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The Primary School Teacher's
Responsibility to Promote Positive
Mental Health

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University of Edinburgh
Doctorate in Education
2019

Declaration

I declare that I, Deborah Holt, have composed this thesis.

Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own, and has not been submitted for any other degree or professional qualification.

Signed: _____

Date: _____

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Finally, since I started this doctorate, my daughters have left school and my son has grown from being a young boy to a teenager. Nothing has made me more aware of the length of the doctoral journey than the visible passing of the years evidenced by the milestones my children have experienced within the same time span. I could not have made such a journey without their love, support and encouragement. Thank you, Oscar, Gini, Kirst and Niki for the fun and the joy, for giving me space when I needed it and for understanding my absences or grumpiness. Thanks also to Simon, for listening, encouraging and most valuable of all, for helping me keep the doctoral journey in perspective.

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Abstract

The Primary School Teacher's Responsibility to Promote Positive Mental Health

Rationale

As teachers play such a fundamental role in a child's wellbeing, this thesis explores what positive mental health means to individual primary school teachers and how they perceive their responsibility to promote positive mental health within the Scottish context. The Scottish Education policy context is unique. The research study reported here is the first of its kind in Scotland and is important because it has been argued that effective mental health promotion is best determined by local need and practitioner strengths (Herrman, Saxena and Moodie, 2005, Clark, O'Sullivan and Barry, 2010, Hall, 2010) and so will be specific to the child and adolescent mental health context in Scotland.

Since 2010, teachers in Scotland have been required to promote positive mental health, and health and wellbeing has been deemed to be the responsibility of all teachers. Therefore, a priority of this research project was to get the perspective not just those who had leadership responsibilities or an expressed interest in wellbeing, but also those with limited experience, low confidence or who had voiced doubt about the relevance or importance of positive mental health promotion to their role as primary school teachers.

Sample

Consequently, the sample was purposive in nature and consisted of 14 primary school teachers from 11 different schools located in 6 different local authorities who work in partnership with the School of Education. Seven participants were experienced and enthusiastic about wellbeing promotion which would include positive mental health. Six voiced a lack of experience in this area and one participant was cautious about her role within this. Thirteen participants were female and one was male. Five had leadership roles and four participants were in the first five years of their teaching career.

Research Design

Founded on constructivism, this research sought answers to questions about perceptions and individual perspectives in order to gain a detailed understanding of the participants'

experiences of positive mental health promotion. The following research questions underpinned the study:

1. What do primary school teachers understand by positive mental health?
2. What are primary school teachers' perceptions of their responsibility to promote positive mental health?

In order to answer these questions, a qualitative research design was deemed most appropriate. Based on Guba and Lincoln's (2008) definition of constructivism as an approach that believes reality is reached through a groups' consensus, this study used non-directive interviews to facilitate the acquisition of authentic rich data on the participants' understanding of positive mental health and their perspectives on their responsibility to promote it. Extended discussion revealed the participant teachers' hopes, concerns, priorities and key issues relating to their daily enactment of mental health promotion. The rich data gathered was analysed using an inductive approach that allowed themes to emerge from the data (Charmaz, 2006; Creswell, 2012; Huberman and Miles, 1998). Pillow's (2003) strategies of reflexivity ensured that the impact of researcher, participant and the relationship between the two on data gathering, analysis and reporting was scrutinised.

Findings and Conclusions

The key findings reveal in depth for the first time two related but distinct features of these teachers' work; firstly that they saw positive mental health promotion as intrinsic and integral to their overall role as teachers; and secondly, and perhaps more surprisingly, that this commitment to positive mental health promotion as an intrinsic element of being a teacher was present even in teachers who might be seen to lack interest, confidence and skills in this area. When asked about their perceptions, the participants described in detail how they enacted the role. It is clear that they perceived positive mental health promotion to be integral to the teacher's role, challenging, personal, drawing on positive relationships, but also, the rich description of their enactment presents a vivid picture of how this may be achieved and what it looks like in practice.

The primary school teachers participating in this study recognised mental health as a continuum influenced by a range of environmental, social and societal factors, such as poverty, relationships and home life. In effect, they demonstrated an understanding of

positive mental health that was broadly in line with social models of wellbeing.

Furthermore, consistent with policy and research (Bech et al., 2003; Bielsa et al., 2010; Jané-Llopis et al., 2005; Keyes, 2002; Levin et al., 2012; McDonald and O'Hara, 2001; WHO, 2001), participants acknowledged that positive mental health was more than the absence of mental illness.

This research uncovered a range of factors at a personal and professional level which enable participant teachers to promote positive mental health. A whole school approach, where both teachers and children work in a non-judgemental and supportive environment and are immersed in positive relationships, was recognised as fundamental to positive mental health promotion. Even if lacking confidence about mental health promotion, every participant was committed to providing, offering or nurturing the key elements of positive mental health promotion; that is the fostering of positive relationships, the building of pupils' social and emotional skills and the creation of a respectful and supportive ethos.

Findings revealed that participants perceived positive mental health promotion to be one of the more personal and emotional elements of being a teacher. They endorsed the importance of positive relationships in the classroom, between pupils and also between teachers and pupils. Findings indicate that every participant found positive mental health promotion to be challenging. Consistent with prior research (Bricheno, Brown and Lubansky, 2009; Graham et al., 2011; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008), participants raised concern about the impact that teaching generally and the challenges of positive mental health promotion in particular, had on their wellbeing. All participants emphasised the importance and value of working within a supportive environment in which their own mental health needs were met.

Implications

The participants' understanding of positive mental health and their perception of positive mental health promotion as an integral part of the primary school teacher's role has implications for schools, ITE and providers of professional learning. It might be beneficial to consider further this conceptualisation of positive mental health and its promotion alongside what it is to be a good teacher, particularly when teachers or students have a lack of self-efficacy in relation to positive mental health promotion. There is value in helping

teachers less confident in positive mental health promotion to identify the elements of their current practice that are already consistent with what has been learned about positive mental health promotion within the context of this study.

The personal dimension of positive mental health promotion and the impact of this on teacher wellbeing highlighted within this study, make it clear that there is a need to consider how the positive mental health of ITE students is promoted, particularly when considering the levels of poor mental health in adolescents and young adults in Scotland. Within the context of ITE, we should explore the extent to which our students are studying in a positive culture, conducive to learning and positive mental health promotion. Within the school context, this finding serves as a reminder or potential opportunity to increase the value placed on staff wellbeing.

Participants conveyed their perceptions of their role in positive mental health promotion by providing detailed descriptions of how they enacted each element of the role. Within the context of ITE and teacher professional learning, this detail of enactment should be used to inform practice and illustrate the many elements of being a teacher promoting positive mental health. This may be invaluable to our student teachers in terms of furthering their understanding of the promotion of positive mental health and how to identify the often invisible work that mentor class teachers are doing to promote wellbeing all day every day.

Chapter 1

Introduction

Scottish Mental Health Context

At the time that this research project was designed, in Scotland, eleven percent of children aged seven had high levels of behavioural and emotional problems. In addition to this, twenty-five percent experienced low life satisfaction, according to Growing up in Scotland (GUS) research that recommended interventions in schools to promote social and emotional wellbeing (Parks, Sweeting and White, 2014:5). There were 696 suicides in Scotland in 2015 (National Health Service, 2016). Suicide rates in Scottish teenagers had been declining since 2002 but in 2014 they were still significantly higher than the UK average (NSPCC, 2014). Mental health problems in children and adolescents have been increasing in Scotland (Murphy, 2016); 1 in 8 children in the UK, 1 in 10 in Scotland have mental health difficulties (Office for National for Statistics, 2015). The mental health of the nation and particularly its young people was, and still is, of concern to educators, health professionals and politicians. Subsequently, the potential adverse impact of school on a child's mental health and the importance of the school's role in promoting and supporting positive mental health have been acknowledged in both education and health policy decision making in Scotland and the rest of the UK. (Danby and Hamilton, 2016; Ekornes, Hauge and Lund, 2012; Murphy, 2016).

Education Policy Context in Scotland

With the introduction of Curriculum for Excellence (CfE) in 2010, Health and Wellbeing became the responsibility of all teachers throughout their teaching (Scottish Government, 2010; Scottish Government, 2009a). Curriculum policy made clear that positive mental health promotion was the responsibility of all, rather than something only to be addressed by a specialist or named teacher in a specifically timetabled session (Scottish Government, 2010). Curriculum policy specified that every child was entitled to be educated in an environment that supported them to:

- develop self-awareness, self-worth and respect for others;
- meet challenges, manage change and build relationships;

- experience personal achievement and build resilience and confidence (Scottish Government, 2010:1).

Although considered by some to be a devaluing of previous approaches to personal and social education in the Scottish curriculum, (McLaren, 2008), the inclusion of mental health within curriculum policy was part of the wider emphasis on health promotion through supportive environments and capacity building recommended in the World Health Organisation (WHO) Ottawa Charter (1986) and subsequently in UNICEF guidance (Her Majesty's Inspectorate of Education (HMIE), 2011; Levin et al.2012; Scottish Government, 2010; Scottish Government, 2009b; UNICEF, 2008; WHO, 1986). The development of Health and Wellbeing policy within Curriculum for Excellence was informed by the implementation and review of earlier acts and strategies such as the National Programme for Improving Mental Health and Wellbeing in Scotland (Scottish Executive, 2003) and Being Well Doing Well, (Scottish Health Promoting Schools Unit (SHPSU), 2004). In line with WHO advice (WHO, 1998), the Health and Wellbeing curriculum strands (Scottish Government, 2010) were developed in partnership with a range of groups including NHS Scotland, parent organisations and The National Health Promoting Schools network (HMIE, 2011; Scottish Government 2009 SHPSU,2004).

Although there are claims of insufficient consultation, (Thorburn, 2014) the mental health strand of curriculum policy (Scottish Government, 2010) was also founded on research carried out by charities and the medical profession in addition to education researchers, and in which the opinions of teachers, children and families were sought. (Munn et al., 2004; Scottish Government, 2009b). One example is the consultation on the UNICEF Rights of The Child (2008) in which children and anyone working with children were invited to give their views on the extent to which they believed the UNICEF (2008) recommendations were being achieved (Scottish Alliance for Children's Rights, (SACR) 2009). Relevant findings, such as the need for more input on emotional literacy were subsequently incorporated into the Health and Wellbeing Curriculum (SACR 2009:14, Scottish Government, 2010).

The shift in emphasis in Scottish policy that stipulated that the promotion of positive mental health was the responsibility of all teachers was a significant change in Scottish Education (HMIE, 2011; Scottish Government, 2010; Thorburn, 2014) which sought to encourage a

holistic approach to wellbeing in accordance with global research and guidance (Forrest, nd; Scottish Government, 2010; WHO, 1998; 2005). Although initiatives targeting mental health existed before CfE, and there was a national programme for improving mental health and wellbeing, these were not mainstream. (Scottish Executive, 2005; Scottish Government, 2012). These interventions, although intended for all children, were often targeted, used predominantly with those who had identified mental health difficulties, or in schools and communities where there was a high incidence of poor mental health.

In this way, although there were programmes for mental health promotion before Curriculum for Excellence, they were perceived by many as risk prevention and intervention, in addition to the curriculum, rather than as the promotion of positive mental health for all children as part of the curriculum. For example, although intended for all the children in a school, the Scottish Restorative Practice project was often seen by teachers to be most relevant to *'troubled and troublesome'* children (Kane et al., 2007:99). The project comprised the application of a range of restorative practices that included embedding into the school restorative ethos building, relationships, mediation and restorative language, in addition to specific action taken to deal with challenging situations (Kane et al., 2007; McCluskey et al., 2008). Moreover, it was found to work best in schools where there was an existing calm ethos and positive relationships underpinning the whole school approach (Kane et al., 2007), suggesting early success was contingent on wider positive mental health promoting practice in the school. It becomes clear that schools and individual teachers in particular, have a significant role to play in Health and Wellbeing policy enactment. This research project set out to find out more about positive mental health promotion from the perspective of Scottish primary school teachers.

It is significant to note that the place of mental health promotion in Scottish education policy was substantially different from that in the rest of the UK, where positive mental health promotion was not explicitly in the curriculum and was not identified as the responsibility of all (Department for Education (DFE), 2014). Promotion was not a key part of UK national education policy (ibid), with even the most recent reports and guidance on mental health promotion highlighting the reduced role of local authorities and the lack of uniformity of provision as challenges to a cohesive national approach (Frith, 2016).

Furthermore, in UK policy mental health promotion was still being considered in relation to targeting children at risk, rather than as part of a holistic universal approach (DFE, 2015).

My Background

Although currently working in Initial Teacher Education, ITE, my background is as a primary school teacher and headteacher. Most of my primary teaching and leadership took place in England at a time when wellbeing promotion was a hidden part of the teacher's role unacknowledged by policy. As a headteacher, I constantly found myself having to justify to Inspectors (local authority and OfSTED) why the school spent so much time prioritising and supporting the social and emotional development of our pupils. National statistics suggested that our children would be from relatively stable homes and would not be at significant risk for emotional or social development difficulties. The statistics were wrong; the actual situation was very far from this. The school had a high percentage of children who for some reason or other were emotionally vulnerable or experiencing other mental health difficulties. Irrespective of what the demographic was supposed to be or what the apparent needs of our children were, I and the team with whom I worked, firmly believed that the school should always provide a supportive and emotionally safe environment for all children, that we should seek to nurture positive mental health and help pupils develop the skills to understand and take care of their emotional wellbeing. This belief was eventually recognised in Every Child Matters (Department for Children, Schools and Families, (DCSF), 2003) and our school was deemed by Inspectors to be outstanding in its provision of pastoral care. This experience in primary schools, translated my theoretical understanding into practicalities as I became aware how important the individual belief and motivation of a teacher was to their enactment of every aspect of their role. Furthermore, it confirmed my belief that wellbeing and particularly, positive mental health promotion, although underpinned by theory and research should be shaped by the needs of the school community.

Now working in ITE, a major part of my role is to support student teachers to become able to promote the wellbeing of the pupils in their class. Somehow, I have to help them understand the theory and give them the confidence to learn how to embody positive mental health and support it in a way that is appropriate for any class at any time. How can I, with integrity prepare others who may be very different to me, to fulfil their responsibility to promote positive mental health? How can I ensure that the student teachers on my courses have the knowledge, confidence and skills to enact Health and Wellbeing policy? My route here was driven by my core beliefs, who I am as a person, professional learning and the unique situations and contexts I experienced along the way. It is not a route map that I can hand out to others. I have to empower them to find their own way. It will be a personal process for each and every student. I only know about my route. I need to find out about other teachers, particularly those working here in Scotland under CfE. It was with these questions and this awareness of individual pathways in mind that I approached my doctoral studies.

The Structure of the Thesis

In this first chapter, the context for the research is presented. Chapter Two reviews the literature on mental health promotion, most particularly that relevant to primary education. The literature on teaching that informed design and analysis of the research is reviewed in Chapter 3. In Chapter Four, the methodological approach is discussed. There is engagement with the theory that underpinned and informed research design, and exemplification of the reflexive process. In Chapter Five the qualitative data gathered during the interviews are presented and in Chapters Six and Seven, the findings are discussed through the lens of both mental health promotion theory and policy and the literature on the nature of teaching. In the final chapter, I discuss the relationship between the findings of the two research questions, before considering implications of the findings and bringing the thesis to its conclusion.

Chapter 2

Theoretical Perspectives on mental health promotion and a review of the research

Introduction

The context for this research, as identified in Chapter One, is education. The literature review, presented in Chapters Two and Three, draws on international, UK and Scottish literature relevant to positive mental health and positive mental health promotion in education. The review focuses on mental health policies, guidance and research that underpin or inform education policy and thus mostly excludes medical, clinical or psychiatric mental health literature. In this first chapter the focus is on general and theoretical considerations, whereas Chapter Three involves specific consideration of the focus of this research project, that is, the importance of the teacher to positive mental health promotion. Having first justified the need for a definition of positive mental health, there is then discussion of how positive mental health is defined in policy, theory and research. This is followed by a more detailed discussion of resilience and the social and emotional elements of mental health most pertinent to education. There is then consideration of the definitions of positive mental health promotion. The review next considers the theoretical perspectives of mental health promotion leading to the argument that schools are an appropriate place in which to promote positive mental health and that teachers are well placed to engage in the promotion of pupil wellbeing.

The intention was to include only literature from this century but some earlier texts have been included because they informed or underpinned more recent research or policy.

The Need for a Conceptual Understanding of Mental Health

Distinction is sometimes made between the terms 'mental health' and 'mental wellbeing', however, they are also often used synonymously. This review is not concerned with distinctions within and between these definitions but rather seeks to explore the literature in relation to mental and emotional health and wellbeing.

In their study of the primary school teacher's role in supporting pupil wellbeing, Danby and Hamilton, (2016) observe that there is neither a common vocabulary used by practitioners to describe mental health, nor a common understanding. Hall (2010) asserts that it is not necessary to define mental health in order to promote it. However, Ekornes, Hauge and Lund, (2012), disagree, claiming that unless teachers have a secure understanding of mental health as a continuum they may not be able to promote positive mental health nor even see it as part of their role. Taking World Health Organisation (WHO)'s 2001 definition as a starting point, there is agreement across global literature that good mental health is more than the absence of mental illness, and that promotion should be more than just prevention of the factors that can demote mental health (Bech et al., 2003; Bielsa et al., 2010; Hall, 2010, Jané-Llopis et al., 2005; Keyes, 2002; Levin et al., 2012; and McDonald and O'Hara, 2001; Weare, 2010). Thus it would seem necessary to ensure that those involved in promotion understand that mental health is a continuum with positive mental health at one end and mental illness at the other and, as such is an integral part of health (Bielsa et al., 2010; Danby and Hamilton, 2016; Herrman, Saxena and Moodie, 2005). Understanding that everyone is somewhere on the mental health continuum and that mental health is not merely the domain of health professionals is essential to promotion in schools (Danby and Hamilton, 2016; Ekornes, Hauge and Lund, 2012). Without this positive conception of mental health there is a danger that the 'stigma' of mental health is perpetuated (Ekornes, Hauge and Lund, 2012; Rothi, Leavey and Best, 2008; WHO, 2010). Furthermore, if school practitioners see mental health as an illness rather than a continuum including the social and emotional wellbeing of all, they are less likely to see promotion as part of their role. (Ekornes, Hauge and Lund, 2012).

Defining Positive Mental Health

Having made the case for the importance of a shared and sound understanding of positive mental health by school practitioners, it is now appropriate to consider the definitions of positive mental health used in literature, and most particularly in that relating to education. Positive mental health is commonly said to have three components; the absence of

persistent negative mood, the presence of positive mood and life satisfaction. (Ryan and Deci, 2001).

Thorburn (2014) argues that it is important to include both the psychologically driven characteristics of mental health such as resilience and those more cognitive ones such as life satisfaction, within a definition of positive mental health. Consistent with this, Keyes (2002) argues that mental health includes the emotional, the psychological and the social, and asserts that mental wellbeing involves the presence or absence of positive feelings and thoughts about life.

Characteristics of positive mental health that occur in multiple definitions are the ability to cope with crises, the ability to develop emotionally, enjoyment of life, optimism, a sense of achievement, life satisfaction and a sense of fun (Bielsa et al., 2010; Bhugra, Till and Sartorius, 2013; Edwards, 2003; Herrman, Saxena and Moodie, 2005; Levin et al.2012; Mental Health Foundation, 1999; Rothi, Leavey and Best, 2008, Weare, 2010; and Wells, Barlow and Stewart-Brown, 2003). These characteristics incorporate having a positive sense of self, realistic confidence and being able to value self. (Bhugra, Till and Sartorius, 2013; Edwards, 2003; Keyes, 2002; Levin et al.2012; Mental Health Foundation, 1999; Rothi, Leavey and Best, 2008; Weare, 2010 and Wells, Barlow and Stewart-Brown, 2003).

The realistic nature of optimism and confidence and an accurate self-concept are of crucial importance (Cigman, 2012; Humphrey, 2003; Thorburn, 2014; Weare, 2010). Realistic optimism is that based on an accurate self-image in relation to the context (Cigman, 2004). Humphrey, (2003) defines self-esteem as the evaluation of a person's self-concept compared to their ideal self; that is how they see themselves compared to the person they would like to be. An unrealistic self-image is not necessarily healthy or desirable and can lead to misplaced or unrealistic optimism (Cigman, 2004). For example, excessively high self-esteem is considered to be a risk factor for substance abuse (Cigman, 2004). Rather, a sense of proportion and moderation are usually needed for life satisfaction or optimism to be achievable, to avoid unrealistic and unfulfilled ambition or expectation (Edwards, 2003; Cigman, 2001; Cigman, 2012). For, if a person believes they should never experience the more uncomfortable (sometimes called negative) emotions, they are not likely to be satisfied with life because they will undoubtedly experience such emotions (Cigman, 2012;

Thorburn, 2014). Furthermore, significantly unrealistic expectations or self-confidence, whether too high or too low, can have an impact on life satisfaction or result in underachievement and the lack of rewarding challenge (Cigman, 2001; Cigman, 2012; Humphrey, 2003; Weare, 2010).

Such definitions of positive mental health have much in common with discussions of human flourishing. Whilst there is disagreement between various schools of thought, for example psychological versus philosophical, on what human flourishing actually involves, there is agreement that to flourish requires positive mental health but that flourishing is more than having positive mental health (Keyes, 2002; Miner and Dowson, 2012; Pettersen, 2011; Silverman, 2012). Flourishing is a state associated with Maslow's (1970) self actualisation, the realisation of potential or becoming the most fulfilled person that each individual is capable of being (Rogers, 1967). This is consistent with the aims of universal perspectives on positive mental health promotion discussed later in this chapter.

In this way, positive mental health involves balance and proportion; rather than being about demonstrating only positive emotions and experiences, it includes a level of self-understanding, being able to reflect on self accurately, to build on past experiences and learn from them (Cigman, 2001; 2012; Keyes, 2002; Weare, 2010). Although interpretations of life satisfaction and the factors influencing it can be culture-specific (Herrman, Saxena and Moodie, 2005; Ryan and Deci, 2001; Thorburn, 2014), in children it is often interpreted as relating to self-esteem and self-concept; a child's feelings about their characteristics, qualities and their body image (Davis-Kean and Sandler, 2001). It is intrinsically linked to the ability to cope with challenges, as discussed in the next section.

Coping with Challenges

Positive mental health allows individuals to cope with challenging or stressful experiences (Bielsa et al., 2010; Edwards, 2003; Weare, 2010; Wright et al., 2010) in addition to the normal stress of life (WHO, 1998). Such coping can be described as resilience, a characteristic of mental health, (Health Education Authority (HEA), 1997; Gu and Day, 2007; Hall 2010; Herrman, Saxena and Moodie, 2005; Rothi, Leavey and Best, 2008). Furthermore, the development of resilience, defined as *“processing or bouncing back from difficult*

experiences" (Weare 2010:4) and "*the maintenance of positive adjustment under challenging life conditions*" (Luthar, Cicchetti, and Becker, 2000:546) or alternatively as "*the capacity to function well generally*" rather than specifically in challenging times (Gu and Day 2013:40) can be enhanced or inhibited by the environment in which people live, work or study and the relationships they have within these environments (Gu and Day, 2007; Newman and Blackburn, 2002). Cigman (2012) asks whether there can be such a thing as too much resilience, suggesting that it is necessary to break down and cry sometimes. Perhaps the art of resilience is knowing when to go on and when to recuperate; for example, sadness and tears can be an important part of the grieving process, a natural processing and experiencing of emotions (Weare, 2010) rather than a lack of resilience. Resilience is not necessarily static or innate (Gu and Day, 2007; Newman and Blackburn, 2002); it changes over a lifetime and sometimes from situation to situation (Gu and Day, 2013). It is enhanced by positive relationships and through experiencing positive emotions and emotional confidence (Fredrickson, 2001; Goroshit and Hen, 2016). Therefore, the fostering of resilience is considered to be a key part of a school's promotion of positive mental health (Cushman, Clelland and Hornby, 2011; Graham et al., 2011; Herrman, Saxena and Moodie, 2005; Scottish Government 2009; Sutton et al., 2005; Weare, 2010; Wright et al., 2010; WHO,2005).

Taking Fredrickson's (2001) broaden and build theory of positive emotions, in which it is posited that certain positive emotions can broaden a person's attention focus and thus build social, intellectual, physical and psychological resources (Folkman and Moskowitz, 2000; Fredrickson, 2001), it is clear that resilience can also be considered a consequence and protective factor of positive mental health rather than simply a characteristic (Herrman, Saxena and Moodie,2005). Resilience could arise from being fully functioning, and thus experiencing the full range of emotions, rather than repressing or denying any uncomfortable ones (Cigman, 2004; Rogers, 1967; Ryan and Deci, 2001; Weare, 2010). Optimism and a sense of control are protective factors for positive mental health (Herrman, Saxena and Moodie, 2005). Whilst expressing anger or sorrow can be healthy, disproportionate emotion, such as excessive anger, and the ensuing aggression or anti-social behaviour, is more likely to be an indicator of or contributor to poor mental health (Bomber, 2007; Cigman, 2012; Weare, 2010).

Factors believed to promote individual resilience include good social skills, positive self-esteem, and a sense of humour (Cigman, 2001; Goroshit and Hen, 2016; Newman and Blackburn, 2002; Sutton et al., 2005). Furthermore, those able to hold onto a sense of optimism and achievement or other similar characteristics of positive mental health are better able to look beyond the moment of crisis, to see meaning in it and consequently they may be able to plan for the future, thus recovering from the crisis more rapidly or coping more effectively (Folkman and Moskowitz, 2000; Fredrickson and Joiner, 2002; Wright et al., 2010). In contrast, poor mental health can inhibit coping as it can cause a person to be less able to see a solution or to distract themselves and thus they are less likely to seek support (Edwards, 2003; Sutton et al., 2005; Wright et al., 2010).

The Social Dimension

Taking HMIE's definition of positive mental health as the capacity to "*feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges faced*" (HMIE 2011:5), it becomes clear that positive mental health is more than just an attitude or feeling; that it is evident in the way an individual is able to live their life. Positive emotions, such as enjoyment of life, optimism, a sense of achievement, satisfaction or fun are more than simple characteristics of positive mental health. In moderation, they are crucial elements to the maintenance of positive mental health, not just the outward manifestation; as each facet has the potential to enhance another in reciprocal and self-perpetuating fashion or upward spiral (Cigman, 2012; Fredrickson and Joiner, 2002; Herrman, Saxena and Moodie, 2005). Similarly, the absence of one element can erode another and contribute towards a deterioration in mental health (Hall, 2010; Wright et al., 2010). Mental wellbeing and illness can co-exist (Herrman, Saxena and Moodie, 2005).

It is perhaps superfluous to state that each individual does not live in a bubble isolated from the world, but is in fact a part of the social world. As such, the individual is both vulnerable to the influences of the social world, whilst also influencing the social context in which they live (Herrman, Saxena and Moodie, 2005). There are clear links between socioeconomic circumstances and mental health, with those socially isolated having poorer mental health

(ibid). Positive mental health incorporates social wellbeing (Herrman, Saxena and Moodie, 2005; Keyes, 2002; Mental Health Foundation, 1999; WHO, 2001).

Thus, positive mental health and its promotion need to be considered at more than just individual level; environment and societal factors have their influence (Herrman, Saxena and Moodie, 2005; Keyes, 2002; MacDonald and O'Hara, 2001; Weare, 2010). Positive mental health can be enhanced or impaired by the environment in which an individual lives, works or studies, (Bhugra, Till and Sartorius, 2013; Herrman, Saxena and Moodie, 2005; Keyes, 2002; Levin et al.2012, Pollet, 2007), making the school's role in positive mental health promotion a significant and relevant one (Clarke, O'Sullivan and Barry, 2010; Levin et al., 2012; Loades and Mastroyannopoulou, 2010; Weare, 2010; WHO, 2006). There is a social dimension to positive mental health, not just in the individual's own life view but in the way in which they relate to others, (Keyes, 2002; Weare, 2010) so much so that Pettersen (2011) claims a person's ability to flourish depends on their connection to and contribution to the flourishing of others. Positive, trusting and supportive relationships are essential to positive mental health (Amini Virmani et al., 2013; Durlak and Wells, 1997; Edwards, 2003; Ryan and Deci, 2001; Sutton et al., 2005; Weare, 2010). The teacher: pupil relationship is crucial to a child's positive experience in the classroom (Gordon and Turner, 2001; Split, Koomen and Thijs, 2011; Pianta, Hamre and Stuhlman, 2003; Paternite and Johnston, 2005; Weare, 2010).

Furthermore, disputes in class or falling out with friends can have a significant impact on a child's emotions, their behaviour and ability to function in the classroom (Hall, 2010; Hill, Laybourn and Borland, 1996; Ryan and Deci, 2001; Wright et al., 2010) and stressful experiences such as transition from nursery to primary school are more manageable if shared with a trusted friend (Fisher, 2009; Gu and Day, 2013; Silverman, 2012; Sutton et al., 2005). Positive mental health includes having a level of self-acceptance and an awareness of emotions that allows the individual to have positive relationships with others (Edwards, 2003; Scottish Government 2009a ; Weare 2010). Self-perception is developed within a social context (Humphrey, 2003; Keyes, 2002). Being in a classroom community in which there is mutual respect, unconditional positive regard and where difference is accepted and valued, can enhance a child's own self-acceptance (Herrman, Saxena and Moodie, 2005;

Humphrey, 2003; Weare, 2010). The feeling of belonging fostered by being in such an environment contributes to an authentic sense of self-esteem (Chetcuti and Griffiths, 2002).

Once again there is a reciprocal and iterative relationship between positive mental health and social development; positive relationships are crucial for social and emotional development and thus positive mental health; and social and emotional development, in turn, makes engagement in positive relationships possible (Amini Virmani et al., 2013; Denzin, 1984; Edwards, 2003; Goroshit and Hen, 2016; Hargreaves, 2005; Herrman, Saxena and Moodie, 2005; Keyes, 2002; Weare, 2010). Thus, it becomes evident that the individual elements or characteristics of positive mental health such as social wellbeing and emotional literacy are inter-related, overlapping and contingent on each other.

Emotional Literacy

There is clearly an emotional element to positive mental health. Some would also suggest that there is such an interconnectedness between social and emotional development that the two often tend to be considered together (Keyes, 2002; Sutton et al., 2005; Weare, 2010; Wright et al. 2010), with the boundaries and distinctions between them sometimes becoming blurred (Zeidner, Roberts and Matthews, 2002). Children learn about themselves and their own emotions by being in relationship with others and thus coming into contact with the emotions of others (Denzin, 1984; Thompson, 2007; Weare, 2010). As social development includes the awareness of others (Zeidner, Roberts and Matthews, 2002), when social wellbeing is measured, one of the attributes sought is empathy (Banerjee, 2010; Bradshaw and Tipping, 2010; Fauth and Thompson, 2009). Empathy is more than the psychological competence described by Goleman, (1996), it is the walking in another's shoes and understanding that other person's emotions even if they are different from those you would experience (Goroshit and Hen, 2016; Rogers, 1967). Goroshit and Hen, 2016, add that empathy also involves appropriate emotional response through expression of the understanding. Empathy enriches relationships and is enriched by them. (Hargreaves, 2005; Rogers, 1967).

In this way, emotional literacy is contingent on relationships and positive relationships upon emotional literacy. The iterative nature of emotional development continues; whilst

learning about self through being in relationship with others (Denzin, 1984; Silverman, 2012; Thompson, 2007), in order to understand and begin to have empathy for another person, a child needs to have some understanding of their own emotions, that is emotional literacy (Weare, 2010). Although the terms emotional intelligence, emotional understanding or social and emotional competence are often used alongside or instead of emotional literacy (Denzin, 1984; Goleman 1996; Perry, Lennie and Humphrey, 2008; Weare, 2010), there are differences in meaning between the terms (Sutton et al., 2005; Weare, 2010). The focus within the context of this thesis is on emotional literacy, as the competence most commonly targeted in schools, in Scottish policy (Scottish Government, 2010) and by participant teachers.

Emotional literacy is defined by Weare (2010) as comprising the following competences: self-understanding; understanding and managing emotions; understanding social situations and developing relationships (Weare, 2010:3). However, including elements such as optimism and resilience within these competences, Weare's (ibid) definition is broader than most definitions as it incorporates the main characteristics of positive mental health.

Emotional literacy is generally considered to involve:

- Recognition and experiencing of a range of emotions,
- Understanding the causes and deciding how to act
- Expressing emotions appropriately
- Recognition of emotions in others and experiencing empathy

and the use of these for the benefit of others, not just for self. (Morris and Scott, 2003; Perry, Lennie and Humphrey, 2008, Weare, 2010; Zeidner, Roberts and Matthews, 2002; Sutton et al., 2005). Taking emotional literacy a step further, Goroshit and Hen, (2016) describe the value of emotional self efficacy which involves having awareness of and confidence in one's emotional literacy, particularly in social situations and response to the emotions of others (ibid).

There is no single descriptor for an emotionally literate child. Each child will differ, and their emotional literacy will change and develop over time (Weare, 2010). It might become more sophisticated with maturity but it also might weaken in times of stress or loss (Bahman and

Maffini, 2008) or when relationships are fractured (Mental Health Foundation (MHF), 2016; Murray and Pianta, 2007). Emotional literacy might be evidenced in the way children engage in positive relationships, manage conflict and other tricky situations or in the way they demonstrate empathy towards each other (Kelly et al., 2004; Weare, 2010).

Weare's (2010) broader interpretation of emotional literacy with its emphasis on reflection for greater self-knowledge and an accurate self history addresses Thorburn's (2014) fears that a focus on only the emotional elements of positive mental health might lead to a curriculum which attempts to diagnose, train and regulate feelings. Emotional literacy involves being able to recognise the emotions one is experiencing, so that there is the ownership and understanding of those emotions (Morris and Scott, 2003; Perry, Lennie and Humphrey, 2008; Weare, 2010) that, amongst other things, reduces the likelihood of them being projected onto others (Denzin, 1984; Rogers and Freiberg, 1994). For example the stressed teacher who recognises her own anxiety, and is thus able to take responsibility for it and act on it with this recognition, in contrast to the anxious teacher who blames the children for the way she is feeling. Although through the development of emotional literacy, feelings are recognised and managed in self and others (Morris and Scott 2003; Weare, 2010), contrary to Thorburn's (2014) fears, this does not mean that so called negative emotions are demonised. Nor, I add this mindful of the occasions my lessons were disturbed by excitedly happy children, are negative emotions the only ones that can lead to antisocial or impulsive behaviour (Weare, 2010). Rather, emotional literacy means that an individual recognises how they are feeling, whatever the nature of that feeling, and begins to get a better understanding of why they feel that way and what they need to do to deal with it, rather than acting on an impulse triggered by the emotion (Morris and Scott, 2003; Perry, Lennie and Humphrey, 2008, Weare, 2010). Such emotional competence can increase the sense of life satisfaction in addition to serving as a coping strategy. (Goroshit and Hen, 2016).

If positive mental health includes the ability to develop emotionally and socially (Rothi, Leavey and Best, 2008), then emotional literacy is an important part of this development. Furthermore, there are claims that increased emotional literacy reduces depressive symptoms (Perry, Lennie and Humphrey, 2008; Wright et al., 2010) and some of the risk

factors that demote positive mental health such as self destructive and risk taking behaviours (Banerjee, 2010, Perry, Lennie and Humphrey, 2008; Wright et al., 2010 and Zeidner, Roberts and Matthews, 2002). There are claims that emotional literacy enhances achievement (Goroshit and Hen, 2016; Walberg, Zins and Weissberg, 2004; Weare, 2010) but evidence for this is disputed, often because a holistic approach embedded within all aspects of school life does not lend itself well to quantifiable outcomes (Lopes and Salovey, 2004; Weare, 2010; Zeidner, Roberts and Matthews, 2002). Whether for promotion of positive mental health or in the pursuit of greater academic achievement, there has been increased focus in education on the development of emotional literacy and social skills since the 1990s. (Perry, Lennie and Humphrey, 2008; SPSHU, 2004; Weare, 2010; Zeidner, Roberts and Matthews, 2002). Emotional Literacy is considered to be a fundamental part of a school's positive mental health promotion (Weare, 2010).

Theoretical Perspectives of Positive Mental Health Promotion

Positive mental health promotion is commonly defined as any effort taken to increase the social and emotional wellbeing of a group, society or individuals and actions designed to increase both an individual and a community's capacity to experience and maintain positive mental health. (Adelman and Taylor, 2010; Caelear and Christensen, 2010; Ekornes, Hauge and Lund, 2012; Jané-Llopis et al., 2005; Graham et al., 2011; MacDonald and O'Hara 2001; National Institute for Health and Clinical Excellence (NICE), 2008; Pollet, 2007; Wells, Barlow and Brown, 2003; WHO 1998). The WHO (1998) places emphasis on promotion as the *"process of enabling people to increase control over, and to improve, their health"* (WHO 1998:3). This makes it clear that promotion is about empowerment and thus requires action to build the knowledge, skills and attitudes necessary for social and emotional development and a mentally healthy life (Adelman and Taylor, 2006). Herman, Saxena and Moodie, (2005) assert that fundamental to such promotion is an ethos that respects and protects the rights of the individual. To this end, mental health promotion should work on three levels: empowering individuals; strengthening communities and environment so that they are supportive and nurturing; and reducing barriers to positive mental health and its promotion. (Adelman and Taylor, 2006; Herrman, Saxena and Moodie, 2005; MacDonald and O'Hara 2001).

Although these definitions of positive mental health promotion would appear to be clear and unambiguous, there are in fact two dominant theoretical perspectives that underpin the ways in which positive mental health promotion is conceived and enacted. Currently in Scotland, Europe, the US, Australia and New Zealand, mental health promotion in schools is consistent with the positive concept of mental health in which it is recognised as a continuum experienced by all, rather than an illness (Calear and Christensen, 2010; Durlak and Wells, 1997; Green et al., 2005; Ekornes, Hauge and Lund, 2012; Hall, 2010; Jané-Llopis et al., 2005; MacDonald and O'Hara, 2001; Weare, 2010). Accordingly, such promotion draws on a wellness or asset model and takes a holistic approach to promoting positive wellbeing for all (Danby and Hamilton, 2016; 2005; Hall, 2010; Weare, 2010). This is in contrast to a deficit model which assumes that removing mental illness will result in positive mental health and so seeks only to remove or reduce risks to mental health (Keyes, 2002). Such a model appears to ignore the much accepted and much cited WHO (2001) claim that mental health is more than the absence of mental illness, and can sometimes result in the ad hoc application of prevention strategies (Calear and Christensen, 2010; Wells, Barlow and Brown, 2003).

There is, according to some definitions, a third approach to promotion, termed multicomponent in which positive mental health is promoted through classroom structure, environment and individual skill development (Murray and Pianta, 2007). However, further scrutiny of the literature suggests that such a multicomponent approach is actually consistent with definitions of an asset model which specify the need to create a supportive environment, strengthen community and develop personal skills (Adelman and Taylor, 2006; Herrman, Saxena and Moodie, 2005) whilst also seeking to reduce or remove causes of poor mental health (Keyes, 2002). Such an approach is also known as an ecological approach to positive mental health promotion (Lynn, McKay and Atkins, 2003; MacDonald and O'Hara, 2001). Ekornes, Hauge and Lund, (2012), Weare, (2010) and Wells, Barlow and Brown, (2003) claim that positive mental health promotion in schools is most effective if it combines an ecological approach for all with targeted interventions that reduce specific risk factors or support the mental health of an identified groups of children. This review will now

look in more detail at the asset and deficit models of positive mental health promotion in education

Deficit Model of Positive Mental Health Promotion in Schools

Ekornes, Hauge and Lund, (2012) define the deficit model as an “an individualized perspective focusing on risk and harm” (ibid, 2012:291). Many of the first school based efforts to promote have since been deemed ill-advised or considered to be based on misconception or inadequate understanding (Adelman and Taylor, 2006; Wells, Barlow and Brown, 2003; Sarason, 1996). Consistent with the view of mental health as a negative concept and the view of promotion as an action to eliminate problems rather than build capacity for health, these early programmes were designed to address risk factors and mental health problems and sought to increase attainment, reduce bullying and aggressive behaviour (Graham et al., 2011; Herrman, Saxena and Moodie, 2005). Some initiatives were applied across the school and others sought to increase resilience or reduce depression in targeted individuals (Greenberg et al., 2003; Herrman, Saxena and Moodie, 2005). However, Graham et al., (2011), point out that such singling out of children for these programmes appears to treat individual children as a problem that needs fixing and could in fact be a risk to a mentally healthy environment and to capacity building. Herrman, Saxena and Moodie, (2005) acknowledge that it is necessary to target reducing risky behaviour in specific individuals and that effectively applied competence building programmes can promote mental health whilst also serving as a substance abuse prevention or personal safety programme. However, the consensus is that these targeted interventions work best as part of a universal positive promotion programme, rather than as the sole attempt (Ekornes, Hauge and Lund, 2012; Lynn, Mckay and Atkins, 2003).

Paternite and Johnston’s (2005) USA based paper on the need for mental health professionals to involve school staff more effectively in prevention of mental health difficulties seems to exemplify the deficit model, in many aspects, as its specialist mental health service perspective reinforces the notion of mental health as a problem to be treated. Their aim is to reduce referrals to mental health support services. Adelman and Taylor, (2006) caution that labelling emotional, behavioural or learning difficulties as specific internal problems in this way makes specialist clinical or remedial action, rather than

promotion, seem like the only way to address them. Contrary to this, some of the approaches Paternite and Johnston (2005), describe such as Positive Behaviour Support or Re-Education are universal and, in common with the asset model discussed in the next section of this chapter, work to promote positive mental health for all through capacity building (ibid). Similarly, Graham et al.'s (2011) research in Australia focuses on the elimination of threats to positive mental health such as bullying or 'deviant peer group' but identifies the need to provide similar protective environmental or capacity building factors to those incorporated into more positive conceptions of promotion (ibid.). It seems the division between asset and deficit models is not so clear. Furthermore, many of the interventions carried out during the 1990s, targeted risks and sought to prevent problems according to the deficit model, but sometimes did so through the universal approaches of environmental improvement and capacity building (Wells, Barlow and Brown, 2003). What is most significant and characterises such promotion as belonging to the deficit model is that the success of the majority of these programmes was evaluated by measuring the negative aspects of mental health rather than focusing on positive elements or health competences. (Paternite and Johnston, 2005; Wells, Barlow and Brown, 2003).

Asset Model of Positive Mental Health Promotion

In stark contrast, the asset approach, also known as the strength approach, (Power, 2003) and deemed a "*strengths-based discourse emphasising agency and resilience*" (Graham et al., 2011:480) is part of a more positive discourse (Herrman, Saxena and Moodie, 2005) that has as its basis the promotion of positive mental health for all through individual empowerment and improvement of environment. (Ekornes, Hauge and Lund, 2012; Graham et al., 2011; Green et al., 2005; Levin et al., 2012). There is a large body of literature that claims that a long term multicomponent asset model that focuses on both environmental factors and individual competence enhancement is more effective than one that works on only the one level (Cushman, Clelland and Hornby, 2011; Ekornes, Hauge and Lund, 2012; Herrman, Saxena and Moodie, 2005; Greenberg et al., 2003; Jané-Llopis et al., 2005; Wells, Barlow and Brown, 2003). Competence enhancement is the intention to help children develop mentally healthy characteristics and the skills and understanding necessary to exert control or to feel that they have control over their health. (Jané-Llopis et al., 2005, NICE, 2008; Weare, 2010) and is achieved through health education and interventions in addition

to immersion in the supportive whole school environment (Jané-Llopis et al., 2005, NICE,2008; Pollett, 2007; Weare, 2010). Such a model should be informed by the needs, resources and structure of the individual context (Herrman, Saxena and Moodie, 2005) and consequently needs to be well planned and frequently evaluated (Greenberg et al., 2003; Herrman, Saxena and Moodie, 2005; Murray and Pianta, 2007)

Furthermore, Cushman, Clelland and Hornby, (2011) believe that in order to prevent barriers to learning, a universal approach needs to be underpinned by the teaching of interpersonal skills and the provision of opportunities for pupils to develop these and form positive relationships. In their review of practice in the US, Lynn, Mckay and Atkins, 2003, found that the move away from a deficit model of promotion to a multicomponent asset one led to an improved classroom ethos and a reduction in pupil aggression and disruptive behaviour. Adelman and Taylor's (2006) work also suggests that universal promotion of healthy development can also reduce psychosocial and mental health problems. They too emphasise the importance of environment through "*enhancing nurturing and supportive conditions at school*" (2006:296) and providing opportunities for capacity building and empowerment. The current situation in Scotland has been discussed in Chapter One but it is pertinent to note here that Cushman, Clelland and Hornby, writing in 2011, identified Scotland as one of the few countries in the world that at that point had successfully aligned wellbeing with education in this way for almost a decade. Although WHO, 2006, advise that a positive psychosocial school environment is beneficial to pupils' mental health, such an environment does not entail the single-minded enhancement of positive emotions and reduction of negative ones cited by Cigman (2012) in her discussion of the enhancement agenda (ibid). Rather, according to Herrman, Saxena and Moodie, (2005), the components of such a positive environment are the friendly, warm, supportive atmosphere, cooperative and active learning and the forbidding of violence including physical punishment.

Since WHO's first advice in 1998, many individual strategies and interventions have been put in place across Europe, the US, Scotland and the rest of the UK (Greenberg et al., 2003; Levin et al.2012; Weare, 2010). In order to address concerns relating to the fragmented application of interventions, coordinated, larger scale universal programmes for promotion were initiated such as, in the USA, Promoting Alternative Thinking Strategies (PATHs), an

emotional intelligence-based curriculum and Social and Emotional Learning (SEL). The latter was devised by the newly formed Collaborative for Academic, Social, and Emotional Learning (CASEL) organisation (Greenberg et al., 2003). Similarly, Social and Emotional Approaches to Learning (SEAL) was introduced in England and at the same time Australia, Scotland and many other countries across Europe adopted the Health Promoting Schools Schemes (Graham et al., 2011; Levin et al., 2012). Evaluations and subsequent research into the effectiveness of these programmes have identified that such well- designed, coordinated whole school approaches are more successful ways to achieve the consistent promotion of mental health for all (Greenberg et al., 2003; Herrman, Saxena and Moodie, 2005; Levin et al., 2012; Wright et al., 2010). Thus, there is agreement that within an asset model, promotion can be achieved through a combined a holistic approach in which every member of the school team is expected to engage in positive relationships and contribute to an ethos of mutual trust and respect. Healthy behaviours are modelled and school codes of practice are inclusive, sensitive and open. (Greenberg et al., 2003; Herrman, Saxena and Moodie, 2005; Jane-Llopis et al., 2005; Levin et al., 2012; MHF, 2016; Nice, 2008;)

Rationale for Promoting Positive Mental Health in Schools

Herrman, Saxena and Moodie, (2005) assert that mental health promotion is a community responsibility rather than that of each individual, and schools are the community in which children spend a great deal of their time There is agreement that schools have an important role in the promotion of positive mental health, and in many countries it is now a duty, part of official school policy (Hornby and Atkinson, 2003; Herrman, Saxena and Moodie, 2005; NICE, 2008; Kidger et al., 2009; Loades and Mastroyannopoulou, 2010; Rothi, Leavey and Best, 2008; Wells, Barlow and Brown, 2003). It is believed that the promotion of wellbeing should be an integral part of teaching (Cushman, Clelland and Hornby, 2011; Danby and Hamilton, 2016; Ekornes, Hauge and Lund, 2012). Repie, 2006, asserts that schools must address social and emotional needs that affect learning. Furthermore, in their extensive studies of mental health promotion, Adelman and Taylor (2010) conclude that any attempt to improve the mental health of society must involve schools. Setting aside the socioeconomic argument that schools and school staff are the most cost-effective way for a country to address health promotion (Han and Weiss, 2005), schools are important social

contexts (Zins, et al., 2004). They are the main place in which children develop relationships with other adults and other children (Hornby and Atkinson, 2003; Zins et al., 2004), and make the most significant contribution to a child's social development (Herrman, Saxena and Moodie, 2005). Thus, positive mental health promotion seems to be compatible with the educational purpose of socialisation in that it promotes existing healthy ways of being (Biesta, 2009). The individual empowerment element of positive mental health promotion (Adelman, 2006) is consistent with subjectification, the process through which education supports individuals to be more independent in their thoughts and actions (Biesta, 2009). However, schools also have qualification as a core purpose, with attainment in learning one of the most measured elements and for which schools are expected to be most accountable (Ball, 2003; Biesta, 2016). Such emphasis on accountability does not address the social, emotional and mental barriers to learning (Paternite and Johnston, 2005; Repie, 2006). Therefore, this review will now discuss the literature on attainment and positive mental health to explore whether positive mental health promotion is compatible with this core role of schools.

