (MHFA2, L.476-477),

*'I think relationships are key that...they don't feel alone...like they should be able to talk to any adult in the school ideally'* (MHFA5, L.90-92).

#### 4.2.3.2 Subtheme 3.2: Factors challenging wellbeing

Social media, isolation and difficulties accessing outside services such as the Emotional Wellbeing and Mental Health Service (EWMHS) were identified by the MHFAs as factors which contributed to poor MH in their students.

Social media and the online world were highlighted as concerns which could be particularly detrimental to MH in young people,

*'you know is there...online bullying going on, you know...has he done something...has he sent a photo of himself, you know'* (MHFA1, L.331-333).

Further, it was recognised that social media was having an impact upon building meaningful relationships with others,

*'they do spend so much time just communicating via a mobile phone, and they don't actually have physical conversations with each other'* (MHFA4, L.258-259).

The influence of social media was also identified as playing a part in young people becoming socially isolated,

*'I don't think that's good for anyone to not...not have that connection...that actual normal, physical connections with people'* (MHFA4, L.262-264).

The EWMHS was mentioned by all five MHFAs as an appropriate service to refer students with significant MH difficulties, however, they also reflected on the difficulties experienced in accessing the service,

*'as a school that the waiting list for EWMHS are absolutely huge. There is many students that don't reach the threshold'* (MHFA1, L.81-82),

This inevitably has a knock-on effect for schools who are supporting young people with considerable MH needs which MHFA4 pointed out,

*'and through EWMHS...they are going to have to wait for...weeks, months and you can just see them getting like worse and worse and there's nothing that I can do to help them really'* (MHFA4, L.505-508).

#### 4.2.4 Theme 4: Keeping students safe

This theme illustrates the MHFAs' view of their role in terms of keeping their students safe by following relevant safeguarding protocols and finding out more information about what may be going on for their students.



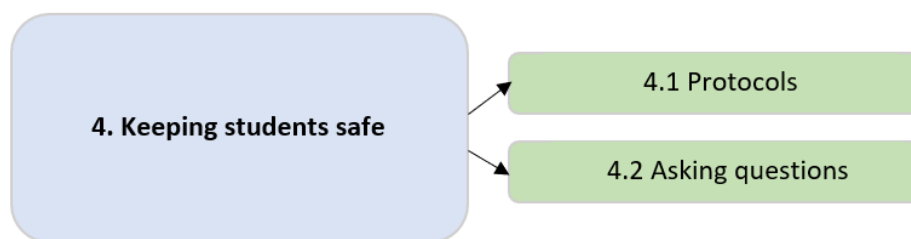


Figure 1.4. Theme 4: Keeping students safe

#### 4.2.4.1 Subtheme 4.1: Protocols

All of the MHFAs acknowledged that it was their role to safeguard young people. Self-harm in particular was always spoken about in a safeguarding context,

*‘we do share with our safeguarding lead first of all...so they have it...and they have the overview of everything’* (MHFA2, L.283-285).

Following the safeguarding protocol appeared to be reassuring for some MHFAs,

*‘I would always make sure...we fill out a purple form...and that’s like a child protection thing...so it’s like our safeguarding thing. So in the first instance we would fill out a purple form, give that to our child protection officer’* (MHFA5, L.149-152).

However, it was not clear what their role was once this had been completed.

#### 4.2.4.2 Subtheme 4.2: Asking questions

All of the MHFAs expressed that if they were concerned about a student then they would want to find out more information from various sources and investigate further,

*‘why is this kid not bothered, why has he got no motivation, why can’t he see what a lot of the rest of the class can see? How can I adapt my teaching to engage this kid and change his mentality?’* (MHFA3, L.448-451).

This appeared to enable them to make decisions as to whether something MH related was taking place,

*‘firstly, I would want more information...to find out some more specific...specific details ...in order to assess kind of her risk at the moment’* (MHFA4, L.76-78),

*'maybe it would turn out with that investigation, that conversation, that actually it is a mental illness problem'* (MHFA3, L.458-459),

Further, there was a learning point from the MHFA training that some questions are vital to ask young people to ensure that they are safe,

*'but what I learnt on the...mental health first aid training is not to be worried about...like the questions being really direct. So 'Are you safe?', 'Are you in danger of significantly harming yourself now?' 'Have you got intentions to hurt yourself?' is really important to ask'* (MHFA5, L.145-148).

In addition, finding out more about the situation was a way of showing students that staff are interested in their wellbeing,

*'it means that she knows that somebody is around and that somebody cares and that she is not alone in that, you know, she is valued and that kind of thing'* (MHFA4, L.78-80).

#### 4.2.5 Theme 5: Connection with students

This theme highlights the MHFAs' view of their role in creating positive relationships with their students and how that enables them to support their MH. This theme links to subtheme 3.1 (factors facilitating student MH), but refers specifically to how MHFAs work with their students to support their wellbeing.

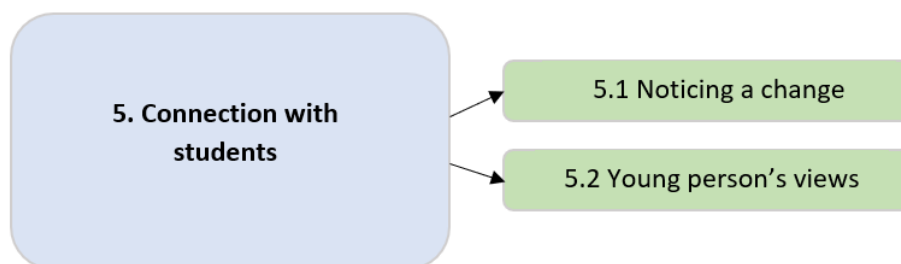


Figure 1.5. Theme 5: Connection with students

##### 4.2.5.1 Subtheme 5.1: Noticing a change

School staff being able to spot when students were behaving in a way that was different from the norm was identified as crucial by all MHFAs interviewed. This was recognised as a warning sign to possible MH issues,

*'any kind of sort of fairly noticeable change in their normal (I don't like the word normal) but, you know, their usual routine and the way they present differently'* (MHFA2, L.157-159).

*'as teachers I think we are very, very good at noticing unusual behaviour'* (MHFA3, L.260-261).

In addition, getting to know the students well was recognised as key to understanding their behaviour,

*'you get to know them. You know what makes them tick, you know their behaviour, whether it's good or bad or whatever it is, but you know what is normal for them'* (MHFA3, L.264-266).

However, there was also acknowledgement that without getting to know a student well, it would be hard to spot whether certain behaviour was atypical for them as an individual,

*'if this is a big change of behaviour then it's different, but if this is just Josh being reasonably normal...at first point I would say this is not necessarily a big, push the big red button, mental illness problem'* (MHFA3, L.452-454).

One MHFA reflected that they are constantly assessing their student's wellbeing during the interactions that they have with them,

*'so, yes, to try and assess if it's potentially a low or high level mental illness or mental health issue...change in behaviour...lateness ... this sort of attitude to life in general'* (MHFA3, L.476-478).

#### 4.2.5.2 Subtheme 5.2: Young person's views

When the vignettes (see Appendix L) were presented to the MHFAs describing MH-related issues in young people, participants indicated that they would want to gather

the young person's view of the situation as this would provide a valuable insight into the problem,

*'we would be wanting to speak to Josh as well...because we would want to get to the, you know'* (MHFA1, L.306-307).

This was considered an effective way of gathering more information about the situation for some,

*'I would want to speak to Rosie about that and find out...just ask her how she is feeling and what's going on'* (MHFA4, L.66-67),

and for others it would provide an opportunity for the student to express what their concerns may be,

*'they would lead the conversation, they would talk about whatever they wanted to talk about and they would withhold whatever they didn't want to talk about'* (MHFA3, L.322-324).

It was acknowledged by MHFA1 that the student would always be at the centre of discussions,

*'and Josh obviously at the centre...to see if he would speak, you know, about anything'* (MHFA1, L.308-309).

#### 4.2.6 Theme 6: Systemic Links

The MHFAs interviewed shared experiences of working with families, outside agencies and other members of staff within school to support student MH.

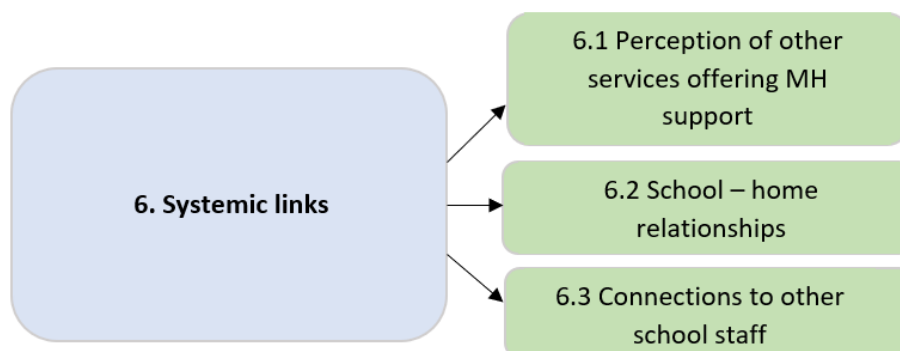


Figure 1.6. Theme 6: Systemic links

#### 4.2.6.1 Subtheme 6.1: Perception of other services offering MH support

There were differences in the work undertaken and relationship with outside agencies highlighted by MHFAs,

*'like with the EP Service where they have got the crisis team...you now...that is...is brilliant and they work really, really quickly. But then there's that kind of...they link with EWMHS...I feel is kind of you're very dissociated actually...'* (MHFA1, L.430-433).

There was a perception that EP work should be prioritised for completing assessments and that other work, including MH support would only be requested if there was still time available,

*'in all honesty the vast majority of those hours were used making sure that ... statement applications we received that xxx applications were in place, and then you suddenly come out...oh you have run out of hours'* (MHFA2, L.570-572).

Other MHFAs stated that they had not considered using their educational psychology service for support with MH in school and were not always aware of the service,

*'when I wasn't a head of year, and I was, I say, just a teacher, but a teacher, I would say I didn't even know they existed. Never heard of one, couldn't tell you who ours is in [REDACTED]. Now again since becoming a head of year I would say we have made the tiny amount of progress in that we know that we have one'* (MHFA3, L.683-686).

#### 4.2.6.2 Subtheme 6.2: School – home relationships

As part of supporting their students' MH, all of the MHFAs expressed that connections to home and parents would be crucial to gain further understanding and involve those closest to the student,

*'we do involve parents ... sort of in the work that we do and we do open...open that dialogue with parents'* (MHFA1, L.183-184).

Many of the participants accepted that parental involvement and cooperation with the school was essential so that all of the systems around the young person were working together,

*'I think that that communication with home is really key...because then...it's almost like you almost likely need to go round and hug. Like it was from this side, then from that side and we need to sort the problem out, you know, but we need to work together...everybody needs to work together'* (MHFA5, L.206-210).

Some acknowledged that a dialogue with parents regarding MH maybe a relatively new concept,

*'we communicate a lot about grades and things like...academic progress and attendance and stuff like that as well, but maybe less so in terms of the actual wellbeing and kind of happiness and stuff like that'* (MHFA4, L.185-187).

However, where parents may have less understanding of MH, some MHFAs considered that it was therefore their role to reassure and educate them,

*'sometimes when you get in touch with parents, or trying to present things to teachers about specific students ... you just kind of get the feeling that they don't really understand...they are not really sure what you are saying'* (MHFA4, L.43-46),

*'sometimes they are really distressed by it...and that's...its awful to hear, but you just have to be like, 'Well we have caught it now and we are going to work together aren't we so...' I always approach it from that kind of thing'* (MHFA5, L.216-219).

Nevertheless, others believed that parental understanding of MH was improving,

*'but I think there is...there is more acceptance and awareness from parents'* (MHFA1, L.221-222).

#### 4.2.6.3 Subtheme 6.3: Connections to other school staff

Relationships with other members of staff was deemed as fundamental to ensuring that individual members of staff were able to support their students' MH effectively,

*'I think the biggest thing to...that obviously that helps me help children is having other people'* (MHFA2, L.462-463).

These relationships enabled some MHFAs to offload, seek clarity and solve problems together,

*'I think it's having...having relationship with other members of staff...and I think that is really important because I don't...I don't think that in terms of...well in terms of any teaching job actually...I don't think you can do that on your own without support...but I think particularly sort of in the learning support/pastoral area I think you need...you need people that you can talk through'* (MHFA1, L.383-387),

*'so anything that I am doing for a particular student, it will be discussed...just for...reassurance, 'Do you think I should be doing this?' 'Do you think I should refer this?' 'What help do you think they should get?'...that's been crucial, I think'* (MHFA3, L.534-537).

There was also the perception from one participant that staff support provides another function by working as a team to ensure that students have someone available to them if their usual point of contact is unavailable,

*"well your house leader is not here but can I help you?" and do that sort of thing, so it just makes it better. Because I think it's all about...again staff support makes a big difference'* (MHFA2, L.526-528).

In summary, the analysis of the MHFA interviews suggests that MHFAs understand MH in many ways. There was an explicit link to physical health and a medical model employed when describing young people's MH difficulties. The language used to describe MH by the majority of MHFAs seemed to locate the difficulties 'within-child' and there was a clear element of uncertainty around working within this field. There was an acknowledgement that the school ethos plays an important part in promoting MH. Alongside this, stigma, the wellbeing of staff and whole-school responses were recognised as playing a part. The interviewees were very aware that some factors can contribute towards good MH, whilst others impede it with clear examples of both provided in the transcripts. The MHFAs described their role in supporting MH within school with a strong focus on building positive relationships with their students, families and other members of staff.

The next section will proceed to present the findings from the teachers' interviews

#### 4.3 Summary of themes from thematic map 2 (teachers)

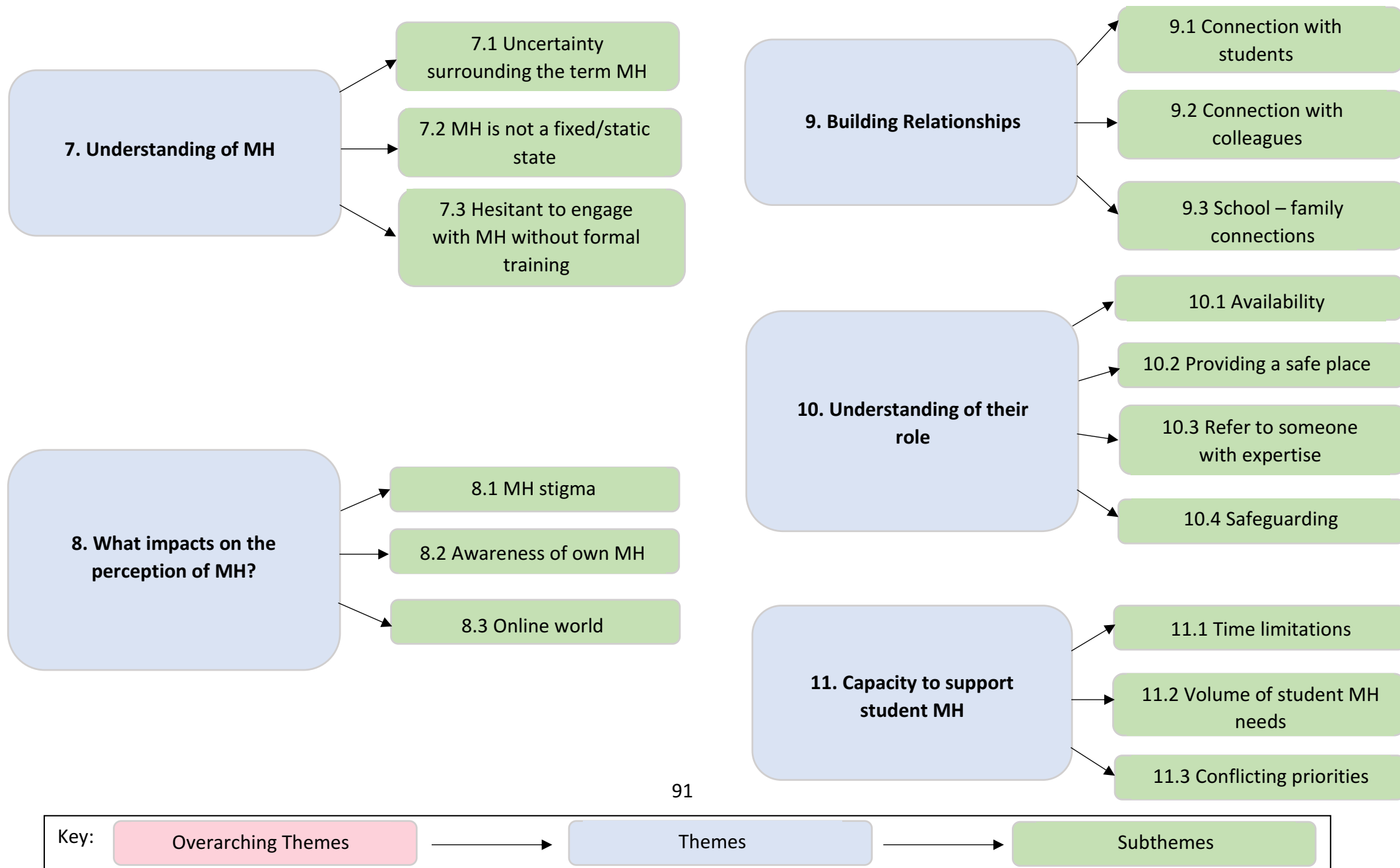
Five themes were identified for this participant group:

7. Understanding of MH;
8. What impacts on the perception of MH?;
9. Relationships;
10. Understanding of their role;
11. Capacity to support student MH.

Within each theme, several subthemes were identified as shown in Figure 2.



Figure 2. Thematic map depicting how teachers' construct MH in schools and their role in supporting MH.



#### 4.3.1 Theme 7: Understanding of MH

This theme reflects the teachers' uncertainty surrounding their interpretation of the term MH, their view that MH is not fixed and their hesitation to use the term 'MH' without official training is highlighted.

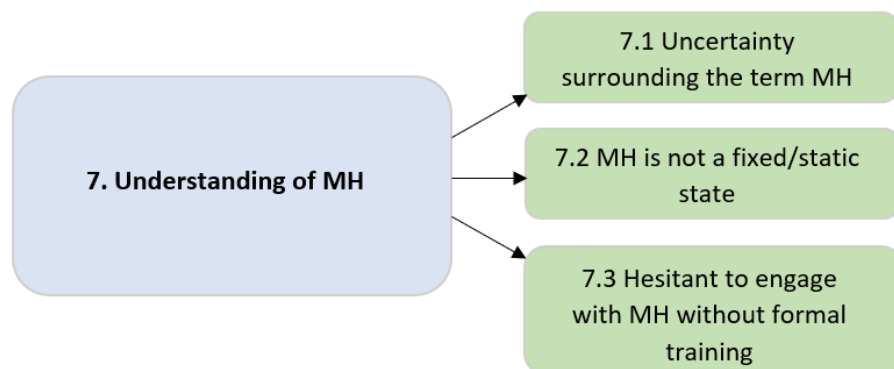


Figure 2.1. Theme 7: Understanding of MH

##### 4.3.1.1 Subtheme 7.1: Uncertainty surrounding the term MH

There was evidence that teachers experienced some difficulties when asked to conceptualise 'mental health'. Although there were some similarities in responses which described MH as being associated with the mind, these were frequently vague,

*'I think just mental health is a word I would use for sort of your state of mind or your...how you're currently getting on'* (T3, L.55-57),

or lacked further explanation,

*'the condition your...your head's at'* (T2, L.53).

Further, MH appeared to be an unfamiliar term for some teachers to define, leading them to transform the term into a phrase into one that felt more comfortable for them,

*'the way I hear that term is...about how your wellbeing is'* (T3, L.49).

Some teachers suggested that there was a connection between MH and feelings,

*'well it's all about the way you are feeling'* (T1, L.48-49),

*'when they step into school in the morning how they are feeling about that'* (T4, L.17-18).

However, there were no comments around managing these feelings.

Moreover, there appeared to be some uncertainty surrounding the term MH leading to participants introducing other terms linked to their concept of MH, which included,

*'thought processes'* (T4, L.16),

*'building a resilience'* (T2, L.465),

*'informed, rational decisions'* (T1, L.52),

*'self-confidence and their self-worth'* (T2, L.471-472).

This suggests that there may be a lack of consensus in teachers' construct of MH and therefore, a diverse way of describing and understanding MH.

Some teachers referred to personal experiences to help them express their understanding of MH,

*'it certainly affects me in terms of everyday decisions and my relationships'* (T1, L.55-56),

*'I mean for me it's...its different things...it's not having enough time in the day to get the stuff done that you want'* (T2, L.61-63).

Thus, these different experiences may impact upon the way in which the teachers understand and interpret the term 'mental health'.

#### 4.3.1.2 Subtheme 7.2: MH is not a fixed/static state

It was recognised that MH is variable,

*'it's a changing thing, it's not something that's still and stagnant, it is something that is forever changing'* (T2, L.55-56),

and can differ between individuals,

*'I mean...I suppose it varies from person to person'* (T1, L.62).

Therefore, it was appreciated that irrespective of any previous MH concerns, future experiences can impact or challenge an individual's current state of MH,

*'everyone's mental health can change over time regardless of ... past experiences'* (T3, L.51-52).

In addition, it is acknowledged that young people will react to differently to various situations depending on how they are currently functioning regarding their MH,

*'it might be a really happy experience, or it might be a really awful experience ... depending on the child and their state of mind'* (T4, L.32-34).

#### 4.3.1.3 Subtheme 7.3: Hesitant to engage with MH without formal training

The uneasiness of working within the field of MH was more evident amongst teachers than MHFAs. This concern resulted in teachers feeling uncomfortable to use the phrase 'mental health' and a preference for passing things on to colleagues who were perceived to have higher levels of expertise in the area,

*'I wouldn't use the phrase 'mental health' because I don't feel like I am an expert in it. I don't feel like I have got any qualification to back saying that up'* (T2, L.326-328).

There appeared to be a lack of perceived confidence and skills to engage in MH, therefore MH work is viewed as the domain of 'experts' and as such outside of teacher's remit,

*'obviously I will pass them on to [REDACTED] who has had better training in this sort of thing than me and therefore can possibly recognise signs that I might not be able to'* (T1, L.93-95),

*'it is just about referring it to the right people'* (T3, L.172-173).

However, a sense of responsibility to identify and highlight possible MH difficulties to other relevant members of staff was recognised,

*'but if I saw those warning signs it would be something that I would refer to somebody more qualified than myself for dealing with it'* (T1, L.135-136).

#### 4.3.2 Theme 8: What impacts on the perception of MH?

This theme represents the different elements which appear to have an influence upon teachers' perceptions of MH in school. This theme is similar to theme 2 (school values and ethos) identified in the thematic analysis of the MHFA's interviews.

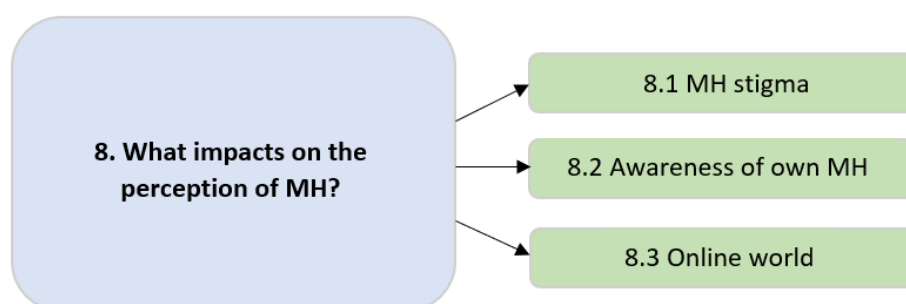


Figure 2.2. Theme 8: What impacts on the perception of MH?

##### 4.3.2.1 Subtheme 8.1: MH stigma

There was a strong sense that stigma regarding MH continues to affect the perception of MH in schools and uncertainty in others' reactions was highlighted as a particular concern,

*'depending on who I am talking to, I might be concerned that there could be some discrimination based on a lack of understanding'* (T1, L.620-621),

*'you don't quite know what response you are going to get because they are...it can be taboo still with a lot of people'* (T2, L.338-339).

Teacher 2 explained further why she believed the stigma was present,

*'they are scared of it because they don't want to deal with it'* (T2, L.342-343).

It was emphasised that MH is viewed as something that is difficult to talk about by school staff and the effect this can have on students as a result,

*'don't talk about things that are a little bit uncomfortable. And I think that's a mindset that we have got to kind get out of, because if we don't get out of it, we are not necessarily going to be serving these kids the best that we could'* (T1, L.466-469).

This view of stigma may be linked to teachers' lack of formal training which may impact their perceived confidence and skills to tackle MH issues and contribute towards the stigma surrounding MH,

*'they (teachers) don't feel confident in themselves that they have got the tools to deal with it and they don't know how to fix it. I think it becomes a 'sweep under the carpet' job rather than getting it out in the open and talking about it'* (T2, L.344-347).

#### 4.3.2.2 Subtheme 8.2: Awareness of own MH

Teachers reflected on their own MH experiences and this appeared to help them make sense of their own understanding of MH in school,

*'like I said, I've been signed off before. I have been to the 'dark side' as it were because of work, because of stress'* (T2, L.412-413).

Further, teachers identified strategies which they have employed to support their own MH,

*'I have learnt to put my own boundaries in place, as you well know this job can be all consuming'* (T2, L.77-78),

and approaches they found helpful to look after their MH at work,

*'having people around to talk to and err if I am feeling that there's something that's...not going right...that kind of personally helped me with a...not positive err...healthy mental attitude I suppose I would say'* (T1, L.65-68).

#### 4.3.2.3 Subtheme 8.3: Online World

This subtheme was clear in all of the teacher interviews and the impact of the internet was frequently highlighted with regards to student MH,

*'maybe she has been looking at social media and it's affecting how she feels'* (T4, L.121-122).

Further, it was recognised that time spent on online gaming can affect a student's school life,

*‘computer games and other things that they seem to spend a lot of time focusing on, which then impacts on their school’ (T1, L.200-201).*

Vignette B (Appendix L) in particular reminded teachers of students they had worked with in the past,

*‘sounds remarkably familiar’ (T1, L.192).*

It was therefore hypothesised that the young person in the vignette’s difficulties were,

*‘often due to the fact they are up playing Fortnite all night’ (T1, L.197-198),*

or because,

*‘he is on video games, messaging late into the night’ (T4, L.237).*

Thus, the internet appeared to be a recurring issue for student MH as identified by teachers.

#### 4.3.3 Theme 9: Building relationships

This theme represents the importance of various relationships within the school environment as highlighted by the teachers. A connection with their students, their families and other colleagues were all recognised as crucial in order to provide effective MH support.

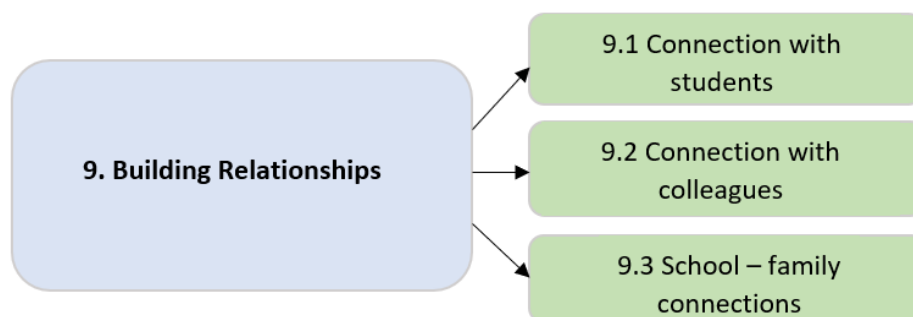


Figure 2.3. Theme 9: Building relationships

##### 4.3.3.1 Subtheme 9.1 Connection with students

Having a positive relationship with their students was acknowledged as particularly powerful and viewed as a foundation for academic success and MH and wellbeing,

*'I feel you get a better relationship and a better kind of rapport with those kind of kids which then inevitably helps them succeed in academic and in, you know, all the other areas that we try and help them out with'* (T1, L.24-27).

The teachers acknowledged that in order to support their students they must know them well and build a trusting relationship with them,

*'but you need to know the child as well. So, I would get to know him, what is he interested in?'* (T4, L.269-270),

*'I think it's about knowing the kids as well...the relationship...'* (T3, L.359-360).

The importance of having the time to build these positive relationships with their students was identified and is explored further in theme 11 (capacity to support student MH),

*'they are not going to come and speak to you if they don't feel that they know you, which is again where this contact time with tutors is really, really important'* (T1, L.548-549).

#### 4.3.3.2 Subtheme 9.2 Connection with colleagues

Similar to the MHFAs, teachers also recognised that having positive relationships with other members of school staff allowed them to talk things through and work collaboratively,

*'I feel kind of lucky in some respects because I know I have got colleagues that I can talk to'* (T2, L.407-408).

Further, it was acknowledged that in order to care for their students, teachers also needed support,

*'they need to feel supported to then know how to support others'* (T2, L.437).

Working as an effective staff team was also mentioned as crucial in terms of noticing when students needed extra support and communicating this to other members of staff,



*'I need staff to tell me when I need to go and see kids that are struggling' (T3, L.352-353).*

#### 4.3.3.3 Subtheme 9.3 School – family connections

Almost all the teachers interviewed expressed that the relationship between members of school staff and students' families was important in order to seek clarity about what may be going on for a student and provide further support,

*'I think ringing home and very quickly into this...would be a benefit' (T3, L.116).*

Working alongside parents was identified as being helpful if there are MH issues within school,

*'... and then attempt to help them through it with parental support' (T3, L.343-344).*

One teacher expressed that parents should be informed of any concerns once the student has been given the opportunity to voice their views,

*'get mum involved, parents involved perhaps, but that would be down the line, when you have established what exactly this girl is thinking and how she is feeling' (T4, L.144-146).*

#### 4.3.4 Theme 10: Understanding of their role

This theme illustrates the teachers' view of their role in supporting student MH within school. They identified that being available for their students, providing a safe place, referring on to others with additional knowledge of MH and safeguarding responsibilities in school as part of their role as a teacher.