The Relationship Between Positive Mental Health and Learning

As early as 1996, the WHO (1998) advised that for children to engage fully with education they need to be emotionally healthy, as emotional health problems are barriers to learning (Adelman and Taylor, 2006; Paternite and Johnston, 2005). If schools focus only on academic matters they will miss opportunities to empower children and help them achieve their academic potential. (Adelman and Taylor, 2006; Paternite and Johnston, 2005). Thus, Cushman, Clelland and Hornby (2011) are not alone in their claims that emotional wellbeing and academic success are "*interrelated and mutually supported*" (ibid: 2011:248). Paternite and Johnston, (2005) also claim that there is compelling evidence of positive correlation between positive mental health and academic success, and believe that they have to convince educators of this in order to gain their support in mental health promotion (ibid). Similarly, Cushman, Clelland and Hornby, (2011), assert that mentally healthy children with positive self-esteem and social competence are better learners.

Zins et al., (2004), argue that programmes to promote social and emotional wellbeing in schools tend to be fragmented and designed only to improve specific elements of health,

such as drug prevention, whereas in fact an integrated approach to wellbeing promotion can also improve children's academic achievements (ibid). Although not intended as their primary goal, many programmes designed to promote positive social and emotional or mental wellbeing also have a positive impact on learning (Cushman, Clelland and Hornby, 2011; Durlak and Wells, 1997; Greenberg et al., 2003; Han and Weiss, 2005; Walberg, Zins and Weissberg, 2004; Weare, 2010; Zeidner, Robert and Matthews, 2002). Cushman, Clelland and Hornby, (2011) concur with Zins et al., (2004), in the claim that teachers might see promotion more as part of their role if they understood that positive mental health can reduce barriers to learning and increase pupils' ability to achieve their academic potential.

Wide-scale evaluation and review in the USA of universal programmes to increase social and emotional learning found that there was overwhelming evidence that the programmes had a positive impact on learning; amongst other gains, children had improved numeracy and literacy skills (Greenberg et al., 2003; Zins et al., 2004). Other outcomes of social and emotional mental health promotion interventions and strategies evaluated include greater connectedness to school, reduced disruptive or antisocial behaviour and increased pro-social behaviour, higher self-esteem, higher self-belief and self expectation, less hopelessness and increased emotional literacy (Weare, 2010, Wells, Barlow and Brown, 2003; Zins et al., 2004). All of which can have a direct impact on learning and the positive learning environment of the classroom. When pupils received higher levels of support from teachers, this resulted in a reduction in distress and increased academic achievement and attainment (Lynn, McKay and Atkins, 2003).

Rothman and McMillan's (2003) research into school ethos in Australia found a correlation between positive school climate where children felt a sense of belonging to their school and higher scores in maths and literacy. Similarly, Cushman, Clelland and Hornby, (2011) and Buijs, (2009) believe that when attainment and wellbeing are combined as aims of education, a school becomes a more enjoyable place to learn. Bricheno, Brown and Lubansky's (2009) review identifies an almost unanimous belief amongst teachers that their own wellbeing influences the learning of the pupils in their class.

The empowerment that comes from mentally healthy characteristics such as, a sense of achievement, realistic self efficacy and the confidence to succeed, leads to greater intrinsic motivation (Froiland, et al., 2012). Such motivation is positively associated with academic success (Froiland, et al., 2012; Ryan and Deci, 2001). It prompts children to find out more and engage more in their studies, making them more likely to do homework willingly. Furthermore, it increases independence and academic resilience, enabling children to persevere at a tricky task and then experience the heightened sense of achievement from such a challenge. (Froiland, et al., 2012).

The Role of the School in Positive Mental Health Promotion

Patterns of lifelong healthy behaviour can be established during the early years (Bielsa et al., 2010; Green et al., 2005; Hornby and Atkinson, 2003). Furthermore, positive mental health is necessary for children's healthy psychological, social and academic development (Bielsa et al., 2010). Positive mental health promotion in childhood can increase self-worth, reducing the risk of mental health problems in later life (Green et al., 2005; Hornby and Atkinson, 2003). In order to engage fully in academic life and to get the most benefit from their time in school, children need to develop social and emotional competences within an environment that lets them practice their skills and develop their own identity (Herrman, Saxena and Moodie, 2005). Nelson and While's (2002) UK research into pastoral care for distressed children suggests that in primary schools, in particular, there is a well-founded infrastructure for wellbeing promotion. They found that head teachers were confident of the professionalism of their staff and the informal but integrated systems of care within their schools (ibid). Consistent with this claim, Murray and Pianta (2007), found that teachers were aware of the importance of caring, supportive classroom environments. In such contexts, positive relationships can flourish (Bielsa et al., 2010; Cushman, Clelland and Hornby, 2011; Murray and Pianta, 2007; Weare, 2010).

School connectedness is defined as a sense of belonging through feeling accepted, respected, supported by the school community (Oldfield, Humphrey and Hebron, 2016). The experience of school connectedness is frequently cited as facilitative to learning and to

social and emotional development, (Cushman, Clelland and Hornby, 2011; MHF, 2016) whilst also being considered a protective factor against future mental health problems (Shochet et al., 2006). It increases motivation to learn, (MHF,2016) and can reduce anxiety and risky behaviour such as substance abuse (Cushman, Clelland and Hornby, 2011). Having a voice and being able to participate fully in school life are also important elements of an environment that promotes positive mental health and school connectedness (Hall, 2010; Hornby and Atkinson, 2003). In order for children to feel safe and connected it is important that their teachers are also supported and not stressed (Hornby and Atkinson, 2003: Lynn, Mckay and Atkins, 2003; Milkie and Warner, 2011). Furthermore, Milkie and Warner, (2011), advise that poor environments in which there is a lack of material resources and where teachers are unsupported or not respected by colleagues, have a detrimental effect on the pupils' mental health. This leads to increased frequency of emotional and behavioural difficulties.

It is clear that the school environment and relationships within have a significant influence on the mental and emotional health of the pupils (Adelman and Taylor, 2010; Weare, 2010). Children need to feel emotionally safe in school, which can be achieved through well planned and consistent policies of pastoral care and positive mental health promotion. (Hornby and Atkinson, 2003; Murray and Pianta, 2007). Support from teachers, clear rules, a well-organised routine and a positive behaviour policy contribute to such a school environment in which pupils feel safe and a sense of belonging. (Lynn, Mckay and Atkins, 2003; Murray and Pianta, 2007).

A review of the literature makes it clear that whether actively engaged in promotion or otherwise, schools have a significant impact, positive or negative, on pupils' mental health, supporting Adelman and Taylor's (2006) previously cited assertions that mental health promotion is a school responsibility. Furthermore, there is an increasing body of research that suggests universal, asset model approaches to positive mental health promotion in schools are successfully having a positive impact on mental health. (Durlak and Wells, 1997; Greenberg et al., 2003; Han and Weiss, 2005, Herrman, Saxena and Moodie, 2005; Lynn, Mckay and Atkins, 2003; Graham et al., 2011; Weare, 2010; Wells Barlow Brown, 2003).

This review will now consider the barriers and facilitators to positive mental health promotion in schools.

Barriers and Facilitators to Positive Mental Health Promotion in Schools

Hornby and Atkinson (2003) identify four levels at which successful promotion operates: whole school organisation, school ethos, pastoral provision and classroom practice.

Whereas Buijs (2009) only identifies teaching, a supportive classroom environment and partnerships with parents and the community to be the main areas. Nelson and While's (2002) research with head teachers found that there were environmental, interpersonal and external factors inhibiting school leaders' attempts at whole school positive mental health promotion. This review now considers what makes promotion successful and what inhibits promotion, first looking at whole school organisation and ethos.

Whole School Organisation

A review of the literature reveals agreement that rather than random short-term interventions, positive mental health promotion in schools requires a planned approach incorporating long term strategies and coordinated whole school policies. These should be designed to increase health promoting elements and reduce factors likely to demote (Bielsa et al., 2010; Green et al., 2005; Cushman, Clelland and Hornby, 2011; Graham et al., 2011; NICE, 2008; Pollet, 2007; Wells, Barlow and Stewart-Brown, 2003; WHO, 1998; Weare, 2010; Weist et al., 2005). For the implementation of positive mental promotion to have the best chance of success, the participation of pupils, good collaboration between school staff and a valuing of staff wellbeing are essential (Gu and Day, 2013; Hall, 2010; Weare, 2010). There is a need for consensus and ownership of common goals by all members of the community (Ekornes, Hauge and Lund, 2012; Han and Weiss, 2005; Kidger et al., 2009). Parents are seen as valuable partners (Buijs, 2009; Cushman, Clelland and Hornby, 2011; Greenberg et al., 2003; Hornby and Atkinson, 2003) and their exclusion from the process can inhibit successful implementation of a promotion programme (Nelson and While, 2002). Furthermore, Green et al., (2005), Greenberg et al. (2003) and Weist et al. (2005) agree that for school promotion to be successful there needs to be good communication and interdisciplinary collaboration with other agencies involved in mental health promotion, and

that school approaches have to be compatible with community approaches. Paternite and Johnston, (2005) also advocate good partnership with mental health professionals, whilst Nelson and While (2002) note that poor relationships with support agencies are a barrier to successful promotion.

It is perhaps a consequence of the need for every member of the community to have a role in promotion, that there is no single way to promote positive mental health that will work in every school or classroom (Adelman and Taylor, 2006; Green et al., 2005; Kelly et al., 2004; Scottish Government, 2011). In order to meet the needs of every child, there has to be a combination of universal approaches for all and targeted interventions (Green et al., 2005). The ways in which each school chooses to promote positive mental health, including any specific competences targeted for development, have to be identified by each school. It is important that promotion programmes and long-term strategies are consistent with the school's ethos and vision (Han and Weiss, 2005; Herrman, Saxena and Moodie, 2005; Kidger et al., 2009) and that they have the support of all involved (Han and Weiss, 2005; Kidger et al., 2009). This requires careful planning informed by the culture of the school and the needs of both individuals and the whole school community (Herrman, Saxena and Moodie, 2005, Clark, O'Sullivan and Barry, 2010, Hall, 2010). However, it is also possible that changes will need to be made to the school culture or organization systems if these are incompatible with promotion as this is much more effective than the isolated addition of schemes and strategies in the classroom. (Adelman and Taylor, 2010; Bielsa et al., 2010; Durlak and Wells, 1997; Green et al., 2005; Greenberg et al., 2003; Kidger et al., 2009).

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Whatever the level of change required in the introduction or further development of a schools' positive mental health promoting practice, the school leadership have an important role (Ekornes, Hauge and Lund, 2012; Hallam, 2009; Han and Weiss, 2005; Herrman, Saxena and Moodie, 2005; Kidger et al., 2009; HMIE, 2011, Scottish Government, 2011). Unless leadership ensure or undertake effective coordination, monitoring, ongoing development and improvement of a planned programme of positive mental health promotion, there is minimal impact on the pupils and it becomes unsustainable. (Ekornes, Hauge and Lund, 2012; Han and Weiss, 2005; Greenberg et al., 2003; Weist et al., 2005). School leaders who understand positive mental health promotion are better able to motivate and inspire school

staff (Hallam, 2009; Han and Weiss, 2005) or in the words of Herrman, Saxena and Moodie, (2005), someone at a high level in the school has to '*champion*' the programme. School leaders are instrumental in reducing or removing barriers to promotion through ensuring sufficient time, resources and training (Han and Weiss, 2005). Without the support of school leadership, staff development tends to be insufficient and staff are less likely to commit to promotion. (Ekornes, Hauge and Lund, 2012; Greenberg et al., 2003; Hallam, 2009; Han and Weiss, 2005).

School Ethos

Without a whole school supportive ethos, positive mental health promotion is significantly inhibited (Kidger et al., 2009; Nelson and While, 2002). A school ethos which informs and reflects the values and practice of all staff and pupils is fundamental to promotion. (Adelman and Taylor, 2006; Hornby and Atkinson, 2003). The ethos needs to be safe, respecting, supportive and inclusive. (Cushman, Clelland and Hornby, 2011; Pollett, 2007; Jané-Llopis et al., 2005; Weare, 2010). Such an ethos that prohibits discrimination and which promotes equality can help reduce what Herrman, Saxena and Moodie, (2005) call the structural barriers to positive mental health. Such a health promoting ethos fosters positive relationships between staff, pupils and families who all understand and identify with the schools aims. (Adelman and Taylor, 2006; Greenberg et al., 2003; Murray and Pianta, 2007). Whole school strategies for welcoming children and parents into the school can facilitate this (Adelman and Taylor, 2006). Such an ethos provides the consistency required for positive mental health promotion and enables the children to experience a sense of belonging, acceptance, security and achievement (Adelman and Taylor, 2006; Herrman, Saxena and Moodie, 2005; Murray and Pianta, 2007; Oldfield, Humphrey and Hebron, 2016).

Furthermore, the ethos should also encourage and reward positive behaviour and social interaction in addition to academic achievement (Greenberg et al., 2003). Praise and positive feedback promotes warmth and trust according to Murray and Pianta, (2007). In order to achieve a health promoting ethos, teachers need to be emotionally literate (Hornby and Atkinson, 2003; Weare, 2010). The role of teachers in promotion will be discussed in more detail in Chapter Three. Hornby and Atkinson, (2003) believe the aim is to develop an ethos in which children, school staff and parents all have and understand their role in

positive mental health promotion. The sense of ownership and connectedness to school is enhanced by procedures that empower children, such as giving them the skills and opportunities to contribute to the whole school community and giving them a voice in school decisions (Hall, 2010). A health promoting ethos fosters transitions, social interactions and positive relationships whilst also providing social and emotional support for those within it (Adelman and Taylor, 2006; Green et al., 2005; Greenberg et al., 2003; Jané-Llopis et al., 2005; MHF, 2016; Weare, 2010).

Skills Building

The health promoting ethos is enhanced or eroded by those within it, which is why successful approaches to positive mental health promotion incorporate the development of mentally healthy skills (Adelman and Taylor, 2006; Buijs, 2009; Cushman, Clelland and Hornby, 2011; Green et al., 2005; Greenberg et al., 2003; Hornby and Atkinson, 2003; Herrman, Saxena and Moodie, 2005; Jané-Llopis et al., 2005; MHF, 2016; Murray and Pianta, 2007; Pollett, 2007; SPSHU, 2004; Weare, 2010). Consistent with definitions of positive mental health discussed in the earlier section of this review, positive mental health promotion is most effective when it includes increased focus on interpersonal skills, resilience and emotional literacy (Cushman, Clelland and Hornby, 2011, Green et al., 2005; Murray and Pianta, 2007). For positive mental health, children need to learn how to deal with the social world and how to form safe relationships (Herrman, Saxena and Moodie, 2005). Such development of interpersonal skills also contributes to the positive relationships between teacher and pupils which in turn has a positive impact on the social context of the classroom (Greenberg et al., 2003; Murray and Pianta, 2007). This skills development does not only take place through what Murray and Pianta, (2007) term '*explicit instruction*' during specific lessons in the classroom but also requires the planned and continuous provision of opportunities for children to apply and develop further their skill within a safe, accepting and respecting environment. (Green et al., 2005; Greenberg et al., 2003). Murray and Pianta, (2007) acknowledge the benefit of using teaching approaches such as peer and cooperative learning as ways to increase opportunities for children to develop their social skills. Whereas Green et al. (2005) advocate teaching problem solving skills and alternative thinking strategies to promote social and emotional competence.

There is agreement that children need to develop emotional literacy (Weare, 2010), so that they are able to deal with their emotions (Herrman, Saxena and Moodie, 2005). Consistent with Weare's (2010) definition, Murray and Pianta, (2007) stress that this includes emphasis on self-awareness and self-management skills. Emotional literacy development is best achieved when embedded within a supportive ethos and when it includes the employment of approaches that target self-concept and nurture self-esteem (Green et al., 2005). Another integral part of promotion is the development of coping skills so that children are better able to deal with stressful experiences and transitions (Adelman and Taylor, 2006; Cushman, Clelland and Hornby, 2011; Ekornes, Hauge and Lund, 2012; Graham et al., 2011; Green et al., 2005; Herrman, Saxena and Moodie, 2005). As is true for social development, promotion is also most successful when opportunities to apply these skills are built into the daily life of the classroom (Green et al., 2005). Herrman, Saxena and Moodie, (2005) warn that promotion also requires active avoidance of threats to such an environment in addition to helping children learn how to avoid such threats to their wellbeing. There is agreement that the reduction of bullying and aggressive behaviour and increased violence prevention is essential not only through ethos but through social and emotional development (Cushman, Clelland and Hornby, 2011; Graham et al., 2011; Green et al., 2005; Herrman, Saxena and Moodie, 2005; Lynn, McKay and Atkins, 2003).

Returning to WHO's definition of promotion as a *process of enabling people to increase control over their health* (1998:3), it is not surprising that successful school positive mental health promotion includes empowering children and giving them responsibility and a voice, not only in relation to their own health but also as part of the school community (Adelman and Taylor, 2006; Bielsa et al., 2010). Promotion is most effective when all those within the school community have a role to play (Cushman, Clelland and Hornby, 2011; Nelson and While, 2002). Hall's (2010) use of pupil participation to identify health promoting and demoting features of the school show how pupil voice can be an effective way to increase a school's capacity to promote positive mental health. The National Children's Bureau has children on its board (Bielsa et al., 2010) and the consultation leading to the development of Curriculum for Excellence in Scotland involved asking children for their perspective (Munn et al., 2004; SACR, 2009). If children are to play active roles in their own development and health, they need to have the skills that enable them to do so. Opportunities for

independence, decision making and problem solving should be part of promotion (Greenberg et al., 2003; Hornby and Atkinson, 2003). Such skills are enhanced when applied to meaningful tasks in which children actively contribute to the wider school community. (Greenberg et al., 2003)

Other Inhibitors to Promotion

The discussion thus far has focussed on the elements of a successful mental health promotion programme, acknowledging some of the challenges in putting these elements into place. Whilst the absence of elements such as specific teaching of social and emotional skills or a supportive and respectful ethos make successful promotion highly unlikely, evaluations of practice and research in this area have also identified specific factors that inhibit the positive mental health promotion in schools. These will now be considered.

Consistent with any educational change, the successful introduction of health promoting practice requires time, staff development and the ownership and engagement of those involved (Adelman and Taylor, 2010; Fullan, 2011; Kidger et al., 2009; McCluskey et al., 2008; Reio, 2016; Schmidt and Datnow, 2005; Scottish Government, 2017; Stevenson and Gilliland, 2016). Frequent education reform led head teachers in Nelson and While's (2002) research to identify lack of time as the biggest threat to pastoral care. Similarly, Kidger et al's (2009) research identified competing demands and subsequent time constraints as barriers to positive mental health promotion. Consistent with Hall's (2010) research, they also acknowledged that the physical context of the school, such as buildings in poor repair, overcrowded classrooms and staff shortages were considerable barriers (Nelson and While, 2002). At an interpersonal level, a lack of engagement or support from parents and parents with no respect for teachers were also cited as challenges (Nelson and While, 2002) This list of barriers does not include those relating to teachers. As teachers are fundamental to this research project, review of literature relating to teachers will now be considered separately.

Chapter 3

Teachers and Positive Mental Health Promotion

As this research asks about teachers' perceptions of their role, there is in this chapter a review of the teacher's role in positive mental health promotion, followed by consideration of the nature of teaching. The review concludes with a brief scoping study of the research relating to teachers' perceptions on wellbeing and positive mental health promotion with the purpose of identifying gaps in the existing literature (Arksey and O'Malley, 2005).

As the teacher is the focus of this chapter, the following themes are discussed:

- the significance of teachers to school based positive mental health promotion
- the challenges to promotion in relation to the teacher
- the impact of teacher wellbeing on promotion
- teacher wellbeing
- teacher attitude and values as influential on promotion
- the nature of teaching

Teachers

Primary school teachers spend so much time with their class that they play a significant role in a child's life (Graham et al., 2011; Nelson and While, 2002; Paternite and Johnston, 2005; Perry, Lennie and Humphrey, 2008; Weare, 2010). So much so that whether or not a child likes school tends to depend on the relationship that they have with their teacher. (Gordon and Turner, 2001; MHF, 2016; Milkie and Warner, 2011; Murray and Pianta, 2007). A positive classroom environment makes it more possible to build close supportive and trusting relationships between teacher and pupil (Murray and Pianta, 2007). However, the relationships in turn shape the environment and Hargreaves, (2000), asserts that the caring interactions between teacher and pupil define the school experience for a child. Although Ekornes, Hauge and Lund, (2012) concede that in Norway the teacher's role in promotion is mainly through the creation of a supportive and safe learning environment, teachers are actually in a *unique position* to make a significant contribution to positive mental health promotion (Murray and Pianta, 2007; Paternite and Johnstone, 2005; Perry, Lennie and Humphrey, 2008; Nelson and While, 2002). Whilst many teachers are aware of the

importance of their relationships with pupils (Murray and Pianta, 2007), older children also acknowledge the role that teaching staff can have on their interpersonal behaviour (Gordon and Turner, 2001), often approaching teachers with their health concerns and personal problems (Cohall et al., 2007).

Good quality teacher pupil relationships are fundamental to both academic achievement and engagement, and to the child's healthy social and emotional development (Hornby and Atkinson, 2003; Lynn, McKay and Atkins, 2003; MHF, Murray and Pianta, 2007). Murray and Pianta, (2007), describe such relationships as ones in which there is warmth, trust and open communication in addition to instruction and support. Such relationships resemble secure care giver attachments (Murray and Pianta, 2007), and the support teachers give serves as a protective factor for wellbeing (Lynn, McKay and Atkins, 2003). Furthermore, strong trusting relationships contribute to a child's ability to cope in challenging circumstances (Hornby and Atkinson, 2003). Ekornes, Hauge and Lund, (2012) caution that the teacher is not a lone actor but one part of a wider system of positive mental health promotion. However, their value to positive mental health promotion cannot be denied; Paternite and Johnstone (2005) found that residential promotion programmes relying on and informed by strong interpersonal relationships between children and the adults working with them proved to be more effective than those that did not (Paternite and Johnstone, 2005).

Challenges for Teachers

Accepting that teachers are fundamental to positive mental health promotion, it becomes clear that teachers and related issues have the power to enhance or impede positive mental health promotion. This review will now consider some of the barriers and challenges within this aspect of the teacher's role.

Nelson and While (2002), found staff shortage and the consequent increase in workload on the remaining teachers to be the biggest perceived threat to pastoral care. Graham et al., (2011) found that teachers were under-resourced. There is a need for teachers to value the expertise of specialist services and to develop positive relationships with them in order to better facilitate inter-agency work (Nelson and While, 2002; Paternite and Johnston, 2005). A lack of specialist training and the reduced confidence associated with insufficient understanding or knowledge are commonly cited barriers to promotion (Adelman and

Taylor, 2010; Graham et al., 2011; Kidger et al., 2009; Nelson and While, 2002; Perry, Lennie and Humphrey, 2008; Rothi, Leavey and Best, 2008). The most successful programmes for promotion include measures to overcome teachers' perceived skills or confidence deficits, such as well-planned skills development and quality time working together reach to a shared understanding of what is required and why (Fullan, 2011; Kelly et al., 2004).

Head teacher attitude is extremely influential (Han and Weiss, 2005; Kelly et al., 2004). Teachers are better able to promote positive mental health when they work in schools where committed leaders devise appropriate development programmes and help the school team engage in this professional learning. (Adelman and Turner, 2010; Ekornes, Hauge and Lund, 2012; Greenberg et al., 2003; Han and Weiss, 2005; Herrman, Saxena and Moodie, 2005; Kelly et al., 2004; Kidger et al., 2009; HMIE, 2011, Scottish Government, 2011).

The Impact of Teacher Wellbeing on Promotion

Teachers often admitted that they felt overwhelmed by the emotional needs of their students and that this could be a barrier to promotion (Bricheno, Brown and Lubansky, 2009; Graham et al., 2011; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008). The teacher's unaddressed emotional needs are a commonly cited barrier to promotion (Graham et al., 2011; Kidger et al., 2009; Nelson and While, 2002; Perry, Lennie and Humphrey, 2008). Whereas, successful promotion programmes address the risk of teacher burnout through nurturing staff resilience and creating a positive working environment (Adelman and Taylor, 2006; Han and Weiss, 2005). Teachers contribute to the growth and happiness of their pupils (Noddings, 2007) but they also need to have positive mental health for the good of education and for themselves (Higgins, 2011; Silverman, 2012; Weare, 2010). It should not be a matter of the teacher prioritising the needs of the child and the profession to the detriment of their own needs (Higgins, 2011; Silverman 2012). In a healthy caring relationship such as the teacher pupil one, the teacher carer can benefit as much as the cared for child (Higgins, 2011; Silverman, 2012). In order to promote positive mental health, teachers need to be mentally healthy (Graham et al., 2011; Kidger et al., 2009; Weare, 2010). Whilst this entails taking positive action to foster and maintain their own health (Graham, et al., 2011; Gu and Day, 2013; Higgins, 2011; Noddings, 2007), this, again, also requires the support of school leadership and a supportive environment (Adelman and

Taylor, 2010; Kovess-Masféty et al., 2007). Teachers need to feel that their emotional needs are being met (Perry, Lennie and Humphrey, 2008).

Thus, positive mental health promotion relies on the emotional and professional engagement of the teacher. The ability to form positive relationships is influenced by wellbeing (Gu and Day, 2007; Lynn, McKay and Atkins, 2003; Split, Koomen and Thijs, 2011). Conversely, relationships with pupils can enhance or impact negatively on teacher wellbeing. (Split, Koomen and Thijs, 2011). If teachers value positive relationships and are consistently putting a great deal of effort into forming relationships with pupils to no effect, this can leave them feeling hurt, disenchanted and emotionally drained (Bomber, 2007; Hargreaves, 2005; Kelchtermans, 2011; Silverman, 2012). Such emotional exhaustion, a common feature of teacher stress, reduces teacher engagement in their relationships with pupils and can make them feel more negatively towards those pupils (Bomber, 2007; Han and Weiss, 2005; Lynn, McKay and Atkins, 2003). Negative emotions transmit from teacher to pupils (Bahman and Maffini, 2008; Izard, 2009; Rogers and Freiberg, 1994; Weare, 2010). Poor relationships between teacher and pupils have a negative impact on the classroom environment which can lead to an increase in challenging behaviour in the classroom, causing yet more stress for the teacher and the pupils (Split, Koomen and Thijs, 2011; Veldman et al. 2016). In contrast, as previously noted, positive relationships between teacher and pupils can enhance pupil learning and social and emotional wellbeing (Izard, 2009; Lynn, McKay and Atkins, 2003; Pantić and Wubbels, 2012). If teachers feel good about themselves, they are more likely to have the resilience to cope with challenges and, in turn, their pupils benefit from having good role models for resilience (Adelman and Taylor, 2006; Gu and Day, 2007). Conversely, teachers cannot serve as positive role models for emotional literacy nor offer the support the children need if they are burnt out or emotionally exhausted. (Graham et al., 2011; Gu and Day, 2007; Izard, 2009; Weare, 2010).

Teacher Wellbeing

As the positive wellbeing of teachers is seen to be fundamental to positive mental health promotion, it is now relevant to consider briefly some of the literature on teacher wellbeing. Teaching is one of the most stressful professions (Bricheno, Brown and Lubansky, 2009; Gu and Day, 2013; Johnson et al., 2005; Split, Koomen and Thijs, 2011). Bricheno, Brown and

Lubansky's, (2009) findings revealed that teacher wellbeing depends on "harmony" between the personal needs and expectations of a teacher and the environment (physical and emotional) in which they work.

There are significant external or environmental factors that impact on teacher wellbeing. Such factors are seen to be outside a teacher's control (Nelson and While, 2002); yet having control over their work is considered important to wellbeing (Bricheno, Brown and Lubansky, 2009). Staff shortages, a lack of resources, rising pupil numbers and increasingly high workloads, the pressure of monitoring and accountability or 'performativity' (Ball, 2003) are considered major contributors to teacher stress (Lynn, McKay and Atkins, 2003; Nelson and While, 2002; Veldman et al.2016). Positive relationships between teaching staff can reduce stress (Kovess-Masféty et al., 2007; Weare, 2010). Thus, it is not surprising that the absence of support from colleagues including administrative staff and school management is also cited as a major cause of stress, with the converse, a supportive non-judgemental work environment, recognised as being health promoting for staff as well as pupils (Bricheno, Brown and Lubansky, 2009; Gu and Day, 2007; Lynn, McKay and Atkins, 2003, Nelson and While, 2002; Veldman et al.2016; Weare, 2010). As indicated previously, pupil behaviour is also perceived as a significant contributor to stress (Bricheno, Brown and Lubansky, 2009; Day, 2013; Poulou and Norwich, 2000; Veldman et al., 2016).

Teachers with optimism and a good sense of self efficacy are less likely to suffer from high levels of stress because their increased confidence helps them maintain engagement with their pupils and their role (Han and Weiss, 2005; Veldman et al.2016). However, the previously mentioned persistent emotional demands reduce teachers' feelings of efficacy and confidence (Bricheno, Brown and Lubansky, 2009) and can make them anxious about carrying out emotionally sensitive elements of positive mental health promotion (Han and Weiss, 2005).

According to Bricheno, Brown and Lubansky's (2009) review, educational change affects stress levels and work satisfaction. The impact of frequent educational reform and the ensuing danger of overload, in addition to the day to day challenges of school life, increase the demands of the profession and take their toll on the teacher (Bricheno, Brown and Lubansky, 2009; Fullan, 2011; Gu and Day, 2013; Hargreaves, 2016; Kelchtermans, 2005). Furthermore, Kelchtermans (2005) argues that it is the emotional investment in teaching

that makes significant change so stressful for teachers. Change clearly has an emotional impact (Hargreaves, 2005; Schmidt and Datnow, 2005). If change or educational reform takes place within a supportive, non-judgemental environment in which teachers have some control and investment, it is less likely to have a negative impact on their wellbeing (Fullan,2011; Hargreaves,2016; Murray and Pianta, 2007; Schmidt and Datnow, 2005; Stevenson and Gilliland, 2016). However, it is more likely to be stressful for teachers if there is not enough time, support or resources for change to be enacted successfully or when there is uncertainty about what is required and how it is to be achieved (Fullan,2011; Reio, 2016;. Schmidt and Datnow, 2005)

The impact of change on stress also depends on how the change fits within the teacher's concept of or moral purpose for teaching (Han and Weiss, 2005; Hargreaves, 2005; Johnson et al.2015; Kelchtermans, 2005; Mayer, 2011; Reio, 2016). Moral purpose is the teacher's care and commitment to the child, their motivating belief in what teaching is for and how they achieve this end (Fullan, 2000; Korthagen, 2008; Mayer, 2011). It is considered to be fundamental to teacher identity as well as inseparable from the teachers' emotions. (Hargreaves, 1998; Korthagen, 2008; Mayer, 2011) Teachers are more likely to embrace a new positive mental health programme if they think it will solve a problem in class or meet pupil needs (Hornby and Atkinson, 2003). Furthermore, highly motivated teachers with positive professional self efficacy tend to be more interested in implementing change (Han and Weiss, 2005). Consequently, this review will now consider the impact on positive mental health promotion of teacher attitude.

Teacher Attitude

Nelson and While's (2002) research with head teachers identified teacher attitude and reluctance as barriers to the pastoral care required for promotion. But it is not only head teachers who perceive teacher attitude to be an issue. Staff reluctance and colleagues who did not see the value of promotion were also identified by teachers as barriers to positive mental health promotion. (Hallam, 2009; Kelly et al., 2004; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008). In contrast, according to Herrman, Saxena and Moodie, (2005) and Thorburn, (2014) whatever their attitude towards promotion, educators contribute to

promotion through improving education. By this interpretation, a teacher who believes that providing best education for their pupils is the way to promote positive mental health may still be consistent with guidance (Ekornes, Hauge and Lund, 2012). They may well raise some pupils' self-belief, autonomy and esteem through providing high quality subject based teaching and learning experiences that allow them to experience challenge and success (Thorburn, 2016). Weist et al., (2005) include in their principles of best practice in mental health promotion the need for all staff to hold high ethical standards and to be committed to children. However, the consensus is that for successful promotion of positive mental health, every teacher also needs to be aware of their individual role and responsibilities within a whole school approach (Adelman and Turner, 2006; Hornby and Atkinson, 2003; Scottish Government, 2010; Scottish Government, 2017; WHO, 2006). Specifically, they need to understand their contribution to ethos, whole school policies, development of mentally healthy skills and classroom teaching (Hornby and Atkinson, 2003).

It has been demonstrated in this chapter that successful positive mental health promotion is contingent on the effective engagement of teachers. Evaluations of promotion and the consideration of literature on change reviewed here make clear that whether and to what extent teachers embrace their health promoting role depends to a large extent on how compatible this role is with their concept of teaching. For this reason, this review will now consider the literature relating to the nature of teaching.

The Nature of Teaching

A teacher is required by policy makers and professional bodies to demonstrate content knowledge and technical competencies, quite often quantifiable and measurable ones so that teachers can be evaluated and sometimes graded as a somewhat questionable means of ensuring quality (Ball, 2008; Biesta, 2009; Day, 2011; Korthagen, 2004; Shulman, 1987; Thorburn, 2014). In such a system of performativity, what truly matters at the heart of education can be lost (Ball, 2008; Biesta, 2016). However, such a techno-rationalist conception in which teaching is reduced to the application of a set of skills or techniques and the transmission of content knowledge is generally considered to be outdated (Carr, 1999; Cooke and Carr, 2014; Day, 2013; Kelchtermans, 2005; Moore, 2004). Teaching is

more complex (Bower and Parsons, 2016; Cooke and Carr, 2014; Kelchtermans, 2011; Moore, 2004; MacIntyre, 2007; Shulman, 1987; Zembylas, 2011) and teachers need to be more than just '*well-oiled machines*' (Hargreaves 1998:835). Teachers need to have knowledge of what they are teaching and how to teach, but in addition to competences, good teaching requires the teacher to have a compatible motivation, belief and identity (Bower and Parsons, 2016; Biesta, Priestley and Robinson, 2015; Day, 2013; Goroshit and Hen, 2016; Kelchtermans, 2011; Korthagen, 2004; Mayer, 2011; Meirink et al., 2009). Teaching is demanding and sophisticated (Graham et al., 2011). The accrediting body for the teaching profession in Scotland begins to recognise the complexity of teaching in their requirement for a teacher to demonstrate professional values and personal commitment; professional knowledge and understanding, and professional skills and abilities (General Teaching Council Scotland, (GTCS) 2012). This conception of teaching comes closer to that recognised by Shulman, (1987) whose knowledge base for teachers included conceptual knowledge of policies, systems, learners, educational theory, wider context and pedagogical content knowledge. The most complex part of the teacher's knowledge base or their repertoire of skills, and perhaps that most relevant to positive mental health promotion, is their pedagogical content knowledge or wisdom of practice (Shulman, 1987). Also known as perceptual knowledge or Aristotle's phronesis, (Carr, 1999; Korthagen, 2008), the wisdom of practice requires reflection and involves the teacher's ability to choose the best way to respond or act in each different situation; that is perception, judgement and the courage or confidence to act on these (Bower and Parsons, 2016; Biesta, Priestley and Robinson, 2015; Carr, 2007; Cooke and Carr, 2014; Korthagen, 2004; Kelchtermans, 2005; Mayer, 2011; Noddings, 2007 and 2016; Shulman, 1987; Stevenson and Gilliland, 2016).

The nature of teaching is context-dependent and the specific set of skills and knowledge required in one classroom or school can be very different from that required in another. (Bower and Parsons, 2016; Biesta, 2016; Carr, 1999; Gu and Day, 2007; Korthagen, 2004; Zembylas and Chubbuck, 2009). Furthermore, the extent to which a teacher can fulfil their potential and meet their responsibilities is enhanced or inhibited by the systems, structures, the nature of relationships with colleagues and the ethos in the school in which they work (Day, 2013; Hargreaves, 2005; Kelchtermans, 2005; Korthagen, 2004; Mayer, 2011; Schaufeli and Bakker, 2004; Split, Koomen and Thijs, 2011; Weare, 2010). What is consistent is that

teachers have to be able to respond to the needs of the class, child or individual situation (Goroshit and Hen, 2016; Pantić and Wubbels, 2012). This means that within any context, teachers have to assess a situation, draw on their knowledge of and relationships with pupils in order to decide how to respond appropriately (Carr, 2007; Korthagen, 2004). Teachers use this knowledge of the child in combination with personal qualities, such as emotional literacy, sensitivity or perseverance to help them (Benekos, 2016; Carr, 2007; Kelchtermans, 2011; Noddings, 2016; Pantić and Wubbels, 2012; Split, Koomen and Thijs, 2011; Zembylas, 2011). Thus, how a teacher responds to one child or helps that child to learn will be very different from how the same teacher responds to or supports another child, or even the same child in a different situation. In this way, the wisdom of practice requires teachers to know their pupils well and draws on virtues (Carr, 2007; Higgins, 2011; MacFarlane, 2004; MacIntyre, 2007; Noddings, 2007; Pantić and Wubbels, 2012; Split, Koomen and Thijs, 2011) that help the teacher determine what to do, when to do it and to what extent. MacIntyre (2007) defines virtue as an '*acquired human quality*' that enables '*goods*' to be achieved within a practice (2007:191). In this case teaching is the practice and the goods are the achievement of the moral purpose of education. Virtues are shaped by the character strengths and core qualities of the teacher (Korthagen, 2004; Noddings, 2007; Ofman, 2000). Consistent with feminist ethics, care is recognised as a virtue (Noddings, 2007). In what is an iterative process, the practice of teaching not only draws on these ethical and moral qualities, it also develops these same qualities in the teacher, which in turn enhances their ethical practice (Higgins, 2011).

There is far more to a discussion of virtues than there is space for here, nor would such a lengthy discussion be appropriate to this literature review. Suffice to recognise that teaching has a moral and ethical dimension (Fullan, 1994; MacIntyre, 2007; Noddings, 2007; Pantić and Wubbels, 2012; Pring 2001) and draws on the personal qualities or characteristics of the teacher, not only to help them determine how to act but to enable them to build relationships with the children in their class (Bower and Parsons, 2016; Carr, 2007; Cooke and Carr, 2014; Harding and Pribam, 2004; Hargreaves, 1998; Korthagen, 2004; Pantić and Wubbels, 2012; Split, Koomen and Thijs, 2011).

Teaching requires content knowledge of all that is to be taught but, it is not just an intellectual endeavour (Nieto, 2003), it is also an emotional one (Day and Lee, 2011; Hargreaves, 1998; Kelchtermans, 2005; Noddings, 2007; Zembylas and Chuck, 2009) which requires, characteristics such as sensitivity, empathy, compassion, understanding, tolerance, love, hope and flexibility (Bower and Parsons, 2016; Kelchtermans, 2005; Korthagen, 2004; Pantić and Wubbels, 2012; Nieto, 2003; Weare, 2010). In this way teaching requires the emotional labour found in other caring professions (Bricheno, Brown and Lubansky, 2009). Hochschild (1983) defines emotional labour as the process of emotional engagement which often involves the induction of suppression of own feelings that results in others feeling cared for (ibid). Teaching draws on the emotions of teachers to connect and relate to their pupils, and teachers often keep their own feelings, for example stress or irritation, hidden from their pupils in order to create and maintain a calm and secure classroom ethos (Hargreaves, 1998; Kelchtermans, 2011; Weare, 2010). Teaching is a caring profession (Higgins, 2011; Noddings, 2007; Silverman, 2012) and the value of care features prominently in research into health promoting schools (Hornby and Atkinson, 2003; Nelson and While, 2002; Weist et al., 2005). Care is defined as “*the mental, emotional and physical effort involved in looking after, responding to and supporting others*” (Baines, Evans and Neysmith, 1991:11) and emotions are crucial to the process of connecting to and fostering relationships with those cared for across the caring professions (Smith, 2012).

Thus, teaching requires both intellectual and emotional commitment which is enhanced by the teacher’s belief in their ability to teach and their identity as teachers (Day, 2013). Such commitment to the role will trigger the full range of emotions from happiness to anger and even depression (Day, 2013; Nieto, 2003). Being a teacher is, therefore, not just the donning of a professional mantle; the uniqueness of the teacher, their personal disposition and how they see themselves as teachers are crucial to teaching. (Bower and Parsons, 2016; Day, 2013; Kelchtermans, 2005; Korthagen, 2004; Tickle, 1999). Teaching is relational and involves developing caring relationships with pupils (Noddings, 2007; Pantić and Wubbels, 2012; Silverman, 2012; Split, Koomen and Thijs, 2011). Such caring requires knowing (Noddings, 2007). It is the teacher as an emotional being who connects to and forms relationships with the children in the class (Hargreaves, 1998; Kelchtermans, 2005; Pantić and Wubbels, 2012). Within this relationship teachers serve as role models for their pupils

and so should be emotionally literate (Weare, 2010). They need to be able to create a climate of trust and respect in the classroom (Carr, 2007; Weare, 2010) and encourage the development of confidence, resilience and a learning disposition in their pupils (Carr, 2007; Cigman, 2000; Gu and Day, 2013; Higgins, 2011; Weare, 2010). If the teacher is to nurture the full development of the child in this way, they need to be robust and fulfilled themselves (Day, 2013; Higgins, 2011; Weare, 2010). Furthermore, they need to embody and thus demonstrate the ethical confidence that they wish to encourage in their pupils (Cigman, 2000; Goroshit and Hen, 2016). This is no simple task; Cigman (2000) defines ethical confidence as comprising awareness, sensitivity, the courage to admit when one is wrong, receptivity to the views of others, patience, and perseverance, amongst other qualities.

With its positive relationships, the nurturing of confidence and the supporting of full development (be that psychological, emotional or cognitive), this description of the teacher begins to resonate with the discussion of positive mental health with which this review began. Furthermore, it is evident that in addition to the diverse knowledge base, teaching requires emotional literacy, resilience and self-care (Gu and Day, 2013; Higgins, 2011; Weare, 2010).

Reviewing the Research with Teachers in Relation to Emotional Wellbeing or Positive Mental Health Promotion

The teacher is central to positive mental health promotion in primary schools. They are the significant adults in a child's life (Nelson and While, 2002; Paternite and Johnston, 2005). Furthermore, the bond between teacher and pupil can provide a sense of belonging and security fundamental to healthy social and emotional development (Paternite and Johnston, 2005). Thus, teachers seem to be well-placed to support and promote positive mental health. (Danby and Hamilton, 2016). According to Graham et al., (2011), their beliefs, perceptions and confidence levels will influence their engagement in positive mental health promotion and their perspective should be sought. However, in 1997, Roeser and Midgley found that teachers' expertise was often "*undervalued and underutilized*" (ibid, 1997:129). This review will now consider whether this is still true in relation to positive mental health promotion.

According to Kidger et al., (2009), the teacher's role in positive mental health promotion remains under-researched, and as what research exists is mainly qualitative, there are few randomised controlled trials amongst this research. Weare, (2010) believes this is one of the reasons why there is no significant body of evidence to support specific mental health promotion practice or interventions. This review looked at studies from the US, Australia, Europe and the UK in which primary and secondary school teachers were consulted on an aspect of their work relating to positive mental health; this includes those involved in specific interventions and prevention schemes.

Identification and Support of those with Poor Mental Health

There is a larger body of research that investigates the identification and support of children with mental health difficulties rather than universal promotion. These findings relating to perceptions on identification and support give insight into the teacher's perspectives on pupil wellbeing, and as such are included briefly in this review. Loades and Mastroyannopoulou's, (2010), research in England, and Walter, Gouze and Lim's (2006) in the USA found that teachers did not feel confident managing or supporting pupils' mental health difficulties, and cited behaviours arising from these as major contributors to teacher stress or a poor classroom environment (Walter, Gouze and Lim, 2006). Similarly, Rothi, Leavey and Best's (2008) research in England found that pupil mental health problems were perceived to increase the teacher's workload, reduce job satisfaction and have a detrimental impact on teacher wellbeing. The desire to help and concern for pupils, accompanied by low sense of efficacy at their ability to do so left teachers feeling incompetent and frustrated (ibid; Poulou and Norwich, 2000). Research into the support of those pupils with poor mental health consistently reports the class teachers' desire for specific training on how to identify mental health difficulties and how best to work with children who experience mental illness (Graham et al., 2011; Rothi, Leavey and Best, 2008; Loades and Mastroyannopoulou, 2010; Poulou and Norwich, 2000; Walter, Gouze and Lim, 2006).

Such research into identification and the school's role in supporting pupils who have poor mental health suggests that when it comes to promotion, teachers may bring a deficit understanding or misconception of positive mental health, and the aforementioned reduced confidence that can arise from working with or having a focus on children with mental

health difficulties. If teachers see mental health as the domain of specialists, they may see promotion as “*beyond their competence and professional responsibility*” (Ekornes, Hauge and Lund, 2012:305). In New Zealand and Australia, although believing mental health to be significant, many schools and teachers were found to hold a deficit perspective, seeing mental illness as something to be fixed and the schools’ role as a reactive one in response to issues that arose (Cushman, Clelland and Hornby, 2011; Graham et al., 2011). Across the world, there can still be a stigma attached to the concept of mental health (Ekornes, Hauge and Lund, 2012; Graham et al., 2011; Paternite and Johnston, 2005). In contrast, Danby and Hamilton’s, (2016) research in Wales found that most teacher participants perceived positive mental health to be the result of social, personal economic and environmental factors; they recognised mental health as a continuum and consequently within the influence of both teacher and the school environment. They were aware of the significance of their role to promotion (ibid). Consistent with this, Ekornes, Hauge and Lund, (2012) assert conceptual understanding of mental health to be crucial to promotion.

Promotion of Positive Mental Health

Initial consideration of the research into teachers’ perceptions of mental health promotion suggest that teachers generally consider various promotion approaches, such as emotional literacy, to be a key part of their role in educating the whole child (Cohall et al., 2007; Danby and Hamilton, 2016; Graham et al., 2011; Herrman, Saxena and Moodie, 2005; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008; Roeser and Midgley, 1997 and Rothi, Leavey and Best, 2008). Contrary to this, Graham et al’s, (2011) research also found that some teachers believed promotion and pupil welfare to be incompatible with their concept of a teacher’s role. Furthermore, a closer look at the wider body of research reveals concerns about those teachers not participating in each study due to experience or interest (Kidger et al., 2009) and colleagues who only pay ‘*lip service*’ to strategies (Perry, Lennie and Humphrey, 2008:33). Participants recognised that such lack of engagement with strategies could actually damage the self-esteem of pupils and give mixed messages, in that staff behaviours are sometimes inconsistent with school policies and ethos (Gordon and Turner, 2001; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008). Furthermore, impaired self-esteem was perceived to be one of the most prevalent contributors to poor mental health (Repie, 2006).

Consistent with the findings of research into mental health difficulties, irrespective of their commitment to positive mental health promotion, teachers frequently voiced feelings of burden. They felt overwhelmed by the role and by the poor mental health of pupils, the latter often manifested in the form of behavioural difficulties (Cohall et al., 2007; Kidger et al., 2009; Roeser and Midgley, 1997; Rothi, Leavey and Best, 2008 and Walter, Gouze and Lim, 2006). Some teachers' only motivation to promote positive mental health arose from a desire to remove barriers to learning such as behavioural problems in class (Adelman and Taylor, 1999). The development of emotional literacy in schools is an aspect of positive mental health promotion integral to current Scottish health and wellbeing policy (Scottish Government, 2009a; 2009b; 2011; 2012 and 2017). Perry, Lennie and Humphrey's (2008) English case study found that participant teachers recognised the value not only of supporting pupils' emotional literacy but also, as advocated by Weare (2010) in being emotionally literate themselves. However, teachers expressed concern about their ability to be emotionally literate due to lack of support or care for teacher wellbeing from the education system (Perry, Lennie and Humphrey, 2008). This concern is echoed across the research reviewed, with concerns about lack of support and having to work in systems not conducive to staff wellbeing raised frequently (Cohall et al., 2007; Greenberg et al., 2003; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008; Rothi, Leavey and Best, 2008).

In concordance with HMIE's findings in Scotland (HMIE, 2011), teachers recognised a need to increase their knowledge and understanding of mental health, requesting better training, (Cohall et al. 2007; Kidger et al., 2009; Rothi, Leavey and Best, 2008; Walter, Gouze and Lim, 2006); with those who had received training valuing the resulting increase in their confidence (Moor et al. 2007). Teachers also expressed the need for training to be delivered by mental health professionals with a deep understanding of schools, in school friendly language rather than medical terminology (Rothi, Leavey and Best, 2008).

Most outcomes of promotion strategies were quite specific to the context within which the teachers worked; with government initiatives, urban deprivation, targeted intervention and behavioural difficulties underpinning the questions, responses and results of some studies (Moor et al., 2007; Walter, Gouze and Lim, 2006). Repie (2006) found that when promotion was driven by local need and informed by school context it tended to be well received by school practitioners. At the other extreme, Rothi, Leavey and Best, (2008), found that

teachers were most concerned when promotion was part of a government initiative that sought to reduce poor behaviour rather than to address the underlying causes.

Although diverse in nature, it is clear that the body of research into teacher attitudes and perceptions towards aspects of mental health promotion shares many common findings: recognising promotion as part of the teacher's role; the need for training and support; concern about colleagues not committed to mental health promotion and the perceived detrimental impact of this on whole school ethos (Cohall et al., 2007; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008; Roeser and Midgley, 1997 and Rothi, Leavey and Best, 2008).

Conclusion- the Gap in Evidence that this Research Addresses

This research addresses the gap in evidence within the Scottish context. There is no existing research into the teacher's role or perspectives on positive mental health promotion in Scottish Schools. Research specific to Scotland is necessary because of:

- the child and adolescent mental health context in Scotland
- the uniqueness of the Scottish Education policy context;
- the recognition that positive mental health promotion is best determined by local need and is specific to individual contexts;
- the recognition that teachers have a significant role in promotion

The unique situation in Scotland has already been discussed in Chapter 1. In summary, large scale Scottish research has identified that a significant percentage of children and adolescents have emotional difficulties or exhibit other characteristics of poor mental health. The mental and emotional health of Scottish children is deteriorating (Murphy, 2016; OfNS, 2015; Parks, Sweeting and White, 2014). The teenage suicide figures in Scotland are higher than the UK average (NHS, 2016; NSPCC, 2014). This situation has been recognised in Scottish education policy which makes the teacher's role in promoting positive mental health explicit (Scottish Government, 2010).

As discussed in Chapter 2, the way in which mental health and its promotion are understood is informed by the school context (Ekornes, Hauge and Lund, 2012). There is no single way

to approach promotion (Adelman and Taylor, 2006; Green et al., 2005; Kelly et al., 2004). Positive mental health promotion in Scottish primary schools will be shaped by the local context of each school and the needs of those within it. As such, teachers are at the heart of positive mental health promotion, the nature of which will be determined by the knowledge, understanding, skills, beliefs, values and attitudes of the teachers in each school. (Ekornes, Hauge and Lund, 2012; Han and Weiss, 2005; Kidger et al., 2009). Furthermore, the success of health promotion initiatives and of changes in education policy are influenced fundamentally by those in daily contact with the children, that is the teachers. Their perceptions of the role and understanding of positive mental health will determine how effectively they are able to carry out this aspect of their role

There is now a small body of research that utilises and considers English, Welsh, Norwegian and American teachers' perceptions of mental health promotion and its relevance to their role (Danby and Hamilton, 2016; Kidger et al., 2009). Review of this literature reveals how such qualitative projects can uncover the richness of detail on the specific support, opinions, relevant experience and training needs of teachers. There is currently no published research on Scottish primary school teachers' understanding and perceptions of the responsibility to promote positive mental health. Therefore, there is a need for research such as this that values and utilises the teachers' experience. A study of the assumptions, attitudes and perceptions of those engaged in positive mental health promotion within Scottish education could reveal new knowledge specific to the Scottish context. Such research could illustrate how the responsibility is carried out, and it has the potential to inform the practice of others within the Scottish context including those in Initial Teacher Education. Therefore, in this research project I set out to get insight into Scottish primary school teachers' perspectives through a qualitative study in which their voices were prominent.

Chapter 4

Methodology

Research Aim

The main aim of this research was to gain greater insight into how primary school teachers saw their responsibility to promote positive mental health. This encompassed a desire to understand the act of positive mental health promotion from the teacher's perspective

Within the sample group the research set out to discover:

3. What do primary school teachers understand by positive mental health?
4. What are primary school teachers' perceptions of their responsibility to promote positive mental health?

Methodological Considerations

This chapter will first consider methodological traditions influential to this research and will then discuss the design in more detail clarifying the methodological underpinning, rationale and practicalities of each stage in the process.

All research is underpinned by ontological beliefs, that is, by the fundamental conception of what the world is like (Scott, 2000). Whilst Guba and Lincoln (2008) use the terms positivists and new-paradigmers to separate these two main research traditions or paradigms, Onwuegbuzie and Leech (2003) prefer the terms positivist and interpretivist and Cohen, Manion and Morrison (2008) positivist and relativist. In this thesis, the term 'relativist' will be used. Research that has a relativist ontology is founded on the belief that realities are locally constructed, that they are shaped and co-created by those in the locality at a given time (Guba and Lincoln, 2008). Such research usually, but not always, uses qualitative approaches and seeks data about specifics rather than having generalisation as the goal (ibid). Those with a relativist ontology recognise subjectivity and believe that the world exists but that it is experienced and understood differently by different people (Cohen, Manion and Morrison, 2008).

Guba and Lincoln (2008) include critical theory, constructivism and participatory amongst the relativist paradigms but stress the need to examine the similarities and differences within each paradigm rather than seeing them as completely separate and distinct. Similarly, Pring, (2004) advocates that researchers resist artificial boundaries between methodological paradigms (Pring, 2004). Heeding this advice, whilst relativist in tradition, this research is not situated rigidly within a single paradigm but instead has been informed by the nature of the research questions and the practice into which they enquire. It is important to note that resisting boundaries does not equate to ignoring methodological theory. Rather, it was necessary to engage with the methodological traditions in order to ascertain how to design an enquiry most appropriate for the nature of the phenomenon being explored, that is teachers' perceptions. This broadly qualitative study draws on interpretivist and constructivist traditions. Qualitative research is flexible and draws from a rich range of approaches and traditions as is fitting with the diversity of social phenomena that can be studied (Bradbury-Jones et al.,2017; Hammersley, 2008). For this reason, before discussing the detail of the design, this chapter will first briefly consider the traditions that, without constraining, shaped and underpinned the design choices.

Interpretivism

Scott (2000:50) asserts that there are four '*significant and influential traditions of knowledge*': positivism, interpretivism, critical theory and post-modernism. Of these four, the nature of this research has most in common with an interpretivist approach.

An interpretivist approach is one that is concerned with the way individuals create meaning (Scott 2000). Interpretivists believe that there are multiple constructed realities and multiple interpretations of these realities (ibid). According to Onwuegbuzie and Leech (2003), social researchers believe these realities to be socially constructed and liable to change as the individuals within the society change. It is this constructivist belief that underpins the research questions of this enquiry. Within an educational context, an interpretive researcher seeks knowledge about the intentions of individuals, exploring how the school culture is created and understood by those within it. In justifying the superiority of an interpretivist approach in education over a positivist one, Feinberg and Soltis (2004) explain that it is necessary to be aware of the often implicit shared knowledge of the

classroom in order to begin to understand the systems and motivations of those within the school. They claim objective observation according to a positivist process would not uncover the rich depths of the understandings, knowledge and relationships within the classroom. Furthermore, Pring (2004) asserts that education research design should seek to uncover each participant's conception of their role in the educational process and indeed what they understand the educational process to be. This needs to be understood in order to make sense of the data more specific to the research questions. To gain this deeper understanding of the context, the interpretivist researcher becomes a part of the enquiry process, another characteristic of interpretivist research that differs from the positivist approach. The researcher's presence will have impact; their interpretations will be individual.

As the researcher becomes part of the process so too do their values. The design, process and analysis cannot help but be informed by the values of the researcher. Guba and Lincoln (2008) believe that rather than simply a characteristic that distinguishes between positivist and interpretivist approaches, values or axiology are part of the philosophical basis of a paradigm. A researcher's values and attitude towards values are embedded within the approach they take (ibid). For example, if you consider the assertion by Onwuegbuzie and Leech (2003) that interpretivist enquiry is value bound, it would not be possible to carry out interpretivist research with the belief that the researcher's values have no impact on the research question, design, approach, data collection or analysis. Such a belief would be incompatible with the philosophical basis of the interpretivist tradition.

Constructivism

This research is founded on constructivism which has as its premise that social constructs matter (Parsons, 2014). Guba and Lincoln (2008) define constructivism as an approach that believes reality is reached through a groups' consensus. Parsons (2014) argues that in order to access or understand something it is necessary to find out about the social constructs involved. The researcher must pay attention to the ideas, social norms, identities or rhetoric within the practice, action or issue that is being studied (ibid). This necessitates employing methods that acknowledge the norms and constructs of the context and using language

accessible to participants (Guba and Lincoln, 2008). Thus, the nature of knowledge within a constructivist approach is that of *'individual and collective reconstruction'* (Guba and Lincoln, 2008:261). However, constructivist research requires more than simply telling individual stories of participants; change to social action or a 'social purpose' is often a desired consequence (Blaikie, 2010; Denzin and Lincoln, 2008; Green, 1998). Furthermore, control is not as tightly maintained by constructivist researchers as it is in positivist research; rather it is often shared with the participants (Guba and Lincoln, 2008).

Within this research a shared understanding of the way in which the participants experienced their world is constructed in interview through dialogue between researcher and participant, as will be explained.

Research Design

"The distinctive features of any enquiry are determined by the nature of the subject matter to be enquired into" Pring, 2004:7

This study was concerned with exploring the perceptions and experiences of teachers as they considered and took on the role of positive mental health promotion within the context of primary education. In relativist tradition, it sought individual truths rather than general rules or universal truths. It was founded on the constructivist belief that the experience and truth of positive mental health promotion was unique to each teacher (Cohen, Manion and Morrison, 2008; Griffiths, 2003; Guba and Lincoln, 2008). The role of promoting positive mental health constituted an aspect of the participants' 'world', and the research process set out uncover their knowledge, to interpret and explain the constructs, understandings, and experiences relating to this role; to explore what was demanded of the participant teachers and what it felt like for them. The design of the research, also allowed for the representation of these individual voices and experiences (Griffiths, 2003), as can be seen in Chapter Five.

Commensurate with a constructivist approach, the methods chosen ensured shared control and this research set out to inform practice in Initial Teacher Education (ITE) and ultimately to inform the future practice of students and teachers. Positive mental health promotion

within a school is a social act, shaped by meaning-making activities. How teachers made sense of their role shaped their action. Whilst recognising the existence of these multiple realities, the research design also allowed for the identification of consensus where it existed, characteristic of the constructivist premise that reality is reached through a group's consensus regarding "*what is real, what is useful and what has meaning*" (Guba and Lincoln, 2008:264).

The research was also informed by social theory determined by the research questions, again consistent with a constructivist approach, (Green et al 2007; Meyer and Ward, 2014). The meaning of social theory used here is that of communication and interaction, likely to change (Meyer and Ward, 2014). Furthermore, the research design also created the potential to achieve change in the actions of the participants, another aspiration of constructivist projects (Green, 1998). The extent to which this was true is explained more fully in Chapter Five. However, it is relevant to note here that the experience of engaging in the research process did result in changes to the beliefs, understanding or perception of some of the participants. Whether these changes will shape their future actions (Rapley, 2007), and whether such an outcome is even appropriate or desirable remains to be seen.

The Role of the Researcher in the Research Design

The impact of the research on participants was greatly influenced by the role of the researcher within the process and the relationships between researcher and participant. The importance of these relationships and the impact of the researcher on the data is explored in more depth in Appendix A. Within the research design, two elements of the researcher's role and relationship with participants were considered and shall be discussed here:

- researcher as an insider
- the researcher as active participant in data generation

The Researcher as Insider

As someone who promoted positive mental health as a teacher in a primary school and does so currently within higher education, I considered myself to a certain extent to be an insider researcher by Dwyer and Buckle's (2009) definition. I was conducting research within a population of which I was a member and with whom I shared some common language and experience (ibid). This could bring the advantage of greater acceptance by and openness from participants, increasing the potential depth and richness of the data (ibid). However, I was not a true insider. I did not work alongside any of the participants who were all in the process of enacting Curriculum for Excellence and related policies, but I understood teaching. Even those within the same school or working on the same strategy, would have very different experiences and understanding of positive mental health promotion. Yet the shared implicit understanding that arose from both researcher and participant having experience as primary school teachers provided a foundation of knowledge from which to build (Blaikie, 2010; Dwyer and Buckle, 2009). The participants would not need to explain what it was like to be a teacher; instead they could focus on what it was like for them to be a teacher promoting positive mental health in their context with their experience and perceptions.

Researcher as Active Participant

This research was designed to make use of what Reinharz (1997) calls the 'brought self' of the researcher; that is the human being full of attitudes and feelings. There was a need to make the best possible use of the researcher's emotional self within the interview (Zembylas, 2011). Built into the design of the research was not only acknowledgement of the researcher as an emotional being, but also the intention to use those feelings. My ability to engage with people and establish a warm and trusting environment would enhance the interview process (Ok and Erdogan, 2010; Zembylas, 2011). The research set out to draw on my ability to offer empathy and emotional understanding in the belief that this might enable or encourage participants to share more and be more open with their feelings (Harding and Pribam, 2004; Zembylas, 2011). My acknowledgement of their frustration or confusion and of having similar feelings myself, the ways in which their passion fed mine could in turn increase their demonstration of passion and other emotions and encourage more discussion.

With such planned participation of the researcher in the process, it was necessary to consider how the researcher's impact on the data would be evaluated and if deemed appropriate, mitigated. Reflexivity is as a process that includes recognition of self and recognition of other, and consideration of how the dynamic between the two produces the talk and data that it does. In seeking to be reflexive throughout the research, I used Pillow's (2003) strategies of reflexivity to scrutinise myself, the participant and the impact of our relationship on the data. I looked for my 'brought self', 'the research based self' and the 'creation of self in the field' (Reinharz, 1997). As the creation and fostering of positive relationships emerged as a prominent feature of positive mental health promotion, the importance of my relationships with the participants was integral to the findings of the research. It was not enough merely to be aware of the impact of the relationship during the interviews; it was essential to consider the data in relation to these relationships during the analysis process. Achieving 'reflexivity as transcendence' (Pillow 2003) in the way I got to know myself and the participants, I became better able to represent the data accurately. This full validity process will now be explained in more detail.

In order for my research to be trusted and credible, measures had to be embedded within the research design and process. As there are now a large number of terms used to describe such measures (Dellinger and Leech, 2007; Shenton, 2004), for ease of reference, I shall use the term 'validity' throughout this next section to denote the process through which I sought to ensure that my research was credible, authentic and trustworthy.

Validity

Through validity, the researcher is demonstrating that the procedures of planning, data collection, analysis and reporting can be trusted, (Shenton, 2004; Silverman, 2010). There is recognition that the researcher is part of the research and the impact of their presence should be constantly evaluated (Bradbury-Jones, 2007; Guba and Lincoln, 2008). Their interpretations have to be justified; the whole process leading to these interpretations should be transparent and available for scrutiny, as part of the responsibility is placed on the user of the research who is expected to evaluate the validity of the research (Bradbury-Jones, 2007; Spencer et al.2003). In order to make such judgements, the user requires

information about the whole research process. Consequently, it is now my responsibility to clarify the steps that I took to ensure that my research was both credible and trustworthy.

As validity must be ontologically appropriate, that is consistent with the ontological stance of the research, (Bradbury-Jones, 2007; Mishler, 1990; Guba and Lincoln, 2008), the process I used had to be compatible with my constructivist stance. Both the participants and I brought our own interests, experiences, prejudices and interpretation to each interview, during which we came to a shared understanding. This approach, in addition to the nature of the research questions which were exploring perception, attitude and understanding, required validity measures that made transparent the interpretive process and one in which the social and interpersonal dynamic could be scrutinized. Thus, it was ontologically appropriate to draw on reflexivity to evaluate and present the impact on the data of the relationships between the participants and I, the context of the interview, my strengths and weaknesses, and the potential for bias in interpretation (Bradbury-Jones, 2007).

Furthermore, it is in order to make my process visible (Bradbury-Jones, 2007; Spencer et al., 2003), that my approach to reflexivity is shared at relevant points in this chapter, with a more extensive example included as Appendix A.

Integrity

There is a clear link between acting with integrity and achieving validity. In demonstrating how I have acted ethically and with openness throughout the research process I hope to earn the trust of the readers of my research. The detail given in this chapter of the research design, the methods of data collection and the process of reflexivity throughout these stages is one of the ways in which I seek to make my research process transparent and so allow validity to be evaluated. There was also need to ensure as much as it was possible that the original data was authentic; that the participants were speaking honestly rather than saying what they thought I wanted to hear. In order to '*uncover deliberate lies*', Shenton (2004:67) advocates iterative questioning and probes to encourage further explanation. However, such motivation was not consistent with the way I approached the research with respect and positive regard towards participants. I wanted them to trust me to be honest and ethical; and I, in turn, set out expecting them to speak openly and honestly. Only the participants know to what extent they trusted me, but upon reflection, I believe that in most interviews I inspired enough trust for the teacher concerned to speak at

length about their perceptions and practice, and to allow their feelings to show. Many were comfortable enough to share concerns and relevant detailed personal experiences. They would not have done this had they not felt a level of trust that I would treat their words sensitively and with respect. Whilst I checked out meaning and asked probing questions to aid my own understanding, I did not do this because I suspected the participant was deliberately lying (Shenton, 2004). The depth of detail in the responses from participants gave credibility to what they said. On listening back to recordings and when analysing the data, I did identify responses that seemed to lack substance and that might have been 'empty rhetoric' rather than a true account of a participant's experience. Rather than discarding this data, where relevant, possible explanations for it have been explored within the research findings, a strategy consistent with Shenton's (2004) more transparent way to ensure validity.

Coming to a Shared Understanding

Characteristic of constructivist research, the participants and I came a shared understanding of their role, the perceptions and the issues relating to the role. Accurate representation of participants' realities alone is not enough to ensure validity. This representation must also be credible to the participants (Creswell and Miller, 2000: Miles, Huberman and Saldana, 2014). As explained in the data generation section, I checked out understanding with participants, making sure that I was getting a true picture of their experience. This checking occurred during the interview. I would have liked to have checked again after analysis, but the time taken between carrying out interviews and writing up the analysis of the findings was longer than anticipated. As part of the member checking process, I sent participants a simple version of the findings for their consideration but I did not hear anything back from them and out of consideration for their heavy workload, I did not pursue a response. In future research, I believe it would be better to arrange follow up meetings in which I could check back with them and make sure that I had accurately represented their experience.

Focus Group

A further measure to improve the validity and trustworthiness of the findings was the use of a focus group to make sure that the findings were credible to others working in the same context and that my interpretation had not taken the original data beyond recognition

(Creswell and Miller, 2000; Miles, Huberman and Saldana, 2014; Shenton, 2004). The plan was to share findings with a group of six teachers from Scottish primary schools. However, recruitment was difficult, and the final group comprised only two experienced primary teachers, one with responsibility for health promotion. The initial findings of the research were shared with this small focus group in sufficient detail for them to be able to evaluate whether the findings seemed reasonable and realistic (Shenton, 2004). They found the data shared to be commensurate with their experience in Scottish primary schools. They raised questions, gave opinions and shared concerns which are included in the findings chapter as relevant.

Rejecting Use of Observation and Journals as Validity Measures

Finally, in this section on how I sought to demonstrate that my research was reliable and trustworthy, it is appropriate to explain and justify what I did not do. At various points in the research design process, observation was considered as a way to make the data from interviews more reliable. Carrying out an observation of each participant with their class might have given some further insight into the ethos in the classroom and the relationships in the room and what was learnt might have been used to check whether what teachers said in interview was consistent with their practice. However, these would only have been my perceptions of their experience. As the research questions asked about perception, attitude and understanding, any conclusions drawn about these from observing teachers in action would have been too subjective unless based on a systematic approach that used pre-determined categories and classification of behaviours (Bechhofer and Paterson, 2000). I do not believe that such a systematic approach would have revealed the depth of information desired; instead it might have given a false impression due to the unavoidable effect of being observed on not only the teacher but on the children with whom they were working (Cohen, Manion and Morrison, 2008). More importantly, it might have served to hinder the relationship between researcher and participant. The aforementioned trust is crucial. I wanted teachers to feel safe enough to be open and honest in interview with me, yet effectively, by observing them, I would have been suggesting that what they said could not be trusted.

I also considered asking the participants to write in journals, as a means of supporting the interview data and adding more detail to the picture of their experience. Journals were rejected for more pragmatic reasons. Although they may have offered a relatively confidential space in which to explore the theme of the research, as some teachers might have felt able to share more in writing than they would ever say face to face (Bechhofer and Paterson, 2000), writing the journals would have taken up a great deal of teacher time. With teacher workload a problem and the wellbeing of teachers a recurrent theme in the research, I would have found it unethical to add this additional task to the participants' existing workload. Furthermore, although not seeking representativeness, the aim was to collect data from teachers across the spectrum in terms of confidence levels, knowledge and attitudes. It is possible that the task of writing a journal might only have been undertaken by teachers of specific attitudes. This would have run the risk of restricting or slanting the data rather than giving the breadth of information that a spread of attitudes might provide. Thus it was felt that journals were not a way to achieve validity and reliability in this research.

Sample and Setting

As the intention of the research was to gain greater understanding of the primary school teacher's responsibility to promote positive mental health, the sample did not need to be representative of the population. Instead, whilst reducing generalisability (Patton, 1990), purposive sampling seemed a more appropriate means of gathering detailed data from a small group (Devers and Frankel, 2000). Purposive sampling involves selecting 'information rich' cases (Miles, Huberman and Saldana, 2014; Patton, 1990) that provide greatest insight into the teachers' perceptions and experiences (Devers and Frankel, 2000). Similar research in positive mental health promotion has mainly focussed on teachers leading in wellbeing or those with an expressed interest (Kidger et al.2009; Perry et al.2008). Published limitations of such research were that the findings could not include the views of those inexperienced or less interested in wellbeing. Therefore, it was important that the sample for this research was not comprised solely of teachers for whom Health and Wellbeing was a perceived strength. Instead, following Miles, Huberman and Saldana's (2014) best approach to purposive sampling, I looked for deviant, typical and negative cases. Specifically, I sought to

recruit a sample that included teachers with varying degrees of experience in the research area and across a continuum, from those with enthusiasm and or confidence in Health and Wellbeing to those who were reluctant or lacking in confidence.

Sampling and Generalisability or Transferability

Rigour is possible without generalisability (Barbour, 2006), which is recognised as problematic in interpretivist qualitative research (Arshad, 2008; Guba and Lincoln, 2008, Williams and May, 2001). When considering transferability or generalisability, Shenton, (2004) argues that what is most important is that findings are meaningful within the contexts in which the research is conducted. In this project, as discussed in the validity section, member checking and the use of a focus group were the means through which this was sought. Cook and Campbell, (1979), assert that within a purposive sample, it is not possible to generalise, only to conclude that the findings are representative of the set of participants. In this way, consistent with similar qualitative education research, (Arshad, 2008; Carse, 2015; Denzin & Lincoln, 2008), this purposive sample was recruited to investigate and gain a deep understanding of the experiences of a small group of Scottish primary school teachers (Griffiths, 2003; Johnson, 2001; Williams and May, 2001). Simons argues that "*by studying the uniqueness of the particular, we come to understand the universal*" (Simons, 1996:231). Asserting that transferability is problematic, Shenton (2004) seemingly concurs with Simons (1996) when conceding that although a study may reveal experiences unique to the particular contexts of the participants, the participants themselves are part of a wider context into which findings and conclusions might be transferred. As previously discussed in the validity section of this thesis, if the researcher reports in detail and makes the process transparent, the reader or user of the research is best placed to determine whether findings are transferable to their context (Seale, 1999; Shenton, 2004).

Consequently, rather than seeking generalisability, this research was founded on the premise that through knowing the truths within a small sample and sharing interpretation it is possible to trigger wider conversations about positive mental health promotion amongst practitioners (Arshad, 2008; Denzin and Lincoln, 2008). This contributes to the aspiration to achieve social research for social purpose. (Blaikie, 2010; Denzin and Lincoln, 2008; Green, 1998).

Nature of Sample Recruited

To allow for the depth and richness of data necessary to construct and represent a shared understanding of the perceptions, attitudes and understandings of each individual teacher, the sample was intended to consist of ten class teachers working in primary schools in Scotland. However, in order to access the desired continuum of attitudes and experience, it was necessary to increase the sample. In total data reported here was collected from 14 participants from 11 different schools. As can be seen from the sampling matrix in Table 4.1, the sample included teachers:

- at varying stages in their career
- from all stages of the primary school; nursery, early, middle and upper
- with and without leadership responsibilities.
- who feel enthusiastic about health and wellbeing as well as those who admit to a reluctance or anxiety about this area of the curriculum.

Table 4.1 Sampling Matrix

Teacher	Actively involved in HWB*	Minimal experience of HWB	School is strong on HWB/pastoral care	School has HWB development needs	Expressed interest in HWB	Perceived weakness or as not doing
1-5 Years experience	B C	F L	B C F L		B	F
5+ Years experience	A H M O P	D J K N	H	D M N O P	H M O P	E J
teaches in Early Years	A M	F J K	F	M	M	F J
teaches in Middle Years	H O	L N	H L	N O	H O	E
teaches in Upper Years	B C P	D	B C	D P	B P	
leadership responsibilities	H M B P		B H	M P	B H M P	E
no leadership responsibilities	A C O	D F J K L N	C F L	D N O	O	F J

*Health and Wellbeing (HWB)

Context and Approach to Recruiting Sample

As explained at the beginning of this chapter, the research aimed to investigate primary school teachers' perceptions of positive mental health promotion, which is an element of current Scottish Policy. For this reason, the participants all taught in Scottish Local Authority primary schools. Under the current education policy, Curriculum for Excellence, local variation is encouraged so that local authorities and headteachers are able to interpret policy according to the needs of their setting. Therefore, the six local authorities chosen for the sample were those used by the ITE programmes on which I teach. In this way, it was hoped that the findings of the research could inform practice on these programmes.

Sample recruitment began through formal mechanisms in that I approached the appropriate person in each of the six local authorities. I explained my research and asked for their consent and support in seeking schools or headteachers to contact. (Appendix B). This approach had a mixed response. Some local authorities completely ignored my repeated requests; two responded almost immediately. I specifically requested contacts in schools with a good reputation for positive mental health promotion and those requiring development in this area. The next stage of recruitment involved direct contact with the headteachers of the schools suggested by local authorities. Teachers were identified through discussion with headteachers. These teachers all volunteered to take part but as I was not present in these discussions, I do not know how much pressure they may have felt to volunteer.

Expanding the Sample

This formal approach to recruitment resulted in a sample of nine teachers with varying degrees of experience both in years of teaching and positive mental health promotion, located in schools with perceived strengths or development needs. It was only during the interview process itself that I was able to ascertain the depth of experience and levels of enthusiasm or interest in positive mental health promotion. As was to be expected, even in developing schools, it was far more difficult to recruit teachers lacking in experience or enthusiasm than those with experience or a keen interest. As Table 4.2 shows, the final sample included more teachers than originally intended. Although looking to recruit participants with a spread of attitudes towards health and wellbeing promotion, such attitudes and the extent of confidence levels, experience and enthusiasm only became

evident during interview. Some of the participants whom I had expected to be inexperienced or lacking in confidence because of what they had said before interview or because they were in schools with an identified development need in this area, were actually at the more positive end of the spectrum. These participants contributed valuable and interesting data and could not be disregarded because further participants were required.

To find the remaining participants, an informal approach was required but this was rather problematic in nature as I was looking for the negative cases, that is teachers not particularly interested, experienced or confident in positive mental health promotion; and the deviant cases, those inexperienced but confident or experienced but lacking confidence (Miles, Huberman and Saldana, 2014). It required a tactful and sensitive approach. Initially I tried asking participants if they knew of anyone who had different views to theirs who might be willing to be interviewed. Whilst they could think of likely contacts, understandably, they were generally reluctant to name them. Although some did agree to approach these contacts, this did not result in additional participants. The final five were eventually identified through professional contacts. I asked my colleagues and teacher contacts whether they knew of anyone who might fall into this category and I eventually managed to get names of several teachers who had expressed to colleagues a lack of confidence or experience in wellbeing promotion, or teachers who had a reputation amongst colleagues for not valuing this aspect of the teacher's role. Additionally, after discussion with my supervisors, it was considered appropriate to interview a student at the end of her degree as part of the sample. This was for two reasons; primarily to gain better perspective of the Newly Qualified Teacher already interviewed, and secondly to help achieve the desired range of experience in teaching and health and wellbeing within the sample. This completed the sample as recorded in Table 4.2. The local authorities are not named for reasons of confidentiality.

Table 4.2 The Final Sample

Teacher	Local authority
A	1
G*	2
B	2
C	2
D	2
E	3
F	4
H	4
J	5
K	4
L	2
M	4
N	6
O	4
P	4

**Not included in final sample.*

The consequences and limitations of this sample and the impact of this on the claims that can be made are explored later in this chapter and in the Emotions section of Chapter 7.

Participant G

Although G is included in the final sample presented in Table 4.2, the data from this interview is not included in the findings. The interview experience was a valuable one and supported my development as a researcher, as discussed in more detail in the analysis section. However, my inexperience and a misunderstanding at the point of arranging the interview meant that instead of the two teachers I was expecting, the headteacher and the nurture room leader also joined us in the interview room. Had this not been only my second interview of this research and my first in a school, I would have been confident enough to request a different arrangement for interview, but at the time, I felt I needed to go with what had been set up. During the subsequent interview, it was not possible to gain individual perspectives as what was presented was the collective school approach. The presence of the headteacher influenced what the teachers said and the additional presence of the nurture room leader, someone deemed a specialist in the area, further inhibited the teachers. When collating and comparing data from all interviews, the problem of quantifying arose. The two teachers and two others in attendance spoke collectively. When reporting how many participants said X or Y, I could not determine whether the group

response constituted one participant or four. If I chose the latter, I risked misrepresenting the data, as it was clear that although there were multiple perspectives in the room, they were not necessarily all in agreement. Moreover, whilst there was a great deal of valuable discussion about the role, the interview provided more discussion of actions than individual perceptions, and a standard definition of positive mental health. There were issues arising from the discussion that might be valid to include, but again these did not reflect the perspective of a teacher; they were the perspective of a school. A final factor influencing my decision on what to do about this interview, was the interview with the final year student. This student had just completed an eleven week placement in this very school. Her inexperience and limited perspective on the school has to be taken into consideration, but even allowing for that, her responses indicated a different perspective on the school and some of the practice within it than that presented in the group interview. I returned to the research questions and their focus on the primary school teacher as an individual and considered whether this group interview could be appropriate to the research aims, and decided that it did not fit. As a consequence, I decided to draw on the experience of the interview as beneficial to the research process but I have excluded the data from that analysed and reported.

Reflexivity: The Impact of Seeking Negative Cases

I found myself hoping to find a teacher who had different views and opinions, one with no experience or little interest in positive mental health. I went into the fourth interview with participant D with high hopes that this would be the one. She was working in a school identified as needing development in this area and she had no specific experience in wellbeing promotion. I was alarmed to find myself feeling dismayed when she spoke. I realised that I was pushing her for negative views with my repeated questions about barriers to promotion. I was glossing over all the positives and with a bias that was clear to me, trying to pick up on what she was not doing, what she did not know or what she did not like. Fortunately, I became aware of this particular '*creation of myself*' (Reinharz, 1997) in the interview process in time to be able to respond more appropriately. I silently reprimanded myself. I should not be showing disappointment that she was experienced and interested in many relevant aspects of promotion. There was no perceivable reaction in the participant who actually stated how enjoyable she found it to talk to someone of similar

interests, so I do not think that my dashed expectations were evident in my manner or expression. Although internally I was almost despairing that I would ever get an alternative perspective on the role, once I recognised this bias, I was able to put it aside and engage more fully in the interview, to appreciate what Participant D was saying.

The irony of the situation did not escape me. I am committed to positive mental health promotion in education, yet I found myself feeling desperate to meet someone who was not, rather than being delighted that such teachers were so hard to find. My experience in the interview with Participant D, led me to doubt my ability to be unbiased and when I did finally encounter a teacher with a less positive perspective on mental health promotion, I did not initially trust my own interpretation.

Ethical Aspects of the Research

A principle of ethical research, the desire to do no harm is core to the theme of the research. I wanted to find out the stories of the participants but I did not wish to exploit, expose or disturb them in any way. In order to avoid harm, it was first necessary to identify possible risks. The theme of mental health promotion had the potential to provoke discussion of sensitive issues, and to gain research approval from the University Ethics Committee, I was required to plan for such an eventuality. Thus, I made sure I knew what I might do should a teacher disclose sensitive personal information or become distressed. I knew whom to consult in the event of a child protection or teacher wellbeing issue, also aware that my supervisors were a valuable source of support in this area. Having completed counselling training and with several years' experience of listening to people experiencing distress, I was confident in my ability to respond with empathy to whatever the participants might say. I trusted that I would know what to do and, on reflection, my confidence was well founded. Additionally, I had a handout prepared that listed the professional advice and support available to them. As it transpired, this handout was not used as, whilst sensitive issues were covered, the ways in which they were being dealt with were explored between us or volunteered by the participant. I believe that to have given advice would have been presumptuous, conveying that I knew better than they how to manage their wellbeing.

However, the situation did not arise where I felt that a teacher was in need of support and did not know how to access it. Had it done, I may well have used the handout.

MacFarlane (2009) argues that research integrity is not just about avoiding harm but in setting out to behave with virtue throughout the process. I sought to bring Macfarlane's (2009) virtues to my research; most relevant to ethics being respectfulness, having and showing respect for the participants. Whilst seeking to explore each issue fully, I tried to remain sensitive at all times to the needs of the participant. If I noticed that the participant was becoming upset or uncomfortable, I responded sensitively and used my knowledge of the participant to gauge how to proceed. This in some cases meant offering to stop, in others, taking my cue from the participant, we moved onto a different subject.

Participant Wellbeing

As the issue of teacher wellbeing featured in almost every interview, my desire to do no harm seemed almost to be incompatible with the act of carrying out the research. The participants had heavy workloads, worked long hours often in stressful situations. Talking to me when they could have been preparing for the next day or relaxing at home seemed to be an additional threat to their wellbeing, one with which I felt uncomfortable. Four participants had been released by senior management to talk to me during their teaching time and so the interview was not so much of an additional pressure for them. Fortunately, most of the other participants indicated that they were getting pleasure from talking about their role and having time to explore a developing responsibility, or more significantly from being listened to; some even expressed pleasure in connecting to someone else who shared their enthusiasm. Other participants' responses, a very small minority, were harder to deal with as the process seemed to be more one-sided, with the benefits coming to me rather than them. They were the ones who almost shrugged when I acknowledged that the interview was adding to their working day, saying that they had known that it would take up their time when they agreed to be interviewed. In these cases, I reminded them that they could withdraw at any time and I made sure that we moved at their pace. I expressed my gratitude and appreciation for their time to all participants.

Confidentiality

Maintaining confidentiality was a promise made to participants that seems to be much easier to attempt than to guarantee. I have been careful to make sure that both in my record keeping and in my reporting of the results, that schools, participants and local authorities have not been named. There was one male teacher in the sample. So that he cannot be identified, he is referred to throughout the presentation of data as *she* or *her* because repeated use of gender neutral terms such as *the teacher's* are not only clumsy but they tend to emphasise the fact that the gender is being hidden and in doing so negate the attempt to hide.

Only one student and one newly qualified teacher (NQT) were interviewed. Whilst I do not name them, anyone reading my research who happens to know who was interviewed might be able to identify these participants. I am the only person who knows which student I interviewed, but if she told others that she was interviewed, she has effectively made herself identifiable. At what point does preserving anonymity become impossible? It is likely that several people in the school where the NQT was based knew that I interviewed her. My data collection was not so clandestine as to be a secret from others in the school. The consent form, received from all participants, included the caveat that although names will not be mentioned there is a possibility that participants might be identifiable through some of the detail reported, (Appendix C). This addition to the form covers me technically but ethically I am left still feeling uncomfortable. I can only hope that if the participants had time to read the summary findings of the member check and if there was anything there that made them uncomfortable that they would have got back to me. I have to take silence as acceptance.

Reflexivity and Ethical Considerations

In most interviews, it was the '*brought self*' (Reinharz, 1997) who was able to meet and recognise the human being in the participants. Aware of my feelings, I was able to mask them and avoid emotional reactions when they would not have been appropriate to the interview. I believed this to be the professional self working to regulate the '*brought self*'. Reflecting back, this does seem to be the person I became in relation to the context and the participant, in effect, the '*self created*' in the field (ibid). My emotions combined with my professionalism and the purpose of the research, connected to both the participants'

emotional and professional responses and this guided me to respond as a sentient human being, but one who furthered the dialogue to achieve the purpose of the research. There were times when an emotional response was appropriate and I allowed myself to share it. Participant K spoke of a pupil who had died, and suddenly seemed overcome with a strong emotion. She paused, looking at me with tears in her eyes. Tears came to my eyes. There was no need to speak. She did not seem to want to acknowledge the tears. After a shared silence, the interview continued. My tearfulness born of empathy, came naturally as a response to her grief and the reported grief of the rest of the class. Somehow the two human beings connected and there was no need to draw on the professional self. Platitudes would have been inappropriate, as would a carefully composed verbal response.

Data Generation

This qualitative research was founded on the belief that the meanings, perceptions, interpretations and motives of those involved in this aspect of teaching were central to the research focus. As each situation is "*embedded within and emerges from the broader historical- socio cultural context*" (Rapley, 2007), the research design was intended to facilitate the emergence of the wider issues that informed and influenced practice (Bogdan and Biklen, 1982). As explained previously, the research set out to uncover the world '*perceived and experienced*' by the teachers (Blaikie, 2010:97), to learn what they had to say about the experience and without imposing on the data my beliefs of what it 'should' be like (Denscombe, 2007). Thus, the data generation process needed to offer participants the freedom to explore the issue as it suited them without being constrained by a rigid set of questions (Jones, 2004; Morse, 2003). I needed to provide participants with enough time and space to share their thoughts and feelings and this needed to take place within an environment of trust (Holstein and Gubrium, 1995; Morse, 2003). The approach employed needed to gather such data as efficiently as possible. Consequently, it seemed appropriate to have a non-directive approach to interview (Barbour, 2006; Bechhofer and Paterson, 2000).

Impact of a non-directive approach on the nature of the data

Rigidly structured interviews can shape the direction of enquiry and cause the researcher to miss data that participants consider pertinent (Jones, 2004). As already explained, I sought the in-depth accounts desirable in qualitative research (Barbour, 2006). A less formal approach such as unstructured or non-directive interview was required if, as was my aim, *the researcher wishes to investigate subjective phenomena* (Malseed, 2004:267). In choosing non-directive interviews, I was setting out to collect data unshaped by preconceptions (Malseed, 2004; Sellitz et al 1965; Sjoberg and Nett 1968). I sought '*substantive and processual* data (Holstein and Gubrium, 1995), that is participants' perceptions and understandings, and how those understandings and perceptions were constructed and interpreted by the participant (ibid).

As the data from such non-directive interviews was not pre-coded, this had implications on the analysis process which had to be iterative, rooted in the data and would involve careful scrutiny of the data and the avoidance of preconceptions. (Denscombe, 2007). This is described in more detail in the analysis section of this chapter.

Research Instrument and Pilot

During the non-directive interview process, I relied on my own confidence and skills as a teacher and listener in building a trusting relationship with the participant and facilitating a productive dialogue (Barbour, 2006; Jones, 2004). There was no interview schedule, consistent with the aims of the research and openness of the research questions (Holstein and Gubrium, 1995). I made notes to address any areas that I felt were not yet covered, but consistent with non-directive interviews, I did not approach data gathering with a set list of prepared questions or themes (Bechofer and Paterson, 2000; Holstein and Gubrium, 1995). However, I made the participants aware of the research focus and my interest in it so that they did not "*feel constrained by the need to put energy into guessing the researchers' interests and intentions*" (Jones 2004:259), which may have been the case in a completely undirected interview (ibid). Consequently, I began the interview with a question to highlight positive mental health:

What is your understanding of positive mental health or what does positive mental health mean to you?

Having allowed the participants to express their understanding, I then asked them to tell me about their experience and aspects of their practice that were pertinent to positive mental health promotion. If towards the end of the interview, the following areas had not been covered, I asked participants specifically about challenges to positive mental health promotion and teacher wellbeing, as these two issues were dominant themes in the first three interviews. Any other questions I asked arose from the flow of the interview and were to elicit more detail or clarification (Holstein and Gubrium, 1995). Thus, consistent with an active, unstructured approach, the interviews were conversational and informal in nature, designed to help participants relax and feel most comfortable sharing their thoughts, perceptions and experiences with me (Denscombe, 2007; Holstein and Gubrium, 1995; Oakley, 2004; Punch, 2009). This approach was one I had used in a previous research project that sought to gather teachers' views on a new undergraduate teacher education programme. Although I had experience and confidence in the use of this approach, it was still necessary to confirm the suitability of such a non-directive interview to this research theme; to identify any challenges or potential weaknesses. To this end, I carried out a pilot interview with a primary school teacher in the month before the main data collection. The experience confirmed my choice of approach and helped refresh my skills.

Setting aside the group interview G, there were 12 interviews and 14 participants, as two interviews were with pairs of teachers. The dynamic of the paired versus individual interview is noteworthy and so is explored in the reflexivity section, Appendix A. For this reason, the focus here is mainly on the practicalities and general statements

The Non-Directive Process

Each interview was unique and within each, a specific understanding of the positive mental health and the teacher's responsibility to promote it was created. My approach was consistent with Holstein and Gubrium's (1995) Active Interview, appropriate when the research is interested in such subjective interpretations as teachers' perceptions. I explained at the outset that I wanted to find out as much as possible about their perspective and that I did not have a list of questions (Barbour, 2006). I encouraged the participants to talk in depth which in turn allowed me to uncover the impact on their practice of individual qualities and motivation, the social relationships within the primary classroom and the

context (Griffiths, 2003). They were not just describing practice. They were also encouraged to explain their hopes, fears, strengths, limitations, likes and dislikes in relation to any element of their practice that they perceived as relevant to the positive mental health of their pupils. I checked out my interpretation with participants to make sure that I had not misunderstood (Barbour, 2006; Holstein and Gubrium, 1995). Otherwise, consistent with such an approach, my responses were mostly encouraging or reflective (Barbour, 2006; Holstein and Gubrium, 1995; Jones, 2004; Oakley, 2004). Allowing teachers to explain in their own time meant that sometimes they moved on from one point to the next without full explanation. This meant that in some cases, not wanting to interrupt the teacher mid flow, I would pick up on an earlier statement at a more appropriate time later in the interview.

Whilst the interviews were mostly unstructured, there was a specific desired outcome, informed by the research questions and the literature review and I retained sight of this throughout. This meant I allowed the participants to explain at length but, so that the areas pertinent to the research questions did not disappear, I brought them back into the focus of the research questions, should they wander too far off course (Barbour, 2006; Holstein and Gubrium, 1995; Jones, 2004; Oakley, 2004). That is a skill in itself, as people have to find their own way to tell you something and occasionally this means prevarication and digression in order to help them get there. I could not always tell whether this meandering route was because they were checking out my responses, making sure I was safe to be trusted with what they are going to say or whether they were actually working through their thought process and coming to an understanding as they spoke (Mercer, 1995). Whatever the reason, they seemed to benefit from having the time. In this way, the unstructured format gave the researcher, participants and the interview itself the space to grow and develop (Holstein and Gubrium, 2004).

Context of Interview: Time and Place

Many interviews were held at the end of the school day, which did not seem to be ideal, as not only would the participant be coming straight from an afternoon's teaching but the interview would also be taking up precious preparation time. However, this did not seem to be the case. The teachers came enthusiastic, ready to talk and did not seem anxious to get

away and prepare for the following day. Interestingly, some of the participants most guarded, with whom it took the longest to establish a productive rapport, if at all, were those who were interviewed during the school day, rather than afterwards. However, it cannot be assumed that the timing of the day was anything other than a coincidence. In order to arrange an interview during the school day, the support of school leadership was required and this may actually have been an inhibitor to trust and engagement in interview, cancelling out any benefits of being early in the day. Furthermore, some teachers do not like to leave their class during the teaching day, so although the end of the day timing of most interviews is apparently not ideal, such timing was suggested by the teachers, who seemed to be comfortable and happy to talk. Most interviews were in the participant's school; several in their own or a colleague's classroom, giving them opportunity to refer to or draw on their physical surroundings. This certainly seemed to help them settle into the interview more easily and to support their discussion whilst allowing me to gain greater awareness of the nature of each school or classroom setting.

Engaging as an Insider Researcher

To make sense of this aspect of teaching, as researcher, I drew on the same skills in the situation as I would if I were a teacher getting to know the role. I brought my teaching experience and knowledge to the research. As illustrated in the reflexivity section, Appendix A, I took great care to make a connection to each participant and sometimes this was by emphasising a specific aspect of my role or experience that was common to theirs. Setting aside whether this qualified me as an insider researcher, I was generally accepted enough by most participants for them to open up to me about their experience (Dwyer and Buckle, 2009). It was clear that most saw me as someone who knew what they were talking about, who might understand their situation. Such identification and assumption of knowledge could also be a disadvantage of insider status. Some participants assumed I knew all about a strategy or issue and so they did not discuss it in any detail (ibid). If appropriate I asked them to explain what was specific about the issue within their context. However, in some interviews, I feared to ask for more detail, lest the participant felt I were doubting their experience or testing their knowledge. I certainly drew on all my facilitating, listening and interpersonal skills to keep some interviews on track. Furthermore, not all participants saw

me as one of them (ibid). It was more the case that I saw myself as one, whereas some of them saw me as a researcher or an authority figure.

Being an insider can increase the risk of the researcher making assumptions or allowing preconceptions to taint the data and influence the process (Blaikie, 2010; Dwyer and Buckle, 2009). My knowledge of primary teaching practice helped me to hear and isolate, and get a better understanding of what it was about the primary classroom and teaching that the participants were saying. This mutual knowledge (Blaikie, 2010) allowed me to recognise potential influences and to check these out with participants as appropriate. I set out to draw on my insider knowledge of the classroom whilst remaining completely open to hearing what each participant had to say about their individual perceptions and experience of positive mental health promotion. I was aware that I knew nothing about the uniqueness of their experience. Rather than bracketing assumptions (Bradbury-Jones, Taylor and Herber, 2014; Dwyer and Buckle, 2009), the intention was not to assume I understood what participants were saying until I had checked this out with them. Reflexivity throughout the process helped me to make sure I was not imposing my knowledge on their situation, that I was able to hear the surprising and unexpected.

Interview Duration

Most interviews lasted approximately fifty minutes. This allowed time for me to establish a trusting relationship and for the participants to explain their practice, perceptions and understanding. The interviews took as long as was necessary and I was guided by the participant. Sometimes I would think an interview was coming to the end and ask whether there was anything else about positive mental health promotion that they would like to tell me, only for this to prompt a whole new and relevant direction for the interview.