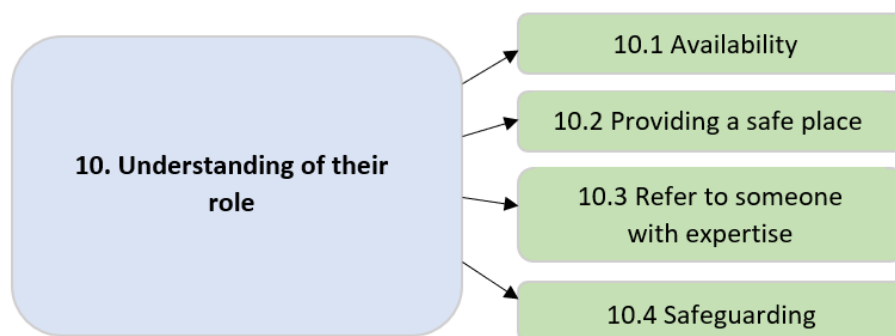


Figure 2.4. Theme 10: Understanding of their role

#### 4.3.4.1 Subtheme 10.1: Availability

Three out of the four teachers interviewed recognised that being physically present and available for students to access them was key to being able to support them through any concerns they may have which were additional to classroom queries, *'they know my door's open if they want to come and talk with me/check anything over'* (T2, L.395-396).

Further, having a consistent, visible place to be for students was identified as helpful so that if and when students need staff support, they know where to find them, *'I think just constantly being around as well...I am in the house office...my desk is very visual, you know'* (T3, L.208-209).

This links to another teacher's comment about simply letting students know that there are people around for them to speak to should they need it, *'just open the door so that they've got somewhere to go...they've got someone to talk about'* (T4, L.72-73).

#### 4.3.4.2 Subtheme 10.2: Providing a safe place

All of the teachers recognised the importance for students to feel safe and secure not just within the school environment in general, but in particular their classrooms, *'I would want them to be in a safe...I want them to feel it's a safe place for them to be...and they feel supported in there'* (T2, L.402-403).

In addition, it was identified that school could provide further safe environments for students to express themselves in, *'a good opportunity to give these kids a kind of another safe environment within the school'* (T1, L.410-411).

The teachers also acknowledged that only by providing a safe environment for students will they feel secure enough to speak about personal concepts such as MH,

*'children will talk, they will talk if they are in the right environment to talk' (T4, L.546-547),*

*'I think once you get that safe environment in the classroom, kids are much more willing to open up' (T1, L.491-492).*

This idea was then extended to a whole-school approach where it is the norm for students to feel safe enough to disclose any MH concerns,

*'if we can make the entire school a safe environment for someone to say, you know, how they are feeling or anxieties or whatever it might be that they feel in their head is not quite where they used to be...then that's got to be a good thing' (T1, L.492-495).*

#### 4.3.4.3 Subtheme 10.3: Refer to someone with expertise

All of the teachers stated that they would seek advice from other members of staff who have had additional MH training to become involved with students they were concerned about. This subtheme is closely linked to subtheme 7.3 (Fear of working with MH without formal training) since the referral was often due to the perception that the teachers themselves did not possess the level of knowledge or skill required to support the student effectively,

*'if I saw those warning signs it would be something that I would refer to somebody more qualified than myself for dealing with it' (T1, L.135-136).*

One teacher expressed that although he does not have specific MH training, he is able to offer support in other ways,

*'someone could do a far better job of it than I could but...but I still listen and I'm still there so...'* (T3, L.85-186).

However, others suggested that once the information had been passed on, it is then the responsibility of others to become involved and provide ongoing support for the student,

*'personally...I will always say, 'Listen, I'll...I'll leave it with you now' or ... 'I think this is going on but I will leave it with you' ... yes...'* (T4, L.512-514).

#### 4.3.4.4 Subtheme 10.4: Safeguarding

Similar to the MHFA interviews, safeguarding was mentioned by all the teachers interviewed, primarily in response to self-harming concerns,

*'My first port of call would be to hand this to our designated lead for safeguarding to check first'* (T3, L.111-113).

Once again the clear protocols in place appeared to be reassuring for staff to ensure that they followed the correct guidance and liaised with staff with more expertise,

*'I have then taken advice from the safeguarding lead'* (T3, L.166-167).

However, once concerns had been passed on to the relevant individuals it was suggested that this was where a teacher's role would end,

*'getting safeguarding involved and then it's up to them really how they take that on...because that's not my responsibility in my current role to follow that up'* (T2, L.227-229).

#### 4.3.5 Theme 11: Capacity to support student MH

This theme identified concerns related to the capacity of teaching staff to support young people's MH. A lack of teacher time dedicated to getting to know students, a perceived increase in the number of students experiencing MH difficulties and MH support appearing to conflict with other core teaching responsibilities. All three of these subthemes are highly linked and interconnected.



Figure 2.5. Theme 11: Capacity to support student MH

#### 4.3.5.1 Subtheme 11.1: Time limitations

It was acknowledged strongly by all the teachers interviewed that spending time with their students was key to being able to support them effectively. However, the perceived lack of time to carry this out was a source of frustration for many,

*'it's really, it's having time with them. It's getting time to sit down and to...to discuss with them. I mean a personal 'beef' of mine at the minute is the fact that we so rarely as sixth form tutors see our students' (T1, L.373-375).*

It was further identified that time dedicated to building positive relationships with their students was vital to being able to support them emotionally,

*'they are not going to come and speak to you if they don't feel that they know you, which is again where this contact time with tutors is really, really important' (T1, L.548-549).*

Being provided with time in school to engage in MH conversations with students was also highlighted as crucial,

*'well time...having the time to see the kids and talk to them about that stuff' (T3, L.351-352).*

Additionally, time was identified as a barrier in being able to follow up with students and provide them with further opportunities to access support,

*'I don't think people have got the time to follow up always and it's becoming a big problem' (T4, L.644-645),*

*'and I think having, you know, if they were to give one thing to us to help us support kids it would be to give us more time' (T1, L.418-420).*

#### 4.3.5.2 Subtheme 11.2: Volume of student MH needs

There was a perception that due to a significant number of students potentially experiencing MH difficulties this would impact upon the level of support that could be provided by teachers,

*'a lot of the jobs that pastoral people have to do in terms of dealing with vastly large numbers of students...I don't feel they can necessarily give them all the individual kind of support and time that they might actually need'* (T1, L.17-21).

Further, due to the high number of students within the school it was acknowledged that the expectation to provide MH support is a huge challenge,

*'see if I can't even remember the names of some of them, how am I supposed to keep an eye on their mental health?'* (T3, L.412-414).

#### 4.3.5.3 Subtheme 11.3: Conflicting priorities

Teachers highlighted the competing responsibilities within their job role. There appeared to be evidence that promoting academic achievement and emotional wellbeing were conflicting ideals and difficult to dually uphold,

*'I feel in the pursuit of academic excellence or whatever you want to call it, I think we have lost what used to make the sixth form here a great place to be. ...and I think it wouldn't take a huge amount to change that culture around and actually make it more of a, you know, just as much of a social environment as it is an academic one, because there's more to school than just like learning stuff isn't there?'* (T1, L.556-561).

This was further evidenced by staff reflecting that in order to meet the emotional needs of their students, other work will often need to be put aside,

*'we are filled with marking, we are filled with, 'Oh you have got to do this, you have got to fill that in'. For me I throw it all on the floor...get the child in and just have that chat'* (T4, L.305-307).

Lastly, it was believed that academic progression is prioritised over teaching young people about topics related to their MH,

*'we're telling them how to learn, how to revise, how to do this and that, but we are not giving them...the ability to process their thoughts'* (T4, L.206-208).

In summary, the analysis of the teacher interviews suggests that there was uncertainty surrounding the term 'mental term'. MH was discussed as a concept that is changeable

and is not fixed. Similar to the MHFA data analysis, there was a reluctance to become involved with student MH and a preference to refer onto other perceived more knowledgeable members of school staff. Teacher's constructs of MH in school appeared to be influenced by their perceptions of the stigma surrounding MH, awareness of their own MH and the effect of the online world in school. The importance of relationships was highlighted strongly by the teachers, particularly with their students, other members of staff and between school and students' home. Reminiscent of the MHFAs interviews, teachers explained that their role in supporting student MH was based upon being available for them, providing a safe space, referring on to more knowledgeable members of staff as well as, safeguard and promote their wellbeing. Lastly, concerns were expressed relating to the capacity of teachers to support student MH effectively with an emphasis on a lack of time, high numbers of student MH needs and a conflict of priorities.

#### 4.4 Chapter summary

This chapter presents two thematic maps. Firstly, one providing themes identified from the MHFAs' interviews followed by a detailed breakdown of the thematic analysis of the MHFA interviews. Secondly, a final thematic map providing themes identified from the teachers' interviews, supported by detailed descriptions as well as quotes to illustrate the themes identified. Chapter five will provide a discussion of the findings in relation to the research questions set out, explore the implications for practice and future research, and consider the quality, strengths and limitations of this research.

## Chapter 5: Discussion

### 5.1 Chapter overview

The following chapter opens by answering the research questions presented in Chapter two, based on the findings documented in Chapter four. Links are subsequently made with the wider relevant literature identified and reviewed in Chapter two. Aims of the research and implications for EP practice are then considered, followed by a discussion of the feedback process to relevant stakeholders. The strengths and limitations of the research are explored before outlining the implications for future research. The researcher's reflections on the research process and lastly a conclusion of the research will end the chapter.

### 5.2 Discussion of the findings

The analysis of the findings will be considered below in light of the research questions posed. Thus, the chapter is organised into two parts in relation to the four research questions set out in Chapter two. Firstly, analysis of the findings representing the teachers' and MHFAs' constructs of "mental health" (RQ1 & RQ2). Secondly, analysis of the findings representing the teachers' and MHFAs' views on their emotional availability for supporting students' MH (RQ3 & RQ4). The next section will proceed to present the findings from the teachers' and MHFAs' constructs of MH.

#### 5.2.1 RQ1 and RQ2:

How do teachers in mainstream secondary schools construct "mental health"?  
How do Mental Health First Aiders in mainstream secondary schools construct "mental health"?

The data relating to these research questions was contained within five themes that were identified. These capture the most salient patterns in the data relevant to answering research questions one and two: 'MHFAs' understanding of MH', 'school values and ethos', 'school environment', 'teachers' understanding of MH' and 'what



impacts on the perception of MH?'. The subheadings below summarise the main points taken from the data in relation to research questions one and two.

#### 5.2.1.1 Constructing an understanding of MH

RQ1 in the current study considers teachers' and Mental Health First Aiders' constructs of 'mental health' within mainstream secondary schools. Through the data analysis, the researcher interpreted that although teachers and MHFAs are both supporting the MH of their students, there appear to be some key differences and similarities in the constructs they hold of MH. The teachers in the current study appeared to experience uncertainty in defining MH and view MH as variable rather than a fixed state. The MHFAs in the current study, on the other hand, appeared to have more confidence in describing MH, provide links to physical health and place difficulties within-child. However, this could be linked to the nature and focus (and construction of MH) within the MHFA training (see Appendix P). Previous research has suggested that less experienced MH counsellors have less integrated knowledge structures, whereas those with more knowledge and experience integrate and organise these into script-like structures; helping them to draw on and access information (Strasser & Gruber, 2015). This may reflect the findings in the current research that teachers without a direct role in supporting student MH continue to explore MH concepts with uncertainty, while MHFAs who may frequently work with challenging MH concerns are able to access and apply their knowledge and skills automatically.

#### 5.2.1.2 From the medical model to social constructionism

One of the tensions within the current study is that MHFAs frequently referred to mood disorders and anxiety conditions, suggesting that constructs may be based on a biomedical model for this participant group. These diagnostic labels are likely to undermine the complexity in understanding a young person's MH difficulties and risk possible stigma attached to the diagnoses persisting. This risk is well documented in the literature and Ben-Zeev, Young and Corrigan (2010) illustrate how diagnosis may exacerbate stigma through distinguishing individuals with mental illness from the general population. Further, people may not engage in MH care for fear of receiving a

label of mental illness (Corrigan & Miller, 2004). MHFAs, however, felt strongly that a diagnostic label would increase their understanding of a YP's MH difficulties. Clearly, for research and clinical utility diagnostic labels are of benefit, however there are negative implications such as public and self-stigma (Ben-Zeev et al., 2010). By contrast, the teachers in this study showed a reticence towards using diagnostic labels, most likely linked to their lack of confidence around using language that could be perceived as them having expertise in MH which is discussed later in this chapter.

However, the MHFAs did not only draw on a biomedical model. Alongside discussing specific MH disorders, MHFAs reflected upon the complex interaction between psychological and social factors related to the development of MH difficulties. These were organised under protective and risk factors identified by MHFAs as influencing their students' MH (subthemes 3.1 & 3.2, Figure 1.3). This would indicate some understanding among school staff that a wide range of personal, social and environmental factors contribute to the development and maintenance of different MH difficulties. This view is supported by Bronfenbrenner's ecological systems theory (1979) which focuses on the interaction between an individual and the systems in their environment. In the context of this research, MHFAs identified factors from both within the CYP's microsystem and exosystem as those most likely to affect their MH development. For example, the relationship between school staff and students, whole-school approach to MH, isolation from others and social media. This would suggest that Weare and Grey's (2003) holistic framework to understanding and promoting wellbeing in schools would be recognised by staff as a useful approach. Further, since practitioner psychologists often refer to systemic, developmental frameworks in their practice (Kelly, 2008), this may be an area in which EPs could play a vital role. For instance, during discussions it may be useful to introduce school staff to other approaches to formulation and model a shift away from using diagnostic language and biomedical models. This may also encourage school staff to widen their knowledge and consider the broader, multi-faceted aspects of MH such as the influence and interaction of their immediate environment, as well as cultural and economic factors (as depicted in Figure 3). Greater knowledge and understanding of MH may influence

the way school staff engage with MH and the next section outlines the concerns stated by participants when supporting MH.

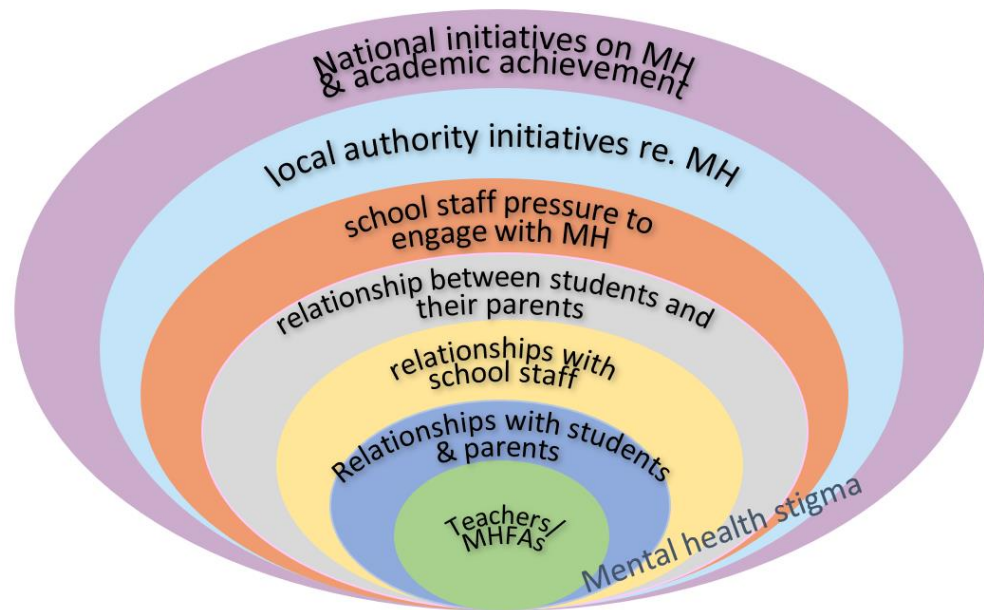


Figure 3: A systemic representation of mental health based on the findings of the current research using an ecological model (Bronfenbrenner, 1979).