A small number of interviews were much shorter, either because the participant did not feel confident saying more to me or because they had exhausted their thoughts and experience on the subject within a short space of time. In such cases, if appropriate, I would ask for more detail. With some participants, I could see that no matter how long we sat there, they did not have anything else to offer and so we brought the interview to an earlier close.

Final Data Gathering Comments

Although the sample spread was more heavily weighted on the side of teachers experienced and interested in wellbeing, I do believe that I achieved my desire to gather the opinions and perspectives of those with less experience, confidence or commitment. As can be seen in Chapter Five, the interviews generated a vast amount of data, including the affirming, the surprising and some which caused me to rethink my understanding of positive mental health promotion.

Reflexivity: Researcher in Relationship with Participants

My '*brought self*' was always close to the surface; I was always a human being aware of my emotions and the emotional response to what was said (Reinharz 1997). In two interviews, the professional, 'research based self' was almost forgotten as I engaged in dialogue with someone who shared my passion and enthusiasm for mental health promotion. Consistent with Oakley's (2004) feminist approach, this resulted, I believe, in these teachers sharing more personal opinions and fears than they might otherwise have done. This resulted, I believe, in these teachers sharing more personal opinions and fears than they might otherwise have done. They seemed relaxed, at ease in my company and less guarded with some of what they said. However, it also resulted in my seeing these participants in a way best described as 'through rose tinted glasses'. It was only on listening back to the recordings that I realised that I had glossed over some of the areas that I might have probed further with another participant. I had not pressed for explanation of terms or strategies; I assumed they knew the substance behind the words they used because at other points in interview they were so positive and enthusiastic. It is possible to be committed, enthusiastic but ill informed, lacking in understanding. I could have taken less at face value but this may have damaged the emerging relationship and inhibited the conversation.

Although I have been able to get what I consider to be a secure, well-rounded understanding of myself in relation to the participants, the *brought, the research based and the self created in the field* (Reinharz,1997), that is only half the equation. It is necessary to be aware of the participant, not just what they said but who they were in relation to me and within the interview. In interview, I almost instinctively responded to the participant but as I began analysis, I realised that some of these impressions were ephemeral. My notes only gave limited information. I needed to return and listen again to the interviews for my

reflections to make sense and for this recognition of other to inform analysis. I considered the impact of my role both as lecturer and researcher on each participant and listened again to learn as much as possible about each participant. It became clear that much of the emerging relationship between participant and researcher was expressed in body language, which unfortunately was not recorded and in tone of voice. Whilst some new insights came to me, in two interviews this listening back prompted only possible interpretations of the participants for consideration. The process did not provide me with any definitive understanding of participants, their perceptions of me and how this influenced the interview. On reflection, I believe that I was unable to gain an increased understanding of these particular participants, when listening again, because they were withholding themselves from the interview, revealing only the professional, being the teacher in the interview and keeping personal reactions and responses to a minimum. I am left wondering how much more I might have been able to find out, how much better I might have been able to relate to these participants, had I realised this at the time and attempted to encourage the person, rather than just the teacher to join the dialogue.

Analysis

The data collected included recordings and transcripts of the 12 interviews. It provided a snapshot of the participants' understandings at the time of the interview. Working on the basis that it cannot be assumed that any single word or phrase has the same meaning for every person who utters it, it was important during analysis to maintain a focus on how the data were generated, the process of meaning making, not just the final words (Barbour, 2006; Holstein and Gubrium, 2004, Rapley, 2007). This required scrutiny of the ways in which the participants responded; for example, their tone of voice, any hesitation, or obvious impact of my interventions on what they were saying. Reflexivity permeated the analytic process in the way in which I sought to evaluate the impact on the data of:

- my presence or *selves* (Reinharz, 1997), as person, an educator and researcher
- the participants and my knowledge of them
- the relationship between myself and participants

- the purpose of the research

This included consideration of what actually happened and how the interview produced the data that it did. Although control was shared, the interviews were shaped inevitably through the way in which I, as researcher, responded to what the participants said; the points I chose to pursue and those I left (Rapley, 2007). I sought to maintain awareness of this shifting control during the analysis stage. The data were constantly and unavoidably shaped through my reaction to what I heard and to the individual I met during the interview. This subjectivity and how validity was maintained is explored in more detail in the reflexivity section.

First Stage of Analysis

As the research design was informed by a constructivist stance, the analysis was both iterative and inductive, moving from the particular to the shared. Whilst acknowledging that the truth of the experience would be unique to each participant, the analysis process set out to uncover individual understanding, and also where it existed, any collective understanding of the teacher's responsibility (Guba and Lincoln, 2008). Thus, the first stage of analysis was data reduction through the identification of emerging themes and connections. As the purpose of the research was to explore and describe teacher perception, rather than to confirm existing concepts or compare cases, an inductive approach that allowed themes to emerge from the data was used (Charmaz, 2006; Creswell, 2012; Huberman and Miles, 1998). I did not wish the data to be constrained by too rigid a theoretical framework (Meyer and Ward, 2014). The aim was not to establish a truth but to identify interesting themes and identify deviant cases that prompt rethinking and refinement of the analysis (Rapley, 2007). This meant that the criteria for analysis arose from the interviews and as such, were process dependent (Mishler, 1990). Early themes to emerge are listed in Appendix D.

During analysis of the first few interviews it became clear that two issues were integral to a discussion of positive mental health promotion; teacher wellbeing and the perceived need to overcome challenges in order to carry out the role. As a result, in subsequent interviews, participants were asked about these issues if they did not raise them; how did these

teachers maintain their wellbeing and were there any barriers to positive mental health promotion.

The Analysis Process: Codes to Themes

It is important to note that the analysis process was undertaken three times to ensure reliability and allow for new insights and interpretations (Barbour, 2006). As shall be explained, I worked from both transcripts and the audio recordings, finding that transcripts did not give me enough detail on the 'how' of the interview process (Holstein and Gubrium, 2004). This meant that attaching codes to transcripts did not work for me. I did not engage in what I thought of as a coding process. However, Miles and Huberman, (1994) define codes as *"tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study.... used to retrieve and organise the chunks"* (ibid, 1994:56). Instead of tagging data with codes, I copied and pasted data and notes on data gathering into a series of frames (with participants clearly noted). Consistent with Barbour's (2006) coding frames and Miles and Huberman's (1994) definition, the label for each of my frames was effectively a code. Initial frame labels will be now be referred to as codes throughout the thesis. More detail is given on this process in the 'Condensing the Data and Making Meaning' section.

In this way, a coherent system was used to collect and organise the data (Huberman and Miles, 1998). The process dependent, analytic categories were determined inductively using frame analysis (Goffman, 1979) to collate information and identify patterns. As multiple realities, interpretations and perspectives on the role, were gathered, they were incorporated within the analysis providing opportunities for Blaikie's (2010) third phase of abductive strategy in which it was possible to refine and elaborate on the understandings reached, using data from one interview to make sense of that from another (Meyer and Ward, 2014). The coding frames changed according to each participant; after each interview, data was added to the frames which expanded to incorporate new themes and categories as they emerged (Silverman, 2010). The coding frames were then used to determine broader categories and recurring themes, in addition to the identification of any deviant or outlier cases for closer study (Meyer and Ward, 2014).

Coding frames drawn up throughout the analysis process serve as evidence of how the understandings emerged (Silverman, 2010). Frames are included in Appendix E.

When undertaking initial analysis of each interview, as part of the dialectic process, I listened to the recording several times and made notes of key points within a frame, staying true to the original words of the participants. (Anderson, 1989 and Mishler 1990). This resulted in accurate and detailed records in the coding frames, making it clear what the participants said. Following the third interview, it became clear that the non-directive interview process had resulted in too much rich data, and data too diverse in nature to make initial analysis possible within a single frame. Doing so ran the risk of ignoring data or the subtle differences within it. What was learnt from each interview seemed to divide quite naturally into two main categories, relating to the research questions. From this point, as each interview was analysed, two separate frames were drawn up to a certain extent based on the research questions:

- What participants understood by the term positive mental health;
- Participants' perceptions of the role to promote positive mental health;

This resulted in two large analysis documents. The first was the smallest and was the easiest to collate. It recorded how each teacher defined positive mental health; what the term meant to them. The key features were incorporated into a coding frame. The second document focussed on how teachers perceived their responsibility to promote positive mental health. It was much larger and included pertinent responses from all participants across a range of themes. These responses were incorporated into a frame that identified key points, the commonalities and the unique responses.

Iterative Process

Having begun to sort the data in this way, it was necessary to look at each frame in more detail, analyse the data further and clarify what could be learnt from the data. Analysis involved drawing from theories on the nature of teaching and teacher wellbeing in addition to those of positive mental health, because these were what underpinned and differentiated the findings (Meyer and Ward, 2014). Engagement with theories of the emotional and social context of the research, such as those relating to the nature of teaching and teacher wellbeing enhanced interpretation and analysis of data; facilitating

better understanding of the social context, the lived experience of teachers as they enacted positive mental health promotion in their schools and classrooms (Meyer and Ward, 2014). As researcher, I was able to move between theory and experience as recounted by the participants in an iterative process similar to Charmaz's (2006) constant comparative method. This was a retrospective application of this theory base (Bradbury-Jones, Taylor and Herber, 2014) as by design, these theories were only engaged with explicitly during analysis, interpretation and reporting. In this way, drawing from wider educational theories enabled me to move beyond presentation of the data to greater interpretation. This in turn helped the research achieve the aim of having a 'social purpose' (Denzin and Lincoln, 2008) through making the findings more easy to translate into or inform practice (Bradbury-Jones, Taylor and Herber, 2014; Green et al., 2007; Meyer and Ward 2014).

Although there were two separate strands to the analysis, it was evident that data in each frame added more detail and understanding to the data in another frame. Therefore, as each strand was analysed, I returned to the other strand to see what new meaning or perspective could be placed on what was there. Analysis of the interview data pertaining to teachers' conceptions of positive mental health, resulted in a picture of what teachers understood by the term. These understandings were then clarified and expanded upon by analysis of participants' perceptions of the role and any concerns that they raised in relation to their role.

Dialectic Process

The initial frames were developed using the interview recordings but they were large documents not conducive to seeking patterns or to allowing me to step back and gain a broader perspective. It was necessary to collate and reduce the data further, identifying emerging themes and phrases in smaller analysis frames. At this stage in the process, I stepped back from the raw data and worked from earlier frameworks which meant that some of the subtle differences were in danger of being lost. A constructivist approach requires a constant revisiting of the data during analysis in order to ensure that theoretical considerations do not move too far from the participants' voices. On completion of the initial analysis, in order to ensure validity and accurate representation of the data, I listened again to the recording of each interview, looking out for what was said and how it was said.

For the first time I truly understood Mishler's (1990) dialectic process. This return to the raw data after lengthy consideration of emerging themes and patterns brought new understanding to the data and its analysis and enabled me to move closer to noticing key points and to drawing early conclusions.

Condensing the Data and Making Meaning

The final stage of analysis took place when writing up the research findings. I repeated the steps taken, using a dendrogram approach (Miles and Huberman 1994) to record the original process. Whilst the font is too small to read without zooming in, Appendix F, as an overview, gives the finer detail of how the initial responses were coded, grouped, refined and condensed into five main categories. Figures 1 to 3 contain sections of the dendrogram.

As recommended by Cohen, Manion and Morrison (2008) and in common with other similar research, the analysis moved from codes to clusters and final themes using judgment to summarise and present the main content and messages of the data (Cohen, Manion and Morrison 2008; Denscombe, 2007; Nolan, Takit and Stagnetti, 2014). For example, first codes such as:

- teaching strategies,
- conflict resolution,
- respecting difference,
- cooperative learning
- and encouraging resilience

were clustered under the heading *capacity building*, which was then grouped within the theme, *capacity building practice* and this was encompassed within the final theme of *enactment*.

In another example, codes such as:

- teacher as role model,
- care
- and patience

were clustered under the heading of '*involves personal qualities*';

Codes such as:

- positive regard to children,
- commitment to children,
- high expectations of learners

were first clustered under the heading *attitudes*; and the codes *needs teacher wellbeing*, *needs teacher emotional literacy*, *teacher demonstrates wellbeing*, were first clustered under the heading *mental health of the teacher*. These three early clusters were grouped and formed the final theme *personal nature of teaching*.

Furthermore, I took care to pay attention to the entire response, not just isolated words or phrases (Barbour, 2006) when drawing up the initial coding frames. Phrases such as *emotional literacy* and *resilience* were recurrent but actually belonged in different codes according to the context in which they were used. For example, emotional literacy as a capacity to nurture in children was under one code; the need for teachers to have emotional literacy and the need for teachers to model emotional literacy were within two other codes. As the previous example illustrated and as is shown in Figure 4.1 these identical phrases contributed to different final themes:

Initial coding frame label	1 st cluster	Next cluster	Final theme
Promote child's emotional literacy	Requires teaching and use of strategies	Capacity building practice	Enactment
Teacher must have emotional literacy	Mental health of the teacher	Teacher with positive mental health	Personal nature of teaching
Teacher models emotional literacy	Involves personal qualities of the teacher	Requires personal qualities of the teacher	Personal nature of teaching

Figure 4.1 Emotional Literacy- from Code to Final Theme

There was some overlap between clusters, with some responses fitting equally well within two distinct cluster themes. For example, when participants separately gave the responses 'empowering children to take responsibility for their own learning' and 'promoting ownership of learning' they quite possibly meant exactly the same thing. During the clustering process, these responses were separated into practical action and enactment

through provision, but ultimately came under the final theme of enactment. When considering plausibility of the analysed data and the relevance of the groupings to the research question, the main division between responses was those that gave explicit information on teachers' conceptions and attitudes towards positive mental health promotion and those that concerned enactment; how they put the responsibility into action, and what could be inferred about their perceptions from the actions described. This determined the composition of the final themes:

1. Integral to the primary teacher's role
2. Challenging- personal and professional challenges of the responsibility
3. The personal dimension
4. Positive relationships
5. Enactment

Whilst, the majority of responses fell within the final enactment heading, the majority of themes, comprising a minority of different responses, emerged as those that in addition to occurring frequently across all interviews, also gave a much more direct indication of how participants perceived the role. Furthermore, what they said about enactment, in most cases, added detail and colour to the perceptions identified and included in the other themes. Figure 4.2 shows how the first two themes were composed. The remaining themes were more complex.

Codes	First clusters	Subdivision	Final Theme
about the whole child not just learning	Perceptions of the responsibility in relation to being a teacher	Embedded within the teacher's role	1 Integral to the teacher's role
integral part of the teacher's role			
takes a toll on the teacher	Demands of the responsibility	Challenging	2 Personal and professional challenges of the responsibility
not always easy			

Figure 4.2 Clustering Process for Themes 1 and 2

Figures 4.3 and 4.4 show how a set of initial responses was grouped within the subdivisions and how this was then condensed further into the final themes of, for Figure 4.3, the personal dimension of teaching and for Figure 4.4, positive relationships.

Codes	First clusters
teacher as role model	Involves personal qualities, such as honesty, care, patience, commitment and personal growth
honesty,	
care,	
patience,	
commitment	
personal growth	attitudes
positive regard for the child	
commitment to children and the role	
having high expectations of all learners	
believing in children	Mental health of the teacher
having and demonstrating PMH as a teacher; teacher to be emotionally literate & model it	

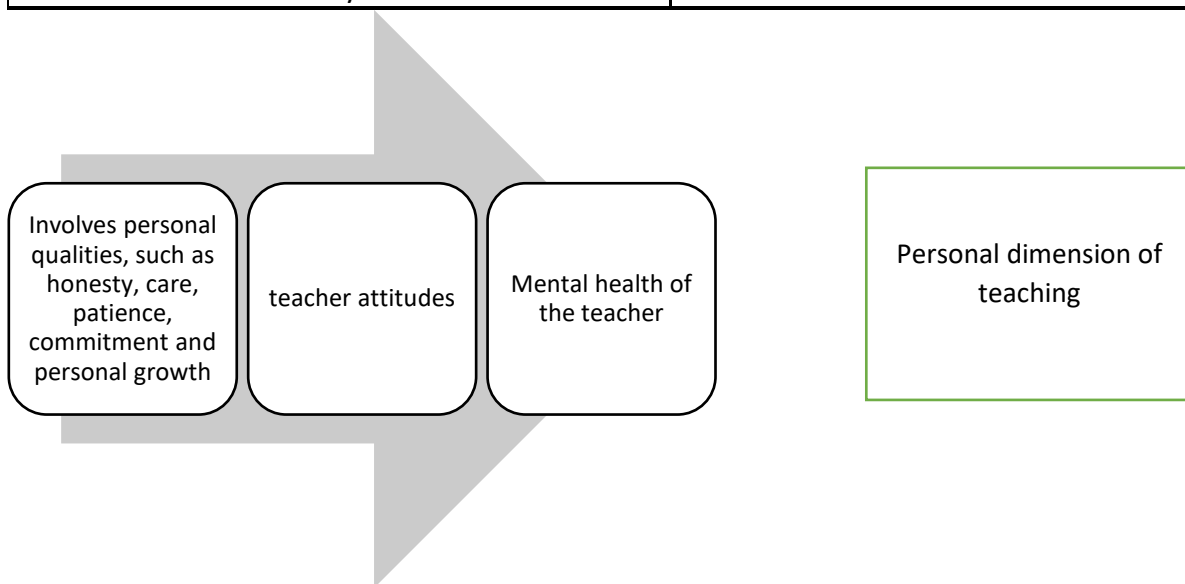


Figure 4.3 Clustering Process for Theme 3: The Personal Dimension of Teaching

Codes	First clusters
knowing the children well	Requires positive relationships, knowing the children well
seeking to understand the child and their behaviour	
knowing how to meet their needs	
positive role model for good relationships	
working collaboratively	Part of a supportive whole school staff team,
all those working with a child know the child & their needs	
part of a supportive staff team,	

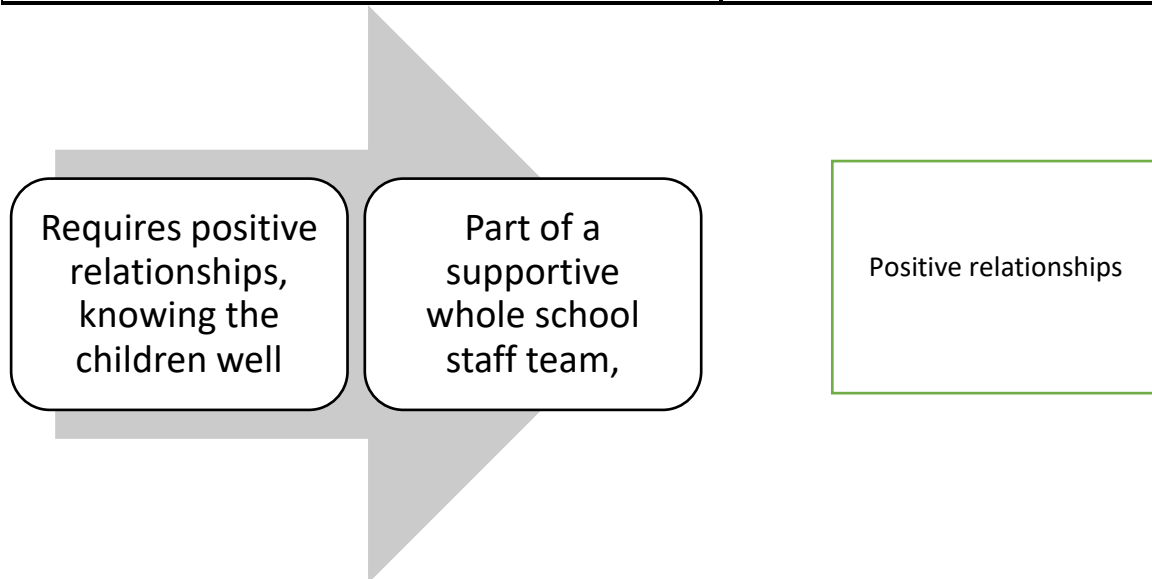


Figure 4.4 The Clustering Process for Theme 4 Positive Relationships

Whilst there was variation within the detail of a theme, these final themes encompass the responses of all participants.

In this way, understanding was shaped during each interview and further meaning making took place throughout analysis, as is characteristic of a constructivist approach (Rapley, 2007). The analysis sorted data into common themes, and within these, looked closely at what each participant actually understood by a specific term and how this understanding differed between participants. It helped identify consensus and subtle differences. For example, as presented in Chapter Five, most participants saw positive relationships as part of their responsibility to promote positive mental health. This might appear to be a commonality. However, consideration of each interview in its entirety revealed that what each participant understood by the term positive relationship was very different. These differences needed to be acknowledged and explored in any discussion of the research findings and were key to an understanding of the participants' perceptions.

Reflexivity and Analysis

I listened repeatedly to the recordings and tried to record with sensitivity to the way that the participants responded (Holstein and Gubrium, 2004), but I found that as I moved to the reduction and collation of responses within a frame, I grew more distant from the original almost unrecordable impressions I had gained during interview and on listening back. As I compared a specific participant to others within a frame, I felt very negative about this individual and found myself looking for evidence to support this negativity. I associated this participant with a sense of indifference and almost objection to positive mental health promotion, yet within the frame, in comparison with other participants, it seemed that this teacher was indeed doing the same as the others, undertaking the responsibility with understanding. I revisited the transcript, annoyed with myself for being so unprofessional as to see negative cases where they did not exist. The transcript did nothing to support my feeling that this participant was not committed to the role. Common themes were evident and she was offering them unprompted.

However, when I listened again to the whole recording, the way in which the participant spoke was very subtly, almost mocking at times. Key phrases were emphasised as if she were used to discussing these with sarcasm rather than a belief in their importance. It was as if these subtle undertones made a lasting impression on me and shaped my perspective of the person with whom I was in dialogue. They offended me, the human being or *brought self* (Reinharz 1997). Reflexivity literature helped me gain understanding of what happened. Self-awareness during the interview ensured that I did not let my feelings and *brought self*, take control of the way the professional or *research-based self* (ibid) responded and engaged with this participant. This explains how my notes and records for analysis contained no evidence for my personal response. Ultimately it seems that the researcher, or *created self in the field* (Reinharz 1997), was dominated by professional response and impartiality. Yet within interviews on something as potentially emotive as positive mental health, might it not have been appropriate to bring my feelings into the dialogue? Then I might have had something more tangible to support my underlying sense when it came to the analysis stage. At present, it is still only my sense that this participant took the responsibility lightly. She may well have uttered the phrases that way out of embarrassment

or because they were the very focus of the interview. I cannot now analyse what I did not check out in interview

Research Design Summarised

In summary, founded on constructivism this research sought answers to questions about perceptions and individual perspectives in order to gain a detailed understanding of the participants' experiences of positive mental health promotion. Consequently, knowledge of the context to be studied, that is primary education in Scotland and purposive sampling facilitated the recruitment of participants with a range of expressed or perceived attitudes, experience levels and interest in health and wellbeing. Being consistent with the research theme of positive mental health, data gathering was designed to be as unobtrusive as possible, sensitive to participant needs and requiring minimum time commitment from participants. Interviews were held in venues that best suited participants and were conducted according to a non-directive approach that relied on the researcher's ability to build trusting relationships with participants and to facilitate and maintain an open dialogue with the research questions as its focus. Consistent with the constructivist approach and the openness of the research questions, data was analysed thematically and iteratively. Reflexivity permeated the process. Trustworthiness and reliability of the data and subsequent interpretations were sought through transparency of process and reflexive practice, combined with the use of a focus group and member checking.

Strengths and Limitations of this Research

The main strength of this research was the non-structured approach to interviews that allowed participants to speak at length on issues that they felt most relevant to the research theme. This provided rich detailed data from which it was possible to get a clear understanding of participants' experience and perceptions and which allowed their emotions to become evident. In this way, the research design was in line with Denzin's (1998) assertion that research seeking insight into emotions requires a depth of detail in order to give context and validity to emotions articulated and to allow emotions experienced to be shown (Denzin, 1984; Hargreaves 1998). Furthermore, my role in the interviews contributed to the strength of the approach and subsequent data. Whilst unable

to be completely objective, I believe that in many interviews, my own interpersonal skills, my empathy and active listening contributed towards the creation of a trusting environment in which many of the participants felt safe to speak openly and honestly. This is explored more fully in Appendix A.

In order to offset some of the identified limitations of existing research with teachers on wellbeing-related issues, I sought to recruit an information rich (Patton, 1990) sample that included teachers with a range of attitudes and experience in positive mental health promotion or health and wellbeing, (the curriculum area under which the responsibility to promote positive mental health was most explicit). I did manage to achieve this to a certain extent. In total, three participants were leading in this area; five were experienced and confident; prior to the research, four participants either did not see it as a strength or as a priority and two participants were newly qualified or about to be qualified. However, the recruitment process used to achieve this purposive sample is likely to have had an impact on the data. As explained in the sample section, I contacted local authorities asking for schools who had an identified strength in positive mental health promotion and those that had this as an identified development need. This meant that eight of the participants, those recruited in this way, were working in schools that, either as a result of internal school priorities or external pressure had a focus on positive mental health promotion. Thus, these participants are more likely to have experience of whole school initiatives and to be aware of positive mental health promotion and its importance and relevance to their practice. The findings are representative of the sample, therefore, but certainly not generalisable.

A result of the varying levels of consent and support I received from local authorities is that, although the sample included teachers from six different local authorities, 10 participants came from just two local authorities. Although teacher perception and understanding is a very individual and sometimes personal issue, the participants' perceptions are likely to have been influenced to a certain degree by the wider culture of the local authority, the professional learning offered and the authority policies and priorities. Offsetting this potential limitation somewhat is the fact that the data collected from participants within a single authority was still diverse. There was enough difference between individual

participants to suggest that the local authority's influence was tempered by the attitudes, experience and interests of the teachers within it.

Finally, such research into perceptions and understanding is dependent on the relationship between the participants and the researcher; that is the extent to which the participants felt confident enough to be open and honest with me and the way in which I identified and clarified some of the less explicitly conveyed opinions, attitudes and feelings towards the theme of the research. I am frequently asked how I know that they were telling the truth and my response is informed as much by my sense of the participant and the interview as by any tangible evidence. I believe that the level of detail given in the discussions, the full answers that I prompted and encouraged from the participants were a way to verify the statements made and to justify or evidence any claims or conclusions that I make about participants. Along with the Focus Group, the key way in which I sought to address this limitation was through my reflexivity.

Chapter 5

Findings

Introduction

In this chapter, the research findings are presented. The data relating to participant understanding of the term positive mental health are presented first as this conceptual understanding underpins the findings of the whole project. The data relating to participant perceptions of the teacher's responsibility to promote positive mental health are presented in part two. These findings will be discussed in detail in Chapters Six and Seven.

Part 1 Research Question One- What do teachers understand by the term positive mental health?

Part 2 Research Question Two- What are teachers' perceptions of their responsibility to promote positive mental health?

Part 1 How Participant Teachers Described Positive Mental Health

When considering how participants described positive mental health, it was necessary to make a distinction between the words they used and the meaning that they intended for these words, as conveyed by the entirety of each utterance. At times, this was my interpretation of the words they used and at others, their definition. This shall be explained and exemplified more fully in the next section. For this reason, this section begins by looking at a summary of understandings but then considers some of the less frequently used terms, in order to explore what these suggested about the relevant participant's understanding of positive mental health.

The nature of the interview, as already explained, allowed participants to speak at length on their experience of positive mental health promotion. This provided a fairly detailed picture of their understanding of the term positive mental health. The participant responses to Research Question One, are shown in full in Frame 1, Appendix E. Whilst there was some evidence of a shared language relating to positive mental health amongst these participants,

there was no single interpretation or characteristic that was identified by every participant. The picture presented by the majority of participants was that positive mental health included the ability to engage in relationships, resilience, self-confidence, a level of emotional literacy and the ability to be happy. For a small number of participants, there was acknowledgement of the importance to positive mental health of a basic level of security, that the child felt safe and nurtured.

Words or phrases frequently used to describe their understanding included being happy, resilient, able to make friends and self-esteem. Common responses are summarised in Table 5.1. As shall be discussed later, the terms used to describe positive mental health varied between participants. Table 5.1 records how I grouped participant descriptions of the term positive mental health.

Table 5.1 Common Descriptions of the Term Positive Mental Health

This table shows the collated interpretations of the term given by more than one participant.

Characteristics of positive mental health given by two or more participants	Number of participants N=14
Socially stable, able to form positive relationships/attachments, can negotiate,	11
Resilience- has coping strategies, can also take risks	9
Confidence and self-belief, positive self-perception Can do attitude- can challenge self	8
Able to deal with feelings- children are emotionally literate, knowledge of own emotional state and that they can have some control over that; developing empathy- aware of how others are feeling	8
Happy, able to be happy	7
Feel safe or secure	4
Productive, able to be successful, able to achieve	3
Feel nurtured	3
Feel supported	2

Some participants used terms not used by any other participant when they explained what positive mental health meant to them. Their descriptions included the terms:

- Outgoing
- Strong
- Impact of healthy lifestyles and healthy eating on outlook
- Know what the boundaries are
- Know what they are expected to do

Some of these words and phrases used by only one participant are quite vague or open to interpretation. As a result, in order to get a clearer sense of each participant's understanding of positive mental health, it was necessary to consider what could be learnt about their understanding from everything that they said in the interview rather than just considering the words used when asked to explain their understanding. These responses are discussed in more detail in Chapter Six.

Whilst making sure to value each response as true to the individual and not wanting to impose an outside perspective on the insider one, it seemed appropriate to use the definitions of positive mental health that occur in the literature as a framework for analysing participant responses. Table 5.2 shows how participant responses correspond to the characteristics of positive mental health that occur in multiple definitions.

Table 5.2 How Participants’ Responses Matched Theory Definitions

What the participants said (how many)	Theory Definitions	References, e.g.
Happy, able to be happy (7)	Enjoyment of life, sense of fun Optimism, presence of positive mood	Bielsa et al., 2010; Bhugra, Till and Sartorius, 2013; Edwards, 2003; Herrman, Saxena and Moodie, 2005;
Resilience- can cope, can also take risks (9)	Ability to cope with crises, to be resilient	Levin et al.2012; Mental Health Foundation, 2016; Rothi, Leavey and Best, 2008, Weare, 2010;
Able to deal with feelings- children are emotionally literate, developing empathy; aware of how others are feeling; emotionally stable (8)	Ability to develop emotionally, (emotional literacy)	Wells, Barlow and Stewart-Brown, 2003
Confidence and self-belief, positive self-perception; can do attitude- can challenge self (8)	Sense of achievement and satisfaction (self-esteem, confidence)	Bhugra, Till and Sartorius, 2013; Edwards, 2003; Keyes, 2002; Levin et al.2012; MHF,2016; Rothi, Leavey and Best, 2008; Weare, 2010 Wells, Barlow and Stewart-Brown, 2003
Able to develop positive relationships/able to form decent attachments; can negotiate; socially stable (11) Outgoing (1)	Ability to develop socially, (positive relationships- belonging)	Amini Virmani et al., 2013; Durlak and Wells, 1997; Edwards, 2003; Ryan and Deci, 2001; Sutton et al., 2005; Weare, 2010

**‘Ability to develop psychologically and spiritually’ is omitted from the table above. Although one of the common characteristics in the mental health literature, it is too broad a category for the purpose of analysis as almost any of the participant definitions could be deemed to fall within it.*

Some participants’ explanations focussed on education, describing what positive mental health looked like in a learner, whilst others focussed on the whole child. Table 5.3 highlights the nuances and differences between these two conceptual understandings of positive mental health.

Table 5.3 Positive Mental Health in the Learner vs the Whole Child

Positive mental health of the learner	Positive mental health of the child
Enjoyment of learning, belief in self as learner, confidence to try	Enjoyment of life, able to have fun, shows optimism.
Confidence as a learner, able to reflect positively and realistically on achievements in school	Self-confidence- generally, in learning and/ or in specific aspects of life; able to reflect realistically and positively on any achievements
Ability to cope when things do not go well; knows what to do or who to ask for help; able to go back and try again	Has strategies to cope when any (an) aspect of life is difficult; has emotional resilience.
Ability to develop socially: can work collaboratively, conform to behaviour code	Can work and play with others; able to form attachments and develop socially; has empathy
Ability to develop emotionally and conform to the expectations in the classroom and playground	Can recognise, identify, articulate and manage feelings

Whether considering the child from the perspective of learning or from a more holistic perspective, the participants' understanding had much in common with theory definitions of the term. These findings are discussed further in Chapter Six.

Part 2: Teachers' Perceptions of the Responsibility to Promote Positive Mental Health

Introduction

This section presents the participants' perceptions of the responsibility to promote positive mental health. The key themes are presented, followed by a more detailed consideration of the findings for Research Question Two. The chapter concludes with the key findings pertaining to the participants' perceptions of how they had learned to promote positive mental health as this data provides further confirmation and elucidation of their perceptions. An aim of this research was to represent the voices of the participants and to gather detail on their perceptions to better understand their experience. The richness of their responses provides significant new insight into the enactment of positive mental health promotion in these Scottish classrooms. For this reason, this presentation of findings is underpinned by frequent and at times quite detailed quotations from the interviews

Findings

As Table 5.4 illustrates, there were five key themes arising from the data pertaining to participants' perceptions of positive mental health promotion.

Table 5.4 The number of participants whose responses were within each theme

Final Themes	Description	No of participants N=14
1 Integral	Integral part of the teacher's role	13
2 Challenging	Professional and personal challenges of the role	14
3 The Personal Dimension	Involves honesty, care, patience, personal qualities, personal growth, commitment, ability to model emotions	12
4 Positive Relationships	Requires the promotion and fostering of positive relationships	14
5 Enactment	Through provision and ethos Through capacity building Through practical action	14 14 12

Perceptions of the Responsibility to Promote Positive Mental Health

As the discussion in Chapter Four of analysis process shows, although there was variation in the detail, all but one participant perceived positive mental health promotion as an integral responsibility of a classroom teacher, inseparable from their role as facilitator of learning. All participants spoke of the difficulty and challenges of the responsibility. This integral but demanding facet of the teacher's role, the promotion of positive mental health, was perceived to draw on the personal qualities of the teacher, in order to demonstrate, model and support the child's development of characteristics of positive mental health, and to build positive relationships in the classroom. The contribution of positive relationships to mental health promotion was stressed by all but one of the participants. Positive relationships between pupil and pupil and between teacher and pupils were seen to contribute to the development of characteristics conducive to positive mental health. Such positive relationships and ensuing characteristics were seen as vital factors in the creation of the supportive, nurturing and respecting ethos deemed essential to positive mental health promotion. In iterative fashion, the ethos was seen to support and enhance the positive relationships and the development of mentally healthy characteristics in those within it. I attempt to illustrate the nature of this interconnectedness in Figure 5.1.

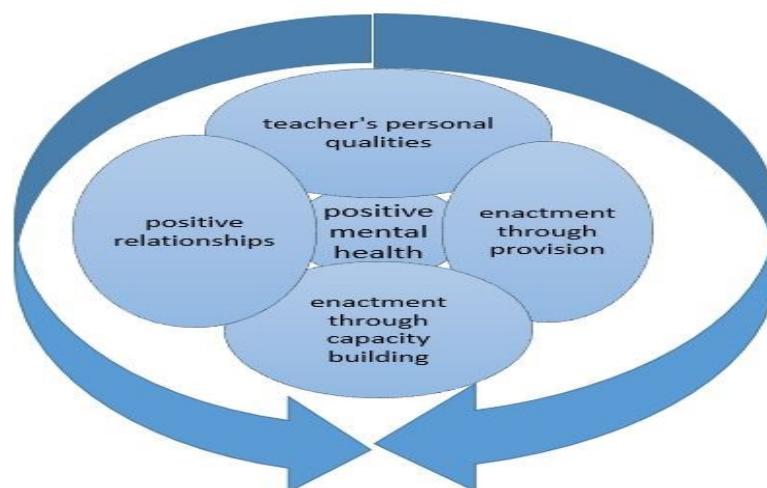


Figure 5.1 The Relationship Between the Themes of Enactment, the Personal Dimension and Positive Relationships

In this way, positive mental health promotion was perceived as multifaceted and cumulative. Each element is important but depends on the other elements in order to be most health promoting. As the children developed mentally healthy characteristics through specific capacity building strategies, these were enhanced by the supportive respectful ethos of the classroom and the positive relationships and personal qualities of those within it. The ethos and positive relationships themselves, strengthened and only possible because of the mentally healthy capacities and characteristics promoted within. This chapter will now consider the findings relating to these main perceptions of the responsibility to promote positive mental health. The presentation of data starts with the participants' perception that this responsibility is integral to their work as a teacher, as this perception has not been so clearly articulated in any previous research in this area. The remaining themes are presented in the order shown in Table 5.4 as they are interlinked; the integral nature overlaps with the challenges, which in turn are closely related to the personal dimension which underpins the fourth theme of positive relationships. The final data presented are those on enactment as the perceptions of the first four themes are exemplified and enriched by the detail and description of enactment which reciprocally gives depth to these other perceptions.

Integral

As was clear from the participants' discussion of how they enacted the responsibility to promote mental health, no matter what conception of positive mental health promotion they had, 13 of the 14 participants, believed that it was integral to the role of a primary teacher.

I think once you can see it as integral to learning and as part of what is more likely to make your children successful not just in their learning but when they go out into the big wide world, when you see it like that it begins to make a lot more sense. D

That's really part and parcel of the everyday working of a school. E

For me it (mental health promotion) is the most important part (of teaching). H

Personally, these were things that I was doing anyway as a teacher. J

Yes. It is part of my role. I think it is really important that children are positive and happy. A child that is confident and happy will learn and that has always been my philosophy. N

As these statements indicate, although policy had changed and health and wellbeing including the promotion of positive mental health was currently the responsibility of all as part of the new curriculum (Scottish Government 2009a; 2010), most teachers explained that they had already seen this as their responsibility. The participant who did not identify positive mental health promotion as integral to the teacher’s role was the teacher who had no experience of teaching prior to the introduction of Curriculum for Excellence.

Challenging

The sentiment that the role, in participant N’s words, “*is not easy*”, was unanimous. Every participant raised this unprompted at some point during their interview. Table 5.5 identifies the key issues raised by teachers when discussing their responsibility. The absence of a whole school approach was cited as a barrier to promotion. The other issues raised were elements that made the role a challenging one, such as resource and time constraints, difficult relationships with parents, competing demands and pressures on the teacher and the subsequent impact of these on teacher wellbeing. These challenges and the participants raising them are shown in Table 5.5.

Table 5.5 Key issues raised by teachers when discussing their responsibility to promote positive mental health

Issue arising	Participants raising issue	No of participants n=14
Difficult or impossible when not part of a whole school approach	A,B,C,D,F,H,L,M,O,P	10
Competing pressures on the teacher	A,B,D,H,J,K,L,N,O,P	10
Teacher wellbeing	C,D,H,J,K,M,N,O,P	9
Not enough time, money, resources	A,B,C,F,K,L,N,O,P	9
Parents and home life	A,B,C,D,E,F,H,J,K,M,N,P	12

Whole School Approach

Ten participants recognised that promotion worked best when part of a whole school approach and emphasised that the role was much more challenging if done in isolation and not supported by the school culture:

You have to all have the same approach including leadership because if leadership don't value it, you won't be encouraged to use it, you won't be given the time to do it; you might even be told "We don't have time for that, you need to get them through X, Y and Z instead". P

The aspects of the role that the participants found most challenging varied:

Demonstrating it (Positive mental health) which can be difficult at times. B

There's no quick fix. There's no magic. It is being able to come back and come back and keep working at a problem. It won't happen overnight" M

For some it was the strain of being part of a school working to increase and develop wellbeing promotion:

In the last 18 months, we have put in a phenomenal amount of work. It would have been difficult to have worked harder. To then come to the point now where it (positive mental health promotion) becomes more embedded. P

For others, it was the personal toll:

Sometimes I go home with a tear in my eye. A

The stuff in the back of your head that wakes you up at 3am, the child you can't get out of your head, the 'I need to do this, I need to fix this'. It has the potential to have quite a toll on you. D

Competing Pressures

For other participants one of the hardest parts was the tension between promoting positive mental health and meeting the demands of leadership and policy initiatives:

You're between a rock and a hard place. It is very difficult. K

You've got all your curriculum to go through and you've got your targets to meet, you've got your boss wants you to have your levels done by such and such a time. Sometimes you forget in the busy world of teaching. J

Trying to progress things to an agreed timetable etc. There's always that pressure and that's not an easy balancing act. Everybody finds that a bit challenging. E

However, participants demonstrated different attitudes towards such challenges of the role. As the quotes from participants, K, J and E above show, there can be a tension between promoting positive mental health and teaching the children. Most participants, whilst still acknowledging that quality time was short, believed that positive mental health was essential to learning; and that addressing barriers to wellbeing enhanced learning rather than taking up time that should be spent on learning:

The challenge for teachers is that the curriculum can become the be all and end all. I believe if you put the work into the relationships it actually improves attainment. When you have looked at and tried everything academically, you have to think it's not the resources it's not the quality of the teaching, I have to look within them. So it's not assessing their academic progress at all. It's got to be looking at their confidence and self-belief. D

It was just for some children, that little thing, that cloud that has been overhanging them for goodness knows how long, it's just been something lifted and they can be a different person; just for that one thing. That's why teaching is so difficult because you have 30 children in front of you who all have clouds over their heads. H

Resources and related professional learning

The lack of resources and the implementation of strategies was something many participants raised as a challenge of the role. Twelve of the 14 participants, spoke of their use of common schemes, strategies or initiatives to support their work on positive mental health promotion such as Restorative Practice or Creating Confident Kids. A glossary of the initiatives mentioned can be found in Appendix G. Such initiatives were perceived to be a good way for the staff to increase their skills in elements of health promotion and as a source of resources to use with the children. However, training, commitment and a continued whole school valuing of the initiative were required for the full benefits to be realised. Even when nominally part of a whole school policy, some initiatives were not always effective as ways to promote positive mental health because of a lack of time or resources:

It's not being done as a whole school. That's something that the working party is working on right now; making sure that every class has got these resources and that they are actually using them appropriately. H

It still helped but it could have had more impact if it had been consistent. It's not having enough resources for everyone to do it so they rotate it. L

Participants felt that the staff needed dedicated time to work with new schemes so that they could be confident enough to embed elements into their daily practice.

For me the challenge would mostly be the resources and time to talk about it. You've not got a lot of time to chat with other staff who are doing it. To have a time so that everybody is working together. L

Whilst participants praised any professional learning related to the schemes, they acknowledged that there was still a great deal of individual work necessary to embed what they had learned, and sometimes, other priorities, or a lack of support meant that this did not happen consistently:

CPD is all great and fine and dandy but what is the impact of it? We need to work on that feeding back into the school and then dispersing information so that we are upskilling everybody. H

We've done initiatives that never really got off the ground. We didn't have the skills K

How each participant took the learning and guidance from the schemes and applied the concepts and resources within their daily practice seemed to depend a great deal on the nature of the teacher, their attitude towards the scheme, towards positive mental health promotion and the personal skills required for implementation.

If I was to go round and ask all the other teachers in the school it might not be the thing that is uppermost in their minds. We've all done the training, talked about it, but it wouldn't day to day be everybody's priority. ..everybody got excited about it for a while and then it went away and I am going, "You have to do it all the time- it's there all the time." D

In this way, although having the potential to enhance the teacher's ability to promote positive mental health, the use of common schemes and initiatives and the associated limitations, such as availability of resources and time to learn how best to employ them, also contributed to the demands and frustrations of the role.

Scottish policy makes the distinction between promotion of positive mental health, which is the responsibility of every teacher to every child, and support, which is the intervention put into place in collaboration with the specialists to support a child with diagnosed mental health difficulties (HMIE, 2011). From this it might be expected that comments relating to supporting children with poor mental health were not relevant to research into teachers'

perceptions of the responsibility to promote positive mental health. However, in practice the distinction between promote and support was not so clear cut. Whilst children with diagnosed health problems may have been getting support, they were still part of the class and as such contributed to the ethos and were part of the relationships within the classroom. For that reason, this was deemed relevant to this research.

Parents

Twelve of the 14 participants cited parents or pupil background as an inhibitor of positive mental health promotion, acknowledging both the impact of home life on an individual child's mental health and equally, the impact of these children on the whole class and the teacher's ability to promote positive mental health within it. Leaving consideration of the ethos to the later discussion, it is pertinent to look closely here at what participant F referred to as '*the stress of the parents*'; how participants perceived parents made the role harder.

The majority of participants talked of the value of positive relationships with parents and the work they put into building relationships and establishing trust which could be daunting at times:

Key is developing positive relationships with the parents as well. A

At the beginning of the year how am I going to form relationships with these parents? Some of them are a lot older than me...actually how can I make these parents think, "She knows what she is doing. I can trust her with my children". F

Relationships with parents were sought with a view to getting to know the child better or to work as "*a team with the child in the centre*" (Participant O):

Listening to everything they have to say on parents' night so I get as full as possible a picture of the child when I am working with them. A

Trying to get parents on board. H

They spend more time out of school than they do in it. You can do so much to build them up within the school environment but they don't switch off their outside school self at five to nine and switch it on again at half past three, so if you've not got the engagement with the other people involved with that child it makes it much more challenging. O

Working to create the desired health promoting ethos in the classroom, meant raising sometimes tricky issues with parents. Despite the time and effort put into building relationships with parents, there were sometimes almost insurmountable clashes resulting from a difference of culture or expectation:

Sometimes with the best will in the world parental expectations can be very different and home backgrounds can be very different and that makes for a tension. E

We face resistance from parents when we challenge views the children hold from home; for example, "I can ignore you because you are a woman". For the wellbeing of everyone else in the class we cannot let these attitudes prevail. A

They go; "back in my day you used your fists and your feet and it was over and done with". Whereas we are trying to promote that they (the children) have strategies other than using their hands and feet. C

Some participants had to work hard to overcome a difference in priorities. There was agreement that sometimes, parents did not want to accept something, or they would hold something back, making working in partnership with them so much more difficult:

Sometimes when you're spending day in day out with a child and you can see that they are struggling and you highlight this with parents and they are disengaged from that, or you see that they don't want to hear what you are saying or if they don't think it is a problem or they know it is a problem and they don't want to face up to it, that's a barrier. H

Sometimes parents are good because they can hide things; they can disguise things and they can act through chats with teachers and I suppose it's just experience that tells you that. J

Often parents were perceived as hindering, consciously or otherwise, rather than helping overcome issues:

One child in particular has been refusing to come into school and he doesn't want to come into school. He's been clinging to his mum's leg and kicking off and proving to be quite angry. The parent was smiling and saying (to the teacher) 'good luck, good luck. They don't want to be in today', and that was actually promoting the negativity. If the parent's negative, the child's going to be negative. F

Trying to help parents see their child in a different light was also very challenging:

You almost can't tell the parents what is happening because you possibly can't point out maybe the reasoning that their child is behaving in that way because they're maybe convinced their child is a saint. B

Clearly the participants viewed the parents as important partners in their work to promote positive mental health, and despite the issues raised, these participants conceded that

On the most part, the parents are great. B

Consideration of these elements that made the responsibility to promote positive mental health so challenging, gives an insight into the wider perceptions of this responsibility and begins to suggest why the role is deemed to be such a personal one.

The Personal Dimension of Positive Mental Health Promotion

Positive mental health promotion was perceived as requiring positive relationships, and enactment through the development of mentally healthy characteristics in the child and of a supportive nurturing ethos. Central to all these elements of promotion was the teacher. In this next section, the participants' feelings towards the role are explored, the data on teacher wellbeing is presented and this is followed by more detail on how the role was deemed to be so personal.

How Participants Felt about the Responsibility

A scrutiny of the interview transcripts and recordings revealed very few explicit statements from participants about their feelings, it was necessary to pay close attention to how the participants engaged in the interview. The ways in which they responded to questions or explained their understanding allowed data to surface on confidence levels, attitudes and feelings about the responsibility to promote positive mental health. Although only one participant volunteered that they felt confident, most admitted to being confident if asked specifically. Confidence levels were more evident in the way participants engaged in the interview; the certainty of their responses, their ability or inability to go into detail, the questions that made them hesitate and the levels of commitment and enthusiasm expressed or evident.