#### 5.2.1.3 Responsibility for engaging with MH work

Working within the field of MH for both teachers and MHFAs was met with some concerns. Firstly, MHFAs described themselves as ‘not being an expert’ and often expressed a lack of confidence in their MH skills. This was not through lack of motivation of wanting to support student MH, but feelings of wanting to ‘get it right’ and do the ‘right things’ for that CYP. Although this group had received targeted MHFA training it appears that they continue to question the quality and impact of their skills. This could be in part due to the training itself as although it provides basic knowledge about specific MH difficulties, these are de-contextualised from general areas of child development and a school-based environment (see Appendix P for a Youth MHFA course overview). Alternatively, it may be because managing MH needs within the school environment is not simply down to knowledge and training. Some difficulties, for example, are complex and risky, such as self-harm; and whilst MHFAs may be able to support and promote MH, their view appears to be that they are not in a position to

'treat' mental ill-health. Therefore, this may mean that despite intensive MH training, staff continue to lack confidence when they encounter MH needs which they perceive to be beyond their individual level of competence. This finding is supported by previous research which indicates that unless the whole-school MH agenda is aligned with the broader goals of the school, then teachers will continue to experience a lack of clarity, and therefore confidence, around their MH role and responsibilities (Kidger et al., 2010).

The teachers, on the other hand, were highly aware that they had not received any formal training and were therefore reluctant or hesitant to engage with MH difficulties. This particular finding has been identified in previous research (Roth, 2008a) which suggests that MH is an area that teachers often feel least confident dealing with. This research highlighted a tendency for MH-related issues to be passed onto those who had perceived expertise in this area. This finding is interesting as it appears that teachers may be referring MH needs onto others, rather than attempting to support this themselves, which may lead to the trained members of staff being at risk of greater pressure to respond and becoming overwhelmed with MH work. This is similar to Kidger et al.'s (2010) finding that teachers begin to feel even more pressure with the responsibility to focus on students' wellbeing and described this as a 'burden' (p. 927).

It is important to acknowledge that MHFAs' and teachers' feelings around managing MH in school may be related to broader issues. For example, those working within education are unlikely to receive regular supervision even if they are working in a MH capacity. Therefore, opportunities to debrief or offload the emotional impact of MH work is limited. As a result, the MH of teachers is potentially being put at risk when they are supporting students with MH difficulties. This view is supported by Partridge (2012) who found that there was a negative psychological impact on school staff who described the complexity of working with students' MH difficulties as 'emotionally draining' (p. 126).

Whilst there is a need for school staff to support MH, it appears that those who have received further MH training are potentially being positioned as MH experts in schools who are expected to deal with diverse and complex MH needs. However, as previous

research has outlined (Kidger et al., 2009 & 2010), this expertise needs to be integrated within the whole-school framework where the approach to MH is holistic and multi-tiered with a focus on promotion, prevention and identification. Therefore, this suggests that training should focus on a whole-school approach which recognises the limits of trained members of staff and encompasses universal practices. This may include adjusting the curriculum, engaging the whole community and providing clear pathways for targeted interventions (Stirling & Emery, 2016) as appropriate. This universal approach to MH may contribute to reduced feelings of incompetence and anxiety around the responsibility of individual staff to respond to MH needs as the system as a whole would be working to promote and support MH.

#### 5.2.1.4 Stigma

Stigma was a further construct surrounding MH that was highlighted by both groups of participants. MHFAs described this construct in terms of the different cultures and families of CYP. Parents, in particular, were highlighted as being 'embarrassed' about their child's MH needs. This may indicate differences in the way MH is constructed by school staff and families and highlights the potential for MH stigma to develop from multiple levels of an individual's environment (Atkins et al., 1998) (shown in Figure 3). Further, Corrigan and Miller (2004) suggest that stigma surrounding MH also affects parents. Therefore, as the previous section emphasised, an ecological approach can be employed to engage parents in a whole-school approach to promoting MH, which can reinforce the positive messages of the school and encourage parents to develop their understanding and attitude towards MH.

In contrast, teachers understood stigma to be present in school due to a potential lack of understanding by staff members or because MH is not discussed openly amongst staff and students. An openness about MH within the school environment could help students by ensuring they have positive role models who engage with MH conversations. Although stigma is a complex issue, there appears to be an important role for EPs in building confidence in schools to talk about MH and psychological wellbeing with the aim of reducing stigma. For example, as part of training or consultations, beliefs and attitudes towards MH could be explored whilst introducing

other perspectives, such as Bronfenbrenner's (1979) ecological model which is described in detail below.

#### 5.2.2 RQ3 and RQ4:

What are teachers' views on their emotional availability for supporting students' MH?

What are Mental Health First Aiders' views on their emotional availability for supporting students' MH?

The data that addresses these research questions is contained within three themes that were identified. These capture the most salient patterns in the data relevant to answering research questions three and four: 'building relationships', 'systemic links' and 'capacity to support student MH'. The subheadings below summarise the main points taken from the data in relation to research questions three and four.

##### 5.2.2.1 Capacity to support MH

Overall, the views of staff in relation to being available to support their students' MH needs were dominated by their relationships with others, their own MH needs and the constraints of the system that they work in. Firstly, the researcher will highlight the significance of relationships with students, parents and colleagues in the sub-sections below. The chapter will then go on to outline several barriers identified by staff which were perceived as having an impact on staff's availability to support MH within school.

##### 5.2.2.2 Relationships

Both participant groups highlighted the importance of building positive, supportive connections with their students. Through these strong relationships staff felt that they would be able to meet their students' MH needs more effectively. They identified several factors which would help them to assess a student's MH such as getting to know them and noticing when they may be presenting differently. For instance, participants explained that if they were able to understand how their students interact and behave typically then they would be alerted to a deterioration in their MH quickly and be able to provide the appropriate support for that individual. Providing students

with the space to express concerns promoted the development of these relationships. Further, it led to staff having a clearer understanding of possible reasons for the young people's difficulties and a greater awareness of what is going on in their students' lives. As a result of this, it is hypothesised that students may feel safe and cared for, so therefore more likely to share concerns. This highlights teachers' nurturing skills and desire to be responsive to their students' cues for help. These findings are in line with previous research in which good quality teacher-student relationships have been linked to better student wellbeing (Harding et al., 2018). In addition, teachers in the current study highlighted that being physically available to their students helped them to feel more supported. This was also identified by students in Kidger et al.'s (2009) study who recognised 'good availability' (p.11) to be important when building quality relationships with school staff.

The teacher-student relationship has also been shown to benefit teachers and previous research has highlighted that positive teacher-student relationships are likely to be important for teacher wellbeing (Harding et al., 2018). It has been shown that teachers find enjoyment and motivation in forming relationships with their students (Hargreaves, 2000). Thus, the findings of this and previous studies indicate the positive impact of strong teacher-student relationships for both student and teacher MH. Therefore, a focus on improving these relationships may be beneficial for the wellbeing of both parties and the school community as a whole.

The quality of staff-student relationships contributing to students feeling connected to their school is well supported by the literature (Blum et al., 2004). It is suggested that the student-teacher relationship is important for older students as they begin to face new academic challenges and the increasing complexity of the school system (Hamre & Pianta, 2001). Moreover, it is evident from educational and teaching research that positive student-teacher relationships are fundamental for students' learning and wellbeing (Roorda, Koomen, Spilt & Oort, 2011) and appear to be at the centre of promoting school connectedness (Harding et al., 2019).

#### 5.2.2.2.1 Relationships with parents

Relationships with parents/carers were perceived to be a key aspect of both teachers' and MHFAs' work in supporting young people's MH and wellbeing. School staff valued the communication with parents and gathering further information about the young person or signposting to external support appeared to be key benefits to building positive relationships with parents. In general, it was recognised that open, honest and consistent communication with parents would strengthen the MH support provided by school staff. Therefore, it would appear that staff are aware of the importance and influence of a CYP's immediate environment (microsystem) and the relationship between home and school (mesosystem) (Bronfenbrenner, 1979) (Figure 4). There were, however, some challenges highlighted by school staff when attempting to build connections with parents. These included a perceived negative response from parents when attempting to discuss their child's MH due a different understanding of MH. However, in general, open communication and close co-operation with parents were felt to be beneficial in supporting student MH. This is in line with previous research which has outlined the importance of regular contact between parents and practitioners in supporting young people's emotional needs (Connelly et al., 2008).

#### 5.2.2.2.2 Relationships with colleagues

School staff's relationships with their colleagues was recognised as being vital to enable them to support CYP's mental health. Liaising with colleagues during upsetting or challenging situations was a way of seeking emotional support and reassurance. This professional support from another colleague was useful in discussing student MH concerns, which participants found comforting. These relationships appeared to build capacity in staff in that they could reflect with others and take the best course of action. It seems that staff are using each other's expertise as a way of accessing informal supervision to manage their emotions during upsetting or stressful situations. Thus, since staff appear to value professional and emotional support, this fits with research which suggests that adopting a clinical supervision model in UK schools would help to develop reflection, improve staff relations and reduce workplace stress (Westergaard & Bainbridge, 2014).



### 5.2.2.3 MH protocols

Clear protocols and safeguarding policies appeared to support staff in managing student MH needs. The subthemes protocols (4.1) and safeguarding (10.4) are closely linked with RQs 3 and 4. Both sets of participants described a familiarity with the procedures if they suspected that a CYP was at risk of harm. This appeared to provide staff with comfort and confidence as they knew what was expected of them and how to carry out a safeguarding referral. This may be because they are able to share information and therefore the emotional burden attached to this. Alternatively, this may be because they feel unable to provide the necessary support but can refer to someone who they believe can help. However, the emotional impact of secondary school staff's experiences of working with MH needs can be significant and is discussed in the next section.

### 5.2.2.4 Barriers to supporting MH

Several barriers were discussed by secondary school staff in terms of their ability to support student MH. This included the impact on their own MH, their capacity in terms of time, volume of MH needs, conflicting priorities and their perception of other MH services. These findings will be summarised and considered below in relation to RQs 3 and 4.

#### 5.2.2.4.1 MH needs of school staff

All practitioners recognised that they have a role in supporting MH in school and this concept has existed in the literature for a number of years (Reinke, Stormont, Herman, Puri & Goel, 2011; Rothì et al., 2008a). Nevertheless, the pressure to provide effective MH care to their students appeared to concern school staff, affect their own psychological well-being and add to their considerable workload. Firstly, as highlighted above, both sets of participants reported not always feeling adequately equipped to effectively engage with MH. This was similarly highlighted by previous research (Rothì et al., 2008a) illustrating teachers' feelings of being inadequately equipped to manage their students' MH needs. This sense of low self-efficacy may contribute to the risk of

poor MH among teachers which research has been shown to reduce their ability to respond to students effectively and appropriately (Kidger et al., 2010). It appears, however from the MHFA interviews that teacher wellbeing is starting to be addressed in the form of 'staff wellbeing committees' and more awareness of the link between teacher MH and student wellbeing.

Both teachers and MHFAs indicated that they perceived the number of students presenting with MH needs to be increasing which was adding to their already stressful workload in their educational role. It appears that staff are required to be emotionally available to a rising number of students in distress which research has shown to have negative psychological impact on them (Partridge, 2012). MHFAs, in particular, expressed difficulties in being available for the high number of students with MH needs and such findings resonate with those from previous studies, which have documented teachers' reduced ability to be emotionally available for their students when they are feeling under pressure (Finney, 2006). Additionally, Milatz et al. (2015) found an association between emotional exhaustion in teachers and quality of relationships with students; highlighting once again the importance of student-teacher relationships in education.

Increasing numbers of students with MH needs combined with a perceived lack of time to dedicate to supporting MH further adds to school staff's frustration, impacting on their ability to engage in MH work. Both participant groups expressed concerns around the time they had available to dedicate to MH support. This was mostly attributed to heavy teaching commitments and pressure of academic targets. This is akin to previous research which reports that that conflicting pressures within the school and wider educational system limit school staff's capacity to effectively support MH (Kidger et al., 2010). Notably, staff voiced that there was continued pressure to focus on academic outcomes which may indicate that the priorities of the school lie in that domain. Linked to this, exam results were recognised by a number of participants as sources of stress for both teachers and students. Thus, despite children's MH becoming a government priority, a tension remains between this and the long-standing consistent narrative around raising academic attainment and 'securing strong educational outcomes' (DfE, 2016, p. 9) which is felt by students, school staff and parents. As

shown by this research, this may be because promoting MH and wellbeing is viewed as *competing* with other demands and priorities, rather than being *connected* to them. However, it would appear that current legislation and policies continue to be outcome driven, whether this be academic or wellbeing focused, (Corcoran & Finney, 2015) so as a result, wellbeing initiatives continue to be seen as ‘something else’ that schools need to address. Further, promoting MH may be viewed as a means to improving academic achievement, rather than important in its own right (O’Toole, 2019). Therefore, attempts to move forward in supporting MH and wellbeing in school will continue to be hindered if they are seen to be competing with goals for promoting academic learning. This once again points to a whole-school integrated and connected approach to MH as proposed by Weare (2015). Hence, whilst providing teachers with MHFA skills provides a good base from which to better support pupils, unless these skills are systematically connected with wider school systems, structures, procedures and policies which also promote academic achievement, it could be argued that these members of staff will continue to be overwhelmed by their students’ MH needs.

#### 5.2.2.4.2 Perception of other MH services

This subtheme is important in relation to RQs 3 and 4 and school staff’s emotional availability to support their students’ MH. The interviews with MHFAs revealed that the EWMH Service within the county was perceived to be the most relevant service when considering specialist support for CYP’s MH. However, previous research suggests that the limited capacity in CAMH services is a barrier to accessing MH support (Sharpe et al., 2016) and the difficulties that schools in the current research face when trying to access the service were clear in this study. Dissatisfaction was expressed regarding the service around students not being accepted into the service, the length of waiting lists to access support and the type of support offered. The perception of inadequate MH services can lead to teacher frustration and isolation when dealing with complex MH issues, which is likely to have a potential negative impact on staff wellbeing. This view is unsurprising since schools and specialist MH services have historically struggled to work well together (Rothì et al., 2008a). Therefore, it may be beneficial to bring schools and EWMH services closer by providing

opportunities to improve communication and joint working between school settings and EWMHS.

It is important to note that support from EP services around promoting MH in school was not mentioned by practitioners in the current study. Even when the researcher suggested this as a possibility, staff were unsure what an EP was and their role, or it was feared that this would detract from statutory work. These findings suggest that the EP service should provide clear communication in relation to the EP role and MH and wellbeing. For instance, whilst it is acknowledged that EPs are not MH professionals (Rothì et al., 2008b) they are skilled in therapeutic approaches such as CBT and are required by the Health and Care Professional Council (HCPC) to be 'able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development' (HCPC, 2015, p. 24). Thus, sharing this skill set with schools would ensure that staff had good knowledge of the EP role and emphasise that they are well placed to support MH promotion in schools.

### 5.3 Links to psychological theory

The outcomes of this current research have close links to systems theories. Bronfenbrenner's (1979) ecological systems theory suggests that individuals are affected by everything in their surrounding environment which can be viewed as containing four 'layers': the microsystem, mesosystem, exosystem and macrosystem. A visual representation of Bronfenbrenner's (1979) environmental levels of ecological systems theory is shown in Figure 4.