Scrutiny of the data resulted in a collation of the various attitudes and emotions about the role exhibited by each participant. These are recorded in Table 5.6. This is a simplified overview to reflect the diversity across the sample and within each participant and should not be used for generalisation. What is significant is that participants demonstrated a variety of emotions and attitudes depending on what they were saying about the role. This is consistent with the earlier assertion that the role is an emotive and personal one. It should be noted that the attitudes are those towards the role and not towards a colleague's enactment nor towards any children. The table does not allow for the varying impact on the data of the time of day or of academic year.

Table 5.6 Participant Attitudes Towards the Role

Participant Point in term	confidence n-11	enjoyment n-11	optimism n-9	anger n-1	committed n-13	anxiety n-6	fatigue n-3	upset n-3
A- mid	x	x			x			
B- end	x	x	x		x			
C-end	x	x	x		x			
D-end	x	x	x		x	x	x	
E-end	x							
F-end					x	x		x
H-end	x	x	x		x	x		
J-holidays	x	x			x	x		x
K-early		x		x	x		x	x
L-holiday		x	x		x	x		
M-early	x		x		x			
N-early	x	x	x		x	x	x	
O-mid	x	x	x		x			
P-mid	x	x	x		x			

Participants appeared to experience a range of feelings about the role. The exceptions being participant E who maintained a distance throughout the interview, making attitudes hard to perceive, and participant M, who seemed to be presenting a professional rather than personal response throughout the whole interview. Most participants displayed what might be categorised as both negative and positive emotions; for example, optimism and anxiety. Participant D displayed different feelings about the role at different points in the interview depending on what was being discussed. She recognised that her commitment led to anxiety and exhaustion at times but that generally the enjoyment of the role dominated.

Participant N spoke of the difference the children made, with some classes making the responsibility much more demanding, exhausting and anxiety inducing, whilst other equally challenging classes gave so much back that this balanced out the personal cost of commitment. Participant H's anxiety arose from her perception that certain colleagues were not able to carry out the role or did not see the importance; in her opinion, this increased her responsibility as she felt a duty to compensate. Other participants expressed similar concerns but not to the same degree as participant H with whom this concern dominated the interview.

In summary, the participants demonstrated a variety of emotions towards the role, with different aspects of the role or issues relating to promotion triggering different emotions. No teacher was overwhelmingly positive about every aspect of the role. The mixed emotions displayed and the acknowledgment of both challenges and rewards adds a credibility to their responses, in a way that an unremitting joy and pleasure, or anxiety and discontent would not have done. For this reason, although still a subjective judgment on my part, the emotions and attitudes demonstrated seemed real.

There was frequent reference to enjoying being a teacher, liking the children and seeing the importance of wellbeing promotion, as Table 5.6 suggests. The responsibility to promote positive mental health was embedded within the value base of many participants. These participants did what they did to promote positive mental health through personal conviction that it was the right thing to do, and not because they were required to or told to. To them this motivation made all the difference.

For me, it is the most important part I've always come at it (teaching) from the nurturing side. H

You have to value what you are doing and give it the time it deserves, because if you don't, it won't work. D

Your health has to come first. The classic thing your gran would say- as long as you have got your health; it's the most important thing. If you think about it if we had to have a curriculum hierarchy health would have to be there because without that, nothing else is going to happen, with mental health as a part of it. K

No participant admitted to being disaffected or without commitment but some mentioned that they worked alongside teachers for whom the role was simply a job, a means of paying

the bills and who therefore, according to these participants, lacked the personal commitment required to promote positive mental health. To their colleagues, these teachers appeared to walk out the door at the end of the day leaving any thought of school behind. Moreover, the fact that some of the participants voiced concern or even criticism about colleagues, or former colleagues behaving in this way, revealed a great deal about their own approach to teaching and their valuing of the pastoral role. To them it was clearly more than a job:

For some teachers, it's a job and that's the difference because it is not, it is so much more than that. That's what you can't teach. H

Teaching is not a job. It is your life. We have sleepless nights worrying about our children and in the holidays, we worry about our children and we worry about each other. K

There will be days when I'd drive home with a tear in my eye worrying about a little child. You can't leave the job at the school gate. A

When I started teaching it was my life and soul. As times change.... younger teachers, do they have that passion?" J

Whether this is a healthy approach or even one beneficial to the children is a matter of opinion.

There was agreement amongst participants that the children sensed if their teacher was not well and that teacher stress had a detrimental impact on the children:

I think promoting positive mental health amongst the staff as well as the children is vital, because the vibes you give off as a teacher hugely impact on the children. B

If you are not healthy, if you are not in the right frame of mind, the children won't benefit from that. C

When these comments were shared with the focus group, a common response was to agree strongly that teaching is more than a job but that it should not be your life.

You can't promote it unless you look after your own health first. Focus Group

Concern was expressed for the quality of life for those teachers who spent so much time outside school worrying about pupils:

That potentially rings alarm bells. You are part of the school but you have to have a life outside the school. Your own mental health is being able to separate and walk away and say "OK it's my weekend. It's my time." Focus Group

Teacher Wellbeing

It was evident that the majority of participants recognised that their ability to promote positive mental health was contingent on their own mental health. The participants clearly invested a great deal of care and attention to create the appropriate supportive environment for their pupils. In addition to this, patience, time, determination and perseverance was often required to foster the positive relationships, to work out how to connect to certain children and to minimise any detrimental impact on the class from the difficulties of an individual. The participants were aware that they needed to be positive role models, demonstrating and articulating the capacities, such as resilience or emotional literacy that they wished to nurture in their pupils. This took energy and commitment, and at times the participants needed a release valve, an opportunity to vent or express feelings or to relax and regain their energy. They did this in different ways; some solitary such as going “into a cupboard, screaming and then come out smiling.” E or by eating cake. Others with the support of their colleagues:

We all go into the staffroom at playtime and lunchtime and socialise. We talk about other things, make jokes and have a laugh. B

Positive relationships between staff that mirrored those desired in the classroom were valued. Positive mental health promotion needed to be a feature of the school and not just a mantle assumed by teachers in front of children and it worked best if it continued in the staffroom:

I think having unconditional positive regard across your school so that you are not in the staffroom talking a child down. Having that unconditional positive regard across the school is huge, so you're not getting these negative pockets. C

This was clearly much easier if the teachers themselves were working within an environment that supported positive mental health:

No matter how committed a professional you are you need to be in an environment where it is a team effort; where it is a big thing; where everybody is believing in it and investing in it. M

(We offer support) “on a daily basis, talking to staff making sure that they know you're there for them and it's not from a management point of view; it's everybody. At the beginning of the year we set expectations of having that regard and respect for one another. H

Many of the participants' schools did promote positive mental health with their staff in the same way that they promoted it with their children; through supportive environments and positive relationships. The participants acknowledged the importance of having supportive colleagues:

Part of that is the luck of the draw in the sense of where you are and who you work with but, you really have to value honest professional relationships. It's not having an unprofessional moan; it's about saying I am stuck. Help! P

We're quite a long-established staff. We're all friends with each other and so we help each other that way, sort of family wise or school wise as well. That helps, that and having somebody to moan to or to tell you it's not so bad and make you feel better. J

Having a genuine interest in everybody who works together so, you obviously want people to have that interest in you and to be there for you. We know a lot about each other; from the headteacher through to the cleaners. There's not such a hierarchy. We're all working together, we're working to the same goal. C

It's always very helpful to have supportive colleagues and be able to say "Oh that was awful. I don't know what happened there." E

School Leadership

The participants also spoke of ways that school leadership actively tried to promote staff wellbeing and of the ways in which the school environment contributed to this:

At the beginning of the year we set expectations of having that regard and respect for one another and one of the things we have is that if the teacher's door is closed at the end of the day, it shows that they are trying to get on with something and they don't want to be interrupted. We were finding this was where their stress levels were increasing because they weren't getting anything done because people kept popping in and out. H

Here we are doing it together, collaboratively as a visionary thing, as a group; we're thinking big, long term and we are not putting expectations on anybody that are not realistic. M

We celebrate as a staff as well. When we got signed off by the inspectors, the entire staff all went out for lunch just to have some down time O.

There was also recognition of the unhealthy habits that the school leadership and environment sought to minimise. Several participants voiced appreciation that the leadership teams in their schools tried to reduce bureaucracy and encouraged a positive work life balance.

There's no pressure to stay in your classroom and work. We send the people who stay later home. B

Participants also valued having approachable senior colleagues, headteachers that you could easily go to for advice or support. Some participants, (E, A), acknowledged the limitations of their environment as a source of support, recognising that in very small school teams there could be less flexibility and the possibility that they might not be working with other teachers who shared their priorities or valued their approaches. Even within a supportive environment, some experiences still took their toll. For example, when the teacher had to deal with their own strong emotions whilst continuing to support the children in the class, to be the positive role model and maintain the ethos in times of adversity:

You do feel quite isolated as a practitioner as well. It is quite difficult to go offload that to colleagues. That's a wee fellow we lost up there (points to photo on wall) to cancer, last year. There's always things around to remind you. It's hard. K

Self Care

The participants were aware of their own responsibility to take care of their wellbeing and ensure a positive work life balance. They spoke of the importance of having hobbies and a life outside school, making sure that they had days off at the weekend:

You need a smart target. I work long hours through the week, but I am religiously strict with myself about how I manage my time at the weekend. On a normal working week, Saturday and the majority of Sunday are mine and everything else will have to wait. P

Several participants spoke of the value of having someone to talk to about the stresses of the day. Some participants acknowledged the importance of eating healthily and getting enough sleep and exercise, aware of the detrimental impact on them if they failed to manage this. Many emphasised that it was possible to become disengaged even from a job they cared passionately about if they did not prioritise their work life balance and wellbeing.

Again, in common with promotion for the children, the participants also recognised the need for personal development, to acquire skills and capacities more conducive to positive mental health:

I have had some tricky incidents with children in the past that have had an impact on my emotional wellbeing. Probably the most significant work I've done in the last few

weeks is on me. I'm trying really very hard not to take worries home with me or to recognise when I'm doing it and just let it go. D

We tell the children celebrating success builds confidence. The adults have to do the same. P

Despite this awareness of what they required for a healthy approach, some participants felt that they, and their colleagues, had got the balance wrong, but they could not see what to do about it, how they could improve the circumstances and nurture their wellbeing:

I don't think there's any colleagues that have a hobby. They are just all here working all the time. In terms of home life balance I think we've got it way wrong. K

It's telling them (the children) to always think of other people and that's where you get frustrated; you think I just need to do this for myself sometimes. You're always so busy thinking about everybody else you never end up thinking about yourself." J

In this way, the detrimental impact of the responsibility on participant wellbeing came through the toll of the great personal investment, the care and commitment that they had for the children and to being a teacher, the demands on their personal capacities, such as patience and resilience and the pressure of coping with the many demands and challenges of the role. Whilst recognising the potential impact of the role, the participants also acknowledged their own responsibility towards their wellbeing and could identify the steps they could take to offset any detrimental impact. They valued being in a supportive environment and having good relationships with other members of the school team. In discussion of this aspect of positive mental health promotion, as in many others, there was overwhelming endorsement of the need for a whole school approach.

The Personal Dimension

The nature of all the other elements of promotion was influenced and contingent upon the qualities of the teachers, such as their own emotional literacy and ability to model and make this explicit. This process is too varied and complex to be summarised here in a sentence, so the next section exemplifies and explains the attitudes, characteristics, qualities and skills of teachers that were seen to contribute towards positive mental health promotion. Twelve of the participants placed emphasis on the need to draw on their own personal characteristics to be able to carry out the role. Thus, in this next section, the responses of participants are revisited to gain deeper insight into what this entailed

The responsibility to promote positive mental health was a personal one because the emotions of the teacher and how they managed these emotions within their professional lives, were very much a part of the way in which they were able to promote positive mental health. As the words of the participants in this next section illustrate, the participants were mindful of their own feelings, their emotional response to situations and the potential impact of their response on the feelings of the children, taking the opportunity to share their feelings and responses in ways that helped the children develop their own emotional literacy. However, there was more to the perceived personal dimension of teaching than this dedication. The role demanded personal qualities and the need to be a fair and consistent person in order to make the classroom environment feel safe to the children:

The expectations and my attitude and my way of speaking to them will not change. I will always be that consistent person. They need a consistent person and that's what they don't have at home. They think if they shout loud enough or whatever the wall will crumble and even if you have to privately go to the staffroom and have a cry or eat cake, go for it, but when you are with them, especially while you are in that building relationship phase, you have to be that immovable object where you are completely consistent. P

Participants explained how they were aware of their emotions, but made sure not to let strong feelings influence the way in which they responded to their pupils:

Teaching requires a lot of patience at times if a child for whatever reason has caused you to be impatient, rather than displaying that verbally or bodily, it is taking that breath, taking that time and saying, "Go and sit down. I'll speak to you in a minute". That is the way you would display it as an adult in that classroom. Managing to keep those feelings, those emotions quite calm at all times. C

The teacher was required to draw on their interpersonal skills to create a climate in which children valued and respected each other, where they could be honest but aware of each other's feelings. There was emphasis on the need to be a positive role model:

Children do respond to what they are seeing. First and foremost to be a role model for that kind of thing and if children really aren't ready to understand that about themselves and their reactions they will remember how I react to things and they will be learning a lot from seeing how the adults around them act. If I can be that positive thing. D

The majority of participants believed that you had to be a real person to the children, to let the children see a human side to the teacher. This might be demonstrated through a specific modelling of emotional literacy:

When I was dealing with a behaviour issue I said, "Can you see I am disappointed?" and your whole tone of voice goes- you display that through your facial expression and that's when they recognise it and begin to show disappointment in themselves in their behaviour ...verbally labelling the emotional but in a way that is appropriate. C

Participants saw themselves as role models and spoke of allowing children to see that it is possible to get their point across while being calm and in control, without shouting or losing their temper. Several participants also spoke of the importance of acknowledging if they had got something wrong:

That's going back to you being a person. They will value you more for it if you are honest with them and say, "Ok maybe I shouldn't have been quite so hard. On reflection, I feel that wasn't fair. I am sorry about that." O

Several participants spoke specifically of times when they had supported the pupils' emotional literacy development through the demonstration and explanation of genuine feelings:

I cried recently in the classroom because I've got this wee girl who couldn't read all and all of a sudden she could read and the children were all going, "You're crying Miss J." and I went, "I know, because she's started to read which is really, really good." So we all stopped and we all cheered for her. J

In this way, many participants had the development of their pupils' interpersonal skills and other mentally healthy characteristics embedded into their daily practice. In addition to this articulation of emotions, these teachers also had the confidence to stop a lesson and address a particular issue while it was meaningful and relevant to the children:

As a teacher, it is giving yourself permission to take the time when things occur to just stop and deal with it; not saying, "We'll talk about that tomorrow when it's on the plan." Having that flexibility to think, "This is a priority right now. We are going to sit down as a class and we are going to speak about it now". C

The participants' responses make it clear that the majority of them perceived the responsibility to promote positive mental health as one that required personal investment in the children's wellbeing, personal qualities, such as patience or good interpersonal skills, and the ability not only to be emotionally literate but to model and label emotions so that the children were better able to become emotionally literate. In the opinions of many participants there was a great deal of overlap between who they were and their ability to meet their responsibility.

Positive Relationships

Within the context of this study, the emotionally literate teacher who embodied positive mental health was deemed to be an essential component of the positive relationships at the heart of positive mental health promotion. Positive relationships and the ability to develop socially was the most common characteristic of positive mental health given when asked to articulate their understanding in response to Research Question One. This section will now present and then discuss the participants' lived experiences of positive relationships.

All but one participant cited positive relationships as integral to their responsibility to promote positive mental health:

The relationship part of what we do is more important than anything else that we do"

O

We have a good relationship and when something does go wrong, generally we can talk about it and sort it out. D

We're very much aware of that as our goal first and foremost: ethos and relationships. B

I think everything comes down to relationships, building good relationships with the children in your class. E

Building Positive Relationships

Whilst valuing the benefits of positive relationships, the creation of such relationships with the children was influenced by the individuals in the class. Consequently, it was sometimes hard work for the teacher:

Some are harder to get to know than others. I had a very tricky group last year. That was hard work. O

If you see a class that is quite negative and there are some, you do see a difference in the children ...It can be soul destroying in a way if you are trying to keep going and being really enthusiastic and they are just not giving it back. N

It is clear, when revisiting the actual words of the participants, that they each had their own understanding of what was meant by a positive relationship. What they had in common was the need for teacher and pupils to get to know each other. For some participants, this meant the children get to know the professional teacher:

They need to know that you are a teacher; that you are the boss and you are in charge.” J

Making sure the children were getting to know me personally and that they knew who I am and that I am just the same as Miss W (their previous teacher) but a different person and in a different room. F

And that building relationships was about setting boundaries and establishing the rules:

Relationships are crucial? Yes... negotiating the rules and expectations and having a clear understanding between them of what the consequences of various choices they make are going to be. E

Whereas for the majority of participants, building relationships involved the children getting to know their teacher as a human being:

There’s no class that I would start working with where I wouldn’t ever start to create that bond and ensure that they knew I am as human as they are, and it’s important to have that personal link and with the class. H

Do something because it is fun and show them that you are having fun. It’s about them seeing you as a member of the team and as a person.” O

Furthermore, these teachers sought to get to know the whole child:

Knowing as much as you can about the child, rather than the child you just see in your classroom every day. Think about their life, both -in and out of school. P

We do our very best to know the child and know their abilities. What kind of child is this and where are they coming from? B

There was agreement on the importance of getting to know each child. However, for a minority of participants the knowledge described was focussed on the attainment, support needs and behavioural issues of the child:

When I get a class in, I would obviously talk to the teacher who has had them before, I would go through their PPR (personal pupil record), find out if there’s any family background or anything; I get notes from the previous teacher on parent teacher interviews. J

Ensuring they know that they will be listened to. We talk to them about their learning, how they feel about their learning. E

Within this concept of positive relationships, it was necessary for the children to know the teacher as someone who would help them with their work. The relationship was predominantly to support progression in learning:

You need to have these good relationships with your children. You as teacher have to be very positive with them so that they don't feel frightened to come and ask you things if they are stuck with something. J

One teacher emphasised the need to get to know the children so that she could work out how to relate to them:

I like to think I am friendly but you have to watch it. Some kids just don't take it. They used to say don't smile until Christmas and with some classes that is absolutely true. You need to work them out first before you can see. N

Whereas the majority of participants spoke of the value of positive relationships to positive mental health promotion:

Building good relationships is absolutely paramount....Even if it takes a couple of weeks and you have not done all the grammar that you should, that doesn't matter. P

They prioritised getting to know each child as a person, recognising that socially and emotionally as well as academically, they would all be different.

You have to start with where they are (emotionally) and find out what they need. It is not about expecting them all to start at the same level. O

Many participants used their knowledge of each child as a way to gauge, monitor and support the wellbeing of the children in their class:

Knowing your children, you can see straight away in the morning if something's not right with a child. And it's then having the time to say "what's happened? What's made you feel that way?" C

Because we are primary teachers we know our children really well and we are able to identify specific things we can do. P

You develop a really strong teacher pupil relationship so you instantly know if something is wrong with that child. O

The Nature of the Relationships

For many participants, knowing the children well and looking out for their wellbeing was the result of their care for the children. They were teachers who formed a strong bond with children about whom they cared and sometimes worried:

There's still children I worry about now. A

Everybody has those children that they go home and worry about and maybe even years later are still in their head. D

I always get upset when they leave me at the end of term. J

Honesty, consistency and nurture all featured prominently in the descriptions of positive relationships given by the majority of participants:

They will value you more for it if you are honest with them. P

You have to be absolutely frank with them. They know where they stand. They are not ever confused about that. We're not afraid to tell them when they are getting it wrong and they are resilient for that. They learn for next time. They are not getting false praise and they know that they are not getting away with things. B

I'm definitely there to nurture the whole child; stepping into that role as a mother, listening, offering comfort. A

Being that consistent trustworthy person who is interested in them as people. D

Having fun together and sharing enjoyment featured highly in many participants' descriptions of their relationship with their class. They liked the children; appreciating their individual characteristics and spoke of the liking and respect their pupils had for them:

You are having a giggle together and that bond becomes much stronger because you have shared that experience. C

The discussion of these participants suggested that the children were interested in their teachers as people; they respected them and cared about them. Two participants spoke of the concern shown by their pupils when their teacher was ill or bereaved, and they observed that the children's recognition of the humanness of their teacher had strengthened the bond.

They are important to me but that made them feel important. B

They were worried. They made cards and asked other members of staff. They saw me as a person and that I get ill too and they can do something to help me in the same way that I do something to help them." P

However, other relationships were more distant, with the boundaries clearly defined:

I am human. I am not their friend. I am Mrs N, the teacher. N

There was frequent reference to the importance of positive regard, within the class and across the school, with teachers and pupils. Many participants stressed the need to avoid labels and demonising of children, explaining that each day started with a clean slate to avoid the downward spiral of a teacher expecting a child to behave poorly and so relating to them differently in such a way that the child then behaved as expected:

Here every single day someone comes in with a clean slate. C

There's no grudge holding allowed. I have seen that in other schools and on placements and it affects children so badly. They come in miserable because they know they are going to be treated differently because there's a grudge being held against them. That affects what they do every day. B

We don't demonise anyone; we acknowledge that everyone gets angry. We don't tell children off for emotional responses but we contextualise it for them, talk it through with them. K

Many participants emphasised the need for consistency in the relationships. They tried to see the potential in every child, and cautioned against writing off children because of their circumstances:

Just trying not to label children, not to look at them and see the families or the last test they did or what it says about their attainment in my folder, but remembering that they all have the capacity to learn, they all have the capacity to change and grow and develop and that pigeonholing is not helpful. D

Some older participants acknowledged how different in nature this relationship was from that encouraged when they began their careers:

I think when I first started teaching there was more of an expectation of compliance; that the teacher was the sage on the stage. E

When I started teaching they had the deficit model; you know, they won't conform to our policy therefore they are wrong. K

An Environment for Positive Relationships

Many participants fostered positive relationships through the facilitation of the social environment they created in the classroom:

It's trying to let the other children see that there is something good in everybody; in teacher to pupil and pupil to pupil and maybe highlighting children you think have problems with relationships; trying to match them with other people that they

wouldn't necessarily sit with or play with and that will maybe help them come out of their shell a bit. J

However, for a minority of participants, the teacher was still someone who sorted out any social problems and who told the children how to relate to each other, believing that this was how to encourage the development of relationship skills. One participant explained that she saw her role as taking children to one side if they did not 'conform', and telling them what they should be doing, reminding them of the rules:

I think you have to be very straightforward. I remember one little boy who was very able, but terribly condescending to everybody around him. I had to tell him there are ways of saying things to people because if you have a very able but arrogant child who goes out into the world with that arrogance still intact, they are not going to be mentally well for very long because they are not going to be able to build relationships and have fulfilling experiences in life. E

In contrast, most participants recognised the value of the positive relationships and the impact on the children, explaining that many children in trouble almost did not need to be *told off* as they were disappointed in themselves for letting down the teacher with whom they had the trusting relationship:

They are disappointed and worried about letting you down because of that relationship. They want you to be proud of them. They don't want you to be upset. H

For the majority of participants, the human connection between teacher and pupil allowed the participants to be positive role models for relationships:

To be a role model and if children really aren't ready to understand that about themselves and their reactions, they will remember how I react to things and they will be learning a lot from seeing how the adults around them act. D

You may have to model it one time and accept that you are human. That's going back to you being a person, saying, "I am sorry about that." P

The positive relationships were not just between teacher and pupil, the participants also worked hard to develop positive relationships across the class, and school. They described how they modelled and supported the development of interpersonal skills in their pupils:

Trying to be more of a facilitator.....getting the children to talk to each other (about the problem) rather than them all saying it to me. They speak differently when they are actually addressing the person that they have got the issue with rather than telling the adult who they think is going to fix everything. D

We look at what good listening looks like and sounds like, then we do the task and then I ask them, "Did you experience good listening? What did it feel like" We talk about facial expression, tones of voice, body language, all those things that help children switch onto emotions and how people are feeling. B

The Use of Initiatives or Strategies to Develop Relationship Skills

There was agreement that the teacher had a responsibility to help the children develop their social or interpersonal skills. However, some participants made no reference to their own feelings or the teacher as a model, and spoke only of using specific strategies, such as scripting or shoulder partners, to help children develop socially. Themes of friendship and bullying were explored in specific health and wellbeing lessons, often in abstract from the social setting of classroom life. Whilst the majority of participants saw these strategies or specific lessons as being useful to their work to develop positive relationships, they recognised that the children and teachers had to be able to apply the skills gained across their lives and not just within the set lessons:

It is quite hard to convince them (the children), that is part of life; you are going to come up against this (relationship problems) as you get older. N

Some participants spoke of how they helped children to see the relevance of what was learned in a particular health and wellbeing lesson to what they did in other lessons or elsewhere in the school:

We use Creating Confident Kids. The main themes are friendships and respect and the children have created our vision, values and aims. So the children have spent a lot of time talking about what respect and responsibility means in school. P

There was evidence that the use of strategies and specific teaching did help the children's relationships skills. Some participants spoke of the ways in which pupils could now independently apply the learning from specific lessons:

One of the new ones shared about having no-one to play with in Circle Time and how it made him feel and everybody else was a bit upset. They talked about how they could make sure everyone is included in the playground and now they all come in (from playtime) and tell me that they made sure that all the class were all right and had someone to play with. L

We do a lot of scripting as well for behaviour and symbolising. They go and get it when they need it. They can work their way through that themselves. They don't need me as a teacher to do that." N

However, if the development of interpersonal skills was restricted to work in specific lessons, these were often overlooked or not valued:

We used to do circle time every week but sometimes you forget now because of the constraints on the curriculum. J

Whilst almost all participants referred to the use of commercial schemes or specific initiatives, there was a difference between the participants' perceptions of how to foster positive relationships in their classrooms, with the majority putting much more emphasis on embedding good practice into the daily life of the classroom and on the importance of the teacher as a role model in doing this. Such an approach is indicative of the teacher's conception of both positive mental health promotion and teaching itself, and as such, is discussed in more detail in Chapter Seven.

Maintaining Boundaries within Positive Relationships

Although there was emphasis on letting the pupils see their teacher's human side, the participants were very careful to say that they maintained professional boundaries; that they did not share inappropriate facts about their personal lives with the children, but that they chose what and how much they could reveal:

They know I've got a husband and a dog called Bonzo. It's those things that they hold onto. H

The staff share a lot with the children, obviously only to an appropriate level but the children enjoy that and it gives them an idea of life experiences that maybe they're not going to be doing- buying houses etc. It's good for them to hear how you're doing that, the processes involved, how you're enjoying that and the skills you needed for that experience. They genuinely want to know about our lives. B

Recognising the professional boundaries of sharing was a skill in itself, as one teacher explained. She instinctively knew what was appropriate and what would not be, which emotions to model and which to hold back, but she described how difficult many students and newly qualified teachers she had mentored had found this. This view was endorsed by the focus group:

Often teachers are frightened to let them find out about you as a person. You can't teach this. It is very difficult. Once you have a relationship with your own class, you

come to learn when you can give a bit. Being in control of what you do give. Focus Group

The participants identified the fine line between creating a bond with their pupils and maintaining authority. Some shared the ways in which they helped to maintain the bond even after having to reprimand a child:

If I do have to speak to a child quite sternly, I make sure I get back to them before lunchtime or the end of the day with just something like, "I like that coat you are wearing", something short and snappy so the child knows it's past that awkward stage. C

Even though somebody has had a hissy fit and they've been on the floor screaming, if they have done something better later on well you have to praise that. J

Within an established relationship, the children knew where they stood with their teacher, what to expect.

You can be as firm as you like as long as you are fair. N

They can enjoy themselves and learn and be confident but they know that if they cross boundaries I'll pull them up for it. One of mine has written in her jotter, "Miss B is very funny and we have a good time with her but she's strict when she has to be. B

These participants emphasised the importance of taking an emotional step back, not taking behaviours personally and trying to figure out what was behind a child's behaviour:

It's recognising you've got to tell them off but it's the digging deeper into why that happened. Thinking, "what's going on in your little head?", and recognising that there is more to it. It is coming across as the authoritative figure but also as a caring figure. I am here to help you as well. H

I have been looking at children's emotions and how they display their emotions and what their behaviour is telling me rather than just seeing it as behaviour...Making sure I get to know them as a person and give that message that I can still value you as a person even when you are behaving in this way. D

In summary, the participants all emphasised the importance of establishing positive relationships with their pupils, helping the children develop their own interpersonal skills. They spoke in detail of the many diverse ways in which they acted to achieve this. The nature of the teacher: pupil relationships and the ways in which positive relationships were developed in the class varied, but the predominant perspective was one in which the

teacher embodied desirable interpersonal skills and that the whole class environment contributed to and reinforced the messages of what good relationships entailed. The relationships between teacher and pupil, pupil and pupil, whether in the class or across the whole school were an integral part of the environment that promoted positive mental health, fundamental to enactment. The development of relationships and ethos often needed specific targeted action, as presented in the next section of this chapter.

Enactment Through Ethos

Many of the findings relating to enactment have already been presented, as what participants said about what they did to promote positive mental health was illustrative of their perceptions of their role within positive mental health promotion. This section includes finer detail on what participants had to say about their enactment of the responsibility to promote positive mental health. The data makes a significant contribution to new knowledge as such detail on how teachers act to promote positive mental health has not been reported in previous research findings

There was consensus that positive mental health promotion was much more about ethos than something specifically taught:

It really is part of the ethos in terms of how we promote, how we present ourselves, how we interact, how we value the children, the relationships we build up with them. So it's all integrated into that. We have a positive discipline environment; we don't demonise anyone; we acknowledge that everyone gets angry. K

(Positive mental health promotion) "is not a curriculum subject; it is not teaching; it is embedding it into the ethos of your school and it is how you are with the children; how you want them to be; how you work with parents and families and engage them in the process. M

You can't teach it. You have to facilitate the environment for positive mental health.

N

When I asked Participants O and P how they created a supportive ethos, their response encapsulated the interconnectedness of the themes of positive mental health promotion, as

they cited developing the children's social skills and the associated positive relationships in the class as an essential element:

We work on different (social) skills throughout the year so when they are working with their peers they are feeling that they are a valued member of that team and everybody's contribution is recognised and celebrated. (P) That has become part of day to day classroom practice, so it's not always the positive reinforcement coming from us; it also comes from them. (O)

As such the environment not only facilitated and supported the development of mentally healthy characteristics, it was also reciprocally enhanced by having such characteristics within it. The ethos evolved and grew influenced by those within it:

I think that would be fair to say that the ethos can't be contrived because if you try to engineer it, it all goes pear-shaped. I think it really has to be something that evolves; it's organic and natural- a natural equilibrium that is established. It's just how we are. K

The importance of a compatible school culture was emphasised. Participants saw a consistent environment across the school as crucial:

That standard is set as a school...how the school is organised. B

Cohesion. It helps if all the staff are together singing from the same hymn sheet. That's not always the case. E

Policies provided a framework through which consistency was sought:

We have a whole school policy on rewards and things like that. Within our everyday practice, successes are celebrated at every level; if they have had a success it will be celebrated. P

But more importantly through a shared vision which developed a common understanding of the policies and a schoolwide way of relating to pupils:

When the kids are walking along the corridor every adult will say something to the child; "oh good morning, Phoebe". The kids will go, "good morning" and as soon as you smile at them they smile back. It's our culture. C

A pride in the class and in the school and expectations across the school, that comes from your head and from your depute; everybody's trying to achieve the same goals and the same strategies and if you see a child in the hallway you're reacting the same way to them as you would do if they were in your classroom. J

Importance was placed on creating a sense of belonging and inclusion, a connectedness to the school:

There's that really inclusive ethos, I think children are happier and more outgoing and more secure and more welcoming of others into our school environment. They hold the doors open and say good morning not because they have to but because they want to. E

A lot of the senior staff and the other teachers as well go to the dining hall to eat their lunch with the children. They focus on it being a school family and any time they were chatting it was about the school family, just to build relationships again. L

Participants spoke at length of the supportive ethos they created in their classrooms and the benefits this brought to the children in their class:

Talking is a key thing and if you can create a culture where children feel they are in a trusted environment in order to speak honestly and say how they feel and why they feel that way. If you can create that culture in your classroom, school you're setting them up for life. C

Just keep saying it's ok to be wrong and actually create that sort of atmosphere in your classroom where they're not frightened to say anything. J

Many participants included a positive behaviour environment in their discussion of a health promoting ethos:

You build up a positive ethos as a class. At the start of the year, we set the rules together, we sign up to the rules together. It is not me saying this is what the rules will be. It is them saying, we think this will be the classroom plan. We sign up to them." N

We are acknowledging mental health and we are not trying to manage behaviour. It's not poor behaviour; let's see beyond the poor behaviour and understand what is going on here. M

These participants valued positive mental health promotion as a contributor to a classroom with fewer behavioural difficulties. Whilst others explained that the poor mental health of some children was having a detrimental impact on the ethos of the classroom, affecting other pupils. Although it was perceived as a challenge, the participants had strategies for overcoming it:

It is crisis management and the children haven't got positive mental health and she (the headteacher) is having to take children out of class because they are in crisis. What we are doing in P6 and P7 is just sticking plasters and it is not a fix, so we have been thinking about being much more supportive and aware of children's problems from nursery and doing something about it then. M

Most participants emphasised the importance of care. They built in ways to check out children's feelings:

We have smaller classes. We have more time in day to day practice to chat to children have check ins with them. O

You welcome them in, give them that bit of settling in time in the morning. You see if they are not happy. We have a worry box. You often find if they are going to put something in there it will be during that settling in time in the morning. N

Many also acknowledged that often emotional or physical needs had to be addressed before a child could learn:

If we didn't deal with that, that child is never going to learn because mentally they're still stuck on that incident in the playground or hungry tummy and not the fractions in front of them so if you didn't do that the children wouldn't be focussed enough to learn and then attainment wouldn't rise. B

Knowing your children, you can spot quite easily if something's not right with a child. And it's then having the time to say "what's happened? What's made you feel that way?"...being able to catch it quickly so it is not festering all day. C

Whilst others, a small minority, saw these needs as getting in the way of learning:

The playground was a massive issue, going out and coming in, there was always "so and so done this, so and so done that, this happened and that happened" and it was wasting about ten minutes after every break. F

Every playtime they would come in and something would have happened and it just got to the point where I had to say this is ridiculous. Proper teaching time was being lost but I couldn't not talk to them about it. N

There was acknowledgement that the ethos relied on the individuals within it but that the teacher had responsibility for organising the classroom sensitively:

It is the teacher's responsibility to plan accordingly and to ensure relationships are built up and that people and children are not just thrown together. H

Language and expectation were also considered to be important parts of a supportive environment:

We start off with higher expectations and we do our very best to know the child and know their abilities, what kind of child is this and where are they coming from. B

I think we have consciously thought about the language we use in our everyday practice; that our language is a lot more positive and reflective. P

Praise was one of the most frequently mentioned features of the environment, often targeted at a specific capacity:

We should be giving lots of praise to all the children. D

I often reward things based on them working well as a team, so that they learn about teamwork. A

I am quite consistent in the way that I expect children to behave and if I ask them to do something more than once, I'll say "Well you know Miss J expects you to do that the first time I ask." I'll praise them up when they do it and I'll pick out individual children so that we are always going from the positive. J

Another recurrent feature of the participants' work with children, was the importance of having fun and making being in school a positive experience:

It's good that they can enjoy themselves and learn and be confident. B

Teachers smiled and had fun too. Several participants stressed that their classrooms were places where both teachers and pupils enjoyed being.

It's important to let the children see you in another light, have fun with them, stopping and saying no books today for an hour and having fun with them. J

Participant K's description of positive mental health promotion exemplified the way in which all development of capacities was an integral part of the climate of the classroom.

Positive mental health to us is an environment where the children are emotionally literate; they can express their pleasures their anxieties; they can know what to do if they are feeling certain things. It's getting that culture of we can talk about these things; we don't pretend they don't exist. K

In this way, the participants presented a picture of the features and benefits of an environment that promotes positive mental health. Many of the elements raised were dependent on the relationships within the school, with a consistent demonstration of values, respect and positive regard cited as essential features of the environment.

Enactment Through Capacity Building

Twelve of the 14 participants indicated that to promote positive mental health they worked to develop their pupils' self-esteem and self-confidence. As previously indicated, the supportive whole school environment was a one way in which they did this:

How do you promote confidence? It's your day to day interaction. It's your daily relationships with the children. It's the consistency of values that we expect, expectations of behaviours; the honesty, the positive regard, the real advocacy for children; all these things are there and it makes it happen. They can grow as individuals. K

There was recognition of the role to promote confidence beyond the academic. The participants' schools provided opportunities for the children to develop as:

Well-rounded human beings. Not everyone's going to be academic. It's about making sure they come out with a positive view of themselves and life. A

Thus, importance was placed on valuing the whole child. Praise was not restricted to academic attainment:

We do quite a big thing on their achievements outside of the school, so they bring the medals in and share them in sharing assemblies. They might not be the best at maths and language in school but they might be gold medal at that. N

One of the sections in the Learning Journey is celebrating wider achievement. Some of it is even about holidays. I had a parent who wanted to put that their child had tried new foods for the first time while on holiday and that was quite an achievement for them. That was something we wanted to record and celebrate. O

We build their confidence a lot with praise and encouragement and treating them one to one. Children and staff here all try to celebrate their personal achievements and our own if we have them. We take them to assembly. B

In this way, seeking to develop healthy characteristics and skills in the child to support them for life. Not only was wider achievement outside the school praised, but opportunities were created in school for children to have experiences that helped them conquer challenges, face fears and gain a sense of achievement:

Giving the children experiences for those things to happen... through Forest Schools, with children who are scared of something like climbing a tree. It's about the other children seeing that child is scared and rather than the adults supporting that child, it is about getting the children to give them support to climb the tree. You are giving the children the opportunity to apply these skills. C

There's lots of opportunity for risk taking, for social risk taking. You can see them evolve. We can engineer it for things to challenge them and move them. K

Confidence was promoted through giving the children roles and responsibilities within the school which allowed the children to develop practical skills whilst experiencing the emotional benefit of being a valuable member of the school team:

We are very good at creating meaningful opportunities. The children here get a lot of responsibilities throughout their time and I think that adds to their sense of achievement and I think it gives them something to be interested in or an opportunity to achieve. B

They have school councils. There were teachers there but the Primary Six and Seven led it. They got to be part of it so they felt like they'd accomplished something at the end of it. L

Negotiating the rules and ensuring they know that they will be listened to. We do a lot of pupil voice. Just ensuring that they have a sense that they are contributors to the running of the school and that they can feed into things like the eco committee and the pupil council and have their say. E

The children valued these experiences:

The children who go out to the Eco Club like to come back and talk to the rest of the class about what they have learned and about what's going to happen in the school. They quite like the importance of going out to a meeting. J

Reflective Practice and Ownership of Learning

The participants indicated that positive health promotion was achieved through the development and nurturing in the child of characteristics conducive to positive mental health, and that these characteristics should be developed through a broad range of experiences within the school. Whilst there was clearly agreement on the need to look beyond the child as learner, possibly in response to the Curriculum for Excellence (Scottish Government, 2009a), participants were working hard to encourage greater ownership of learning in their pupils:

For me if my children don't understand themselves as learners, I feel that I may as well not be here. D

You're talking about their learning and involving them in making decisions which again, I first think about that as just helping with their learning, but again it helps in terms of confidence and making decisions. L

Nine of the 14 participants spoke at length of the ways in which they sought to increase their pupils' confidence as learners through reflective practice in which pupils were guided to take responsibility for their own learning:

Every child knows what their strengths are and can identify their own next steps. Every child is on their own learning journey. C

It is about making the children better at assessing and establishing where they are with their learning. Every lesson we reflect on what has been a success; how we learned; what helped us forwards. I use two things. The ladder idea seems to be working better for more kids. It shows that everybody is a learner and everybody has got the capacity to move to the next rung. D

They help you set the learning intentions and success criteria. They can actually see whether they have achieved that success far more because they actually set the targets in the first place. I think there has been a big boost in children feeling more confident in their work through doing that. N

Participants recognised that a lack of confidence often caused children to put limits on their own learning, and that ability grouping sometimes reinforced children's negative self-concepts. They described strategies that they used to overcome this:

I don't have strict ability groups for maths. I say, "This is your homework (easier task) but if you want something more challenging you can take this one (harder task) instead. They do all at some time take the challenging work and they are not expecting to get it all right. They are just going to come back and let me know how they got on. It's not like the end of the world. They don't feel bad about coming in and saying they couldn't do it. B

One participant described a process in which pupils could self-refer for additional support if they lacked confidence in a particular area:

There was one child in P7 who couldn't get fractions at all, panicking about going up to high school, put a self-referral in, got some support, understood the fractions because that input was put in place and then she put another referral in asking for even more challenge. H

As part of the greater ownership, and perceived as crucial to positive mental health promotion, the children had frequent access to their personal portfolios or learning journeys. It was an opportunity for them to share the things of which they were proud and celebrate achievements, bringing beneficial outcomes:

They've got ownership of it (their personal portfolio) and control over that. I think for some children who come from quite erratic home lives and who are quite erratic with their thoughts and things it's nice to have that kind of concrete- 'that's me.' H

The children will talk a visitor through their journey. It is like a scrapbook of their achievements through the year. Everything in it is positive. They have real ownership of it and they are very proud of it. They select what they want to put in it. It's very much child-led. O

Part of the process of increasing self-confidence and resilience as learners required a change in the concept or understanding of what learning or success entailed:

The days are gone where a good learner is someone who sits still and puts their hand up. Today a good learner is someone who is resilient, resourceful and ready to learn, who is in a mindset to learn and an environment to learn. C

The culture in the classroom was seen to be crucial. Participants spoke of the ways in which they used reflective practice to help break down some of the barriers to learning, and to create an environment where it was 'OK to have a go':

We need the children to embrace the idea and support each other with the idea that making mistakes is OK. D

I always say to them, "It's OK to be wrong because that will then help me to teach you, to make you better." J

There's no such thing as a failure; it's an opportunity to learn something. We have been a lot more conscious as professionals of the language that we use and how we instil that in the children; reflection and time to share has been a massive priority. P

I see a huge difference in the children because they are not scared to get things wrong. It's all right to get things wrong. That seems to be a huge pressure lifted. H

In this way, reflective practice was seen to have benefits wider than those within learning. In reciprocal fashion, it thrived in a supportive environment but also helped children develop the skills and characteristics desirable to a supportive environment:

If you can create a culture where you can discuss things and reflect on things that have happened then you are building the children up to be reflective people to reflect on their actions and change them if need be or to do things for themselves. C

Trying to ensure that the children are reflective; reflective of their learning; reflective of their behaviour...If they are doing cooperative teamwork, looking at themselves actually doing something and then taking a step back and assessing themselves on that and thinking how could they change that. H

Enactment Through Practical Action

Most of the practical actions taken by participants have been included in the data presented on enactment through provision and capacity building. However, participants also spoke of steps they took for the occasional child who needed support with their mental health. These were interventions that helped the individual but also helped to maintain the supportive ethos for the rest of the class:

If you have a child who struggles to stay in the classroom, rather than being banished from the room we might say, "I know Bert the janitor needs somebody to go round and help with this or that". They will be doing those jobs and will come back into the classroom a different child. It's like an environmental break- a positive experience. C

I have had a child in class who's been under a lot of pressure at home recently and there's nothing in particular we can do about it in school but I send the child to the head a few times for a bit of a chat. The head knows if he sees him in the corridor to say something to him. He needs that extra bit of support or encouragement and we know the head will take that just as seriously as I will. B

These actions exemplify the positive regard and supportive relationships identified by teachers as crucial to positive mental health promotion. The detail presented here on how participants promoted positive mental health begins to explain why they placed such emphasis on personal investment. It also gives more insight into why and in what ways positive mental health promotion was perceived as a challenging responsibility embedded in the primary teacher's role.

How Participants Became Able to Promote Positive Mental Health

Consideration of how participants believed they learned how to promote positive mental health adds yet more detail and insight into their perceptions of this responsibility.

Participants were asked how they acquired the knowledge, skills and experience that enabled them to promote positive mental health. Their individual responses differed immensely but can be divided into four main categories:

- Some form of training or study
- Personal qualities and instinct
- Experience

- Professional sharing and learning from others

Table 5.7 shows the detail and variation within these four categories.

Table 5.7 How participants acquired the knowledge, skills and understanding to promote positive mental health

How?	Participants
Whole school CPD, whole school strategies	B C D F J K M N O P
Innate, arising from personal attributes such as emotional literacy, passion, confidence	B C D E H J M N O
Experience	A D J K M N O P
Individual CPD, study and reading	A B C D K N
Professional sharing, developing in a supportive, non-judgemental environment	A B C K L
Prior study- ITE, undergraduate, other study	B C H O P
Observing and learning from good practice/other teachers	L N P
Practitioner enquiry	D K
Learning through use of resources such as CCK	L
Working with specialists, counsellor, educational psychologist, nurture teacher, etc.	F H

NB *Although there may not seem to be a difference between professional sharing and learning from good practice, the participants made a distinction between learning by being able to share a challenge or problem with more experienced professionals and talk it through, and learning by observing.*

Consistent with the perceptions discussed earlier, nine of the 14 participants attributed their ability to promote positive mental health, in part, to their commitment and passion, to their personal qualities:

It's inbuilt. It's who I am but I think it's also about commitment as well. I'm committed one hundred percent to those children in front of me. H

It comes from within. O

I've always been that way inclined. It's something that you can't necessarily teach. D

That's just us. It's how we are. It becomes second nature to us. C

Again, consistent with perceptions revealed during their discussion of how they enacted the responsibility, these 10 participants all saw positive mental health promotion as something

integral to the role of a teacher, something embedded within their practice rather than something done as a result of policy or training:

It's a philosophy of teaching. N

*It's not a stand-alone thing. It's not a bolt-on. You can't think of it as a bolt on. It has to be part of what you do, your daily teaching practice. Especially as we are primary teachers we are with these children from five to nine in the morning to half past three; we see all of them. We see the whole child. We see them at their best and when they are feeling really blue. You are **not** teaching literacy and then you're teaching maths; **you are teaching this child.** O*

Nine participants cited experience or learning from good practice as crucial to enable them to meet the responsibility:

I learnt from other teachers and seeing it in action. M

So, you just have to try and stumble your way through that with the best will in the world; try and empathise, keep the culture positive, responsive, understanding, giving them space and giving them time. K

The participants learned from “*some really inspirational teachers*” and emphasised that it is not just about observing a teacher but that it was necessary to discuss what the teacher did and why, to unpick the process because it is so complex and so personal.