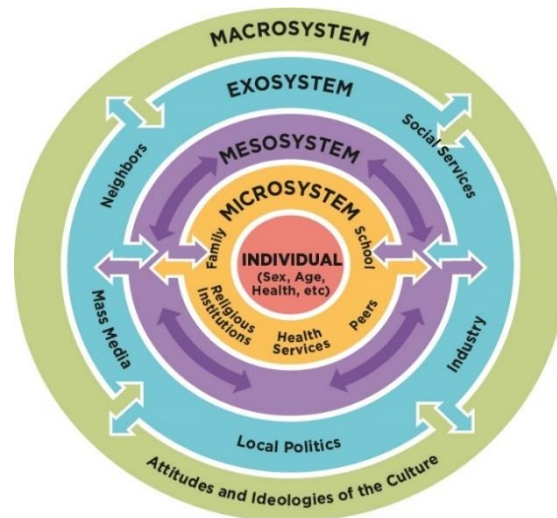


Figure 4: Bronfenbrenner's Ecological Model (Bronfenbrenner, 1979).

The microsystem is an individual's most immediate environment and typically involves personal relationships with family, caregivers and peers. The relationships within this system are described as bi-directional in nature, i.e. the individual's responses to those within the microsystem will in turn influence how they respond to the individual.

The mesosystem encompasses the interaction of an individual's different microsystems which exert influence on each other and as such includes the relationship between teachers and parents.

The exosystem pertains to the environments that do not directly involve the individual but still have an impact on their lives for example, if a parent were to lose their job.

The macrosystem encompasses cultural and societal beliefs as well as political and economic systems.

A systemic representation of mental health based on the findings of the current research using an ecological model (Bronfenbrenner, 1979) is portrayed in Figure 3 and is discussed in further detail below.

Both the teachers and MHFAs in this research identified the importance building effective relationships initially between themselves and their students (microsystem). However, they also recognised that communication between themselves and their students' parents is essential (mesosystem). This interaction allows collaboration between systems which is important for CYP's development. Further, there was an

understanding that links to agencies outside of the immediate school environment such as EWMHS and the EP service was fundamental in providing resources for CYP and their families to support MH (exosystem). Lastly, participants in the research acknowledged the dominant cultural practices and belief systems within the educational system that they work in with regards to academic achievement and MH agenda (macrosystem). The link between the findings of this research and ecological systems theory (Bronfenbrenner (1979) provides a framework for building effective partnerships between the four systems to exchange information and work toward common objectives and support CYP's MH development.

There are some connections between Bronfenbrenner's Ecological Model (1979) and the implications of this study. For example, EPs can work between the four systems described above by conducting training for other professionals, parents and teachers. Further, the SEND code of practice (2014) states that whilst undertaking an assessment of a CYP there should be a systemic process of consultation with other professionals involved with the CYP. In addition, working systemically with schools to promote the wellbeing of their school community could enable them to address the MH challenges they face within their school.

#### 5.4 Implications for EP practice

Primarily the implications summarised below are most relevant for the EP service where the research took place, however, some of the implications may be applicable to other LA EP services across England.

Opportunities to explore and reflect on school staff's constructs of MH is likely to increase EPs' readiness to consider alternative accounts when working with the perspectives of other professionals. For example, by adopting a consultative role and acknowledging various different constructs and approaches to MH, dependent on different epistemological positions, this may enhance transparency and joint formulation of CYP's difficulties. Consultation may also be used by EPs to work collaboratively with school staff who may be experiencing difficulties around supporting CYP with MH needs. This may bring together different systems around the

CYP, enhance relationships and encourage adults to think about the ecological influences impacting upon a CYP's MH (Bronfenbrenner, 1979). Through the consultation process concerns, issues and strengths can be identified which may result in a move towards solutions.

The findings of this research highlight the importance of EP services being knowledgeable in best practice frameworks to support whole-school approaches to positive MH and wellbeing within secondary schools. Therefore, if there is a commitment from school leadership teams to develop their MH and wellbeing practices, support to complete organisational change projects that are guided by Soft Systems Methodology (Checkland & Scholes, 1990) or Appreciative Inquiry (Cooperrider, Whitney & Stavros, 2008) approaches can develop a shared vision and contribute towards meaningful change. This may result in specific staff training needs being identified that EPs could promote and develop such as theoretical approaches and practical skills.

Both the teachers and MHFAs were concerned about staff wellbeing in school due to the perceived increase in student MH needs. Thus, EPs could work alongside school staff in order to understand how they feel they are managing CYP's MH difficulties. They may involve facilitating a problem-solving approach, such as Circle of Adults Newton (1995), in which staff work collaboratively with their colleagues to explore, on a deeper level, a CYP's complex MH needs. This may serve to empower staff in their individual teaching roles to support the MH needs of CYP. Although relationships with other colleagues enabled staff to feel more supported and confident in tackling MH issues, one MHFA reflected upon a lack of supervision for school staff. This could enable school staff the space and support to engage in the MH aspect of their role. Previous research has indicated that supervision of teachers facilitated by EPs is a positive experience (Callicott & Leadbetter, 2013). Thus, it is suggested that EPs are well placed to set up or facilitate peer supervision and reflective groups (Rae, Cowell & Field, 2017).

It is acknowledged that there are a number of influences beyond the individual level of EP practice that will impact upon the nature of work carried out with regards to mental health and psychological wellbeing in schools. For example, service structures may

influence the day-to-day work of EPs and opportunities to engage in a broader range of work with a focus on meeting the mental health needs of CYP. Therefore, systemic change and an ecosystemic perspective may be required to support EPs to engage in organisational change projects, training and supervision type work. Several strategies which could support this area of practice are outlined below.

Firstly, opportunities through joint service days or training events for collaboration between CAMHS professionals and EPs could be developed to share knowledge, practice and skills. This could be with aim of developing joint working and training which can be delivered to schools and in turn support an understanding of how the different services can complement each other and provide holistic support of MH in secondary schools (Pettitt, 2003). Consequently, schools would benefit from improved clarity in terms of clinical and educational psychologist roles and various referral pathways.

Secondly, targeted training and specific continuing professional development packages (CPD) should be provided which focus on the necessary skills for EPs to feel confident and competent to engage in MH organisational change level work, and supervise members of school staff with regards to MH and wellbeing issues.

### [5.5 Feedback and dissemination of the research findings](#)

The researcher hopes to present the research findings to a cluster of secondary special educational needs coordinators (SENCOs) and the whole EP service at Continuing Professional Development days. This may support the EPS to develop ways of working with secondary schools and support a particular focus on CYP's mental health.

This research will be available to download in electronic form, through the institutional repository of open access publications and research data at the University of East London. Furthermore, together with her academic and professional tutor the researcher hopes to publish the findings from this research in the future.

### [5.6 Strengths and limitations of this research](#)



### 5.6.1 Sample size and recruitment

There were several strengths related to the sample selected. Firstly, although the researcher was working as a TEP in the LA in which the secondary schools were situated, there had been no prior involvement with the schools in this capacity. Therefore, this allowed the TEP to truly adopt the position of 'researcher' due to having no previous involvement with the participants as a practitioner. In addition, the participants recruited had differing lengths of service, various job roles and represented both male and female perspectives.

However, there are a number of potential limitations due to the nature of the sample used within the study. For many of the participants who took part in the research, MH and wellbeing was of interest to them, particularly the MHFAs who had engaged in further training in the area. This, therefore, may have influenced their knowledge of the topic. Furthermore, since a purposive sampling method was used in this research this can be viewed as a limitation due to the representativeness of the population within the participant groups. However, the researcher's aim was to gather rich and detailed information based around individual experiences, therefore purposive sampling was considered to be appropriate.

### 5.6.2 Interviews

This research used semi-structured interviews, as is common in qualitative studies, but may present as a further limitation. An issue that was identified through the pilot interviews conducted was the potential for 'respondent bias' in which participants were conscious of providing the kind of answer they felt the researcher was looking for. Although the researcher was acutely aware of this and despite reassuring statements being put in place to encourage participants to share their experiences, instances remained in which the participants checked that they had responded in the way that the researcher wanted. For example, '*is that the kind of thing you want...?*' (MHFA5, L.109). Therefore, despite attempts to provide a safe environment for participants to speak freely, the nature of the topic of interest may have impacted upon how they interacted with the researcher.

### 5.6.3 Quality of the research

As described in Chapter three, the researcher used a set of criteria suggested by Guba and Lincoln (1989) to evaluate the quality of this research. Each of these principles will be briefly outlined below with the aim of critically evaluating the study.

#### 5.6.3.1 Credibility

Credibility refers to the degree that the data produced represents what participants said, and a confidence in the 'truth' of the findings (Guba & Lincoln, 1989). However, rather than seeking 'truth', this research aimed to reflect personal constructs of the two participating groups. This is achieved by building rapport, a relationship and trust with the participants. To support this process, several emails were exchanged between researcher and participant prior to meeting. Further, time was dedicated directly prior to the interview to informal conversation and 'getting to know each other'. It was hoped that this supported the participants to feel at ease during the recorded interviews allowing them to be more open and honest in their responses. However, despite this the researcher did remain a relative stranger and may have impacted upon their ability to share their beliefs. Peer debriefing during the research process supports credibility (Guba & Lincoln, 1989). This was successfully carried out by discussing the findings with other EPs at length, and using direct evidence from the raw data to clarify any points arising. This ensured that the findings were clearly derived from the raw participant transcripts.

#### 5.6.3.2 Transferability

Transferability refers to the extent to which the research findings also fit into similar contexts outside of the study. It is the researcher's belief that sufficient descriptive data has been presented to allow the reader to make transferability judgments to other LA EP services and schools. This study may also provide a model for discussing and discovering the personal constructs of school staff around the notion of MH.

#### 5.6.3.3 Dependability

The principle of dependability concerns the consistency and stability of the research findings (Guba, 1981). To enable other researchers to carry out the research, the researcher has provided detail within the methodology chapter. In addition, there is an audit trail provided in the appendices in the form of a reflexive diary which documents methodological decisions and rationales (Appendix Q). This further enables a 'dependability' audit to be carried out by a researcher not involved in the study to examine the process and determine whether the findings and conclusions presented are supported by the data.

#### 5.6.3.4 Confirmability

Confirmability is concerned with determining that the researcher's interpretations and findings are clearly rooted in the research data. By providing reasons for theoretical, methodological, and analytical choices throughout the entire study the researcher has demonstrated how conclusions and interpretations have been reached, allowing the reader to understand how and why decisions were made. Lastly, keeping a reflective diary (Appendix Q) and engaging in regular supervision (Appendix R) allowed the researcher to remain reflexive and critical of how experiences, beliefs and views play a central role and impact the research process.

### 5.7 Researcher's reflections

To further acknowledge the influence of the researcher on the research methods, data collection and analysis, findings and conclusions, this part of the thesis is written in the first person.

Keeping a reflective diary throughout my research journey has allowed me to understand how the process has been anything but linear (Appendix Q). An extended break between collecting my data and analysing it meant that I needed to familiarise myself with my whole research journey up until that point. It was essential that I reminded myself why I made certain decisions and delve back into the philosophical world of ontology once again. Although this was challenging, and frustrating at times, I

felt reassured and empowered by a greater understanding of my own worldview and how I was inherently connected to my research. This allowed me to acknowledge my own beliefs and understand where they came from.

My interest in MH has always been a big part of my working life and whilst I had a good understanding of how psychological wellbeing impacts young people's experience of school, I wanted to understand the language and different constructs employed by the school staff who are on the receiving end of MH-related concerns on a daily basis.

Keeping a reflective diary enabled me to understand my thoughts and assumptions regarding my research questions. My questions provided a starting point, however as my understanding of the research developed, so too did my view of the research questions. Initially, my questions were born out of my passion for the topic of MH and served as a tool to provide direction, a goal, and allow me to discover the perspectives of school staff. Clearly my own worldview influenced these questions and they provide links to chosen theoretical frameworks such as PCT, which in turn shaped the research process. As the research evolved and I was drawn into the lives of my participants, I wondered whether the RQs provided enough focus and if I'd even be able to answer them. However, through reflection and immersing myself within the data, I was able to address the questions set out, although there was a temptation to re-word them on several occasions based on what I believed was coming out of the interviews.

I was highly aware that I had little to no experience in conducting semi-structured interviews, particularly with secondary school staff, with whom, when working as a TEP, I had not often come into contact. However, during supervision with my fieldwork tutor we discussed all the skills that I employ when building relationships with others and allowing them to share their experiences, something which I believe to have a relative strength in. Therefore, I could use this when carrying out research to successfully build rapport and provide an atmosphere where participants felt safe to discuss a potentially sensitive issue. Almost certainly, I believe that taking the time to develop a connection with my participants prior to undertaking the formal interview was the key to how forthcoming my participants were and the richness of the data coming through.

During the interviews I was able to identify similar topics that were arising across interviews. This gave me confidence when it came to my data analysis. However, I found this stage in my research journey the most challenging. I constantly went back and forth attempting to understand the data in an unbiased manner. However, the critical realist epistemology adopted enabled me to acknowledge that whilst I could never be truly objective, by analysing and being explicit in the choices made during the data analysis the process could maintain rigour (see Appendix Q).

### 5.8 Implications for future research

This research has provided an insight into the way in which a small group of teachers and teachers with MHFA training assign meaning to the concept of MH. This section will consider ways in which this research could be extended to provide a deeper understanding of the topic. Firstly, as previously discussed the sample was a small group of teachers and MHFAs, therefore future research could focus on recruiting a larger sample and include staff from a wider range of secondary schools. This could include schools judged as 'requires improvement' by Ofsted and understand the perspectives from other individuals in and around the school community.

Secondly, a key finding from the current research related to the participants' relationships with their students. Therefore, future research could explore the views of students in relation to how their teachers support their MH and how this could be further promoted within school. Research could also focus and evaluate the impact of interventions aimed at promoting positive teacher-student relationships. Similarly, opportunities for CYP to voice their perspectives around wellbeing interventions in schools more generally would be beneficial.

Thirdly, the current study highlighted a possible tension between school staff and parents in relation to different understandings of the term MH. Since much of the evidence suggests that engaging parents in a whole school approach to promote MH can be effective, this may be an important issue for future research in which parental views around MH could be explored.

Lastly, since MHFA training for teachers is a relatively new initiative it will be important to continue to evaluate the effects of the training, how skills learnt on the MHFA training programme are put into practice and its impact in educational settings. In addition, it is clear that the more individualised approach of the MHFA training could be complemented by a wider whole-school systemic focus on MH and wellbeing.

## 5.9 Summary and conclusions

In summary, this research explored the way in which secondary school teachers and MHFAs construct mental health. Further, school staff's perceived emotional availability to support their students' MH was investigated.

This piece of research has provided an insight into the way in which mental health is constructed by teachers and MHFAs within mainstream secondary schools. Thematic analysis led to numerous themes being identified to help understand the participants' interpretations of the term 'mental health'. MHFAs initially expressed their understanding of MH through a biomedical model, before reflecting upon the complex interaction between psychological and social factors. In contrast, teachers in this research actively avoided using terms which they felt to be overly 'medicalised' through a lack of confidence in working within the field of MH. They appeared to feel more confident in describing a student's behaviour and sharing this with a perceived 'more qualified' member of staff. Through discussion of these themes, links to relevant theories such as ecological systems theory (Bronfenbrenner, 1979) have been made.