One recently qualified teacher indicated that whilst she may have learnt about the role and the responsibility to promote positive wellbeing at university, the weight of this responsibility to care for and support the children did not become obvious until she was in her first post. Nothing had prepared her for how it felt:

You haven't really got the stress of these kids actually being in your class and in your care and that you're supporting them to become learners. F

There is clearly an emotional investment in the role of teacher and in promoting the wellbeing of the children an integral part of that. Many participants acknowledged that they were better able to meet their responsibility when they worked in the kind of positive, supportive ethos that promotes positive mental health. The Focus Group agreed that

You can learn it, but you learn it by being in an environment where your fellow teachers model it and tell you how to do it. This is how teachers who are not naturally nurturing and caring learn how to demonstrate and model emotional literacy and positive mental health. Focus Group

Those working in teaching environments conducive to positive mental health were more likely to be able to create such an environment for their pupils. As discussed earlier, the connection between teacher mental health and the teacher's role to promote positive mental health was identified in almost every interview. Five participants specifically mentioned how they had benefited from being in a non-judgemental environment:

As a staff, we quite openly sit and talk about what has happened and how we dealt with it and maybe, if you feel you haven't dealt with it in the right way, you have everybody around you supporting you and you as a practitioner reflecting on how you could do it better next time. C

Having that ethos and trust in the staff team to lay yourself out and tell everybody how you have dealt with something and everybody else is there to support you and not to judge you. (enabled by) the leadership of the school in allowing those conversations to happen but it is also individual responsibility to have to go in with an open mind- to go in and support rather than to judge. B

As Table 5.7 shows, ten participants had taken part in whole school CPD. Seven explained the value of whole school training and being able to promote positive mental health as part of a whole school vision. Professional sharing became easier because they were all trying out similar approaches and strategies, or using the same resources. They stressed that they had learned more because they were all learning together:

I am glad it's something we did together and not a course I did on my own. I have been teaching for ten years and this is the first time that I feel like we have that shared understanding..... I would have known bits and pieces and other people would have known bits and pieces but we can actually come together and discuss what we mean and why it is important. D

When talking about how they knew what to do to promote positive mental health, there was frequent discussion of personal growth in addition to professional development. There was emphasis on the need for humility, to reflect and learn from mistakes and to be open and honest with the children. Many of the participants with mentoring or staff development roles expressed concern that much of what they did cannot be taught. They

relied on a personal moral compass, ethical stance, life views and emotional literacy to guide their relationships and interactions with pupils and the ethos they created:

I find that really difficult to try and mentor or coach probationers in having that bond with the children. It's inbuilt. Modelling how I manage things is innate, what I do kind of naturally, but with probationers it's not always there. How do I support them in trying to achieve that? Maybe the problem is that we have so many adults that aren't emotionally literate. Maybe the problem isn't the children being emotionally literate, it's the people who are actually teaching them who aren't emotionally literate. H

Others explained how courses relating to positive mental health promotion had given them a greater understanding of some of the influences on children's behaviour, self-esteem and ability to relate. This greater understanding subsequently allowed these teachers to have more patience with and empathy for the children in the class. In this way, although the learning may have been knowledge-based, the impact of the learning influenced the teacher's behaviour, enhancing certain personal qualities, such as patience or acceptance.

In summary, the ways in which the participants spoke about how they learned to be able to promote positive mental health reinforced the findings emerging across the data. With variation in the degree to which this was true for individual participants, and with some exceptions or variation in interpretation, the predominant perspective was of a challenging responsibility that was embedded in the teacher's role, that drew on the teacher's personal qualities and in which positive relationships, also conducive to both learning and positive mental health, were established and encouraged. The participants exhibited varying degrees of confidence, enthusiasm and commitment for the role. Understanding how to and becoming better able to promote positive mental health was found to be most successful and easiest when the teacher was working in a non-judgemental environment that supported their personal and professional growth

Summary of Findings

In conclusion, most participants understood positive mental health to include the ability to be happy, to be able to engage in relationships, to have resilience and self-confidence. The participants perceived the responsibility to promote positive mental health as a challenging

part of their role as a primary school teacher, one that drew on their personal qualities and involved the nurturing of positive relationships and a respectful caring ethos achieved through both classroom ways of being and specific targeted lessons. In this way, the findings also revealed the significant new detail on the various ways in which these Scottish teachers enacted positive mental health promotion. These findings are discussed in more detail in Chapters Six and Seven.

Chapter 6

Teachers' understanding of positive mental health

Introduction to Discussion Chapters

There will be a brief discussion of the interpretation of how participants conceptualised positive mental health in Chapter Six and there follows, in Chapter Seven, a more detailed discussion in which the participants' perceptions of their responsibility to promote positive mental health are considered in relation to theories on the nature of teaching.

The participants were initially asked to share their understanding of positive mental health. Each participant's understanding became clearer as they spoke in more detail about their perceptions of the responsibility to promote positive mental health. It is important to note that the definitions of positive mental health given by the participants related to children rather than adults. They described how a child with positive mental health might look or behave.

Positive Mental Health: Conceptual Understanding

Most participants' descriptions of their concept of mental health included some or all of the characteristics of positive mental health recurrent in the literature; the ability to enjoy life, a sense of confidence, resilience, healthy social and emotional development including, emotional literacy and the ability to engage in positive relationships (Edwards, 2001; Mental Health Foundation, 1999; Rothi, Levi and Best, 2008; and Wells, Barlow and Stewart Brown, 2003). Many of these aspects are explored in more detail in relation to participant perceptions in Chapter Seven. In this chapter, the focus is on the characteristics of positive mental health most frequently given by participants, social wellbeing, resilience and emotional literacy, and on some less frequently used descriptions.

When participants described their understanding of the term positive mental health, as demonstrated in Chapter Five, there were many commonalities between participants, such as a recognition of the importance of resilience. However, identification of commonalities emerges from a closer consideration of the participants' total responses, rather than from a

tally of words used. For example, words such as 'happy' occurred frequently in participants' descriptions of positive mental health. It is one of the most commonly used words within the participant responses. However, it was not the most common interpretation of positive mental health, as the participants each expressed their understanding in the language most familiar to them. For example, some participants spoke of the children being 'happy within themselves' or 'happy with who they were'. Although using the word happy, there is clearly a difference in what is meant by the word here than in responses acknowledging the child's ability to be happy. The understanding conveyed by phrases such as happy within themselves was expressed by other participants with words such as 'positive self-esteem' or 'secure sense of self'.

As presented in Chapter Five, when the responses were collated and common themes identified, it became clear that features relating to social wellbeing and relationships, identified by 11 of the 14 participants, were the most commonly recognised characteristics that could depict positive mental health.

Positive mental health is about being able to form decent attachments and relationships. D

It means being socially stable. F

Positive mental health is children having positive relationships with each other, playing and getting on. A

Social wellbeing is an undisputed element of positive mental health (Amini Virmani et al, 2013; Durlak and Wells, 1997; Edwards, 2003; Herrman Saxena and Moodie, 2005; Keyes, 2002; Mental Health Foundation, 2016; Ryan and Deci, 2001; Sutton et al, 2005; Weare, 2010; WHO, 2001). Furthermore, as Participant A acknowledged, social wellbeing is a highly visible characteristic of positive mental health in a primary classroom (Kington, Gates and Sammons, 2013; Split, Koomen and Thijs, 2011). Or perhaps it would be more accurate to say that its absence is noticeable; many children who are unable to form attachments and who have difficulty with social skills tend to stand out in a classroom or to come to the teacher's attention because of the incidents and issues that arise as a result of their reduced social skills (Bomber, 2007; Weare, 2010). The participants' recognition of the value of positive relationships and children's ability or desire to engage in social interactions with

others is consistent with key literature and research that highlights the interrelatedness between the ability to engage in relationships and positive mental health. (Amini Virmani et al, 2013; Edwards, 2003; Goroshit and Hen, 2016; Hargreaves, 2005; Herrman, Saxena and Moodie, 2005; Keyes, 2002; Weare, 2010). Furthermore, peer and friend relationships feature prominently in the NHS Scotland mental health indicators (Parkinson, 212). The participants' emphasis on the need to promote positive relationships and the importance of developing social skills, as discussed in Chapter Seven, seems to recognise that positive relationships are vital to healthy social development whilst healthy social development is necessary in order to engage in healthy relationships (Amini Virmani et al, 2013; Durlak and Wells, 1997; Edwards, 2003; Goroshit and Hen, 2016; Ryan and Deci, 2001; Sutton et al.: Weare, 2010).

Mental health can be specific to time and place, as well as culture and gender (Barry, 2009; Ekornes, Hauge and Lund, 2012). Consistent with this, some of the participants' definitions were indicative of the perspective on positive mental health under consideration; that is, how it is manifested by a child in a primary school classroom. As I was asking teachers, responses such as 'feels supported', 'knows what the boundaries are', 'knows what they are expected to do', were likely to be characteristics of a child with positive mental health in their' classrooms (Bahman and Maffini, 2008; Scottish Government, 2010; Weare, 2010). Participants' responses are manifestations of positive mental health within their context and give an indication of the elements of positive mental health that they deemed relevant to their role. It is also possible that descriptions such as 'has someone to ask' or 'feels supported' are manifestations of a child's connectedness to school, a contributor to positive mental health (Cushman, Clelland and Hornby, 2011; MHF, 2016). Participants certainly spoke at length of happy, confident children who gave friendly greetings to school staff and each other, children who held doors open, helped others and who were proud of their school. This is resonant of Oldfield, Humphrey and Hebron's (2016), previously mentioned definition of school connectedness as a sense of belonging through feeling accepted, respected and supported by the school community.

In their study of Norwegian teachers' understanding of the concept of mental health, Ekornes, Hauge and Lund, (2012) emphasise the importance of determining the source of

understanding. They developed a socio-ecological framework to consider the levels at which teacher understanding of mental health is influenced: individual, organisational and societal (ibid, 2012:292). I found this a useful lens through which to view participants' responses. Although I did not explicitly determine the source of understanding during the interviews, consideration of participant responses, particularly their word choice does hint at the origin in some cases. For example, those who described the concept of positive mental health using the language of policy are likely to have had their understanding of the term shaped at organisational (school) or societal (policy) level (ibid). For example, six separate participants gave a combination of the following terms when trying to explain their understanding of the term 'positive mental health':

- Nurtured
- Feel safe and secure
- Productive, able to succeed

These responses would seem to be context specific and suggest that policy and its enactment has shaped understanding in this way. The terms used are very familiar to the researcher as, in addition to being consistent with NHS mental health indicators (Parkinson, 2012) the first are two of the Scottish Government's eight indicators of wellbeing (Scottish Government, 2005). The remaining wellbeing indicators are healthy, active, respected, included, achieving and responsible (ibid). These words also occur frequently in guidance on promoting positive mental health (Scottish Government, 2010). Furthermore, knowledge of the wellbeing indicators had been a requirement of the teaching professional standard for registration since 2010 (GTCS 2012). It was therefore to be expected that such language of policy would influence the participants' understanding and their articulation of said understanding. Drawing from policy to articulate understanding can sometimes be an indicator of confidence levels, with teachers lacking in confidence sticking to the safety of the terms used in policy documents. (Ekornes, Hauge and Lund, 2012).

'Productive, able to succeed' might be considered synonymous with another indicator, 'achieving'. Furthermore, NHS mental health indicators include those relating to engagement with learning (Parkinson, 2012). However, 'productive' and 'able to succeed' as mentally healthy characteristics are also resonant of one of the desired outcomes of

positive mental health cited by HMIE (2011) and included in the Scottish Economic Recovery Plan which seeks to improve positive mental health, amongst many other things, so that Scottish citizens are healthy, productive and able to “*support the long-term wellbeing of Scotland’s people and economy*”(Scottish Government, 2009c:20). That participants used these terms to describe their understanding suggest that their understanding is shaped by factors at all three of Ekornes, Hauge and Lunde’s (2012) levels; societal, in their resonance with policy; organisational, in the way their language is pertinent to the school context and individual in that their experience and attitude led them to describe the concept in these terms.

Nine of the participants included resilience or coping within their definition of positive mental health. Positive mental health enhances an individual’s ability to promote positive mental health and in turn, developing strategies for coping can increase positive mental health. (Edwards, 2003; HEA, 1997; Gu and Day, 2007; Hall 2010; Herrman, Saxena and Moodie, 2005; Rothi, Leavey and Best, 2008; Weare, 2010; Wright et al., 2010). Participants described children with positive mental health as knowing what to do when things went wrong or being able to bounce back, which is resonant of Luthar, Cicchetti, and Becker’s, (2000) definition of resilience. In comparison, others spoke of children managing routines and situations in the classroom, which begins to acknowledge Gu and Day’s (2013) claim that resilience is about functioning well generally, not just in times of adversity. Again, as resilience is considered to be a key part of school positive mental health promotion (Cushman, Clelland and Hornby, 2011; Graham et al., 2011; Herrman, Saxena and Moodie, 2005; Scottish Government 2009; Sutton et al., 2005; Weare, 2010; Wright et al., 2010; WHO,2005), the fact it featured prominently in participants’ descriptions of their understanding is perhaps evidence of the influence of context and policy on understanding (Ekornes, Hauge and Lund, 2012). The abundance of commercial material that claims to build resilience also makes it more tangible, and a characteristic of positive mental health apparently easy to target in the classroom.

In common with resilience, emotional literacy is the subject of a range of schemes and approaches in addition to featuring highly in Scottish policy documents (Scottish Government, 2009a and 2010). Participants were likely to have encountered the term at

each one of Ekorne, Hauge and Lund's (2012) levels of influence. Eight of the participants included emotional literacy in their descriptions of positive mental health. As shall be discussed in more detail in Chapter Seven, many of the participants exhibited emotionally literate characteristics in addition to including it within their concept of positive mental health. This perhaps accounts for the variety in detail of understanding of emotional literacy presented by participants. Some just spoke of children being emotionally stable whilst others gave more detail:

Knowing how they feel, having strategies to cope with how they are feeling, developing an awareness of how other people might be feeling, having empathy. A

Originally signposted by the Scottish Government Education policy website when the new Curriculum for Excellence came into force, (Learning Teaching Scotland, website no longer available), Weare's 2010 text, *Developing the Emotionally Literate School*, is likely to have informed participants' understanding of emotional literacy. Included within her definition is self-awareness, a characteristic of positive mental health cited by eight of the participants.

It is perhaps because of the positive focus on mental health in current educational policy and guidance, that contrary to findings and observations in research elsewhere in the world, participants did not describe mental health as an illness and there was no suggestion of any stigma attached to the term. (Ekornes, Hauge and Lund, 2012; Graham et al. 2011; Rothi, Leavey and Best, 2008). Rather, consistent with the wellness or asset model of mental health promotion, there was evidence that the majority of participants, influenced by societal and organisational factors, saw positive mental health as relating to strengths and capacities. They saw it as holistic, in the way that it related to the whole person, comprising multiple interconnected elements. This is resonant with Danby and Hamilton's (2016) small study in Wales of primary school practitioners' perceptions of mental health, which also found that most participants held a social model of mental health influenced by a combination of personal, social, economic and environmental factors (ibid 2016:94).

Whilst almost all participants' understanding of positive mental health was consistent with an asset model of promotion, analysis of the data still led to two distinct approaches to defining positive mental health. There were responses that focussed on the child as a learner; for example, talking of the enjoyment of learning or the child's ability to cope when they get work wrong. Whereas other participants spoke of wellbeing in terms of the whole

child, speaking of enjoyment of life and a general resilience. It is not that the teachers who gave learning related responses were necessarily ignoring or unaware of the wider interpretations of positive mental health. It was more that they focussed on those elements most particular to their role of teachers (Biesta, 2016; Sockett, 2008). From this it could be argued that participants' descriptions of the term are influenced at individual level by their concept of what it is to be a teacher and the purpose of education (Biesta, 2009; Ekornes, Hauge and Lund, 2012). Those who see qualification and academic attainment as a priority may only value wellbeing promotion in relation to the enhancement of such learning or to reduce barriers to learning (Cushman, Clelland and Hornby, 2011; Zins et al., 2004); whereas those who see education as a way to help children develop holistically and be able to be fully functioning in society, are likely to have different understanding and perspectives on positive mental health and its promotion (ibid). This distinction was also apparent in the data relating to perceptions of the responsibility to promote positive mental health. Consequently, the influence of conceptions of teaching and teacher identity are discussed in more detail in Chapter Seven.

Many of the terms used less frequently by participants to describe positive mental health, such as 'feels nurtured' or 'knows what the boundaries are', are related to environment or ethos, and again were consistent with the language of current Scottish policy (Scottish Government 2010). Although not fitting neatly into the theory definitions, it could be argued that being able to describe an understanding of positive mental health is less important than being aware of the environment required to promote it. As evidenced in their discussion of the role, most participants saw the creation of a supportive environment as an essential element of positive mental health promotion. This is consistent with a social model of mental health (Danby and Hamilton, 2016) and also resonates with theory and policy which define promotion as the creation of supportive environments that nurture an individual's capacity to achieve and maintain positive mental health and reduce barriers to good mental health. (Goroshit and Hen, 2016; Kelly et al., 2004; Pollett, 2007; Scottish Government, 2010; SHPSU, 2004; Weare, 2010). Whilst, for example, feeling safe or knowing the boundaries might not be characteristic of positive mental health, they might be the outcomes of an environment conducive to positive mental health, and as such, equally relevant to the teachers' role. Furthermore, they are perhaps evidence of understanding

shaped by organisational and individual level factors in that they arise from experience of health promoting practice in a school and not just from policy. A recognition of the importance of environment permeates Scottish policy and strategic plans (Parkinson, 2012; Scottish Executive, 2005; Scottish Government, 2009a and 2009b) and is acknowledged across the mental health promotion literature (Goroshit and Hen, 2016; Gu and Day, 2007; Kelly et al., 2004; Parkinson, 2012; Pollett, 2007; Weare, 2010; WHO 1986).

What became evident during the lengthier discussion on perceptions of the responsibility to promote positive mental health, was that for a small minority of participants their understanding of positive mental health was expressed simply, comprising the ability to explain the term in the currently common vocabulary, but with little or no evidence that they understood what this meant in practice. One example of this was participant M who found it difficult to define positive mental health and then spoke mainly of activities the children were doing on 'resilience', their presentations in assembly and their posters around the school, none of which gave any great indication that the concept of resilience itself was understood or nurtured. At the other extreme were a minority of participants who had a fairly strong understanding of positive mental health but who struggled to find the language to articulate it. Although able to recognise and describe a child with positive mental health, these participants often had what was almost a fear of the term mental health, seeing it as a specialist or medical term beyond their remit. However, the majority of participants had a secure understanding, not just of the term but of how a child with positive mental health might look, feel or act and the significance of this understanding to their work as a class teacher.

Conclusion: Teachers' Understanding of the Term Positive Mental Health

Thus, it can be concluded that the majority of participants demonstrated at least a basic understanding of positive mental health consistent with both Scottish policy and global definitions of the term that underpin mental health promotion theory and policy. Such understanding of the term was likely to be influenced by context, personal and professional experience, interest, confidence levels and ongoing study (Ekornes, Hauge and Lund, 2012). Participants' ability to articulate a definition was not necessarily related to their ability to promote positive mental health. The research question asked what teachers understood by

the term positive mental health, not what words they used to describe it. What was of interest to this research was whether or how these participants were promoting positive mental health in their practice; whether, irrespective of the language used, they understood the concept. For that, it is necessary to take a closer look at the findings in relation to participants' perceptions of the responsibility to promote positive mental health.

Chapter 7

Teachers' perceptions of the responsibility to promote positive mental health

Introduction

This research is significant because it is the first such study in Scotland, providing detailed new insight into the very personal nature of positive mental health promotion in Scotland. Findings reveal that these teachers, who varied in experience, confidence and knowledge in this aspect of their role, considered the responsibility to promote positive mental health to be an integral part of their role as a teacher. They found it to be challenging, to have a personal dimension and to be embedded within positive relationships. The level of detail that participants gave to convey their perceptions and understanding, particularly their full descriptions of how they enacted the role, provides a further key contribution to new knowledge. Consequently, consideration of how the role was enacted, its integral and challenging nature runs throughout this chapter. In particular, participant voice is used to illustrate perceptions and convey this new detailed insight into enactment. I shall now discuss the findings in relation to the literature on the nature of teaching with a focus on what this body of literature has to say about the personal dimension, positive relationships and the challenges of teaching. I shall conclude that the findings are not only consistent with this literature but also exemplify many aspects, through the details of enactment described by participants.

The Personal Dimension

The participants' discussion of how they acquired the wisdom of practice (Shulman 1987) that enabled them to be able to promote positive mental health is consistent with literature on teacher knowledge base and the complexity of teaching (Biesta, 2009; Higgins, 2011; Korthagen, 2004; Shulman 1987). In positive mental health promotion, as in teaching itself, the conceptual knowledge base alone was not enough.

A lot, unfortunately can only come with experience. You might have the knowledge but you might not have the skills. You need the opportunity to build those skills. The challenge can be applying them. N

You build up skills and experience along with your personal values. M

As the words of the teachers exemplified, whilst conceptual knowledge was valuable, it was the appropriate application of knowledge that was vital, with meaningful reflection an important contributor to development (Eraut, 1994; Korthagen, 2004; Zembylas, 2011). This is consistent with Ekornes, Hauge and Lund's (2012) research finding that, in Norway, teachers' perceived experience over time to be the foundation for their understanding of positive mental health promotion. Throughout the day, the teacher draws on her knowledge of the children to assess each situation, using her interpersonal skills and other personal qualities to respond appropriately to a situation or to find the right way to connect to a particular child (Carr, 1999; Dall'Alba 2009; Goroshit and Hen, 2016; Korthagen, 2004).

In this way, the teacher as a person is central to the classroom and to the learning process (Kelchtermans, 2005). What happens in each classroom is influenced by the feelings, motivation, needs and experience of the teacher, (Hudson and Lowe, 2004). Thus, the ways in which each participant made sense of and enacted the responsibility to promote positive mental health were shaped by their own identity; or by the experiences, knowledge and attitudes that form the individual level of Ekornes, Hauge and Lund's (2012) socio-ecological perspective of conceptual understanding. The participants all considered positive mental health promotion to be a personal responsibility; both personally demanding, with the ensuing impact on teacher wellbeing, and also dependent on the personal qualities of the teacher as they sought to shape the environment and to facilitate a positive ethos in the classroom.

I am interested in the importance of looking at myself and how I manage my emotions and the impact of that on learning. D

You do feel so emotionally involved with them, emotionally committed so it gets very personal. K

Current standards for entry to the teaching profession in Scotland require teachers "to demonstrate openness, honesty, and courage and, in addition to professional commitment, to embody an "unswerving personal commitment to all learners' intellectual, social and ethical growth and well-being." (GTCS 2012:5). Teaching is expected to be personal in

Scotland and the promotion of positive mental health, as part of wellbeing, is expected to demand a personal commitment.

Furthermore, that participants found the personal dimension to be a core part of positive mental health promotion is consistent not only with policy but also with the wider literature on being a teacher (Day and Lee, 2011; Goroshit and Hen, 2016; Gu and Day, 2007; Pantić and Wubbles, 2012; Kelchtermans, 2005). This supports the claim that positive mental health promotion can indeed be considered an integral part of being a teacher. The ways in which participants were enacting positive mental health promotion were underpinned by the personal dimension. Before placing the findings alongside the literature, it is pertinent now to explain what is meant by the personal dimension; as interpreted from participant response. It comprises three main elements:

- The teacher's emotions
- The personal qualities of the teacher
- Teacher identity and moral purpose

Most particularly, the personal dimension to both teaching and mental health promotion is the way in which these elements:

- are present in the teacher as a role model, both explicit and implicit, for positive mental health and positive relationships;
- underpin the judgements and actions taken by the teacher throughout each day;
- are inextricably linked with the relationships between teacher and pupils and the positive relationships nurtured and modelled across the classroom, or indeed school.

This chapter will now consider each of these three elements in turn in relation to the nature of teaching and the participants' perceptions of positive mental health promotion

Emotions

The Teacher's Emotions Towards Positive Mental Health Promotion

It would be inappropriate to make strong claims about the confidence levels of participants as the grounds for any claims would be quite subjective. However, it is relevant to note that there was not necessarily a connection between perceived confidence and enactment of positive mental health promotion. Some of the participants included in the sample because

of low confidence levels and inexperience in the positive mental health promotion, actually enacted the role in the same way as other participants recommended as experienced or skilled in the role. Whilst initially this would appear to go against the argument that self-efficacy increases teacher effectiveness (Han and Weiss, 2005; Pendergast et al.2011), these teachers were confident in their role as teachers; the difference was one of knowledge about and perception of the responsibility to promote positive mental health. Similarly, Danby and Hamilton (2016) found that although training was desirable, primary practitioners' confidence in their knowledge of child development and wellbeing left them feeling well placed to address positive mental health.

Furthermore, as Hargreaves' study (2005) suggests, teachers are not necessarily perceived accurately by their colleagues, with younger teachers underestimating the experience and 'change wisdom' of their older colleagues (ibid). The experienced teacher, Participant J, recruited to the sample because she was perceived as not being in favour of positive mental health promotion may be typical of this. It is likely that she was identified because she spoke out against the change. As her focus was clearly on her pupils and their needs, she may have been one of Hargreaves' (2005) teachers disenchanted with change but who still sought to do their best for the children in their class.

You've got to judge your children and know them and know which things are going to achieve the best for them. J

For whatever reason, although she expressed a lack of confidence in positive mental health promotion, she was confident in her ability to support the development and look after the needs of her pupils.

Some participants knew a lot about positive mental health promotion and how it could be addressed. Conversely, consistent with research findings where participants focussed on diagnosis or support of mental illness (Graham et al.2011; Nelson and While, 2002; Rothi, Leavey and Best, 2008; Walter, Gouze and Lim, 2006), other participants in this study saw promotion as something specialist about which they did not know enough.

This particular poor wee soul had attachment issues so they sent me to do a course on attachment theory so that I could support him. I felt there's a skills deficit there. I

could make things worse. I am not really trained to do this. What if I make a mistake? At that point, I thought I have to go back to the support agency for training. K

However, the practice they described, the confident provision of a positive supportive classroom environment and their commitment to nurturing the development of the whole child were actually conducive to positive mental health promotion. They were letting their uncertainty about mental health difficulties mask their recognition of their ability to promote positive mental health for all. Thus, the detail of enactment conveyed illustrates that positive mental health promotion is possible without a specific drive to promote, if health promotion strategies are embedded within the teacher's usual practice. Moreover, when considering something so embedded into certain approaches to teaching, a lack of confidence in the term does not equate to an inability to promote positive mental health. If practice conducive to positive mental health promotion is part of a teacher's inner belief or mission, compatible with their conception of the moral purpose of education (Fullan, 2000; Korthagen, 2008; Mayer, 2011), they may not see health promotion as an additional act. In being a teacher, they are already enacting positive mental health promotion. This is consistent with the finding that almost all the participants asserted that positive mental health promotion was an integral part of the teacher's role, embedded within everything that they did.

This claim that promotion can be happening without the teacher necessarily being confident about positive mental health is supported by the data; several participants expressed that in preparing for the interview they realised that much of their practice did promote positive mental health, but had they been asked previously they would have expressed a lack of confidence and ability. This does not mean that every teacher was already promoting positive mental health; rather it meant that certain teachers' approaches to working with their class incorporated practices conducive to positive wellbeing. Not all teachers worked in this way.

There were also three participants, very confident about their perception and enactment of positive mental health promotion, but whose responses indicated a lack of knowledge and understanding, or practice that was not conducive to positive mental health promotion. It

has been suggested that teacher self-efficacy may result in well-organised motivated teachers, willing to try their best for their pupils but it does not equate to knowledge and ability in every aspect of teaching (Bandura 1997; Pendergast et al.2011).

Perspectives on Barriers to Positive Mental Health Promotion

Participants' responses to the question about barriers to the role provided insight into their attitudes towards the responsibility. Each participant was asked whether anything impeded the role. What is relevant here, are not the barriers, but the way in which participants responded to this question. There were some teachers who could not identify a single barrier but through extended discussion worked out that they saw the role as necessarily demanding; they realised that what perhaps might be a barrier to some was what they considered to be a new challenge to overcome. These teachers spoke of the pleasure for themselves and for the children of overcoming such challenges. Such responses, in combination with other data from these participants, suggests a confidence and commitment to the role alongside an acceptance that being a teacher promoting positive mental health is challenging but rewarding.

Most participants hesitated and had to stop and think about the challenges of the role before being able to explain what, if anything, impeded the role for them. These included the teachers who spoke enthusiastically about the role and about their commitment. They showed optimism and were positive that challenges could be overcome, giving examples as relevant.

There's always something happening that can be a barrier, but it is a good way to show the children you can cope with these challenges. B

Such an attitude can be a protector against teacher stress and burnout, as discussed in the wellbeing section (Friedman, 2006; Graham et al.2011; Han and Weiss, 2005; Veldman et al., 2016).

A minority of participants were quick to identify a long list of barriers to positive mental health promotion, including the home life of the children, more pressing demands on the

teacher, the lack of time, support and resources available to the teacher and poor relationships with parents. These participants sounded weary, overwhelmed and sometimes angry at the impact of these barriers as they described them.

It won't just get better if you keep working away at it. That's what we have been doing- working away and it is still crisis management M

Dealing with issues from promoting wellbeing and mental health has made me ill in the past. I didn't really feel equipped to deal with the challenges teachers face with young people. D

This is again consistent with related research findings and literature on being a teacher, with a lack of confidence in the ability to carry out an element of the role seen as a major contributor to teacher stress (Graham et al., 2011; Gu and Day, 2013; Han and Weiss, 2005; Kelchtermans, 2011).

The spectrum of attitudes and emotions triggered by our discussion of positive mental health promotion is broad, and the identification of these within interview is subjective. From personal experience, I know that tone cannot always indicate emotion. Emotional responses are also dependent on and shaped by the relationship between those in the situation, as explored in Appendix A. Hargreaves (2005) suggests only detailed ethnographic study can provide verifiable data on participants' emotions. However, I think that there is sufficient evidence to justify the tentative claims made here because they arise from listening closely to how a participant spoke and the careful consideration of this in relation to what they said. The open structure of the interviews allowed the participants to recount in great detail specific incidents in the classroom, often using direct speech to bring a situation alive for me. In most cases, their feelings shone through; perhaps precisely because they used stories to convey an emotional experience (Noddings, 2011), like Sikes, Measor and Woods' (1985) critical incidents, the descriptions of which can be emotionally evocative and real (Hargreaves, 2005; Noddings, 2011).

Teacher Emotions

There is agreement that teachers experience a range of emotions during the course of their work (Kelchtermans, 2011; Zembylas, 2011; Day and Lee, 2011; Mayer, 2011; Noddings,

2007). The emotions relate not only to the way teachers feel about their job but also those triggered and exhibited during enactment of the role, as the following quote from participant B illustrates. Whilst teaching demands commitment and confidence, as will be discussed shortly, it is also a profession for which the satisfaction or motivation arises from experiencing positive emotions such as joy, pride, love, care, wonder and enthusiasm as part of the daily interaction and relationship with the pupils in the class (Day, 2011; Kelchtermans, 2011).

It made me feel proud and happy to see them so much more confident. They looked happier. They enjoyed their day. B

It is argued that teachers face the challenges of their role because they care deeply about the children in their class (Benekos, 2016; Noddings, 2011) and in the process, they experience a range of strong emotions, from joy to frustration (Kelchtermans, 2011). Consistent with this, participants all expressed feelings of care and affection towards their pupils.

I care about every child in my class. They are important to me. B

They know that I like them and want them to do well. D

This took the promotion of positive mental health beyond the responsibility that was recognised in Rothi, Leavey and Best's (2008) study, to being something participants genuinely wanted for the children in their class. The participants were able to experience the empathy that arises from having care and respect for the children (Noddings, 2011). The emotional element of teaching and positive mental health promotion described by many participants was more than just looking after their pupils; more even than a personal investment in the children in their care.

If it's a child who has got poor behaviour, I'll have a little individual chat with them to find out why.... Sometimes it is low self-esteem and I try to find little avenues of things that they are good at and try to boost that and get rid of the negativity and try and work on that. Again, it's just forming relationships & knowing your children really well, which is just the kind of person you are really. J

Rather, they enacted caring "as a vision of their best ethical selves" (Silverman, 2012:110). It is such care that characterises them as teachers and can indeed protect them from

experiencing disaffection or burnout (Noddings, 2011). In this way, participants' emotions were embedded within the personal qualities they brought to the role.

Personal Qualities of a Teacher

The findings indicate that participants saw their personal qualities, such as emotional literacy, care or patience, and positive relationships as essential to positive mental health promotion. Research into what makes a good teacher tends to highlight the importance of relationships and personal characteristics such as enthusiasm, passion, commitment, dedication, humour, concern and ability to inspire (Benekos, 2016). Commitment, passion and enjoyment featured highly in participants' attitudes towards their role, which by Benekos' (2016) criteria would make them not only effective at positive mental health promotion but also better teachers. Benekos (2016) argues that personal attributes rather than pedagogical skill are what characterise a good teacher. Twelve of the participants spoke in detail of the ways in which they drew on their own personal qualities to promote wellbeing. As the detailed explanation of enactment presented in Chapter Five illustrates, the participants described practice that was non-judgemental. They emphasised the need to listen carefully to the children's feelings and problems, to value them, respond empathically and sensitively. In this way, they were meeting a clearly identified need. Being listened to and heard in this way featured highly in Scottish young people's discussion of what influenced their positive mental health (Elsley and McMellon, 2010). Such participant behaviour is consistent with that advocated in much of the literature on wellbeing promotion and being a teacher, and is considered essential for building positive relationships. (Adelman and Taylor, 2010; Benekos, 2016; Cooper, 2010; Pantić and Wubbels, 2012; Weare, 2010).

Resonant with the professional standard (GTCS, 2012) that requires teachers to scrutinise the impact of their personal attitudes on their actions, Zembylas, (2008) advocates emotional reflexivity so that teachers are aware of the impact of their emotions on their pupils. It is significant that many participants exhibited high levels of such emotional awareness when they described their actions and interactions with pupils. This gives new insight into how participants enact positive mental health promotion. They explained how

they used their emotions to model emotional literacy, positive relationships or positive wellbeing for their pupils.

Sometimes I stop the task and say, "What exactly is happening here? Why am I getting annoyed?" I'll ask the children that to help them understand why I have become frustrated..... you are labelling your feelings. B

Emotionally literate teachers are defined as having self-knowledge; they understand their own feelings and are aware of those of their pupils; they listen to and have empathy for their pupils (Perry, Lennie and Humphrey, 2008; Weare, 2010). Participants were aware of how their own emotions affected their relationship with pupils.

I know if I am feeling vulnerable, I am more likely to misunderstand a child's emotional needs, or I might even not notice there is something wrong. B

In this way, these teachers brought their emotional selves into the classroom (Noddings, 2011), embodying what Hargreaves (1998) describes as "*emotional passionate beings who connect with their students*" (1998:835). If teachers do not have a close relationship with the children in their class they can misunderstand the emotions of the children (Denzin 1984; Hargreaves, 2005; Rogers and Freiberg, 1994). Not only did participants recognise and model their own emotions when appropriate, they also all talked of knowing their pupils so well that they were able to notice straight away if something was wrong with a child. The participants asserted that these positive relationships were, as Hargreaves claims (2005), crucial to teaching.

Because we are primary teachers we know our children really well and we are able to identify specific things we can do to support them. P

Spending that time building good relationships is worth more than anything. O

The participants valued the place of emotion in the classroom, allowing children to acknowledge and come to understand their feelings about their learning or the social context of the classroom. Emotionally literate or empathic teachers are also better able to foster a sense of community and belonging in the classroom, another feature of enactment rated important by participants (Goroshit and Hen, 2016; Mental Health Foundation, 2016; Weare, 2010). Health and wellbeing promotion is most effective when children are learning within an environment that is consistent with what they are learning about, be that behaviour, relationships or wellbeing (Kelly et al., 2004; Scottish Government 2010). The way in which the majority of participants described how they established a trusting ethos

where everyone was respected was resonant with Silverman's (2012) concept of a teacher who is able to create a safe space in which children can be encouraged to discuss their *"feelings, dispositions, and attitudes toward issues, controversies, tensions, and consequences that arise."* (Silverman, 2012:112).

As asserted in research findings, (Adelman and Taylor, 2006; Green et al.2005; Greenberg et al., 2003; Murray and Pianta, 2007) and in guidance and policy building on the 1998 Ottawa charter (WHO, 1998; Scottish Government, 2010), these environments and supportive relationships foster the children's self-esteem and their confidence in their learning (Hornby and Atkinson, 2003; Mental Health Foundation, 2016; Weare, 2010). High levels of confidence and self-efficacy in teachers are also more likely to lead to greater pupil autonomy and in turn greater confidence (Goroshit and Hen, 2016; Veldman et al., 2016). Many participants spoke of the work they undertook to help the children in their class have more understanding and ownership of their learning, with some admitting that they as teachers had to be brave sometimes in order to facilitate pupil-led learning.

"

You know you actually have to have the confidence to give them choice and be brave enough to go off at a little tangent if it is where their interest lies and you think the tangent is going to help the children. J

Consistent with Cigman's (2001) assertions on ethical confidence, many participants spoke of their efforts to increase learner confidence through tackling the mindsets of their pupils, so that the children were not afraid of challenge and could see mistakes as a *constructive experience* (ibid) part of the learning process; rather than 'the end of the world' and something to be avoided at all costs.

I was talking about mistakes being ok in my maths lesson the other day. It was really difficult getting them to that idea that actually getting it all right is not necessarily success and maybe I had pitched the lesson wrong, and that if they were starting to get things wrong that meant it was challenging and that is a good thing. I feel like I have got a lot of work to do with them in that respect. D

For the teacher to be modelling such behaviour, characteristic of grounded ethical confidence (Cigman, 2001), gives the children a consistent message.

Confidence is not the only teacher characteristic that can foster similar attitudes in pupils. Teaching is a profession that requires a positive attitude and hope (Hargreaves, 2016). Hope is essential for both learning and positive mental health, with the optimism born of hope being a characteristic of the latter (Bhugra, Till and Sartorius, 2013; Edwards, 2003; Levin et al. 2012; Mental Health Foundation, 1999; Paternite and Johnston, 2005; Rothi, Leavey and Best, 2008, Weare, 2010; and Wells, Barlow and Stewart-Brown, 2003).

You show them you're in for the duration and you're committed to it (promoting the children's wellbeing). You do what you can when you can and hope for the best and plan for the best. K

Teachers with hope and belief in what they are doing are better able to nurture hope in their pupils (Bullough, 2011; Paternite and Johnston, 2005). The participants spoke of the ways in which they made their feelings explicit sometimes in order to help the children better understand the feeling and its potential impact on behaviour.

I tell them, "I am feeling XYZ" Then they have a living example of that emotion and can maybe begin to recognise it. B

Such specific naming of characteristics and emotions such as hope can make it easier for children to acquire them (Bullough, 2011). Hope that things may get better can be what sustains people through challenging times (Folkman and Moskowitz, 2000; Fredrickson and Joiner, 2002; Paternite and Johnston, 2005; Wright et al., 2010). Again, it is this combination of having the capacity and the ability to model it, making it explicit to pupils that makes teachers better able to develop that capacity in their pupils (Weare, 2010).

Children learn as much about social and emotional development from how a good teacher behaves as they do from what the teacher says (Biesta, 2016). Being a role model for positive mental health through demonstrating mentally healthy behaviours, such as emotional literacy and resilience was a recurrent theme in participant responses. Such behaviour contributes to the positive relationship between teacher and pupils and supports academic development as well as healthy social and emotional development (Biesta, 2016; Cooper, 2010; Pantić and Wubbels, 2012).

An essential capacity in teachers' ability to be a positive role model and throughout their practice as a teacher is judgement. (Biesta, 2016; Stevenson and Gilliland, 2016). Education requires teachers to assess a situation, make decisions and respond appropriately (Carr, 2007). Such judgement involves both emotion and logic and is influenced by the teacher's moral purpose and professional identity (ibid; Kelchtermans, 2011; Stevenson and Gilliland, 2016). Judgement involves consideration of both what is best for learning and what is best for the child and is informed by the relationships between teacher and pupils and their knowledge of each child (Biesta, 2016; Pantić and Wubbels, 2012). According to Biesta (2016), this means that teachers sometimes choose to act in a way that is not overtly 'educational' in order to achieve an educational goal. This partly explains why the participants saw commitment to pupil wellbeing as integral to their role as teachers. As several of them said, the child has to come first and the learning will follow. This belief underpinned many of the sensitive choices made by the participants, for example, those who spoke of providing toast for a hungry child or a listening ear for an anxious one, before even trying to engage the child in learning. The participants' descriptions of enactment suggested that for most of the time they had the effective balance of emotional involvement and rational distance described by Carr, (2007). Their sensitivity to situations and the individual needs of the children when making decisions on how to act or respond was consistent with feminist care ethics in which close relationships and emotional commitment are valued and form the basis for action (JuuJarvi, Pessa, and Myyry, 2010; Noddings, 2007).

In this way, through their actions and ways of being, the participants exhibited the requisite judgement and sensitivity (Biesta, 2016; Cigman 2001; Kelchtermans, 2016) and many explained that sometimes they, in their words, '*got it wrong*', in which case they openly admitted to the children that they had done so. They were brave enough to admit that they had perhaps reprimanded a child without sufficient reason or had been too harsh on the class. Their apologies and the related discussion of emotions, not only modelled how to repair difficult situations and that it is human to get impatient or angry, they might also have served to reduce the stigma attached to '*getting it wrong*' both academically and emotionally. Thus, it is clear that sensitive judgement was considered by participants to be

fundamental to mental health promotion whilst also being a recognised integral feature of being a teacher (Biesta, 2009, Carr, 2007; Cigman, 2001).

It is evident that the ways of enacting positive mental health promotion and the personal qualities described by participants as essential to positive mental health promotion are the same qualities required of a good teacher (Benekos, 2016; Biesta, 2009). This supports further the finding that positive mental health promotion can be considered an integral part of being a primary teacher. (Benekos, 2016; Biesta, 2009; Cooper, 2010; Goroshit and Hen, 2016; Kidger et al., 2009; Pantić and Wubbels, 2012). Teacher self-esteem is higher when there is a correspondence between what teachers are doing and what they think they ought to be doing (Humphrey, 2003; Kelchtermans, 2005). Very few participants said they felt a tension between their responsibility as a facilitator of learning and their commitment to nurturing and supporting the social and emotional development of the children in their class. The fact that most participants believed strongly that what they were doing was crucial to their role as teachers is likely to have made them more confident and effective in both positive mental health promotion and as teachers (Kelchtermans, 2005).

Teacher Identity and Moral Purpose

A consideration of the personal dimension of positive mental health promotion and the nature of teaching is not complete without engagement with the concept of teacher identity. Teacher identity is complex, influenced by social context and changes over the career of a teacher. It is how teacher's view themselves and their role (Bower and Parsons, 2016; Mayer, 2011). The majority of participants within this sample spoke of teaching and ensuring the wellbeing of their pupils as something to which they were committed and about which they were passionate. Although participants did not use the term 'moral purpose', comments such as "*it is who I am*" when talking about their commitment to positive mental health promotion as a teacher, or "*it's what teaching is all about*" indicate that the responsibility to promote positive mental health was a part of their moral purpose for teaching. In this way, positive mental health promotion was consistent with the majority of participants' entrenched beliefs, their identity and their inner mission, that is their motivation for entering the teaching profession (Korthagen, 2004). This would allow them to retain their self-identity as they enacted positive mental health promotion, which according

to Mayer, (2011) is essential for the maintenance of self-esteem, commitment and passion for the profession.

The claim that positive mental health promotion is an integral part of being a primary teacher is greatly influenced by the teacher's identity and their moral purpose for teaching. Consistent with literature on educational change which indicates that change is more effective if it is compatible with a teacher's motivation (Fullan, 2011), the participants' comments indicate that the impact on their practice of the new policy that made positive mental health promotion an explicit requirement was influenced by the importance they placed on this responsibility, their conceptualisation of it as fundamental to learning and their various attitudes towards it.

The small minority of teachers who expressed concern about the new responsibility may well have experienced the new policy to cause conflict at a personal level. For example, positive mental health promotion could be inhibited by a teacher's entrenched beliefs (Korthagen, 2004) in the stigma of mental health or the inappropriateness of its promotion to a teacher's role. At identity level, there may have been conflict between how the teacher would like to be; for example, always patient, able to demonstrate emotions appropriately, and how the teacher actually was; for example, stressed and sometimes irritable, making snappy comments (Mayer, 2011). Alternatively, at the inner mission level, the teacher may have entered the profession to teach children reading or writing and might not have considered positive mental health promotion to be part of the profession she was entering (Korthagen, 2004). Furthermore, a commonly cited contributor to the success of new policies is the teachers' perceptions of the moral purpose of the change (Fullan, 2011) and how the change increases the potential learning of their pupils (Ha et al., 2008; Han and Weiss, 2005). Thus, it makes sense that the participants who saw positive mental health promotion as fundamental to learning were more likely to see the formal introduction of this responsibility as worth implementing, if indeed, they were not already doing it, and conversely, those that saw it as time taken away from furthering the learning would be less likely to implement the change.

It has already been argued that teaching requires personal investment and teachers' emotions are inseparable from their moral purpose (Day, 2011; Hargreaves, 1998). Furthermore, emotions are related to identity and values (Kelchtermans, 2011; Zembylas, 2011), and reciprocally professional identity is shaped by the way a teacher feels about self and their pupils or colleagues (Day, 2011). The way teachers feel reflects who they think they are (Harding and Pribam, 2004). Teachers' valuing of wellbeing above attainment is indicative of their personalised approaches towards students and of showing educational care (Pantić and Wubbels, 2012). Most participants within the sample were characteristic of what Pantić and Wubbels, (2012) refer to as a mindset of valuing students. To them positive mental health promotion came first. It was compatible with their vision of how to make a positive difference in the lives of their pupils, part of their care for the children in their class (Mayer, 2011). They did not see a conflict within their moral purpose of teaching; that is their concept of teaching and the teacher's role, between focusing on wellbeing promotion and on attainment. Furthermore, again consistent with such claims, they emphasised the importance of care and positive relationships. However, as discussed, many participants did acknowledge that others did not always share their '*mindset*', placing greater importance on attainment and putting pressure on them to evidence this over wellbeing promotion.

Whilst, based on what they said in interview, positive mental health promotion seems to have been consistent with the majority of participants' professional identity, there were some differences between participants' responses and their perspective on positive mental health promotion and in particular positive relationships. Teacher identity and how it can be used to find explanations for participants' responses is explored in more detail later in this chapter in the discussion on participants' differing perspectives on the concept of positive relationships.

Positive Relationships

As this research sought to gain the perceptions of those participants with a range of experience and confidence in health and wellbeing, it is important to discuss more than the majority responses. For this reason, I shall now discuss what can be interpreted from the

data on positive relationships, particularly with reference to the literature on teachers and change.

Whilst the importance of positive relationships to positive mental health promotion is not new knowledge, the research findings do offer new insight into these participants' perceptions of positive relationships, giving detail on how they acted to promote and develop positive relationships within their classroom. As demonstrated, a consideration of the research and related literature on the emotions of teaching reveals that job satisfaction and a range of other emotions arise from the relationships between teacher and pupils (Day and Lee, 2011; Kelchtermans, 2011; Mayer, 2011; Murray and Pianta, 2007; Telli, 2016). As shown in Chapter Five, the participants all cited positive relationships as an essential component of positive mental health promotion. Consistent with these research findings, there is agreement that building empathic, caring relationships with pupils is an integral part of the teacher's role and fundamental to learning and healthy child development (Pantić and Wubbels, 2012; Cooper, 2010; Kohlberg, 1984; Noddings, 2016; Van Hoogdalem et al., 2013; Vygotsky, 1978). The participants spoke of the care they had for their pupils and how this motivated them to do their best for them. Such care is considered to be integral to a teacher's role (Pantić and Wubbels, 2012) in the way that it enhances the child's ability to learn and supports their positive sense of self (ibid; Noddings, 2016). Wellbeing research and guidance concur that children recognise and appreciate being with someone who cares for them (Elsley and McMellon, 2010; Kington, Gates and Sammons, 2013; Mental Health Foundation, 2016; Murray and Pianta, 2007). Feeling valued enhances their wellbeing (Kington, Gates and Sammons, 2013; Mental Health Foundation, 2016).

Relationships with pupils were found to be the most important element of being a teacher (Split, Koomen and Thijs, 2011) and positive relationships, the greatest source of joy and motivation (Hargreaves, 2005). Teachers' emotions are influenced by their relationships with pupils (Day and Lee, 2011) and positive relationships can motivate teachers and increase their confidence and job satisfaction (Benekos, 2016, Noddings, 2011; Telli, 2016; Veldman et al. 2016). Reciprocally, as explained by participants, having a positive relationship with a teacher contributes to a child's wellbeing, resulting in fewer problems for the child at school (Telli, 2016). In this way, the importance of positive relationships to

both teaching and wellbeing promotion provides further evidence in support of the claim that within this study wellbeing promotion is considered to be inseparable from what it is to be a teacher (Hargreaves, 2005; Pantić and Wubbels, 2012). As previously mentioned, the participants explained that in knowing the children so well they were able to notice if anything was wrong, and so be able to act on it. A claim endorsed by Colnerud (2006) who asserts that teachers need to be close to their pupils so that they understand them and are better able to support them and facilitate their learning.