Further, this study has revealed the ways in which school staff are available to promote their students' MH, as well as the barriers which exist within this. Both teachers and MHFAs highlighted the importance of positive, strong connections with their students, their parents and their colleagues. The participants in this study appear to value these relationships and understand how they can impact the MH of the students they work with. It was clear, however, that despite the many challenges staff described, such as the impact this work has on their own MH and the volume and complexity of student MH needs, they continued to be highly motivated in providing support to CYP with MH needs. This finding potentially highlights the need for school

staff to be able to offload and access support to cope with the emotional demands of their work.

The MHFA in schools programme is a nationwide initiative funded by the Department of Health and Social Care, which set out to train a member of staff in every secondary school in the country in mental health awareness by 2020. Linked to this national and political agenda, this research has presented the constructs of both MHFAs and teachers in relation to MH in secondary schools. As such, the findings of this research, supported by previous literature, suggest that the introduction of specific interventions such as MHFAs need to be included in a wider system of whole-school MH support for students. Therefore, schools should ensure that MHFA provision is systematically connected to and complemented by wider, holistic whole-school systems, structures, procedures which aim to promote positive MH for all. Further, it appears that MHFAs should be the key link with Education Mental Health Practitioners (EMHPs) who work within the Mental Health Support Teams (as outlined in the Green Paper's (DfE, 2017a) when a CYP's MH difficulties are beyond their level of competency and access additional support. However, questions remain around whether individualistic policies are adequate in the face of the current mental health challenges in the UK. Hence, the MHFA initiative appears to put the onus on teachers to recognise, identify, reassure and support a CYP experiencing mental ill-health. However, findings from this research indicate that this work significantly impacts their workload due to the volume of student MH needs and limited amount of time to dedicate to this work and support students adequately. All of which is likely to contribute to poor staff wellbeing. Thus, moving forward there may need to be less of a focus on building individual skill sets and a commitment from the government to invest and improve the wider factors that impact on the mental health and well-being of both children and teachers.

The researcher believes that EPs can offer a holistic ecosystemic approach to schools with regards to understanding and supporting young people's MH. Therefore, it is hoped that these findings will encourage EP services to review their practices in relation to how EPs work to meet the MH needs of CYP, and provide opportunities for collaboration with CAMHS professionals, systems-level work, training and supervision.

This may serve to enable EPs to successfully engage in working across a range of different levels in a system and offer direct individual work, consultation work with families, schools and other organisations.

#### 5.10 Chapter summary

This chapter has focused on an analysis of the research findings, in light of the research questions proposed, within the context of existing research and psychological theory. The researcher has described the reflectivity and reflexivity practices which have influenced the research process. The implications of the research findings were emphasised in relation to EP practice and the strengths and limitations of the research were reviewed before discussing the implications for future research. Finally, the conclusion of the research was stated.



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## Appendix A: Trail of the Systematic Literature Search

Initial searches, broadly investigating the research:

Search date	17.11.2017
Databases searched	Education Research Complete, PsycARTICLES, PsycINFO, Child Development & Adolescent Studies
Boolean string searched	<b>"Mental health", "Teacher", "School"</b>
Results	380
Advanced search inclusion criteria	Peer reviewed journals; 2003-2018; English
Results	180
Boolean string searched	Changed string to <b>("Mental Health OR Wellbeing"), "Teach*", "School"</b>
Results	53
Advanced search inclusion criteria	Peer reviewed journals; 2003-2018; English
Results	32
Comments	<i>The articles are very varied and many appear to focus on teacher mental health</i>
Boolean string searched	Refined string to <b>("Mental Health OR Wellbeing"), AND "Teacher", AND "School" AND "Mental health first aid"</b>
Results	26
Advanced search inclusion criteria	Peer reviewed journals; 2003-2018; English
Results	16
Comments	<i>These articles look more relevant but "mental health first aid" and "teacher" focus is too specific – could be missing many articles</i>

Refining the search criteria:

Search date	01.06.2019
Databases searched	EBSCOHost
Boolean string searched	<b>(mental health OR wellbeing) AND secondary school AND train* AND (perception* OR perspective* OR view* OR opinion OR experience)</b>
Results	568
Advanced search inclusion criteria	Peer reviewed journals; 2003-2018; English
Results	424
Comments	Appears to be picking up many relevant articles, however, lots are USA articles - exclude this from search Search relevant databases in EBSCOHost
Databases searched	Academic Search Complete, British Education Index, Child Development and Adolescent Studies, CINAHL Plus,

	Educational Research Complete, ERIC, PsycARTICLES, PsycINFO, Teacher Reference Centre
Boolean string searched	<b>(Mental health OR wellbeing) AND secondary school AND (train* OR workshop* OR program*) AND (perception* OR perspective* OR view* OR opinion OR experience) NOT (United States*)</b>
Results	397
Advanced search inclusion criteria	Peer reviewed journals; 2003-2018; English
Results	287
<i>Comments</i>	Identifying relevant articles, but <b>(train* OR workshop* OR program*)</b> may be excluding untrained school staff – check other databases

Appropriate search criteria identified:

**(Mental health OR wellbeing) AND secondary school AND (perception\* OR perspective\* OR view\* OR opinion OR experience)**

Final systematic literature search carried out:

Search date	20.06.2019
Databases searched	Via EBSCOHost Academic Search Complete, British Education Index, Child Development and Adolescent Studies, CINAHL Plus, Educational Research Complete, ERIC, PsycARTICLES, PsycINFO, Teacher Reference Centre
Boolean string searched	<b>(Mental health OR wellbeing) AND secondary school AND (perception* OR perspective* OR view* OR opinion OR experience)</b>
Results	1,908
<i>Comments</i>	Considerable amount of the research had been conducted outside of the UK
Boolean string searched	Changed string to <b>(Mental health OR wellbeing) AND secondary school AND (perception* OR perspective* OR view* OR opinion OR experience) NOT (United States* OR Australia*)</b>
Results	1,544
Advanced search inclusion criteria	Peer reviewed journals
Results	1,282
Advanced search inclusion criteria	Published between 2000-2019
Results	1,171
Advanced search inclusion criteria	English

Results	1,034
<i>Comments</i>	Still picking up a lot of research conducted outside of the UK
Advanced search inclusion criteria	Research conducted in United Kingdom, England, Great Britain
Results	68, 47 once duplications removed

Search applied to other relevant data bases:

Search date	30.06.2019
Database searched	Science Direct
Boolean string searched	(Mental health OR wellbeing) AND secondary school AND (train* OR workshop* OR program*) AND (perception* OR perspective* OR view* OR opinion OR experience) NOT (United States*)
Results	18
Advanced search inclusion criteria	Peer reviewed journals; 2003-2018; English
Results	17
<i>Comments</i>	One more relevant study to include in the review
Database searched	SCOPUS
Boolean string searched	(Mental health OR wellbeing) AND secondary school AND (train* OR workshop* OR program*) AND (perception* OR perspective* OR view* OR opinion OR experience) NOT (United States*)
Results	195
Advanced search inclusion criteria	Peer reviewed journals; 2003-2018; English; conducted in the UK
Results	36
<i>Comments</i>	All relevant articles highlighted in the search had already been identified in previous searches, suggesting that saturation has been reached.

Appendix B: Critical appraisal of qualitative studies based on Yardley (2000, 2008).

		Research paper					
Area of critical appraisal (qualitative)	Criteria	Corcoran & Finney (2015).	Kidger et al. (2010).	Kidger et al. (2009).	Partridge (2012).	Rothi, Leavey & Best (2008a).	Rothi, Leavey, & Best (2008b).
Sensitivity to context	Description of study context/setting	✓	✓	✓	✓	✓	✓
	Statement of purpose/rationale	✓	✓	✓	✓	✓	✓
	Consideration of existing literature	✓	✓	✓	✓	✓	✓
	Recognition of challenges to recruitment	✗	✗	✓	✗	✗	✗
	Ethical considerations – informed consent stated	✓	✓	✓	✓	✓	✗
Commitment and rigour	Use of triangulation (multiple views gathered/more than one method/more than one person to analyse the data)	✓	✓	✓	✓	✓	✓
	Appropriate sample size	✓	✓	✓	✓	✓	✓
Transparency and coherence	Use of quotations	✓	✓	✓	✓	✓	✓
	Description of participants	✓	✓	✓	✗	✓	✓
	Description of recruitment process	✓	✓	✓	✓	✓	✓
	Details of data collection	✓	✓	✓	✗	✓	✓
	Transcription details	✓	✓	✓	✓	✓	
Impact and importance	Research introduces new ideas	✓	✓	✓	✓	✓	✓

Appendix C: Critical appraisal of quantitative studies based on Gough’s (2007) weight of evidence framework.

Overall Weights of Evidence based on Weight of Evidence A, B and C for each study

Summarised weight of evidences	Harding et al. (2019).	Kidger et al. (2016).	Sharpe et al. (2016).
Weight of evidence A (methodological quality relates to: ‘transparency’, ‘accuracy’, ‘accessibility’ and ‘specificity’).	2.4	2	2
Weight of evidence B (appropriateness of study design to review question relates to: ‘purposivity’)	2.33	2	2
Weight of evidence C (relevance of the study’s focus Relates to: ‘utility’ and ‘propriety’)	2.25	2	1.5
Average weighting of A, B and C	2.33	2	1.83
<b>Overall Weight of Evidence D Rating</b>	<b>Medium</b>	<b>Medium</b>	<b>Medium</b>

Note: A score of 2.5 and above is rated as high, 1.5-2.4 as medium, 1.4 or below as low.

Appendix D: Summary of literature review articles table

Author and year	Research purpose and focus	Theoretical orientation (if stated)/ Methodology	Participants	How mental health is defined in the research	Main findings
<b>Corcoran, T., &amp; Finney, D. (2015).</b>	Exploring the role and position of school-based staff in relation to MH promotion and intervention.	Ontological constructionism Qualitative design <u>Data collection:</u> Semi-structured interviews <u>Data analysis:</u> Discourse analysis	17 educational practitioners with pastoral responsibility and/or senior teaching roles	No clear definition provided, however a focus on MH & EWB promotion and early intervention for all.	Participants describe professional challenges they face, such as increased pressure and a government preoccupation with outcomes rather than process.
<b>Harding, S., Morris, R., Gunnell, D., Ford, T., Hollingworth, W., Tilling, K., Evans, R., Bell, S., Grey, J., Brockman, R., Campbell, R., Araya, R., Murphy, S., &amp; Kidger, J. (2019).</b>	An exploration of the association between teacher and student MH & EWB.	Cross-sectional design <u>Data collection:</u> The Warwick Edinburgh Mental Wellbeing Scale, Strengths and Difficulties Questionnaire and the 8 item patient Health Questionnaire <u>Data analysis:</u> Random Effects Mixed Models	3215 year 8 students and 1182 teachers from 25 secondary schools.	Dual-factor model in which well-being and depression are distinct constructs/dimensions of MH which should be considered completely separately. Wellbeing is defined as two fold; firstly, subjective experience and secondly, positive psychological functioning.	Better teacher wellbeing was associated with better student wellbeing. The quality of the teacher-student relationship and teacher presenteeism are mediating factors in this relationship.

<p><b>Kidger, J., Gunnell, D., Biddle, L., Campbell, R., &amp; Donovan, J. (2010).</b></p>	<p>An exploration of how secondary school staff support the MH of their students.</p>	<p>Eco-systemic framework. Qualitative design <u>Data collection:</u> Semi-structured interviews <u>Data analysis:</u> Thematic analysis</p>	<p>14 staff from eight secondary schools comprising of 5 teachers, 3 TA's and 6 staff in non-teaching EWB-related roles.</p>	<p>Emotional health and wellbeing (EHWB) is the term used in the paper as pilot work identified it as the phrase used most commonly in schools.</p>	<p>There were three main themes which emerged:</p> <ol style="list-style-type: none"> <li>1. Teaching and EWB are inevitably linked</li> <li>2. Participants viewed many of the colleagues as reluctant to engage in MH/EWB work</li> <li>3. Teachers own mental health needs are largely neglected</li> </ol> <p>There is focus on a need for whole school EWB approaches and support for teacher training.</p>
<p><b>Kidger, J., Gunnell, D., Biddle, L., Campbell, R., and Donovan, J. (2009).</b></p>	<p>Surveys carried out to quantify the current level of emotional health provision in schools. Examining staff and student</p>	<p>Mixed method design <u>Data collection:</u> Quantitative survey; Qualitative student focus groups and staff interviews</p>	<p>296 secondary schools were surveyed; 154 students were interviewed through 27 focus groups; 15 staff in 12 interviews</p>	<p>Emphasis on promoting emotional health, rather than preventing disorders. Professional development of</p>	<p>All schools provide support to students in distress, however both staff and students wanted more emotional health</p>

	views around school-based emotional health provision and what they would like to see in the future.	<u>Data analysis:</u> Descriptive statistics; TA		teachers, whole-school approaches and curriculum work are suggested to encourage this.	taught in the curriculum. Students were concerned that if they accessed support this would lead to stigma. A key finding was the need to consider the whole school environment in order to enhance EWB through more activities.
<b>Kidger, J., Brockman, R., Tilling, K., Campbell, R., Ford, T., Araya, R., King, M., &amp; Gunnell, D. (2016).</b>	Examining self-reported teacher wellbeing and depression and the potential explanatory factors for this within the school environment.	Quantitative, cross-sectional design. <u>Data collection:</u> 4 self-report questionnaires. <u>Data analysis:</u> STATA13 and multilevel linear or logistic regressions.	555 teachers (some had missing data) from 8 secondary schools.	MH spoken about as multi-faceted which can be affected by the quality of relationships, working conditions and 'emotional labour'. MH very much influenced by one's environment.	Teachers are at risk of poor MH. Compared to the population, teachers scored lower on the wellbeing measure and twice as many of the sample had moderate or severe depressive symptoms. How teachers feel about their working conditions may be linked to poor MH.



<p><b>Partridge, K. (2012)</b></p>	<p>Exploring pastoral staff's experiences of their own emotional well-being in a secondary school.</p>	<p>Psychodynamic and systemic perspectives. Critical Realist</p> <p>Mixed methods design <u>Data collection:</u> Qualitative phase – interviews Quantitative phase – PCT, repertory grids</p> <p>Data analysis: Qualitative phase – IPA Quantitative phase – analysis not stated for repertory grid work</p>	<p>6 members of pastoral staff</p>	<p>Due to systemic perspective of the researcher whole school approaches to EWB are explored, rather than individual interventions to promote 'wellbeing an health'.</p>	<p>Four themes were identified; 'adaptation of the role', 'psychological impact on self', 'relationships are central to their role' and 'containment in the system'. The importance of meeting the EWB needs of staff is highlighted. Numerous challenges were presented in meeting their pupils MH needs.</p>
<p><b>Rothì, D. M., Leavey, G., and Best, R. (2008a).</b></p>	<p>Examining teacher's experiences regarding their competency in the recognition and management of students with MH problems.</p>	<p>Qualitative design. <u>Data collection:</u> Interviews <u>Data analysis:</u> Thematic analysis</p>	<p>30 teachers from 100 schools all of whom were qualified teachers.</p>	<p>The terms 'mental ill-health', 'mental health difficulties' and 'mental health problems' are used to refer to a diverse range of psychological problems. States that schools tend to use to term emotional</p>	<p>Teachers accept that they have a duty to support pupil's MH, however, due to their changing role teachers feel inadequately prepared to manage their students MH needs. Some may only recognise a MH need</p>

				behavioural difficulties (EBD) which covers a wide range of behaviour. A lengthy definition of mentally healthy children is also provided.	when academic performance is affected. Teachers described feeling incompetent when required to support children with MH difficulties.
<b>Rothì, D. M., Leavey, G., and Best, R. (2008b).</b>	Exploring teacher's views about the involvement of EPs with pupils with potential MH difficulties.	Grounded theory. Qualitative design. <u>Data collection:</u> Semi-structured interviews <u>Data analysis:</u> IPA	30 members of school staff comprising head teachers, SENCOs & class teachers.	MH is heavily linked to emotional and behavioural difficulties.	A shortage of resources, including EP time means that relationships cannot be built between individuals and maintained over time.
<b>Sharpe, H., Ford, T., Lereya, S. T., Owen, C., Viner, R M. Wolpert, M. (2016).</b>	Online survey conducted into schools' MH provision including what is available, who provides it and key barriers to supporting young people's MH.	Quantitative design. <u>Data collection:</u> Questionnaires <u>Data analysis:</u> STATA12 and logistic regression.	577 school staff from 341 schools.	No clear position is given by the researchers, however schools seen as a key site for mental health and wellbeing support. Improving the relationship between education and CAMHS is described as 'crucial'.	Specialist provision is more commonly available in secondary schools. Staff training and whole school approaches were the most frequent approaches used and limited CAMHS capacity was cited as the biggest barrier to MH support.