Such close caring relationships are considered to be particularly beneficial when working with children from diverse backgrounds (den Brok et al., 2010). The experience of enjoyable emotions and characteristics of positive mental health such as hope and satisfaction are also considered to increase pupils' sense of social justice, in having such experiences they become more able to notice the absence of these in the experience of others (Zembylas and Chubbuck, 2009). This echoes participants' beliefs that through experiencing positive relationships their pupils felt a connectedness to school that increased their ability to value and respect others; that positive relationships contributed to a respecting and supportive school ethos.

The positive relationships deemed essential to wellbeing by participants went beyond teacher: pupil relationships and encompassed all the relationships within the class. Participants set out to promote positive relationships across the classroom in the belief that school friendships were fundamental to pupil wellbeing. This is consistent with a wealth of literature and research that recognises the contribution to pupil wellbeing of the positive relationships in class (Van Hoogdalem et al., 2013). Friendships can promote resilience (Fisher, 2009) reduce stress and the likelihood of being bullied as well as contributing to higher self-esteem (Banerjee, 2010; Hanish et al., 2005; Van Hoogdalem et al., 2013).

Such beneficial relationships, whether pupil: pupil or teacher: pupil, rely on the teacher's self-awareness, empathy and ability to model good relationships according to Bernard (2004) who, consistent with participant claims, asserts that positive relationships between teacher and pupil are fundamental to building and maintaining resilience. The promotion of positive relationships and the impact of this on wellbeing contributes to pupil learning

(Benekos, 2016; Biesta, 2016; Kelchtermans 2011; Telli, 2016). Furthermore, wellbeing promotion research concludes that having positive relationships with teachers whose wellbeing is good contributes to pupils' healthy social and emotional and academic development (Cushman, Clelland and Hornby, 2011; Rothi, Leavey and Best, 2008; Split, Koomen and Thijs, 2011).

Participants explained how they acted to develop positive relationships; describing the work they undertook to help children build social skills, particularly conflict resolution, but also through circle time activities in which pupils listened to each other, with positive regard and worked together to seek solutions to their own and others' dilemmas or problems. In this way, the positive relationships can be empowering, giving children the confidence and intrinsic motivation to make choices and solve problems, which in turn can increase ownership of both learning and wellbeing (Froiland et al., 2012; Kington, Gates and Sammons, 2013; Mental Health Foundation, 2016). Reciprocally, these positive relationships and sense of ownership can increase a child's sense of connectedness to school which enhances further the relationships and positive mental health (Hall, 2010; Hornby and Atkinson, 2003; Oldfield, Humphrey and Hebron, 2016).

Not only are positive relationships deemed essential for positive mental health promotion, their absence can also have a detrimental effect on both teacher and pupils. Relationships between teacher and pupils and the teacher's desire for positive relationships can leave teachers vulnerable, should relationships break down (Split, Koomen and Thijs, 2011; Veldman et al., 2016). Furthermore, anxiety about poor relationships with pupils and their parents has been found to be a contributor to poor mental health in teachers (Kovess-Masféty et al., 2007). Similarly, Murray and Pianta (2007) found that children experiencing an unsatisfactory relationship with their teachers tend to have higher anxiety, often leading to poor behaviour. In this way, teacher and pupil relationships, their anxiety and wellbeing are inextricably linked. Poor relationships can be damaging to all involved. A class including children with emotional and behavioural difficulties can have an impact on the teacher's mental health, their sense of self efficacy, their trust in or feelings about the teacher: pupil relationship and what form this relationship should take (Bomber 2007; Gu and Day, 2013). The nature of the children in the class significantly affects the dynamic, and this was

acknowledged by several of the participants when they spoke of the classes with whom they struggled to form positive relationships.

Several participants spoke of the time and effort they put into forming positive relationships with pupils and creating a positive environment, acknowledging that sometimes it was such hard work it took months, and with certain classes it was not even possible. There are clear connections between pupil teacher relationships and teacher wellbeing (Kelchtermans, 2011; Split, Koomen and Thijs, 2011; Veldman et al., 2016).

Differing Perspectives on Positive Relationships

Despite the evident differences in experience, motivation and approaches to teaching amongst the participants, the responsibility to promote positive mental health was considered to be a fundamental part of a teacher's role. The sample included participants with a range of teacher identities and motives for teaching. In order to investigate more fully the differences between perceptions of positive mental health promotion and those of what it is to be a teacher, it would be necessary to collect additional data relating to what motivated each participant to teach, their mission or identity as a teacher and how this has changed over their career. However, it may be possible to understand more about the participants' perspectives if they are viewed alongside literature on teaching and change. As shall now be explored, taking the different conceptions of positive relationships as a focus, it is possible to see connections between these different perspectives and the concepts of teaching presented in literature on the nature of teaching and educational change.

Establishing positive relationships may have been one of the most recurrent elements of the responsibility to promote positive mental health in this study, but it is clear that perceptions and understandings of what denotes a positive relationship varied greatly between participants. Participants' explanations of how they enacted positive mental health promotion often illustrated their interpretation of a positive relationship. Consistent with Pantić and Wubbels' (2012) research findings, the differing perceptions on relationships seem to be related to the participants' identity as a teacher and their views on control and affiliation (ibid; Pianta et al., 2003).

The 'master: pupil' description of positive relationships given by small minority of participants indicated that there were still elements of the 'sage on the stage' and the 'tabula rasa' child for a small minority of participants, whose concept of teaching was likely very different from that of other participants. It is clear that the teacher's role has changed significantly since some of the participants began their careers, and indeed since they were pupils themselves. Education policy and systems have previously endorsed the view that teacher pupil relationships should be more distant or neutral and that for control in the classroom the teacher should be an authority figure (Pantić and Wubbels, 2012). The teacher was seen as possessing wisdom and thus was considered able to decide what was best for the pupils (Carr, 1993). In this way, the 21st century teacher in Scotland may have to be very different from the teacher that some participants set out to be at the beginning of their career, potentially making the role no longer compatible with their inner mission (Korthagen, 2004) or with any paternalistic views of education (Carr, 1993). Or it may just be that a career full of changes had reduced their resilience or tempered their enthusiasm for change (Day and Lee, 2011; Hargreaves, 2005). A teacher's emotional commitment to their work, so fundamental to positive mental health promotion can be reduced when change challenges their identity (Day, 2011).

At the time of the interviews, some common terms such as child-centred or inclusive had recently taken on new or subtly different meanings following changes in policy. Conversely some new terms, such as active learning or 'health and wellbeing', were perceived by some to describe previously existing practice. With the introduction of Curriculum for Excellence in 2010 (Scottish Government, 2009a) and the revised standards for entry to and continued registration in the profession (GTCS, 2012), the fostering of positive relationships within the classroom and between teacher and pupils became a formal part of policy, requiring fundamental change for some teachers. Such comprehensive change can be overwhelming, particularly if it is expected to be done quickly with minimal support (Fullan, 2011; Kelchtermans, 2005; Reio, 2016), as the words of this participant explain:

I realise with CfE there needs to be more of it (work to build social and emotional wellbeing) but it can be challenging. Very busy day, huge time constraints, more and more gets put into the curriculum and you just find yourself some days running from pillar to post. E

This is indicative of the comments of this small minority of participants which suggest that although policy and received wisdom might have changed, these participants did not yet

necessarily all have the personal capacity, motivation or confidence to embrace the new responsibility to promote positive mental health fully.

Collaboration and the creation of a shared understanding of what is expected and how to achieve it is considered to be an essential component of effective change (Dearman and Alber, 2005; Fullan, 2011; Schmidt and Datnow, 2005; Stevenson and Gilliland, 2016). Teachers working in isolation from their colleagues are far less likely to change their practice in response to new policies (Greenwood and Maheady, 2001). Whilst there was not a common understanding of positive relationships amongst all participants, those with different interpretations may have these because of an isolated approach to embedding mental health promotion in their school. Alternatively, they may reflect the shared understanding of the term within their school. Interestingly, out of these few, distinctly different participants all but one were the only members of their school to be part of this research sample. As there is no data on the wider school cultures, it is not possible to know for certain whether these teachers were representative of a school approach to positive relationships or whether their interpretation of the term was a personal and individual one. The teacher who was one of two from her school in the sample was a newly qualified teacher and may be reflecting the shared understanding of the term constructed during Initial Teacher Education as what she said was certainly not consistent with other data from the same school.

One participant expressed recognition of the value and importance of the change but, rather like Bower and Parson's (2016) '*Hopeful teacher*' concerned about the breadth of change required at one time, also voiced a lack of confidence. Whereas another acknowledged that policy had changed but she did not display any indication of valuing the change and proceeded to describe practice characteristic of former rather than current policy. This is characteristic of those teachers described in Han and Weiss's (2005) evaluation who risk reducing the effectiveness or sustainability of promotion programmes because they do not see a need for promotion.

In order to change their practice, which in this study means to embed mental health promotion into all practice, teachers need more than just to know what is different; even if they can see the educational value of the change, they still need to build on positive experiences to be able to effect the change (Han and Weiss, 2005; Langer and Appleby,

1987; Schmidt and Datnow, 2005; Reio, 2016). It is hard to get these positive experiences when the new role potentially involves change at such a personal level as classroom environment and relationships. Change takes motivation, resilience, time and commitment (Fullan, 1994; Gu and Day, 2013; Gunning and Mensah, 2011; Korthagen 2008). This small minority of participants were able to talk about their new responsibility and relationship in the currently common language of Curriculum for Excellence, but their discussion of practice in the interviews suggested that for whatever reason, they were not yet embodying what other participants understood by the same terms. They saw the teacher as an authority figure and their concept of positive relationship was defined by this perception of the teacher. Their actions are described in the second column of Table 6.1. Rather like Bower and Parsons' (2016) *'Believer'*, they spoke of enacting policy, whilst description of practice illustrated that they were adapting it in line with what they may have thought was best for the children. Similar to some of the participants in Rothi, Leavey and Best's (2008) study and as identified by Cushman, Clelland and Hornby (2011) in their research, the engagement of these participants in positive mental health promotion was more likely to be because they believed it would contribute to learning or that poor mental health would be a barrier to learning, than from a commitment to positive mental health.

Enactment described by participants gives depth to their perceptions and insight into the nature of positive relationships in their classrooms. Based on what participants said during the interviews, the characteristics of positive relationships can be separated into two distinct categories that seem to relate to participants' conceptions of the nature of teaching; those with the teacher as a more remote authority figure, as portrayed by this small group of participants, and those with the teacher as a role model for social interaction. Table 6.1 shows this division.

Table 6.1 Common Features of a Positive Relationship: the teacher’s enactment

Teacher as role model	Teacher as authority figure
<p>Share appropriate personal facts to let the children see the teacher as a human- not just the teacher;</p> <p>Show interest in the children and their lives;</p> <p>Have fun with the children;</p> <p>Model and articulate emotions;</p> <p>Be honest, open, having the humility to admit when you get something wrong;</p> <p>Show respect</p> <p>Have clear expectations and help children identify the potential consequences of their choices;</p> <p>Be consistent and reliable, firm but fair;</p> <p>Know, value and care about the whole child;</p> <p>Listen;</p> <p>Build positive relationships with parents;</p> <p>Be approachable;</p> <p>Be trustworthy;</p> <p>Facilitate class negotiation of the rules;</p> <p>Be a role model for positive relationships.</p>	<p>Let the children know the teacher is the boss, in charge;</p> <p>Find out about the children from their previous teacher;</p> <p>Make expectations clear;</p> <p>Let the children know the consequences of the choices they make;</p> <p>Tell the children how to behave/relate to each other and the teacher;</p> <p>Read the pupil record;</p> <p>Negotiate the rules;</p> <p>Read any notes about the parents.</p>

This separation of approaches to positive relationships is an artificial one, and most participants exhibited characteristics from both columns. However, it serves to emphasise the broad variation possible in interpretations of the term ‘positive relationship’.

As the findings demonstrate, the majority of participants saw the importance of a personal investment in relationships and a valuing of the child. These participants effectively saw the moral purpose of the change (Fullan, 2011; Kelchtermans, 2011; Johnson et al., 2015) and are likely to have less if any conflict at belief, identity or inner mission level (Day and Lee, 2011; Korthagen, 2004; Johnson et al., 2015; Reio, 2016; Schmidt and Datnow, 2005).

For those participants, the positive relationship that they had with the children in their class was a model for the relationships that they expected between the children in the class, providing the consistency encouraged in Scottish Policy which highlights the need for a holistic whole school approach (Scottish Government, 2010 and requires teachers to demonstrate integrity trust and respect in their relationships with pupils (GTCS, 2012).

It is highly likely that the teachers with the more authoritarian interpretation of positive relationships might believe this to be most effective way to engage with children and help them achieve (Ha et al., 2008). They may believe that demonstrating emotions, modelling emotional literacy and effectively letting the children see the whole person of the teacher, to be more detrimental to learning than likely to increase learning outcomes. They may not have seen the moral purpose of this element of change (Fullan, 2011) or they might just be taking on the elements of change that they deem appropriate for their priorities (Hargreaves, 2005).

However, the teacher and their level of value and commitment to this change in the nature of positive relationships, is only part of the equation. As discussed earlier, good relationships with pupils contribute to teacher resilience and, conversely, consistently poor relationships can erode resilience, leaving the teacher focussed on survival rather than quality teaching and learning (Gu and Day, 2013; Hargreaves, 2005; Kelchtermans, 2011). Poor relationships with pupils is a major contributor to teacher stress and burnout (Split, Koomen and Thijs, 2011; Veldman et al. 2016), and, as will be discussed in more detail later, teachers are better able to promote positive mental health if their own mental health is strong. Thus, the children also play a significant role in each relationship. It is only conjecture but, further discussion with the five participants with the less common (within this sample) interpretation of positive relationships might have revealed that some of them had come to see positive relationships in this way because their experiences in the past with children had taught them this was a safer way to relate (Kelchtermans, 2011; Kovess-Masféty et al., 2007; Split, Koomen and Thijs, 2011).

Most of these teachers exhibited confidence in their role as facilitators of learning. They were confident teachers. Such self-efficacy is likely to have come through successful experiences in the classroom (Bandura, 1997). These participants might have seen the cultivation of a more remote teacher: pupil relationship as one that drew on their strengths,

one that reduced the likelihood of the kind of unsuccessful experiences that can cause anxiety or lower feelings of self-efficacy, and thus as a relationship style that facilitated their ability to promote positive mental health (Gu and Day, 2013; Kovess-Masféty et al; Pendergast et al.2011).

Teacher Wellbeing

“To teach is to be vulnerable.” (Bullough 2005:23)

The participants were unanimous in their assertion that positive mental health promotion was challenging. Once again this is a well reported characteristic of teaching (Gu and Day, 2013), one that emerges as an issue throughout the mental health promotion research (Adelman and Taylor, 2010; Bricheno, Brown and Lubansky, 2009; Graham et al., 2011; Han and Weiss, 2005; Kidger et al., 2009; Lynn, McKay and Atkins, 2003; Milkie and Warner,2011; Rothi, Leavey and Best, 2008). The participants believed that the emotional investment and personal dimension to positive mental health promotion had an impact on their wellbeing. Research findings suggest that this aspect of positive mental health promotion, the personal dimension of the teacher’s role, contributes most to the vulnerability of teachers and makes teaching a stressful profession (Bricheno, Brown and Lubansky, 2009; Han and Weiss, 2005; Johnson et al., 2005; Kelchtermans, 2011; Veldman et al., 2016). In addition to managing the heavy workload that is part of a primary school teacher’s lot, the participants explained that they tried hard to demonstrate or embody mentally healthy behaviours with their class.

Most participants spoke of the toll that came from working hard to create the supportive ethos, to build positive relationships and to be a role model for the behaviours and characteristics related to positive mental health, not to mention the commitment and effort taken to overcome the challenges.

I have had some tricky incidents with children in the past that have had an impact on my emotional wellbeing and my positive mental health. If we are not in a good place ourselves we can’t be those positive role models for children. D

Such emotional investment in teaching is a recognised factor of teacher wellbeing (Day and Lee, 2011; Split, Koomen and Thijs, 2011; Veldman et al., 2016). It features prominently as

an issue in research into teachers' experience of wellbeing promotion (Bricheno, Brown and Lubansky, 2009; Lynn, McKay and Atkins, 2003; Milkie and Warner, 2011). Furthermore, this emotional investment makes it even harder for teachers to deal with educational change, one of the major sources of stress and vulnerability in teaching (Adelman and Taylor, 2006; Fullan, 2000; Day, 2011; Kelchermans, 2011).

Whilst positive experiences in the classroom can trigger feelings of pride, joy and job satisfaction in the teacher, less successful experiences have more of a detrimental impact and can lead to feelings of disappointment, guilt, anger or fear (Kelchtermans, 2005; Zembylas, 2011, Day and Lee, 2011; Mayer, 2011; Noddings, 2011; Rothi, Leavey and Best, 2008). This is reflected in the data from this sample; Teacher J who was so delighted that a child had finally learned to read that she cried with joy and Teacher K who spoke of feeling powerless, who expressed anxiety about not being able to help some children and who was also grieving for a pupil who had died. Such work is similar to that of other caring professions, and is often called emotional labour, the purpose of which is to make others feel that they are cared for and safe (Hochschild, 1983).

Emotional labour can increase job satisfaction, but it also brings its demands (Bricheno, Brown and Lubansky, 2009; Kelchtermans, 2011; McQueen, 2004) particularly if there is a significant discrepancy between the teacher's feelings and the ones that they are trying to display for the benefit of pupils (Karimi et al., 2014). This can contribute to the stress of the role, and damage wellbeing (ibid). However, as presented in Chapter Five and discussed in the Personal Qualities section of this chapter, many of the participants showed high levels of emotional literacy in the ways they were aware of both their own and their pupils' emotions and were able to respond appropriately (Weare, 2010). According to their accounts, in the classroom, they were not consistently displaying emotions that they were not feeling. Able to recognise their own feelings, these teachers spoke of acknowledging and valuing rather than suppressing their feelings.

One of the children 'kicked off'. Afterwards I always sat down with the rest of the class to talk about what happened and how we felt about it. Me being honest saying as teacher that I was scared. Would I be able to protect you? I was open with my feelings. They felt it was OK for them to admit that they were scared. A

Such behaviour is characteristic of the benefits of emotional intelligence identified by McQueen (2004). This emotional competence is said to reduce the detrimental impact of emotional labour and offset stress (Karimi et al., 2014; McQueen, 2004). This may explain why so many participants acknowledged the demands but most also maintained enthusiasm and a positive attitude towards the role. Furthermore, whilst teachers are getting something back from their care, this balances out the emotional demands (Noddings, 2011). Most participants spoke of the joy or pleasure they derived from interactions with pupils or a child's achievement whether social, emotional or academic. It is when there is an imbalance of giving and receiving that emotional labour can be detrimental to wellbeing and consequently to the teacher's ability to promote positive mental health (Friedman, 2006; Veldman et al., 2016). This explains the different perspectives on challenges to the role discussed earlier. Those teachers who found it hard to identify barriers to the role most likely did so because the rewarding end result made the challenge worthwhile. Similarly Split and Koomen, (2009), believe that when a teacher has a positive relationship with pupils they can cope better with incidences of poor behaviour. Although they might find such experiences stressful, they see them as worthwhile steps in a child's social or emotional development (ibid). Disruptive behaviour in class is more stressful and more likely to lead to teacher burnout when it is from those pupils with whom, despite all their efforts, teachers have a troubled relationship (Split, Koomen and Thijs, 2011).

Although positive relationships benefit the teacher as well as the pupils (Bernard, 2004; Silverman, 2012), and emotional engagement with pupils is what enables teachers to carry out their role as teachers (Nieto, 2003; Noddings, 2016) and promote positive mental health, the teachers' needs must still be met so that they can flourish, fulfil their responsibilities and avoid burnout (Adelman and Taylor 2006 and 2010; Graham et al., 2011; Higgins, 2011). A balance of giving and receiving is required in emotional labour so that the professional is able to care for others without unrealistic self-expectations, recognising their own limitations and taking steps to avoid stress and exhaustion (Kelchtermans, 2011; McQueen, 2004). Many participants had strategies and self-care routines to reduce or offset any risks to wellbeing, and, as Participant H's words exemplify, exhibited an awareness that they had some responsibility to manage their wellbeing and to ask for help if the burden became too great. This shows recognition of the need for balance and that in order to care

for others, the teacher must first care for self (Gu and Day, 2013; Higgins, 2011; Noddings, 2007).

I also support the children's mental health with looking after my own. H

In contrast to this, some participants had what seemed to be an almost damaging acceptance of the detrimental impact; an expectation, cautioned against by Higgins (2011), that being in a caring profession such as teaching required self-sacrifice or altruism at the cost of personal care. These participants acknowledged that their work had taken over their life, leaving them no time for hobbies or a positive work life balance; or they acknowledged that they worried about children even during the school holidays and sometimes to the point of being kept awake at night by their concerns.

I don't think there's any colleagues that have a hobby. They are just all here working all the time. K

But they asserted that that was just part of the job and that they '*put up with it*'. This acceptance of a personal cost, was for some justified by what they perceived as the benefits of the role, saying that they got enough back from the children or from their work to make the personal cost worth it. For them there was enough balance between giving and receiving (Veldman et al., 2016), whether sustainable throughout their career is another matter.

The findings of Hargreaves' (2005) study into how teachers respond to change during the different stages of their career suggest that only early career teachers take their worries home with them as more experienced teachers learnt to develop emotional distance. However, within my sample, many of the younger teachers already had the emotional distance or understanding that allowed them to stand back from pupil behaviours and not take them personally; instead they saw the needs behind them. But even with this emotional distance, teachers of all ages and years' experience in the sample, as illustrated in Chapter Five, spoke of the emotional toll, the children they worried about and the emotional baggage they took home.

Teacher identity not only influences the way teacher manages change, it can also can provide further challenges to wellbeing (Bower and Parsons, 2016; Day and Lee, 2011; Korthagen, 2004). In early career, discovering that teaching is not what you thought it would

be or that there are previously hidden challenges can be stressful (Hammerness, 2003; Mayer, 2011). This shock and indignation was evidenced by the newly qualified teacher, participant F, with her forceful utterance: *“No-one told me about the stress of the parents!”*. Furthermore, sometimes in the reality of the classroom, teachers cannot be the teacher that they would like to be (Mayer, 2011) and this causes internal conflict. This was evident in the discussion with participant N who said that she liked to have a relaxed fun approach and regretted that was just not possible with some classes, making the experience much more challenging and far less rewarding.

That teaching requires the personal qualities and sensitive accountable judgement mentioned previously makes teachers vulnerable to the opinion and criticism of others (Hargreaves, 2016; Kelchtermans, 2005; Zembylas, 2011). Teachers may be acting in the best interests of the child but as there can be no rigid framework to determine how to respond or how best to act in each unique situation, teacher judgement is scrutinised; teachers are expected to be able to explain and justify their actions (Biesta, 2016; Hargreaves, 2016; Kelchtermans, 2005). Such vulnerability is a further threat to teacher wellbeing (Kelchtermans, 2011).

A Whole School Approach: facilitator or inhibitor to the teacher’s role and wellbeing

This research set out to explore teachers’ perceptions rather than school culture and context. Had the latter been the intention, the sample would have been recruited differently, drawing on several teachers from the same school. Consequently, this research is not making claims about school culture or context per se; but rather it has uncovered participants’ perceptions of the role of school culture in positive mental health promotion.

Across the sample, participants spoke of the benefits to teachers as well as pupils, of being part of a whole school community, where there were consistent policies and where they worked in a non-judgemental, health promoting environment. Curriculum for Excellence was designed to be interpreted and adapted according to local need (Hulme et al.2009; Scottish Government, 2010). The several different ways the participants were working to

promote positive mental health in their classes would suggest that this has been the case in many schools. Compatible school culture was perceived as essential. It is clear that those participants working in a school that valued or prioritised positive mental health promotion did not see any great tension between the pressure to progress learning and the responsibility to promote positive mental health.

As explained previously, the means of recruiting the sample resulted in eight participants from schools where there was a focus on positive mental health promotion. This may well also explain why the majority of participants did not feel a tension between the pressure on attainment and the promotion of positive mental health. The two participants who identified the competing pressures on the teacher and the tension between promotion and attainment were not recruited in the same way, and both stated that there was no specific whole school approach to positive mental health promotion in their setting. This would seem to be affirmation of the importance of a whole school approach. However, these participants were included in the sample because of their expressed lack of experience or prioritising of health and wellbeing, which is just as likely to have been a significant factor in their perspective as the schools in which they worked.

According to participants, the presence or absence of a whole school approach to positive mental health promotion not only influenced what the teacher did in the classroom and how the teacher developed, again consistent with research findings, it was also crucial to the creation of an environment supportive of positive mental health (Milkie and Warner, 2011; Scottish Government, 2010). A holistic approach in which the child was immersed in consistent messages and behaviours conducive to positive mental health could not be done by an individual alone. It had to be part of a whole school philosophy as part of a lived experience not just a conceptual plan. The school and all within it needed to embody positive mental health promotion. It was not enough for the school to have positive mental health promotion as one of many actions on the school improvement plan. Again, this is endorsed by research findings and the evaluations of promotion initiatives as discussed in more detail in Chapter Two (Adelman and Taylor, 2010; Forrest, nd; HMIE, 2010; Jané-Llopis et al., 2005; Kidger et al., 2009; MacDonald and O'Hara 2001; NICE, 2008; Pollet, 2007; Scottish Government 2011; WHO, 1998; 2005). The participants agreed that a whole school approach ensured children received a consistent message; the same standards of

relationship and behaviour were expected and demonstrated across the school, whatever the child may be doing and with whomever they may be working or playing. There could be a collective focus on a specific capacity such as resilience and a shared language for the discussion of the various elements, whether in the assembly hall, the classroom or the playground. There was consistency for both the staff and the pupils. The teacher's work in the classroom was endorsed and reinforced by practice elsewhere in the school.

Unconditional positive regard across the school towards everyone was cited as crucial and beneficial to both children and adults. Furthermore, participants benefitted from working to promote positive mental health in a school where there was, not only a shared vision and shared understanding of exactly what they were all working towards, but where there was also a valuing of promotion that extended beyond the classroom into the staffroom.

Participants valued learning together and appreciated working in environments which also offered the staff unconditional positive regard. This is consistent with literature on teacher wellbeing and effective educational change which cites 'communities of support' as fundamental to both effective teaching and teacher's ability to thrive (Fullan, 2011; Hargreaves, 2005; Hargreaves, 2016; Mayer, 2011; Nieto, 2003). As part of a professional learning community, teachers are better able to question and reflect on their practice, which in turn, is more likely to lead to changes in beliefs and practice (Dearman and Alber, 2005). The participants' observations on the benefits of a whole school approach to the implementation of positive mental health promotion are consistent with research on educational change, teacher development and evaluations of mental health promotion: sustainability is more likely when teachers are working in the supportive, mentally healthy environments that reduce the chance of teacher burn out (Adelman and Taylor, 2006 and 2010; Forrest, nd; Han and Weiss, 2005; Hargreaves, 2016; HMIE, 2011; Jané-Llopis et al., 2005; Lynn, McKay and Atkins, 2003; MacDonald and O'Hara, 2001; Milkie and Warner, 2011; Nice, 2008; Pollett, 2007; Weare, 2010; Wells, Barlow and Stewart-Brown, 2003; WHO, 2006).

Speaking of their work on positive mental health promotion, participants explained that when they undertook professional learning together as a school team, they had this common experience and a shared understanding of what they were working towards which

facilitated the sharing of experiences, advice or problems as they sought to embed the new learning into their practice.

No matter how committed a professional you are you need to be in an environment where it is a team effort; where everybody is believing in it and investing in it. M

As one participant admitted, learning together did not mean that every teacher prioritised positive mental health promotion in the same way, but it did mean that they understood the value of or rationale behind what their colleagues were doing.

Learning together not only increases conceptual understanding it also helps build greater emotional understanding through opportunities to create stronger trusting relationships between colleagues (Fullan, 2011; Hargreaves, 2016). The support gained through being in a professional learning community can increase teacher resilience, their sense of belonging and their ability to cope with the demands of change (Gu and Day, 2013; Fullan, 2011; Nieto, 2003), whilst also increasing the likely learning outcomes of the children within the school (Dearman and Alber, 2005). It is also linked to better mental health in teachers (Kovess-Masféty et al., 2007). Furthermore, in such a non-judgemental climate, participants felt better able to develop as teachers, increase their ability to promote positive mental health, to ask for help and to reflect and build on their experiences and practice. The challenges of the role were offset somewhat by this team spirit (Gu and Day, 2013) which meant that participants were able to share the burden with colleagues, to discuss solutions or just acknowledge the impact.

Supportive leadership is crucial to educational change whilst also being a contributor to teacher resilience (Dearman and Alber, 2005; Fullan, 2011; Gu and Day, 2013). No matter how motivated and committed a teacher might be, the school environment has the potential to limit good practice or inhibit the teacher (Fullan, 2011; Korthagen, 2008). Furthermore, good teachers might not be able to reach their potential in unsupportive environments (Organisation for Economic Cooperation and Development, (OECD), 2005). Evaluations of mental health promotion initiatives cite as crucial to success, work of school leaders in the development, enactment and monitoring of initiatives (Ekornes, Hauge and Lund, 2012; Han and Weiss, 2005; Greenberg et al., 2003; Weist et al., 2005). Research findings and Scottish policy agree that a focus on positive mental health promotion or emotional literacy has to be valued by school leadership for its purpose to be appreciated by

all those within the school (Kelly et al., 2004; Scottish Government, 2010) and to avoid or minimise the obstruction of those who do not see it part of the teacher's remit (Zeidner, Roberts and Matthews, 2002). Consistent with this, knowing that they had the support of leadership and that there was a united approach, particularly to the use of time and to relationships with parents and other stakeholders, made a significant positive difference to participants. Those working in such an ethos were often more keenly aware of the benefits because of the contrast to previous less supportive environments in which they had worked.

According to research and evaluation of practice, school leaders knowledgeable in positive mental health promotion are better able to inspire and motivate staff to engage effectively in promotion initiatives (Hallam, 2009; Han and Weiss, 2005; Herrman, Saxena and Moodie, 2005). Conversely, conflicting practices across a school, inconsistent messages, the absence of a shared school vision or a shared understanding of positive mental health promotion were cited by participants as barriers or challenges to their role and are also considered to be contributors to poor mental health in teachers and pupils (Gu and Day, 2007; Kelchtermans, 2011; Mayer, 2011; Milkie and Warner, 2011). The absence of a supportive whole school ethos usually signified poor relationships with colleagues and a lack of support from senior management. The absence of support from colleagues is a significant contributor to teacher stress and the detrimental impact on teacher wellbeing (Kovess-Masféty et al., 2007; Milkie and Warner, 2011). These features can all reduce a teacher's confidence in their ability to carry out their role or part of it, again detrimental to wellbeing. (Fullan, 2011; Greenglass and Burke, 2003; Kelchtermans, 2005).

Participants explained that when positive mental health promotion was not a whole school priority, they could be put under pressure to prioritise other elements of their role; they might even be told not to '*waste valuable teaching time*' on what they saw as practice fundamental to positive mental health. Working in a school that does not support their vision of what matters is a further contributor to teacher vulnerability and stress (Kelchtermans, 2005; Lynn, McKay and Atkins, 2003). Furthermore, again consistent with other research on positive mental health promotion, (Kidger et al., 2009; Perry, Lennie and Humphrey, 2008; Rothi, Leavey and Best, 2008) participants explained that the lack of consistency across the school confused children who received mixed messages, which

sometimes even undermined the efforts of the teacher working to promote positive mental health.

Positive Mental Health Promotion and Learning

One of the arguments for positive mental health promotion in education is that wellbeing is fundamental to learning (Adelman and Taylor, 2006; WHO, 1998). Consistent with this, when I asked participants about the tension between positive mental health promotion and attainment, the majority of participants expressed that there was no tension; mental health promotion had to come first; that if the school got the care for the wellbeing of the children right, attainment would follow. These responses would seem to be evidence of the impact of the introduction of aforementioned Health and Wellbeing as the Responsibility of All within Curriculum for Excellence (Scottish Government 2010). However, with only one exception, all the participants who had been teaching prior to the introduction of Curriculum for Excellence in 2010, explained that they had already been doing all or most of what they did to promote positive mental health already, before it became policy.

Although there are now multiple strongly evidenced claims that emotional wellbeing supports attainment, (Adelman and Taylor, 1999; Cushman, Clelland and Hornby, 2011; Greenberg et al., 2003; Han and Weiss, 2005; Weare, 2010), the participants did not mention this when speaking of their determination to promote wellbeing. Consistent with the literature discussed in Chapter Two, participants did acknowledge that poor mental health could be a barrier to learning, both for those experiencing mental health difficulties and those sharing an environment dominated by emotional and behavioural difficulties (Adelman and Taylor, 2006; Murray and Pianta, 2007; Paternite and Johnston, 2005). However, they drew from their experience and belief systems to support these claims rather than acknowledging policy or professional reading. For these participants, positive mental health promotion was part of their vision of teaching and not a recent addition only addressed because of policy changes.

Whether or not the participants saw positive mental health promotion as integral to learning and the new policy compatible with their beliefs and practice, they still perceived a

difference in the acknowledgement and value placed on promotion by the whole school and the wider education system. Some participants reflected that there was a greater freedom to talk about the work to promote positive mental health and less need to justify time spent on it because such work was now explicitly included in curriculum policy and no longer just part of the hidden curriculum. As the Focus Group agreed:

If you had done something similar ten years ago, you would not have got this. There has been a massive sea change in education. Some would have been doing it but fewer ten years ago would have had the words, the understanding to explain it. I think it is because health and wellbeing is one of the three overarching areas of CFE; people say wellbeing does matter. Focus Group

Several participants felt that, although their practice had not changed, they now carried out the role with more understanding as a consequence of the training and initiatives adopted or prompted by the new curriculum. Others explained that because of the context of the school and the needs of the children within it, positive mental health promotion had always been a priority.

In a challenge to the increase of performativity in educational policy across the world, Biesta (2016) reinforces the importance of addressing each purpose of education equally; that is qualification, socialisation and subjectification. He cautions that emphasis on qualification at the expense of the other two and the monitoring of the more easily measurable elements of teaching and education such as attainment leads to excessive pressure on teachers and pupils and has a significantly negative impact on the pupil as a person, in some cases resulting in psychological problems (ibid). Such an emphasis on qualification would seem to be the antithesis of positive mental health promotion. Whilst the participants faced a level of monitoring and evaluation, as explained, they were working within a policy framework that valued wellbeing promotion. Perhaps this is why the pressure of which Biesta (2016) cautions was not so evident within this research. Instead, there has been solid recognition, by participants, of the importance of the social and emotional development of the child to their role as teachers. As has been made clear throughout this chapter, the participants' perceptions of positive mental health promotion and its status as integral to teaching and learning are endorsed by some of the literature on what it is to be a teacher. In this next section, it remains to consider why this might be the case through a discussion of the links between positive wellbeing and learning.

Teacher commitment and enthusiasm are more directly related to the quality of teaching than qualifications or experience (OECD, 2011). According to Biesta, (2016), the influence of the teacher on the academic development of pupils is less than fifteen percent; whereas the most important impact of teachers on their pupils is their role in supporting the children's social and emotional development. This would seem to endorse the views of participants who believed that pupil wellbeing came before attainment. However, it should give hope to those participants who felt that whatever they did in the classroom it would not be enough to offset the experiences the children had at home and outside school.

Emotions are an important part of both pedagogical practices and teacher pupil relationships (Zembylas and Chubbuck, 2009). Teachers whose enthusiasm, passion and enjoyment is evident in the classroom are likely to motivate their pupils to try hard and be more focused on their learning. (Schmidt and Datnow, 2005). The presence of joy and enthusiasm in the classroom are motivating (Goroshit and Hen, 2016). Children learn best when they are happy. (Noddings, 2003). The converse is also true. Milkie and Warner, (2011) caution that overworked teachers may transfer their stress to pupils if they are unable to offer them kindness or patience. Furthermore, when teachers consistently display negative emotions, anger, hostility, boredom or dislike, their pupils are likely to be far less motivated (Izard, 2009). Children tend to personalise such behaviours, believing they are at fault (Bahman and Maffini, 2008). Thus, the positive regard of which the participants spoke when explaining their practice, the importance they placed on having fun and their focus on recognising the positive behaviours rather than just the negative are likely to increase the enthusiasm for learning in their classrooms in addition to promoting positive mental health.

The supportive environments deemed essential by participants are not only conducive to positive mental health promotion; they are also important for learning (Malone and Jacobsen, 2016). The personal qualities of the teacher, particularly empathy, and the caring environment that they create in which they are responsive to pupil need has a beneficial impact on learning (Cooper, 2010; Goroshit and Hen, 2016). The participants spoke of getting to know the whole child, listening to them and seeking to understand them. The teacher's interest in and respect for pupils contributes to their ability to provide interesting,

relevant learning experience that engage the pupils and value the voice of the learner (Goroshit and Hen, 2016; Lynn and Berry, 2011; Pantić and Wubbels, 2012). In this way, as emphasised by participants, good relationships with the teacher facilitate learning (Mental Health Foundation, 2016; Pantić and Wubbels, 2012; Split, Koomen and Thijs, 2011; Telli, 2016).

Furthermore, emotionally literate teachers are better able to motivate learning (Goroshit and Hen, 2016). Hope, whilst being a characteristic of positive mental health, is also deemed beneficial, if not essential, to academic progress (Bullough, 2011). Hope can sustain teachers (Day and Lee, 2011) and when demonstrated and nurtured by teachers, it can motivate pupils. Hope is a feature of the previously mentioned classroom ethos which promotes confidence through engendering an 'I can' attitude. Children who have the confidence to try, even if that means not succeeding immediately, are more likely to cope with challenge and achieve their learning potential (Walberg, Zins and Weissberg, 2004).

Participants saw positive mental health promotion as an integral part of their role as teachers because they considered it to be fundamental to achieving the aims of education; that is the academic, social and emotional development of the child (Biesta, 2009). In providing a climate supportive of wellbeing, participants were also creating conditions conducive to learning. The personal investment, positive relationships, supportive ethos and whole school approach advocated by participants as essential to positive mental health promotion are all considered fundamental to learning. Thus, a consideration of the nature of teaching reveals that the characteristics and ways of enacting positive mental health promotion cited by participants are all consistent with what it is to be a good teacher. As such, it is also one of the many aspects of the teacher's role that is challenging and that can be detrimental to the teacher's wellbeing if unsupported. There is evidence that children learn better when their wellbeing is promoted and when they are taught by emotionally literate and healthy teachers. Positive mental health promotion is indeed an integral part of a primary school teacher's role, particularly when there is whole school endorsement.

How the study builds on the existing evidence

This section demonstrates how the findings of this study, particularly the richness of detail, build on prior research. This is explored through a focus on the key finding that all participants, whatever their experience or confidence found positive mental health promotion to be integral to their role as teachers.

Green et al (2005)'s seminal review concludes that positive mental health promotion is complex. This research gives insight into the complexity through the depth of detail and the identification of how the key elements of positive mental health promotion are enacted and embedded within the concept of what it is to be a primary school teacher.

The key finding that permeates this research is that all the participants saw promotion as integral to their role as primary school teachers. This is a significant contribution to new knowledge because this research included teachers who were not confident or particularly committed to positive mental health promotion. There was much more similarity between the diverse participants' perceptions than was expected.

There are claims that the promotion of wellbeing should be an integral part of teaching (Cushman, Clelland and Hornby, 2011; Danby and Hamilton, 2016; Ekornes, Hauge and Lund, 2012). A significant body of prior research in this area (Han and Weiss, 2005; Hallam, 2009; Kelly et al., 2004; Kidger et al, 2009; Nelson and While, 2002; Paternite and Johnston, 2005; Perry, Lennie and Humphrey, 2008) reveals teachers' concerns about positive mental health promotion taking up precious time and that it is only being done by those teachers who value wellbeing. Reluctant teachers who did not see the value of promotion were perceived by participants as potential barriers to promotion. Furthermore, the absence of such teachers from these research samples was acknowledged as a limitation of these earlier studies (Hallam, 2009; Kelly et al., 2004; Kidger et al., 2009; Nelson and While, 2002; Perry, Lennie and Humphrey, 2008).

However, the voices of those not normally included were present in this research, and these participants also perceived positive mental health promotion enactment to be a fundamental part of what it was to be a teacher. The detail of participant response in this research makes clear that this perception was more than the acknowledgement that positive mental health promotion is important, as recognised in the studies of Cushman,

Clelland and Hornby, (2011); Danby and Hamilton, (2016) and Ekornes, Hauge and Lund, (2012). Rather it was that the key elements of positive mental health promotion are embedded within what teachers do as part of their daily practice; part of the way they create the classroom ethos; their interactions with pupils and in the ways in which they nurture and promote positive relationships throughout all learning. The participants did this because they were teachers, not as additional tasks that need to be added to their existing workload. In this way, participants viewed promotion as deeply personal and inseparable from what it is to be a teacher. The findings of this research into teachers' perceptions of positive mental health promotion show that whether they see the teacher's role as one of nurturing the whole child or one of helping pupils attain academically, participants recognised that that mental health promotion enhanced learning and pupil attainment. Cushman, Clelland and Hornby, (2011) found schools and teachers to be reactive. The teachers in this research have positive mental health promotion embedded within their usual practices for all children making it proactive rather than responsive to mental health or targeted to address behavioural need.

Such conceptualisation of positive mental health promotion embedded within a teacher's role builds on previous studies by Adelman and Taylor, (2006); Cushman, Clelland and Hornby, (2011); Paternite and Johnston, (2005) and Zins et al. (2004) that shows the connections between positive wellbeing and attainment. Furthermore, a great many evaluations of mental health promotion programmes identified a positive impact on learning as one of their outcomes and findings (Cushman, Clelland and Hornby, 2011; Durlak and Wells, 1997; Greenberg et al., 2003; Han and Weiss, 2005; Walberg, Zins and Weissberg, 2004; Weare, 2010; Zeidner, Robert and Matthews, 2002).

The ability to engage in positive relationships is recognised as a characteristic of positive mental health (Edwards, 2001; Mental Health Foundation, 1999; Rothi, Levi and Best, 2008; and Wells, Barlow and Stewart Brown, 2003). Resilience is enhanced by positive relationships (Goroshit and Hen, 2016), and children are better able to cope in challenging times if they are in positive relationships (Fisher, 2009; Wright et al, 2010)

Evaluations of approaches to mental health promotion agree that effective promotion is achieved through a whole school ethos of mutual trust and respect, in which positive relationships are nurtured and in which teachers model healthy social behaviours

(Greenberg et al., 2003; Herrman, Saxena and Moodie, 2005; Jane-Llopis et al., 2005; Levin et al., 2012; MHF, 2016; Nice, 2008). Building empathic, caring relationships with pupils is an integral part of the teacher's role and fundamental to learning and healthy child development (Cooper, 2010; Kohlberg, 1984; Noddings, 2016; Murray and Pianta, 2007; Pantić and Wubbels, 2012; Van Hoogdalem et al., 2013). Gordon and Turner (2001) asked whether staff should act as exemplars. This research provides new knowledge in the way that it reveals how participants sought to build such relationships. It illustrates the ways in which they used their own feelings and acted as role models and how they seized opportunities to respond to events in the classroom to make explicit the social and emotional processes and skills involved in developing and maintaining positive relationships. This level of detail reinforces and exemplifies how positive mental health promotion was seen as an integral part of being a primary school teacher.

Kane et al. (2007) found that mental health promotion strategies such as Restorative Practices worked best in a school that already had positive relationships and supportive ethos. In reciprocal fashion a health promoting ethos fosters positive relationships whilst also providing social and emotional support for those within it (Adelman and Taylor, 2006; Green et al., 2005; Greenberg et al., 2003; Jané-Llopis et al., 2005; MHF, 2016; Weare, 2010). The depth of detail in this research exemplifies the many different ways teachers work to promote and sustain positive relationships within a trusting and supportive ethos.

The richness of the data on enactment in my research reveals how different teachers in various contexts actually work to build positive relationships, giving a detailed picture of what these relationships look like and the work done to create them. The importance of the teacher as role model is emphasised and exemplified. The participants prioritise and value positive relationships which incorporate honesty, consistency, nurture and fun. Positive relationships are seen as drawing on the personal skills and qualities of individual teachers and their in-depth knowledge of each child. The findings give examples of how teachers act as models; what they say and do; how they engage with the children in their class, showing positive regard; how they use their own personal and social skills to make explicit and model emotional literacy and social skills within positive relationships. A picture of the ethos, key characteristics and the work taken to develop it is portrayed through the words of participants and the collated findings of this research.

In these ways, this research provides a contribution to knowledge that is important in any context. This is a strong claim within the parameters of a small qualitative study

Chapter 8

Conclusion

This research set out to explore primary school teachers' understanding and perceptions of positive mental health promotion.

As discussed in Chapter Seven, this research is important and also urgently needed because of the increase in poor mental health in the population and because of the pivotal role teachers and schools have in positive mental health promotion. The overall aim of the research was to get a better understanding of the current situation in relation to positive mental health promotion in Scottish primary schools as perceived by those at the forefront of enacting promotion, the teachers.

Within this overarching aim the research focused on:

- a) participant primary school teachers' understanding of the positive mental health as a concept;
- b) participant primary school teachers' perceptions and experiences of promoting positive mental health in their classrooms;
- c) ensuring that the research included the voices of teachers with a range of experience and attitudes towards positive mental health promotion, not just those leading or enthusiastic in this area.

The key findings reveal in depth for the first time two related but distinct features of these teachers' work; firstly that they saw positive mental health promotion as intrinsic and integral to their overall role as teachers; secondly, and perhaps more surprisingly, that this commitment to positive mental health promotion as an intrinsic element of being a teacher was present even in teachers who might be seen to lack interest, confidence or skills in this area.

There are a number of potential explanations for these findings. It is possible that the small number of participants provided data not representative of the wider Scottish teaching population. However, the sample did include teachers from a range of stages, schools and local authorities. It might be argued that the sample selection was not robust enough but it

is worth recalling that the design of the study, as explained in Chapter Four, was predicated on seeking the perspectives of teachers who were inexperienced, lacking confidence or had voiced doubts about the value of positive mental health promotion or health and wellbeing. I would argue that this makes the findings all the more significant.

It is possible that the teachers in this study were still self-selecting to some extent, and that this influences these findings. However, I would argue that one key explanation for these findings lies in the policy framework offered by CfE in Scotland, and the broader framing of the purposes of education as advocated in educational policy and in the professional standards in Scotland. As indicated, previous research in the field, included within the findings the concerns of those teachers interviewed that although they were committed to the specific area of wellbeing under study, they were concerned that their colleagues were not (Cohall et al., 2007; Kidger et al., 2009; Perry, Lennie and Humphrey, 2008; Roeser and Midgley, 1997 and Rothi, Leavey and Best, 2008). Yet, as explained, a key finding of this research, was that even those teachers in the sample not confident or particularly committed to positive mental health promotion, per se, still saw it or elements of it as integral parts of their role as primary school teachers. The aforementioned research was based in England or the USA, and not specifically in Scotland. Furthermore, it reported perceived differences which may not have been born out had the teachers concerned been interviewed themselves. Another reason for the difference might be that some studies included secondary school teachers and this research is particular to primary school teachers. However, it may be that the difference arises because the teachers in this study were all working in Scotland and that the education and social policy context of Scotland, distinctly different from that elsewhere in the UK, also makes a significant difference to perceptions of positive mental health promotion.

Key findings in summary

Participants' Understanding of Positive Mental Health

The primary school teachers in this study demonstrated an understanding of positive mental health that was broadly in line with social models of wellbeing. They recognised mental health as a continuum influenced by a range of environmental and social factors.

Furthermore, consistent with policy and research, participants acknowledged that positive mental health was more than the absence of mental illness. The most frequently cited characteristic of positive mental health given by participants was the ability to form positive relationships and develop social skills. This interpretation of positive mental health also dominated perceptions of the responsibility to promote it, with participants seeing the establishment and demonstration of positive relationships within the classroom and the school as essential to this responsibility.