**School of Psychology Research Ethics Committee**

**NOTICE OF ETHICS REVIEW DECISION**

**For research involving human participants**  
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational  
Psychology

**REVIEWER:** Kenneth Gannon

**SUPERVISOR:** Mary Robinson

**STUDENT:** Kirsty Ekers

**Course:** Professional Doctorate in Educational and Child Psychology

**Title of proposed study:** TBC

**DECISION OPTIONS:**

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

**DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY**

*(Please indicate the decision according to one of the 3 options above)*

**APPROVED**

**Minor amendments required (for reviewer):**

**Major amendments required (for reviewer):**

**Confirmation of making the above minor amendments (for students):**

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature)*:

Student number:

Date:

*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**ASSESSMENT OF RISK TO RESEACHER (for reviewer)**

Has an adequate risk assessment been offered in the application form?

**YES**

**Please request resubmission with an adequate risk assessment**

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

**Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.**

MEDIUM *(Please approve but with appropriate recommendations)*

LOW

**Reviewer comments in relation to researcher risk (if any).**

**Reviewer** (*Typed name to act as signature*): Dr Kenneth Gannon

**Date:** 09/02/2018

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

**RESEARCHER PLEASE NOTE:**

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the

## Appendix F: Introductory email to schools

To whom it may concern,

My name is Kirsty Ekers and I am a Trainee Educational Psychologist working in xxxxx and studying at the University of East London.

I would like to invite your school to participate in my research into secondary school staff views of mental health. I will be individually interviewing a number of school staff from different secondary schools in xxxxx. The interviews will last for no longer than 1 hour and will take place during the school day. This information will then be anonymously transcribed and analysed for themes. All interviews will be completely anonymised and no staff, students or schools will be identifiable in the transcripts.

### **The purpose of the research**

With mental health continuing to be a clear priority at government level, the Local Authority have developed a MH and wellbeing strategy to improve the mental health and emotional wellbeing of children and young people. It is therefore, hoped that this research will inform the Local Authority's understanding of how to support schools in addressing this issue.

Thus, the current research aims to explore secondary school teachers' and Mental Health First Aiders' understanding of 'mental health' and how available they feel to promote their students' mental health in school.

### **Participants**

I am looking for two groups of qualified teachers with at least three years of teaching experience. The first group is secondary school teachers who have attended the MHFA training delivered by MHFAEngland. The second group is secondary school staff who have not received the MHFA training, but may have but may have an interest in the area. I am hoping to recruit 1 MHFA and 1 teacher from each secondary school that would like to take part.

I would be happy to come to a staff meeting to discuss the research further with any interested members of staff. If you identify member/s of staff who would be interested in participating in this research and fit the criteria outlined above, please contact me to arrange an opportunity for me to meet with them and discuss it further.

Please see the attached information sheet for participants for more comprehensive details of this research.

### **Further information and contact details:**

Please feel free to contact with myself (Kirsty Ekers) or my research supervisor (Dr Mary Robinson) if you have any further questions.

Researcher:  
Kirsty Ekers  
University of East London/  
Educational Psychology Service  
Email: [u1622745@uel.ac.uk](mailto:u1622745@uel.ac.uk)

Supervisor:  
Dr Mary Robinson  
University of East London  
Email: [M.Robinson@uel.ac.uk](mailto:M.Robinson@uel.ac.uk)



## **PARTICIPANT INVITATION LETTER**

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

### **Who am I?**

I am a Postgraduate Trainee Educational Psychologist in the School of Psychology at the University of East London and am studying for a Professional Doctorate in Educational and Child Psychology. As part of my research I am conducting research in which you are invited to participate.

### **What is the research?**

I am conducting research into secondary school teachers' and Mental Health First Aiders' understanding of 'mental health' and how available they feel to promote their students' mental health in school.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

### **Why have you been asked to participate?**

You have been invited to participate in my research as someone who fits the kind of people I am looking for to help me explore my research topic. I am looking to involve teachers with 2 years or more experience and teachers who have received Mental Health First Aid training.

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are quite free to decide whether or not to participate and should not feel coerced.

### **What will your participation involve?**

If you agree to participate you will be asked to take part in an interview, lasting approximately 45 minutes to 1 hour. This will be like having an informal chat in which you will be asked to respond to a series of questions about your understanding of 'mental health' and how you promote students' mental health within school. There are no right or wrong answers to any of these questions and it is fine if you do not feel comfortable discussing a particular topic. You will be the only person in the room with myself (Kirsty Ekers). You will have the opportunity to ask me any questions before the interview begins and there will be time at the end of the interview to discuss any issues that arise. The interview will be audio recorded and stored securely. The interview may be conducted at your place of work.

I will not be able to pay you for participating in my research, but your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

### **Your taking part will be safe and confidential**

Your privacy and safety will be respected at all times. You will have the right to withdraw your participation from the interview at any time and you do not have to answer all the questions asked during the interview. If you wish to withdraw from the research this will not have any detrimental effect your employment. The interview will be recorded, but your responses will not be linked to you by name or any other identifying information. Only the researcher (Kirsty Ekers) will have access to the original recordings of the interview. A transcript of the interview will then be written, however no identifiable information will be included. All responses will be anonymous and confidential. The original recordings of the interview will be stored in a locked container, only accessible by the researcher, in the Local Authority offices. The original recording will be destroyed once it has been transcribed. All interview transcripts will be completely anonymised, and no staff, students or schools will be identifiable in the transcripts.

Anonymised transcripts will be held for 3 years, which is required for research that may be published. During this time the transcripts will be stored securely in electronic form on an encrypted memory stick kept in a locked office.

The University of East London will be permitted to look at the interview transcripts if they request it, however they will not be given access to any information that would identify you or the school.

### **What will happen to the information that you provide?**

The results of the study will be written up as part of the requirements for the award of a Doctorate in Educational and Child Psychology. This may also be presented to a journal for publication. You will not be identified in any report or publication; however anonymised quotations from the interview may be used.

### **What if you want to withdraw?**

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. However, if you withdraw I would reserve the right to use material that you provide up until the point of my analysis of the data.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Kirsty Ekers  
Email: U1622745@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor, Mary Robinson. School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: M.Robinson@uel.ac.uk

**or**



Chair of the School of Psychology Research Ethics Sub-committee: Dr Mark Finn,  
School of Psychology, University of East London, Water Lane, London E15 4LZ.  
(Email: [m.finn@uel.ac.uk](mailto:m.finn@uel.ac.uk))

Thank you in anticipation.

Yours sincerely,

Kirsty Ekers  
Trainee Educational Psychologist



**UNIVERSITY OF EAST LONDON**

**Consent to participate in a research study**

**An Exploration of Teachers' and Mental Health First Aiders' Constructs of Mental Health in Secondary Schools**

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant's Name: (BLOCK CAPITALS).....

Participant's Signature: .....

Researcher's Name: KIRSTY EKERS.....

Researcher's Signature: .....

Date: .....



**UNIVERSITY OF EAST LONDON**

**DEBRIEF LETTER**

Thank you very much for taking the time to speak with me today and thank you for sharing your thoughts and feelings around mental health.

This letter contains:

- Information regarding support
- Information about the research you have been involved in, including the contact details of the researcher

Mental health is an emotive topic and if this research has raised any concerns that you would like to discuss then you can contact your designated teacher with responsibility for safeguarding in this school.

If you would like to talk more about any of the issues raised through your involvement in this research, the organisations listed below can provide support and further information.

Samaritans

Samaritans offer a safe place for you to talk any time you like, in your own way about

**Call: 116 123** (Free to call 24 hours a day, 365 days a year)

Education Support Partnership

Education support partnership are a charity who provide mental health and wellbeing support services to all education staff and organisations.

**Call: 08000 562 561** (Free to call 24 hours a day, 365 days a year)

**Text: 07909 341229**

YoungMinds

YoungMinds is the UK's leading charity championing the wellbeing and mental health of young people.

**Call: 0808 802 5544**

**Further information and contact details:**

If you have further questions or queries, please feel free to contact myself or my Director of Studies (Dr Mary Robinson).

Kirsty Ekers	Dr Mary Robinson
University of East London/	University of East London
█ Educational Psychology Service	Email: <b><u>M.Robinson@uel.ac.uk</u></b>
Email: <b><u>u1622745@uel.ac.uk</u></b>	

Appendix J: Pilot interview schedule (notes in italics indicate potential amendments following the pilot interviews)

Participant info:

- Name, role, how long qualified/been in role?

RQ1&2:

We are now going to talk about the area of mental health.

- What is your understanding of the term 'mental health?' or how might you describe MH to someone?

*Make this less formal – e.g. 'it's a broad term, but what does it mean to you?', 'how might you describe it to someone else?'*

Present vignette 1

What are your thoughts?

How would you describe X's difficulties?

*More prompts are necessary to help the participants expand upon their response. E.g. 'How do you think you would help X?', 'how do you think X is feeling about school at the moment?'*

Present vignette 2

How would you describe X's difficulties?

RQ3&4:

How available do you feel to support your student's MH in school?

*More prompts/questions required to draw out participants' views. E.g. 'Can you give me an example of a recent situation in which a child was presenting with a MH difficulty?' What did you do in that situation?'*

*During pilot, both participants expressed not knowing the 'right' answers and re-iterated that they were not experts in this field. Perhaps consider using more reassuring statements with future participants.*

*Feels like an abrupt end to the interview, need a way of closing the interview that feels natural, appreciative and allows participant to add any further information not yet drawn out.*

## Appendix K: Final semi-structured interview schedule

- Introductions
- Discussion of research
- Consent form discussed & signed
- Discuss the structure of the interview & use of vignettes/Do you have any questions at this point?
  - **No right or wrong answers - interested in your views and experiences**
- Clarifying questions
  - current job role? Before we get started, I wanted to ask you a few questions about your background and teaching experience...
  - length of time in current role?
  - previous job roles within the school or other schools/local authorities?

Did you attend the one day or two day MHFA course?

Why did you choose to attend the course?

**Prompt - What did you envision attending the MHFA course would bring to the school?**

**RQ1:** How do teachers and Mental Health First Aiders construct “mental health” within mainstream secondary schools?

- Tell me what you understand by the term ‘mental health’
- What would you be looking for or what warning signals may alert you to a MH problem?
- How would you describe a young person’s mental health difficulties who you might be working with?

**Present the vignettes**

- What are your thoughts about .....’s difficulties?
- How would you describe these difficulties? **Prompt – what does this look like in the classroom?**
- In the context of the vignette how would you support Rosie/Josh
- As teacher how does it make you feel having to manage that?
- **Prompt – do you feel a sense of responsibility to do that as a teacher?**
- **Links to home?/other agencies?/**

**RQ2:** How available are teachers and Mental Health First Aiders to support young people’s mental health?

- What helps you to support students’ mental health in school?

- Within your current role, how do you use your time to support students' mental health?
- How supported do you feel to promote student's mental health?
- What do you feel would help you to support these students better? – if you were given more time to spend on supporting students' MH in school, how do you see yourself using that time?

OK I think we've come to the end of the interview.

Thank the participants for their time – is there anything that's occurred to you through us talking that you've not thought about before?

- Is there anything else that you'd like to add? – I'm going to turn the tape off now.

De-brief

- Give the participant an opportunity to ask questions and to talk through the interview
- Give a copy of the de-brief sheet to participants and allow them the opportunity to read through and clarify any details
- \* Reminder of right to withdraw \*
- Thank participant for their involvement

### Vignette 1

Rosie is 16 years old. She is well liked by both staff and her peers. In the past she has had positive friendships but has recently been seen to withdraw from her peer group. Rosie will often choose to sit alone in class and appears tired and moody. Her attendance has also dropped lately, and she is regularly late when she does come in. You've noticed that even in warm weather Rosie will keep fully covered up and has excused herself from swimming over the last few weeks. Rosie tells you that she's worried that her parents will split up as they've been arguing for months now.

### Vignette 2

Josh is 14 years old. He is able and will often contribute to class discussions. Recently, you have noticed that he looks exhausted, often puts his head on the desk during lessons and will only complete a minimal amount of work. He is also no longer completing any homework. Josh appears not only disinterested in lessons, but in most activities and conversations you attempt to engage him in. Josh tells you he's having trouble concentrating at school and is so far behind with his work that *"what's the point in trying?"*





**UNIVERSITY OF EAST LONDON**

School of Psychology

Stratford Campus

Water Lane E15 4LZ

**TRANSCRIPTION INSTRUCTIONS**

**Principal Researcher**

Kirsty Ekers

Trainee Educational Psychologist

Email:

Telephone

**Research title**

*An Exploration of Teachers' and Mental Health First Aiders' Constructs of Mental Health in Secondary Schools.*

**Research description**

The aims of this research are to explore secondary school teachers and Mental Health First Aiders (teachers who have received Mental Health First aid training) constructs of mental health. In addition, it will explore the current reality of MH support in schools in terms of availability of staff. The research will involve the participants sharing their views during a semi-structured interview.

**Verbatim transcription**

This study requires full verbatim transcription.

**Confidentiality and anonymity**

The interviews that you will be listening to are strictly confidential. Please ensure that all the research information shared is kept confidential by not discussing or sharing the content of the interviews in any form or format (e.g. audio file, CDs, transcripts) with anyone other than the principal researcher. It is important to keep all research information in any form or format (e.g. audio file, CDs, transcripts) secure and encrypted while it is in your possession and return all research information in any form

or format to the researcher when the transcription tasks have been completed. After consulting with the researcher, please erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher.

Yours sincerely

Kirsty Ekers

Trainee Educational Psychologist

University of East London

Appendix N: Evidence of the initial coding framework in NVivo12

The screenshot displays the NVivo 12 Pro interface. The main window shows a document titled "MHFA Interview 3" with text from an interview transcript. Several lines of text are highlighted in yellow, indicating they have been coded. The text includes:

353 sometimes parents come to us without their child knowing about it, because they  
 354 are just so concerned. Now umm...if the school contacts a place we would  
 355 probably go to somewhere like the [redacted] Welfare Mental Health Service, which are  
 356 always very good. Sometimes when we contact them they do say they are not  
 357 going to deal with that at the moment, that's quite normal. Some instance, maybe  
 358 not necessarily this one, but some we will phone Social Services. Sometimes they  
 359 will say, we will log it, but we are not directly going to deal with it. Sometimes we  
 360 will phone parents and we will say to parents you...not you need to...but we advise  
 361 that you could take her to your GP  
 362 I: Okay  
 363 R: Umm...which happens quite often...and then a GP will often refer someone for  
 364 perhaps counselling or therapy...that happens quite a lot. Again it's a struggle  
 365 because, you know, NHS therapy you can wait about three months...now I think...  
 366 think the NHS only do a maximum of.. 6 or 12 weeks is it, therapy?...then it  
 367 basically stops. So that can sometimes be a problem. So yes, this  
 368 self-harm...parents would be contacted and we would pretty much ask the  
 369 parents, 'What do you want to be referred to?' So as a school we would probably

On the right side of the document, a vertical coding framework is visible, consisting of colored bars representing different codes. The codes listed are:

- exam or school pressure
- longevity of MH
- Perception of EMMHS
- Cultural impact
- MH training
- Working with outside agencies
- MH on the curriculum
- currency of knowledge base
- MH diagnoses
- Support for MH
- Asking questions
- Volume of student MH difficulties
- staff student relationships
- Time for students
- Staff relationships
- Links to home
- Everyone has MH
- Teachers role
- A change in behaviour
- Coding Density

The bottom status bar shows "5 Items", "Codes: 24", "References: 90", "Read-Only", and "Line: 1 Column: 0".

MH constructs.nvp - NVivo 12 Pro

File Home Import Create Explore Share

Search Project

### Teachers Nodes

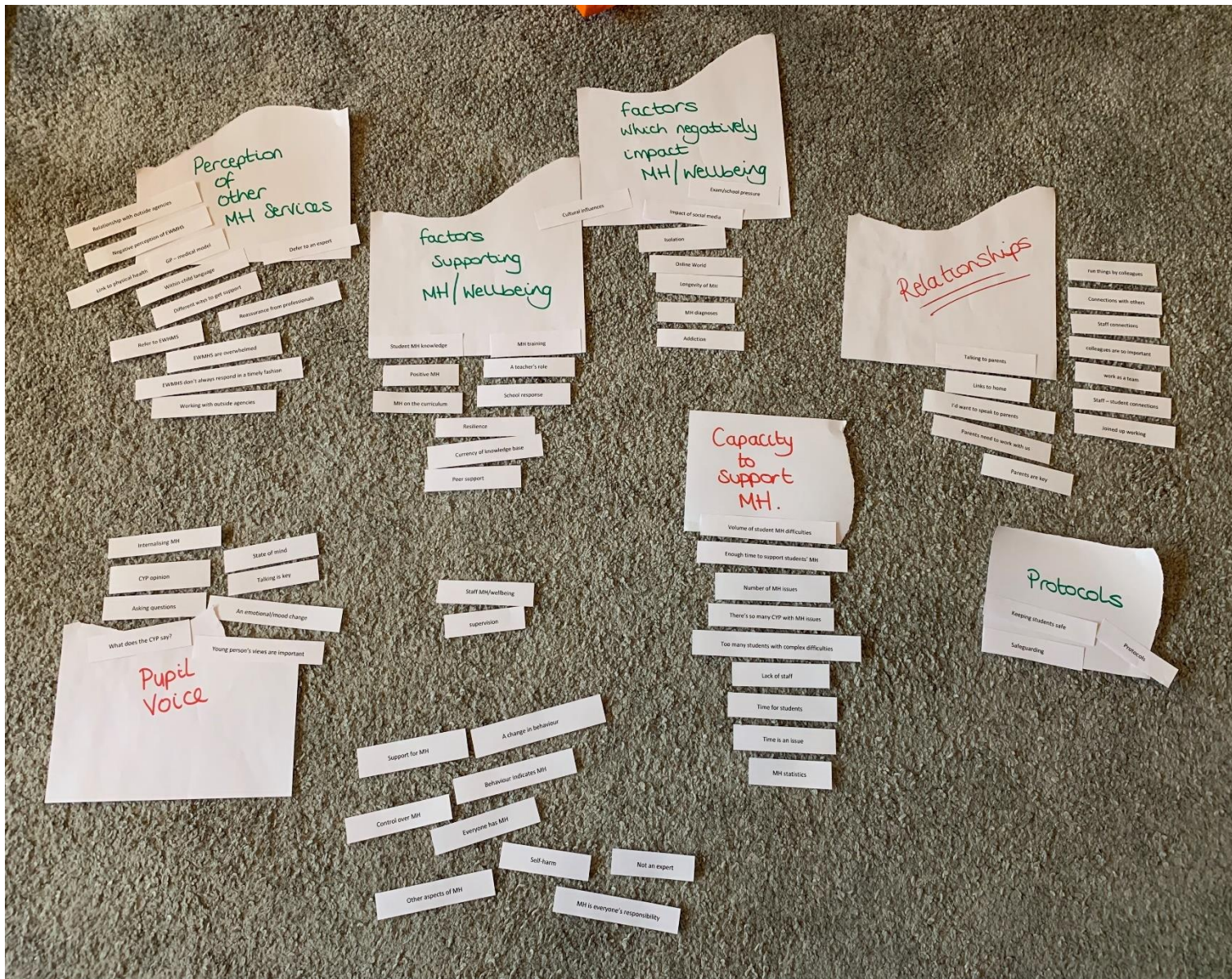
Name	Files	References	Created On	Created By	Modified On	Modified By
A change in behaviour		4	22/09/2019 17:17	KE	28/09/2019 10:13	KE
Asking questions		4	22/09/2019 17:14	KE	28/09/2019 09:59	KE
availability		3	27/09/2019 09:40	KE	28/09/2019 09:56	KE
behaviour indicates wellness and illness		2	27/09/2019 15:13	KE	28/09/2019 10:01	KE
Behaviours, not cause		1	27/09/2019 09:30	KE	27/09/2019 09:30	KE
complex issue		1	22/09/2019 17:15	KE	22/09/2019 17:15	KE
conflicting priorities		2	22/09/2019 18:33	KE	28/09/2019 10:09	KE
culture		3	22/09/2019 18:17	KE	27/09/2019 20:29	KE
early intervention		1	22/09/2019 18:38	KE	22/09/2019 18:39	KE
effect of stress		1	22/09/2019 17:12	KE	22/09/2019 17:12	KE
emotional impact on academic progress		1	27/09/2019 15:10	KE	27/09/2019 20:20	KE
exam or school pressure		3	22/09/2019 17:36	KE	28/09/2019 10:28	KE
Feelings		1	22/09/2019 17:10	KE	22/09/2019 17:10	KE
Hypothesising		1	22/09/2019 17:48	KE	22/09/2019 17:48	KE
Impact of being alone		2	22/09/2019 17:31	KE	28/09/2019 10:03	KE
Information sharing		1	22/09/2019 17:46	KE	22/09/2019 17:47	KE
job satisfaction		1	27/09/2019 09:47	KE	27/09/2019 09:47	KE
Links to home		4	22/09/2019 17:25	KE	28/09/2019 10:06	KE
Making decisions		1	22/09/2019 17:11	KE	22/09/2019 17:11	KE
MH a neutral term		1	27/09/2019 15:12	KE	27/09/2019 15:12	KE
MH curriculum		2	22/09/2019 18:13	KE	28/09/2019 14:00	KE
MH is variable		1	27/09/2019 09:11	KE	27/09/2019 09:12	KE
MH training		3	22/09/2019 18:31	KE	27/09/2019 20:30	KE
Mindset		1	27/09/2019 09:32	KE	27/09/2019 09:33	KE

KE 57 Items



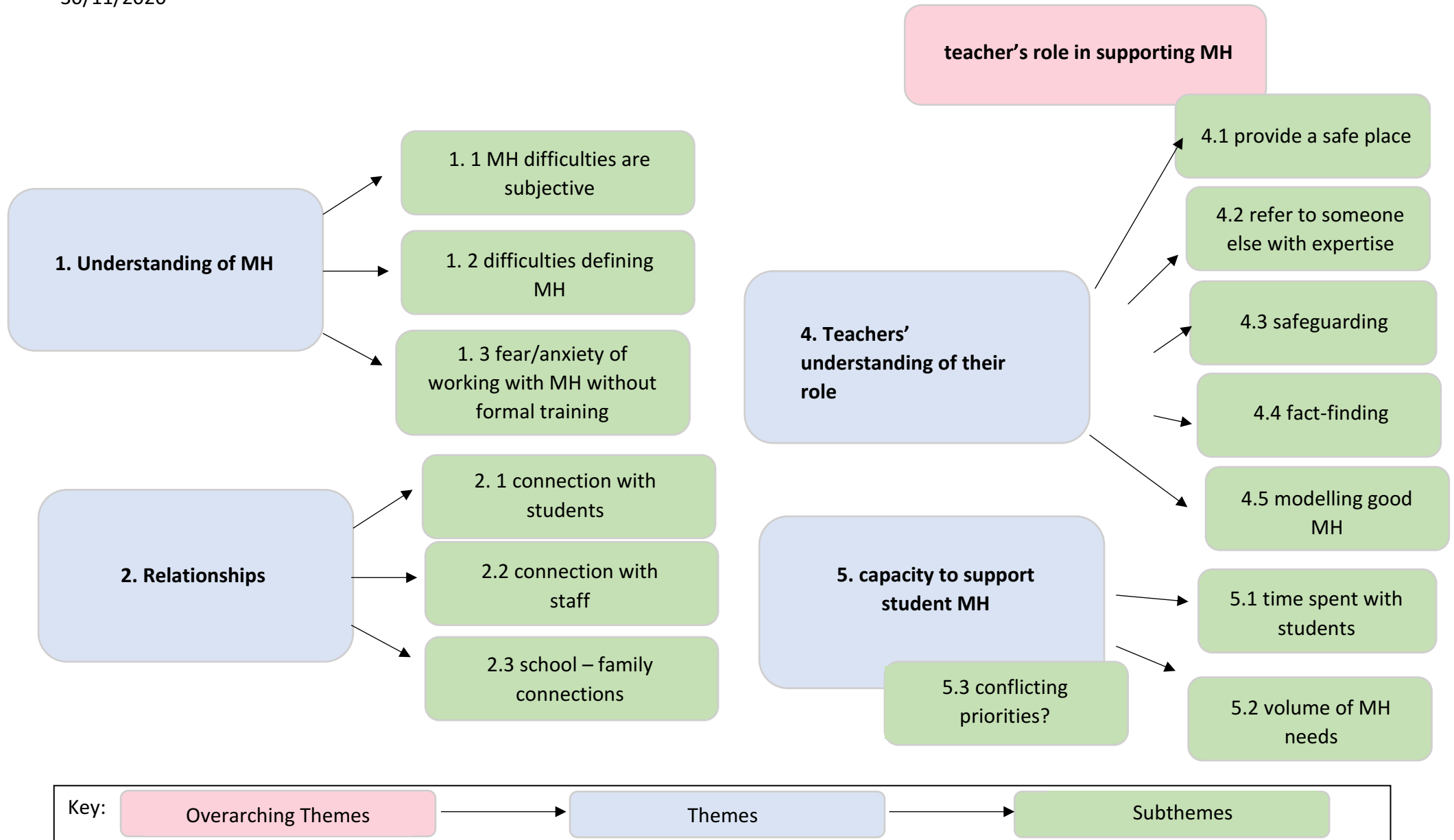
Appendix O: Photo documentation of initial data analysis

a. Initial theme development



b. Initial thematic map following phase 5 & 6 of Braun and Clarke's (2006) six stages for thematic analysis, several themes were reviewed and collapsed. See figure 3 for a copy of the final thematic map.

30/11/2020



**Youth MHFA Course Structure** – retrieved from  
<https://mhfaengland.org/individuals/youth/1-day/>

Session 1:

- Why Youth MHFA One Day?
- What is mental health and mental ill health?
- Stigma and discrimination
- The Mental Health First Aid action plan
- Depression
- Suicide

Session 2:

- Anxiety
- Self-harm
- Eating disorders
- Psychosis
- Recovery
- Resilience



## Appendix Q: Excerpts from reflective diary

### Excerpt 1 – Interview 1

*'I did my first 'real' research interview today. So nervous! I think I was so preoccupied with the questions I wanted to ask, I'm wondering how 'present' I actually was during the interview. Although my questions are flexible, I was conscious that I was perhaps leading the conversation by directing questions, rather than being truly taken where the conversation may go naturally by the participant. I need to be aware of this for the rest of the interviews and be more open to the interviewee's direction, rather than guided by my personal investment in the research. This will be good to bring up in supervision. I feel a huge amount of responsibility to capture something meaningful in this research and being the 'data collector' I want to ensure that the participants responses are as reliable as possible, whilst acknowledging that I can't be completely 'neutral' during the interaction. My reactions and questions will inevitably influence what is said and how. Therefore, I should constantly be reviewing my role within the research process using this journal. I'm excited to see whether any of the topic of discussion (like staff MH) will come up in my other interviews, but for now I need to remember to allow myself to be guided by the participant and not think too far ahead in terms of the things they say and what it means for the research as a whole.'*

### Excerpt 2 – Thematic Analysis

*'I was so excited to start my analysis, but now I'm so frustrated with it all. It feels like there's so much there and where does it all go? It could go in a thousand different categories and be labelled something different. How do I know what's right? How do I know if what I've even selected as 'codes' is the most 'true' of the data? I really wish I had time to do some participant checking so that I could ensure that what I have selected and my interpretation of the data is something that participants vaguely recognise. I'm conscious that I'm being too harsh in my interpretations or sometimes I'm too scared to interpret anything at all for fear of being totally removed from what was actually said. I have a lot of power re. analysis, and I'm really not comfortable with it. That being said, I'm going to have to start making some tentative decisions on how to group things because it's become so laborious and frustrating, I need to have some sort of order to move things along. Also, I can't be passive in all of this, I will always have an influence/impact so I need to stop trying to be impartial and (try) to be confident with what I believe I've found and refine it later if necessary – I'd feel much more comfortable checking this all over with someone else though and be able to verbally justify to them what I've found and where it could fit – supervision here I come.'*





## SUPERVISION RECORD – 11.10.2019

<p><b>Review from previous supervision:</b></p> <p>n/a</p>	<p><b>ACTIONS:</b></p> <p>n/a</p>
<p><b>Agenda items:</b></p> <ol style="list-style-type: none"> <li>1. Present first draft of thematic map – themes at this point are provisional (be prepared to let them go as they may not fit the data well once at the refining/revision stage)</li> <li>2. Discussion re. themes. Verbalise and explain thematic map?</li> <li>3. Research question and themes?!</li> <li>4. How to name themes accurately</li> </ol>	<p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Go back to the raw data/transcripts, what is the language used by the participants? – keep refining themes &amp; provide audit trail</li> <li>2. Present themes in enough detail to convey the richness of the data</li> <li>3. What are my constructs and how will they affect the research? - explore</li> <li>4. How does the theme 'understanding of MH' fit into the overarching theme of 'views of MH'? How are they distinct from each other? Use the names of themes to capture something distinctive re. the data</li> <li>5. Continue to analyse data set &amp; submit 'Findings' chapter to Janet on 22/11/19</li> </ol>
<p><b>Issues Discussed:</b></p> <p>n/a</p>	<p><b>ACTIONS:</b></p> <p>n/a</p>
<p><b>Personal (factors affecting work):</b></p> <p>n/a</p>	
<p><b>Date of next session:</b> 31.01.2020</p>	