Participants' Perceptions of the Responsibility to Promote Positive Mental Health

Challenging and Integral

The main findings of this study are interrelated and overlapping. Indicators of the challenging and integral nature of the role permeate participants' discussion of positive mental health promotion. The participants found the responsibility to promote positive mental health to be challenging. They saw their work to promote positive mental health as fundamental to the role of a primary school teacher. However, they also perceived it to be one of the elements of their role that contributed most to the demands and stresses of being a teacher.

Personal Dimension and Positive Relationships

One of the facets of positive mental health promotion that made it so integral to the role of a primary teacher, and so challenging, was the personal dimension of the role. The participants invested emotional energy and care in their work and in their relationships with the children in their class. Positive relationships, both teacher: pupil and pupil: pupil were deemed essential to positive mental health promotion, and participants all worked hard to give children the skills and experiences necessary to be able to engage in positive relationships. Teachers drew on personal qualities such as emotional literacy, resilience and a passion for teaching in order to fulfil their responsibility to promote positive mental health. They saw themselves as role models and attempted to embody mentally health characteristics in their daily interactions and work in the classroom, making these characteristics explicit as appropriate. This emotional investment and embodiment of positive mental health was perceived as challenging and could have a detrimental impact on teacher wellbeing. However, although they spoke of the potential toll on their health, most participants were aware of the importance of maintaining their own wellbeing and spoke of

how much easier this was to do when they were working in a school environment that also promoted the positive mental health of the staff.

Enactment through Ethos, Action and Capacity Building

Positive mental health promotion was achieved through the creation of a supportive, health promoting ethos, enhanced by the personal qualities and positive relationships of those within it. The research reveals in detail how individual participants set out to promote positive mental health in their own settings. Participants recognised that targeted action needed to be taken at times to give the children the skills to contribute to a supportive ethos, engage in positive relationships or thrive emotionally, socially and mentally. Thus, embedded practice was enhanced by lessons that developed specific elements such as resilience, conflict resolution or emotional literacy.

Understanding and Perceptions of the Role

The participants' definitions of the term positive mental health were corroborated by their perceptions of the responsibility to promote it. Positive relationships emerged as the predominant theme in each discussion. The perceptions of the responsibility to promote positive mental health can be seen to be incorporating the promotion, development or demonstration of what the participants identified as the key characteristics of positive mental health. In this way, analysis and interpretation of the data on participants' understanding of positive mental health, in relation to the data pertaining to their perceptions of positive mental health promotion, strengthens the interpretation and findings, and serves to make the findings a significant contribution to new knowledge. For example, participants saw resilience and emotional literacy as characteristics of positive mental health when defining the term and then spoke of the ways in which their practice sought to develop emotional literacy, coping strategies and resilient attitudes in their pupils. They recognised the ability to be happy as a feature of positive mental health and included the need to have fun and provide opportunities for enjoyment in the classroom as ways in which they sought to promote positive mental health. Furthermore, they spoke of the many ways in which they sought to develop self-esteem and confidence in learning in their pupils, consistent with their recognition of confidence and self-belief as important components of positive mental health.

When reflecting on the participants' discussion of understanding and perceptions, it becomes evident that, in almost every interview, the detail they gave with regard to their lived experiences provided validity in the way it evidenced their understanding. They could not talk about their perceptions without giving detail on how they enacted the role. This level of detail shed light on how they actually enacted promotion and as such is a significant contribution to new knowledge. The explanations, anecdotes and descriptions of the ways in which they carried out the responsibility, and the passion, enthusiasm, anxiety or sadness with which the participants related their stories were too rich and at times too heartfelt to be rhetoric or deception. This comparison of data across the research questions supports this assertion. For the majority of participants, the picture presented was the same, whether expressed through articulation of their understanding of the term or their perceptions of the responsibility to promote positive mental health.

Questions for Further Consideration-Implications for research

This was a small-scale study and therefore it is important to acknowledge the limits to any generalisation. Nonetheless, these findings offer an important contribution to knowledge about these teacher roles and identities. They raise questions more broadly about concepts of teaching compatible with positive mental health promotion and the importance of making explicit the way these intrinsic characteristics of being a teacher contribute to positive mental health promotion.

These findings therefore offer a potentially fruitful point of departure for research on and for policy development both in Scotland and more broadly. In terms of research it indicates the potential benefits of new investigations into positive mental health promotion in schools and the role in this of whole school approaches and individual teachers.

This research identifies the value of finding out the detail of positive mental health promotion from the teacher's perspective. The implication for further research is the importance of studying teacher perceptions and enactment of positive mental health promotion in relation to the wider school ethos and practice. This might be achieved through a series of case studies each in a different school, which explore the influence of culture on how teachers and schools promote positive mental health. Marryat et al. (2017)'s

study of children's poor mental health in Glasgow identifies that further research is needed to find out why there is a lower incidence of poor mental health in some schools attended predominantly by children at high risk of poor mental health. In their large-scale quantitative study, Marryat et al. (2017) recognise the importance of the teacher's role and ask, what are these schools doing differently? The research of this thesis gives rich data on how teachers perceive, understand and enact positive mental health promotion, making clear that such qualitative research can give a depth of detail missing from widescale studies such as CHIME (Barry et al, 2015; Marryatt et al, 2017). Furthermore, the findings of this research provide a potential framework for the study of mental health promotion in schools with a view to answering these and other similar questions.

The personal dimension of positive mental health promotion and the impact of this on teacher wellbeing highlighted within this study, make it clear that there is a need to consider how the positive mental health of ITE students is promoted, particularly when considering the levels of poor mental health in adolescents and young adults in Scotland. Furthermore, considering these claims that enacting policy and promoting positive mental health are easier in an environment in which the positive mental health of all is a priority (Fullan, 2011; Gu and Day, 2013; Hargreaves, 2016; Nieto, 2003), within the context of ITE, we should explore the extent to which our students are studying in a positive culture, conducive to learning and positive mental health promotion. Within the school context, this finding serves as a reminder or potential opportunity to increase the value placed on staff wellbeing. A positive culture that promotes the wellbeing of teachers and supports their learning will facilitate the school's work on positive mental health promotion. Future research should explore further the relationship between school culture, teacher wellbeing and positive mental health promotion.

Implications for Practice

In terms of policy development, this research raises further timely question about how Teacher Educators prepare teachers for their role in positive mental health promotion and how this is extended and supported through continuing professional learning. There is potential for this research to inform Scottish ITE and education policy, not just in relation to positive mental health promotion but also more broadly. The findings allow us to share with

confidence the value of teachers' work on supporting and promoting positive relationships and ethos both to wellbeing and to attainment. Consequently, there is a need in ITE to incorporate mental health promotion into work on concepts of teaching and what it is to be a good teacher. It is important to make the connection to the elements of teaching that promote positive mental health, and to help students see the embeddedness and purpose of health promoting practice. Engagement with the ways others enact positive mental health promotion, may help students know what to look out for and possibly identify the often invisible work that mentor class teachers are doing to promote wellbeing all day every day

These health promoting elements of the teachers' role should be embedded within teacher education rather than add-ons. Consider as an example the teacher who spoke of trying to improve maths attainment and eventually realising that the most effective way to do this was through building confidence, self-esteem and wellbeing in the pupils within an environment of trust and respect. This illustrates how valuing wellbeing is integral to all teaching. This message needs to permeate every curriculum area of teacher education.

These findings provide implications for international policy makers as well as those in Scotland. Sharing this conceptualisation of positive mental health promotion as valued and embedded within the teacher's role, highlights how increased positive mental health promotion might be implemented elsewhere. In schools, it would be beneficial to build into professional learning, opportunities to reflect on the responsibility to promote positive mental health and how it fits with individual conceptions of teaching. In this research, the detailed portrayal of positive mental health promotion as a fundamental part of a teacher's role reveals not just what is valued but how it is achieved. As Simons argues "*by studying the uniqueness of the particular, we come to understand the universal*" (Simons, 1996:231). Through giving a detailed picture of how these teachers enact positive mental health promotion in their own ways, this research makes clear to other teachers and policymakers in other contexts that such promotion is achievable. This detail on the particular is replicable and can inspire and inform others both within the Scottish context and beyond. The detail of how participants enact promotion as part of the daily life of the classroom serves to help other teachers see that positive mental health promotion is not an extra task to do but actually achievable in any primary classroom context. Thus, the research offers a depth of

understanding that strengthens and supports what teachers are doing nationally and internationally rather than making another demand on the profession.

Analysis of the data on teachers' understanding of the term positive mental health has clear implications for those supporting or preparing teachers for their responsibility to promote positive mental health. Whether in ITE or as part of in service provision, professional learning, must go beyond a discussion of terms and a use of language. It is important that those involved in learning have a shared understanding of what both positive mental health and its promotion actually mean and their role within it (Adelman and Taylor, 2006; Dearman and Alber, 2005; Ekornes, Hauge and Lund, 2012; Fullan, 2011; Schmidt and Datnow, 2005; Stevenson and Gilliland, 2016). If there is uncertainty over what is actually required, the implementation of any new policy or practice is less likely to be successful (Fullan, 2011; Reio, 2016). Furthermore, it would be beneficial to provide the opportunity for teachers to air and address any preconceptions, fears or judgement relating to the concept or term 'mental health' at the outset (Danby and Hamilton, 2016).

Concluding Comments

This research has found that even if lacking confidence about mental health promotion, each participant was committed to providing, offering or nurturing the key elements of positive mental health promotion; that is the fostering of positive relationships, the building of pupils' social and emotional skills and the creation of a respectful and supportive ethos. They saw promotion as embedded within what it is to be a teacher. A whole school approach, where both teachers and children work in a non-judgemental and supportive environment, immersed in positive relationships, was recognised as fundamental to positive mental health promotion. As recommended in positive mental health promotion policy and guidance, the ways in which participants enacted their role were personal and context specific, driven by the needs of the individuals involved and the wider community.

This study set out to uncover detail and present the voices of those involved; primary school teachers working in Scotland. The findings reveal that, whatever their attitude towards it, participants were indeed enacting current policy. The richness of the study comes from the detail that reveals how, not just practically, but personally and emotionally, the teachers in

the sample made sense of and embedded positive mental health promotion within their daily work as teachers.

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Appendix A The reflexive process made transparent

Extracts of this section have been included within the main body of the thesis.

The Impact of Seeking Negative Cases

One of the ways in which I believed this research would be achieving what other similar research in the field had not was because it set out to gather the opinion and perception of a range of primary school teachers and not just those with an expressed interest or responsibility for health and wellbeing. This belief and desire permeated my approach to interview and influenced my behaviour, and had it not been for my focus on reflexivity through self-awareness, this desire might have resulted in biased or unreliable data.

Although I enjoyed the early interviews which gave me great insight into the perspective of teachers enthusiastic and experienced in wellbeing promotion, I found myself hoping to find a teacher who had different views and opinions, one with no experience or little interest in positive mental health, so that I could achieve what other research had not yet managed. I went into the fourth interview with participant D with high hopes that this would be the one. She was working in a school identified as needing development in this area and she had no specific experience in wellbeing promotion.

I was alarmed to find myself feeling dismayed when she spoke in detail of how she created a supportive environment, a positive ethos and strong relationships. Her perspective on positive mental health promotion was different from that of the teachers interviewed previously; she was less confident but she passionately believed in its importance. I realised that I was pushing her for negative views with my repeated questions about barriers to promotion. I was glossing over all the positives and with a bias that was clear to me, trying to pick up on what she was not doing, what she did not know or what she did not like.

Fortunately, I became aware of this particular 'creation' of myself (Reinharz, 1997) in the interview process in time to be able to respond more appropriately. I silently reprimanded myself. I should not be showing disappointment that she was experienced and interested in many relevant aspects of promotion. There was no perceivable reaction in the participant who actually stated how enjoyable she found it to talk to someone of similar interests, so I do not think that my dashed expectations were evident in my manner or expression.

Although internally I was almost despairing that I would ever get an alternative perspective

on the role, once I recognised this bias, I was able to put it aside and engage more fully in the interview, to appreciate what Participant D was saying. From this point, my genuine interest in the ways in which she was working to promote self-esteem and confidence as a learner in her pupils became evident and seemed to allow her to convey her enthusiasm and a greater degree of confidence in this aspect of the role.

The irony of the situation did not escape me. I am committed to positive mental health promotion in education yet I found myself feeling desperate to meet someone who was not, rather than being delighted that such teachers were so hard to find. My experience in the interview with Participant D, led me to doubt my ability to be unbiased and when I did finally encounter a teacher with a less positive perspective on mental health promotion, I did not initially trust my own interpretation.

Two subsequent interviews were with teachers included in the sample because of their particular stance on positive mental health promotion. The first had expressed that positive mental health promotion was not something she knew about and the second was perceived as not seeing its importance. I began both interviews with the same high hopes of hearing an alternative perspective and once again, had to stop myself from trying to interpret what they said in an unfavourable light. I recognised my bias much earlier on in these interviews. In fact the potential for bias was diminished from the outset with Participant K as she stated that in preparation for the interview she had thought about all the aspects of her daily practice that actually helped to promote positive mental health. In doing so she had realised that she did much more than she thought and so felt much more confident than she had originally indicated. Although I tried to console myself that this was in fact a valid perspective from someone who did not lead in health and wellbeing, with minimal experience in specific mental health promotion, the uneven sample spread still weighed heavily on me.

I did not like the impact on me and my way of being in interview caused by this desire to include alternative perspectives in my research. Reflexivity involves recognition of other not just of self (Pillow, 2003). My own internal conflict initially impeded my ability to get to know these two participants properly. It took me time to realise that Participant K was in reality someone who through the process of the research had changed her perception and understanding and had actually grown in confidence in relation to her ability to promote

positive mental health, an outcome desirable in constructivist research (Green 1998). Both these participants initially lacked confidence and awareness of their ability to promote positive mental health but this had apparently not stopped them from doing many of the same things that other better informed teachers were doing in the name of wellbeing promotion.

Fortunately, in this way, I became aware of my own potential for bias during interviews and this meant that I was still open to hearing the unexpected or to meeting surprising facets of the participants. The interviews continued to uncover subconscious assumptions on my part. Some of the most interesting alternative perspectives arose where I was not expecting to hear them. In one interview with a teacher involved in the development of a mental health promotion initiative, I was surprised to have to ask her repeatedly to explain her understanding of positive mental health. I realised that I was expecting her to have a deep understanding and to be confident because she had a leadership role. This placed me in the position of feeling almost caught out. It was not the interview that I expected it to be. I initially experienced a slight alarm that this person was leading something she could not define, I then questioned my ability to determine this and ultimately, I recognised it was not my place to judge. I had to be very careful and controlled with my responses and interventions in the rest of this interview as I did not want to be judgemental nor did I wish the participant to become aware of my feelings. I pressed for information but after the initial realisation that my expectations were misplaced, I pressed more gently, without the same conviction that the participant should or would be able to respond. I realised about myself that when I expected knowledge and confidence I engaged in interview very differently from those times when I expected to have to reassure, coax and establish confidence. On a conceptual level, I had gone into this interview assuming knowledge that was not there and so I had spoken with expectation in terms I might not have used with another participant. Moreover, on an emotional level, I had not expected this participant to feel nervous and so had possibly spent less time trying to settle in and build trust.

It was quite a shock to realise that I approached interviews with a set of preconceived expectations that informed my way of being. The experiences recounted here ensured that I was able to scrutinise my expectations prior to subsequent interviews and make sure that I did not allow them to set the tone. I was also able to listen again to earlier interviews,

looking out for any evidence that unfounded expectations had influenced my approach. On reflection, I do not believe that my behaviour in every interview was subconsciously determined by expectations. Rather I think that as this particular interview with a school leader was one of the last, I was more confident as a researcher; because of my worries about breadth of sample, I was also almost resigned to hearing another well informed, confident and committed perspective.

The Interview Dynamic- Interviews with Two Teachers

One of the first interviews in a school and the final interview of the data gathering were with two teachers at the same time. In both cases the teachers had an evidently good relationship with each other. They worked closely together and appeared to be comfortable in each other's company. In both cases, I believe that this helped the participants settle into the interview more easily. They seemed relaxed and comfortable and this led to two interesting and informative interviews.

In the first of these group interviews, I was nervous; still recovering my confidence following the aforementioned interview G. Had there been a single participant, I believe my nervousness would have transmitted itself to the participant, but as I was talking to two teachers, their feelings were the dominant ones in the interview.

I found this first group interview quite challenging, because of my nervousness and because the two participants spoke rapidly, each one jumping in when the other paused. There was lots to take in and to follow up on. I was more conscious of the need to absorb what they said, to respond encouragingly and to keep the interview on track than I was in any other interview. I felt a level of internal conflict, with the research based self trying hard not to be overwhelmed by the nervous *brought self* (Reinharz, 1997). It took me quite some time to settle into the interview. Fortunately the participants settled in much more quickly. They were both keen to talk. They both had plenty to say and what one participant said seemed to trigger more thoughts in the other. They gave each other thinking time. It was clear that they were thinking carefully about what they were saying at times, pausing to remember or to work out how to express their thoughts. Moreover, in hearing the other's perspective, they often either reconsidered their own perspective or realised that something else that they did was also part of positive mental health promotion.

The fact that there were two participants, who had a good relationship with each other, rather than just one did seem to be a benefit to this interview. I had initially been concerned that I would hear another collective voice, but these two felt comfortable enough to express disagreement where it occurred or to explain how they did things differently in their classroom, or how they saw an aspect slightly differently. Because they were relaxed and open in each other's company, they did not show any signs of being inhibited about sharing personal feelings or experiences in front of each other. Their relationship seemed to exemplify the ethos that they ascribed to the school; one of openness, acceptance, positive regard and support. Their ease in the situation helped reduce my anxiety and allowed me to be in touch with feelings other than nervousness. This meant that after a while, I could engage fully in the interview. I was able to respond genuinely, showing my feelings when appropriate, able to maintain a focus on the purpose of the interview. I laughed quite a lot. I think that this was partly out of relief that the interview was generating valid data, but the laughter was also a quite natural feature of this open but passionate discussion.

The teachers that I met in this first group interview were both enthusiastic and professional. The enjoyment and commitment to their role shone through in their tone of voice, their smiles and laughter. They both brought their practice alive in the way that they went into role; instead of merely describing what they did, they exemplified it by switching into character, speaking in the voice of the teacher or the child. Their collective voice helped to create a detailed picture of what positive mental health promotion is like in their classrooms.

These teachers engaged as equals in the interview. Whereas in the second of the two group interviews, one of the participants seemed to defer to the other at the beginning of the interview. I was much more relaxed, with an established research persona by this stage in the data gathering. The participants were in a school where positive mental health promotion, as part of a wider focus, was an externally determined target for development. So although the participants were in a school with previously identified development needs, I did not approach the interview expecting to find inexperience as I knew that these teachers must have been working hard on this because of the development focus. This meant that I was not entering into the interview hoping or expecting the participants to fill a

gap in the sample. I had some expectations but predominantly, I was keen to hear their stories, whatever they were. I think, on reflection, that I was also relieved that the data gathering process was coming to an end.

I was quick to recognise that one participant deferred to the other, pausing to let her speak first, or looking at her before speaking. We were holding the interview in the latter's classroom, but that did not seem to be the basis for the dynamic between the two. As we began the discussion, it became clear that one participant was responsible for leading a specific mental health initiative for the whole school and that this was the reason why her colleague was deferring to her. Once I had worked out this explanation for the behaviour, I was able to use this awareness to try to connect to the more reticent teacher. Without diminishing the value of the work I explained that it was the day to day work in the classroom that I was particularly interested to hear, and that what every teacher did was valid and relevant to the research. As we moved away from discussing the interesting and relevant work for which the first teacher was responsible, the other began to relax into the discussion more, show slightly less deference to her colleague, until she too was actively engaged in the interview. She seemed to grow in confidence as the interview progressed. I think that the more reticent teacher benefitted from being in the interview with her colleague, as this seemed to affirm her understanding of which aspects of her role as a teacher fulfilled the responsibility to promote positive mental health. Although initially deferring to her colleague, she was not inhibited by her. I do not know but I got the sense, that she might have been less confident in talking about her own experience had she been alone with me in the interview.

These participants were able to voice difference and they were also apparently comfortable enough to share personal feelings, opinions. They may have been holding back some personal feelings, but I believe, on balance the dynamic of two participants to one researcher facilitated the discussion and the valuable nature of the data far more than it inhibited it. In both of these group interviews, the teachers were relaxed, discussing their experiences and perception. I think that in many of the one to one interviews it took much longer for the participants to relax into it and to be able to share their true perspective. Although I was nervous in the first of these two group interviews, I believe I would have

been nervous no matter how many participants there were. Furthermore, my nervousness was less likely to transmit to the participants and dominate the mood because of the group dynamic. In this way the group dynamic seems to have been beneficial to both mine and the participants' ability to engage fully.

The group dynamic made it easier for me to stand back and listen, to absorb the discussion. There were some pauses which provided me opportunity to ask questions or to check out my understanding, but the discussion of the role and responsibility needed little steering. I felt that I got a more rounded sense of the participant, a better recognition of other (Pillow, 2003). As more of an observer, I was better able to notice the ways the participants were engaging in the talk; their facial expressions, gestures and their tone of voice. Whilst I did notice these in the one to one interviews, it was more contrived in that the research self (Reinharz, 1997) was actively engaged in listening, responding, keeping the dialogue on track, trying to remember points to follow up on, and making a point of noticing how they spoke. I was too busy being a part of the dialogue to be able to stand back and observe in the same way. In the group interviews, my observations were more conscious as I had time to gather evidence for them. I noted something and had time to ask myself why I thought that. Whereas in the one to one interviews, I only gained a sense of the participant's continuously changing emotional engagement. However, my awareness of tone of voice, emotion and gesture was fleeting and influenced by my own feelings or research agenda, by my brought and research based self (Reinharz, 1997).

I was lucky that these two sets of teachers had such a positive relationship with each other. In another school where I interviewed participants separately, each participant was so very different to the other, that I do not believe it would have been productive to have interviewed them together in a group interview. The success of the group interviews was due to the rapport between participants. That was not something I facilitated. It was already established. So whilst these group interviews were successful, to get a valid perspective from each participant, it was necessary for the majority of interviews to be one to one

Relationships

Reflexivity is as a process that includes recognition of self and recognition of other, and consideration of how the dynamic between the two produces the talk and data that it does. In seeking to be reflexive throughout the research, I used Pillow's (2003) strategies of reflexivity to scrutinise myself, the participant and the impact of our relationship on the data. I looked for my *brought self*, *the research based self* and the *creation of self in the field* (Reinharz, 1997).

As the creation and fostering of positive relationships has emerged as a prominent feature of positive mental health promotion, the importance of my relationships with the participants is integral to the findings of the research. It is not enough merely to be aware of the impact of the relationship during the interviews; it is essential to consider the data in relation to these relationships during the analysis process. Achieving 'reflexivity as transcendence' (Pillow 2003) in the way I get to know myself and the participants, I became better able to represent the data accurately. This section draws together the reflections on relationships from each interview for such consideration.

For every participant, I was a lecturer from the University of Edinburgh with a leading role in teacher education. Every teacher in the sample had experienced teacher education at some point, not necessarily in the form of BEd (the programme I lead), nor at the same institution. Nevertheless, each participant will have brought to the interview their own conceptions of someone who teaches teachers, based on their own experience as a student or the contact with ITE that they have had as teachers in school. These conceptions and attitudes were unknown to me. Participants would also possibly have some second hand knowledge of me, through colleagues who worked with me or from students in their schools.

Certainly, within each interview, aware only that I knew nothing of what each participant thought of me or was expecting from me, I sought to make the participant feel they could trust me and relate to me as early on as possible. For this reason, and this is something I really struggled with at the time, believing it to be dangerously close to deception, when I met each participant, I consciously presented the side of myself that I thought they would best connect to. This required some knowledge or assumptions about the participant and their situation. This was not deception. I did not misrepresent myself. I have multiple facets and carry out this research driven on several levels, personal and professional. Characteristic

of an active interviewer (Holstein and Gubrium, 2004), I was merely letting the participant know how I wished to be heard, in the same way that they at different times made clear to me from which perspective they were talking, be that school leader, class teacher, or person. Using what I knew, or did not know about each participant, I began the interview by introducing myself in terms that I felt each participant could connect to. To be specific, in my second interview, I allowed my passion for pupil wellbeing to show and I introduced myself as a lecturer and former teacher committed to the promotion of wellbeing. In this interview, however, the aspect of self I chose to present was rapidly overtaken by the self I became in relation to these participants. This particular *'creation of self in the field'* (Reinharz 1997) was not one I was expecting. Perhaps that was because it was early in the data gathering process and doctoral research was still new to me, but I also felt almost immediately, like the child in the room. This feeling of being a novice, there in the role of learner, permeated the interview and had a significant impact on my responses and engagement in the interview. As a result, I failed to achieve true *'recognition of other'* (Pillow 2003) and I let them sell me the story of how wonderful their school was and the great job that they were doing with their children. I do not doubt that this is true but I feel that I could have scrutinised more, taken less at only face value and tried to get deeper into their perspectives on the role. They may have been trying to impress me that they were a 'good' school. They may have suspected alternative motives for my interview, and sought to reassure me that the school was a good place for students. They may have been trying to live up to the passion and commitment I expressed upon introduction. As I was unaware and did not ask, I do not know how their perceptions of me or my role influenced the interview. The result was that the data produced feels almost like advertising for the school in which none of the struggles or challenges can be revealed, a long way from the desired *'reflexivity as transcendence'* (Pillow 2003).

Learning from this, in every subsequent interview, whatever facet of myself I brought to the fore, I tended to play down my own passion for wellbeing promotion and I reminded participants that I was there to learn from them, and that anything they had to say would be valuable learning for me. I also indicated in the introduction, the aspect of the participant I was looking to meet. Those leading in this area were not surprised that I wanted to speak to them but those who felt they had no experience or who lacked confidence in health and

wellbeing and mental health promotion, wondered why on earth I wanted to speak to them. To the latter, I emphasised the benefit of learning from someone in the classroom who is not a specialist and that how valuable what they said would be to my work with students who were not all going to be confident and skilled. I tried to make it clear that I was not looking for correct answers, nor was I expecting any high level of knowledge on the subject. I looked out for nervousness in participants and set out to reassure them as soon as possible. To some this meant talking about my time in school, letting them see me as a teacher rather than a lecturer/researcher. I tried my best to be open, reminding them of confidentiality and encouraging participants to talk freely. In some interviews, I even specifically stated that if people only ever told me what worked well, I would never learn of the struggles involved and so be unable to prepare students adequately.

It is not relevant to go into detail on the relationship formed in each interview. What is relevant is that, as the participant and I became settled into the interview, I ceased consciously presenting a specific aspect of self and quite naturally connected to the participant in response to the way that they were. My *brought self* was always close to the surface; I was always a human being aware of my emotions and the emotional response to what was said (Reinharz 1997). In two interviews, the professional, 'research based self' was almost forgotten as I engaged in dialogue with someone who shared my passion and enthusiasm for mental health promotion. This resulted, I believe, in these teachers sharing more personal opinions and fears than they might otherwise have done. They seemed relaxed, at ease in my company and less guarded with some of what they said. However, it also resulted in my seeing these participants in a way best described as 'through rose tinted glasses'. It was only on listening back to the recordings that I realised that I had glossed over some of the areas that I might have probed further with another participant. I had not pressed for explanation of terms or strategies; I assumed they knew the substance behind the words they used because at other points in interview they were so positive and enthusiastic. It is possible to be committed, enthusiastic but ill informed, lacking in understanding. I could have taken less at face value but this may have damaged the emerging relationship and inhibited the conversation.

In most interviews it was the *brought self*' (Reinharz,1997) who was able to meet and recognise the human being in the participants. Aware of my feelings, I was able to mask

them and avoid emotional reactions when they would not have been appropriate to the interview. I believed this to be the professional self working to regulate the *brought self*. Reflecting back, this does seem to be the person I became in relation to the context and the participant, in effect, the *self created in the field* (ibid). My emotions combined with my professionalism and the purpose of the research, connected to both the participants' emotional and professional responses and this guided me to respond as a sentient human being, but one who furthered the dialogue to achieve the purpose of the research. There were times when an emotional response was appropriate and I allowed myself to share it. Participant K spoke of a pupil who had died, and suddenly seemed overcome with a strong emotion. She paused, looking at me with tears in her eyes. Tears came to my eyes. There was no need to speak. She did not seem to want to acknowledge the tears. After a shared silence, the interview continued. My tearfulness born of empathy, came naturally as a response to her grief and the reported grief of the rest of the class. Somehow the two human beings connected and there was no need to draw on the professional self. Platitudes would have been inappropriate, as would a carefully composed verbal response.

Another fairly strong emotional response required quite different action. I felt relieved on reflection that I was able to notice what came close to a feeling of horror and keep it to myself. I do not know what was on my face but my professional self sprang into action, and instead of exclaiming words of shock, I calmly encouraged the participant to elaborate, asking gentle questions until a full picture of the situation was clear. At which point, the initial shocking comment, now in context, was not nearly so alarming. However, it was worthy of mention in my next supervision meeting, where after discussion, we agreed with my conclusion that it was not a child protection issue. Again, had the *brought self* taken control at this point in the interview, I may not have heard the full story and been able to understand exactly what she was trying to convey. Congratulating myself on such a professional response, I realised on reflection that an outraged, 'You never did!' might have also resulted in explanation and clarification, but that would surely have damaged the emerging relationship between this participant and I, and would definitely have had an impact on the remainder of the interview and the data produced.

Although I have been able to get what I consider to be a secure, well-rounded understanding of myself in relation to the participants, *the brought, the research based and*

the self created in the field (Reinharz,1997), that is only half the equation. It is necessary to be aware of the participant, not just what they said but who they were in relation to me and within the interview. Eight of the participants were talking enthusiastically about something that they believed in and felt they did well. Their enthusiasm and confidence was transmitted in the way that they spoke, their smiles and laughs, the conversational style of their speech. Phrases such as, 'as you know' and 'that's why you're here' indicated that these participants saw me as an 'insider', someone who knew what they were talking about. In interview I almost instinctively responded to the participant but as I began analysis, I realised that some of these impressions were ephemeral. My notes only gave limited information. I needed to return and listen again to the interviews for my reflections to make sense and for this recognition of other to inform analysis. I considered the impact of my role both as lecturer and researcher on each participant and listened again to learn as much as possible about each participant. It became clear that much of the emerging relationship between participant and researcher was expressed in body language, which unfortunately was not recorded and in tone of voice. Whilst some new insights came to me, in two interviews (A,M), this listening back prompted only possible interpretations of the participants for consideration. The process did not provide me with any definitive understanding of participants, their perceptions of me and how this influenced the interview. On reflection, I believe that I was unable to gain an increased understanding of these particular participants, when listening again, because they were withholding themselves from the interview, revealing only the professional, being the teacher in the interview and keeping personal reactions and responses to a minimum. I am left wondering how much more I might have been able to find out, how much better I might have been able to relate to these participants, had I realised this at the time and attempted to encourage the person, rather than just the teacher to join the dialogue.

I find myself wondering whether true recognition of other is actually achievable. I despair that I will never really know the participants, that they truly are unknowable as Pillow warns. (Pillow 2003). Accepting that the participants are not fixed and that I can only know what they become in relation to me requires reflexivity. I trust that I was able tune into as much as they wished to show me, but in reflecting back on the interviews, I seem to have been blind to the obvious at times. Participant F was a newly qualified teacher (NQT). I have

been working with her headteacher in another aspect of my university work and coincidentally was recommended by the local authority to talk to the teachers in her school about positive mental health promotion. Notwithstanding my assurances of confidentiality, I believe my prior relationship with the headteacher had a significant impact on the way Participant F related to me. It took quite some time for the interview to get past the demonstration of 'buzz words' to reach a point where she relaxed enough simply to be herself. In the early part of the interview, she repeatedly uttered key phrases relevant to wellbeing and safeguarding policy. I encouraged her to explain in a bit more detail which she did not really do. I genuinely thought that she knew nothing about mental health promotion and was determined not to admit it and this must have communicated itself in my facial expressions, if not my tone of voice. I believe now that she felt under scrutiny and that what she said might be reported back to her headteacher; at the time, I felt she was hiding something and kept pressing for clarification; she felt defensive; it was a cycle of mistrust. Approximately twenty minutes into the interview, as she went into much more detail about something she had been doing in the classroom, it became apparent that she had a better understanding of positive mental health promotion than had been evident originally. She spoke warmly of her pupils, appearing more genuine and our relationship seemed to improve from this point. She began to speak from experience rather than attempting to paraphrase policy documents and I met the human being, rather than the NQT trying to prove herself. As a result, from this point on, I gained what I believe to be a more accurate understanding of her emerging awareness of the responsibility to promote positive mental health. The person pouring her heart out about the 'things they never tell you in college' at the end of the interview was very different from the teacher who began the interview. I don't think that her understanding or perception of mental health promotion changed during the course of the interview. I think it took her time to realise that I was not trying to catch her out and that I genuinely wanted to hear about what it was like to be an NQT with this responsibility. It took time for her to gain the trust in me required for to talk openly. I was not expecting this reaction to me. I disregarded the impact of my professional relationship with her headteacher. I thought the interview would be much like a dialogue with one of my own students. I have learning conversations with students all the time and I approached the interview in a similar way, aware that this teacher had only just graduated. I wasn't expecting her reaction to be so different to that of my students. Belatedly I realised

that she perhaps felt she was supposed to know it all now she was not a student, or at least to know more than the students with whom I worked. More significantly, I completely ignored that when I get my students to engage in dialogue and talk about their understanding, they are doing so with someone they trust. They already have a relationship with me.

Through analysis and reflection, I have a much greater understanding of the aspects of self that were present or dominant in the interviews. I have as much understanding as I can get of each participant. I have scrutinised the data with awareness of this personal engagement in an attempt to remove bias or unfounded interpretations. Ultimately, coming to know the teacher and person who emerged in interview and the way in which they related to me, has given me a much better understanding of what each participant meant when they said they established positive relationships. Such knowing adds richness to the pictures of positive mental health promotion described by the participants.

Attitudes and Emotional Perceptions

Originally, I wanted this research project to focus on teachers' feelings about positive mental health promotion but I was advised to reconsider this by my supervisors. It was only when I began to collate, analyse and write up data relating to attitudinal or emotional perceptions of the role that I realised what good advice this had been. It is such a subjective area. In most cases, asking the question, how do you feel about the role, would prompt what the participant deemed to be my desired response or the acceptable reply in line with policy. Such responses were almost meaningless as they were part of a script, what teachers were supposed to say. Instead, the loose conclusions I have drawn relating to attitudes and emotions are based on the wider interview, what I learned about the participant throughout the process and the way in which they talked rather than what they have said. Seeing interviews in this way, as "*an interpersonal drama with a developing plot*" (Holstein and Gubrium, 2004:149), I frequently refer to the need to pay attention to how the participant speaks not just what they say, and this does indeed give a richness and authenticity to the data. However, repeatedly listening to the recordings to uncover exactly how I perceived the participant felt about the role and what their attitudes were towards it, led not to certainty but increased uncertainty. I got a sense of the person face to face in interview, I listened to the recording and made notes, I listened again and each time I had a slightly

different impression. I would note that they felt one way and then revisit the data and not be able to find anything tangible to support this initial view, instead coming away thinking they had exhibited a different feeling. This happened repeatedly. Consequently, where participant feelings about the role are discussed, I do not use their words to support what I am saying as there is no single utterance, no single point in the interview which I could identify as evidence of a specific feeling. Although I believe what I am saying to be the truth, the claims I make here are almost hesitant as the evidence to support them is ephemeral and subjective.

In many cases, the reasons for reconsidering an initial belief about the emotion a participant was displaying when revisiting the data, were because the participant, as an emotional human being, was actually changing their mind during the interview. They were revealing their multiple and shifting selves, (Pillow 2003) becoming more confident as they drew upon a range of examples from their practice; becoming less passionate when considering some of the demands of the role; becoming less confident when describing occasions when they felt they had got it wrong; or becoming anxious or angry when talking about times when they had been overwhelmed by the role. Human beings are complex. The emotions we feel are interlinked. It is natural to flow from one to another. Whilst commitment to the role might be a constant, it would be completely unnatural for the feelings generated by the role to be static. During the interviews, I met many different faces of the participants, with their emotions in particular, fluid and changing, making it difficult and inaccurate to suggest any single emotion as constant to an individual participant. This conclusion led me to reconsider the validity of any reference to participant feelings, but I resolved to retain them as subjectivity and the ephemeral nature of the emotions is worth noting and can be considered to be characteristic of the responsibility to promote positive mental health. Moreover, as discussed previously, the role is such an emotive one, it would be inappropriate not to include reference to feelings about the role.

My emotions, whether explicitly expressed or evident in my engagement with the participant will also have had an impact on those demonstrated by the participant. As much as I may have said I wanted to hear the truth and to learn about the challenges not just the joys, my interest in this topic and my feelings about the role, no matter how well hidden, are likely to have made it hard for some participants to express certain feelings openly and it

may also have led them to conceal feelings of reluctance. That such feelings were not evident in an interview does not mean that they did not exist. For some participants, my interest might have served as an invitation to express positive emotions; for others it may have served as a barrier to the expression of more negative ones. The trust in me felt by some of the participants may have allowed them to be open and honest with their feelings, whilst others may not have reached that point. I am confident that I did manage to establish trust and respect in most participants and this is reflected, I believe in the diversity of emotions and attitudes permeating the interviews.

There was exception, one participant who did not demonstrate a range of feelings about the role during our interview. Moreover, this is a participant about whom I have already expressed discomfort, which leads me to be particularly scrupulous about any claims made. Each time I listen to the interview recording, the only emotion I hear in Participant E's tone is contempt or condescension. I cannot be certain whether that is what I am hearing because of the dynamic between the two of us, or whether that is what she felt. That said, it may well have been how she sounded but that doesn't not necessarily make it an accurate reflection of her feelings about the role. I did not hear any passion or enthusiasm for the role nor for the children but neither did I hear any expression of negative feeling. The only conclusion I can make with certainty about her attitude and feelings towards the role is that, for whatever reason, she was taking care not to display them during the interview. What remains interesting is that she was the only participant for whom this was the case.

Analysis

I approached analysis with awareness that, with two exceptions, the participants were talking to me because a senior colleague had recommended them for my research. The other two were talking to me as a favour to a friend. There was inevitably going to be a desire to be perceived favourably or to be seen to be carrying out required policy. It was also quite clear in interview that almost all participants had revisited policy and prepared for the interview by thinking in advance about positive mental health promotion. Although in interview, I tried to see beyond this and probe for depth, to ask questions that prompted personal responses, not just professional ones, as I listened again and began to analyse, I quite frequently saw missed opportunities to probe more deeply in the way I would have done had I been in dialogue with one of my undergraduate students. I am left to analyse

what I did uncover during interview and not dwell on what I did not. I determined to focus on what the data revealed, not the questions left unanswered.

I listened repeatedly to the recordings and tried to record with sensitivity to the way that the participants responded (Holstein and Gubrium, 2004), but I found that as I moved to the reduction and collation of responses within a frame, I grew more distant from the original almost unrecordable impressions I had gained during interview and on listening back. As I compared a specific participant to others within a frame, I felt very negative about this individual and found myself looking for evidence to support this negativity. I associated this participant with a sense of indifference and almost objection to positive mental health promotion, yet within the frame, in comparison with other participants, it seemed that this teacher was indeed doing the same as the others, undertaking the responsibility with understanding. I revisited the transcript, annoyed with myself for being so unprofessional as to see negative cases where they did not exist. The transcript did nothing to support my feeling that this participant was not committed to the role. Common themes were evident and she was offering them unprompted. However, when I listened again to the whole recording, the way in which the participant spoke was very subtly, almost mocking at times. Key phrases were emphasised as if she were used to discussing these with sarcasm rather than a belief in their importance. It was as if these subtle undertones made a lasting impression on me and shaped my perspective of the person with whom I was in dialogue. They offended me, the human being or *brought self* (Reinharz 1997). Reflexivity literature helped me gain understanding of what happened. Self-awareness during the interview ensured that I did not let my feelings and *brought self*, take control of the way the professional or *research-based self* (ibid) responded and engaged with this participant. This explains how my notes and records for analysis contained no evidence for my personal response. Ultimately it seems that the researcher, or *created self in the field* (Reinharz 1997), was dominated by professional response and impartiality. Yet within interviews on something as potentially emotive as positive mental health, might it not have been appropriate to bring my feelings into the dialogue? Then I might have had something more tangible to support my underlying sense when it came to the analysis stage. At present, it is still only my sense that this participant took the responsibility lightly. She may well have

uttered the phrases that way out of embarrassment or because they were the very focus of the interview. I cannot now analyse what I did not check out in interview.

Conversely, when a participant expressed enthusiasm or commitment for positive mental health promotion, my *brought self* seemed to dominate as I responded warmly as an emotional human being. Similarly to the negative feelings that pervaded with the aforementioned participant, I experienced a positive sense when analysing the data of another participant. Again this feeling of competence and commitment to the role did not seem to be justified by analysis of the emerging themes. There was nothing in the data recorded in any of the frames that suggested that this person was more passionate about the role than any others. It was only on returning to the raw data and hearing the passion and enthusiasm in the way the responses were uttered, that my positive sense became justified.

These two examples allowed me to trust what seemed ostensibly to be a gut feeling when analysing, but they also served as a reminder of the importance to revisit constantly the original recordings.

One further issue during the analysis process was my personal and professional struggle with data acquired outside interview, if indeed that may be called data. I debated internally whether it should be omitted because there is not necessarily the same data available for every participant. However, this research is not a systematic review nor a grading, ordering or specific comparison of individual participants and their practice. It is a search for greater understanding of the teacher's responsibility to promote positive mental health. Therefore, any relevant data should surely be included when analysing and discussing findings. I work in teacher education and unavoidably have a prior relationship with some of the participants in this research. This provided me with additional data, particularly when my prior knowledge included awareness of aspects of the person relevant to positive mental health promotion. There does not seem to be a problem including this extra information when it supports what was discovered in interview. However, I struggled to know what to do when what was said in interview was at odds with my knowledge of the person and their practice outside interview. I considered whether I should disregard everything I knew

outside of interview for every participant because of this one individual and whether I should disregard the whole interview with this participant, which I was reluctant to do because of my sample spread. I even considered whether I could actually trust anything anyone said to me in interview. In reciprocal fashion, this dilemma helped me to engage more deeply in analysis, and the analysis enabled me to get a better and more consistent understanding of this participant and subsequently all participants. To illustrate briefly as this is discussed in more detail in Chapter Five; my experience outside interview told me that this participant had a tricky relationships with colleagues to whom she was condescending or dismissive, and a very didactic relationship with pupils. In interview, she stressed the need for the positive relationships that she had with pupils. Sorting data according to key themes in the analysis process put this participant's responses in the same category as most other participants, but this did not fit with my personal experience. It was only when I listened back to the raw data after analysis that I realised that this participant was not actually saying anything in interview that was belied by her way of being outside interview. She spoke with the conviction of one who believes what they are saying. It was actually that what she meant by a positive relationship, as became clear when listening to her actual words and the way she uttered them, was very different to what other participants meant by positive relationships.

Ultimately what began as a personal struggle during reflection, actually became a whole new area for analysis; the variance in what participants understand to be a positive relationship.

Appendix B Sample letter to local authority or headteacher

Dear

I work in Initial Teacher Education as Programme Director of the BEd Primary at Moray House and have a leading role in Health and Wellbeing. I am currently doing doctoral research. I attach a copy of my research information form for your information. My research has been approved by the Moray House Ethics Committee. I am hoping that you might be able to help me in my search for teachers to interview in relation to my research.

I am exploring primary school teachers' perceptions and understandings of the role to promote positive mental health, with a view to using the findings to inform future teacher education. I would like to talk to teachers who are confident in Health and Wellbeing and positive mental health promotion as well as those who lack confidence, experience or knowledge in this area. Although the research is not an intervention but rather is based on interviews and discussion, I believe that being involved in it might be a useful experience for participant teachers. Schools, local authorities and teachers will not be named in the research.

I contact you in the hope that you might be able to direct me to one or two primary schools with an identified strength in this aspect of learning and, most particularly, to one or two schools where this is a development need. Should you be able to help and, with your permission, I would then contact headteachers of the named schools to seek permission, give information and ask for their support in finding one or two teachers in their school willing to participate.

I am mindful of teacher workload and plan to make sure that involvement does not require a great deal of teacher time or effort. If required I can give you the names of colleagues from xxxxxx Schools who would be able to vouch for me or give you an indication of their experience of working with me.

Please feel free to email or call me should you wish to have more information. Thank you for taking the time to read this request.

Yours sincerely,

Appendix C Participant Information and Consent form

Promoting Positive Mental Health: The Teacher's Role

My name is Deborah Holt. I am a doctoral research student and the Programme Director of the BEd Primary at Moray House School of Education.

Aims of the Research

As part of my doctorate, I would like to find out what primary school teachers in Scotland think about the responsibility to promote positive mental health. I would like to speak to you as a professional with a class responsibility in primary education. Your views are important. I would like to spend about an hour with you to find out:

- what you understand by positive mental health;

and

- how you see your responsibility to promote positive mental health with your pupils;

I hope that my research can be used to inform how we prepare teachers for this role during Initial Teacher Education and ultimately that it might contribute to increased positive mental health in primary school children.

What will happen if you decide to take part?

If you agree to take part in this research project, it will involve being interviewed by me at your school or in an alternative venue if more appropriate. The interviews are semi-structured and, as such, there is no set list of questions that I will be asking. I will record the interview. I value your honest thoughts, insight, opinions and perceptions. Everything you say will be confidential and your name will not be used in the research report. This includes any reference to children; should any child be mentioned by name during the course of the interview, their name will not be recorded in the research data.

The information I get from you will be used a part of my thesis and in related research reports. Although I will not use your name, I would like permission to include some of the things that you say. I will send you a summary report of the research findings.

With your permission, I would like to record the interviews. All recordings and notes will be stored in a safe lockable place and will be destroyed when the research within 5 years of completing the research. Only the research team will see this information.

It is entirely up to you if you want to take part and you are free to change your mind at any time without having to give a reason.

Ethical approval has been granted by the Moray House School of Education Ethics Committee.

I hope that you would like to take part in this research. If you would like any more information or if you have any questions please contact me:

If you are happy to be interviewed in this way, please sign the consent form.

Thank you

Deborah Holt

Promoting Positive Mental Health: The Teacher's Role

Consent Form

I have been given enough information about this project

Yes		No	
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It has been explained to me how the information will be used

Yes		No	
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I am prepared to talk to the researcher on the subject of the teacher's responsibility to promote positive mental health

Yes		No	
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I am happy for the researcher to record what I say

Yes		No	
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I understand that I can leave at any time and I do not have to answer a question if I don't want to

Yes		No	
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I give permission for what I say to be included in a report but understand my name will not be mentioned.

Yes		No	
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I understand that although my name will not be mentioned there is a possibility that I might be identifiable through some of the detail reported

Yes		No	
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Signed: _____

Date: _____

Appendix D Early Emergent Themes

- Knowing the whole child, and their families
- Ethos and relationships
- Valuing and respecting pupils and taking time to listen to them
- Care
- Making school a positive experience
- Creating an environment where it is safe to share feelings
- Whole school
- Difficult and challenging to do
- Passion and commitment, belief that it is an integral part of the teacher's role
- Celebrating achievement (personal not just academic, from home as well as school)
- No grudges/clean slate each day
- Being emotionally literate (teacher)
- An integral part of the teacher's role
- Promoting PMH among staff- teacher wellbeing
- Giving the children strategies to cope and making explicit when these arise
- To model emotional literacy- voicing own feelings and how respond
- Providing appropriate experiences so that a range of feelings occur
- Promotion through developing pupil ownership of learning
- Learning how to promote positive mental health
- Passion and commitment to nurturing the whole child
- Success relies on self-belief of school team- we can overcome this- seeing barriers as challenges to address rather than being disheartened.
- Need for supportive staff environment in which teachers can be reflective but also share experiences- learn from each other
- Being a human being to the children,
- Need for whole school valuing of promotion
- Confident children

Appendix E Analysis Frames

Initial Frames Research Question 1

Frame 1 How each participant defined the term positive mental health:

Participant	Response when asked what they understood by the term positive mental health
A	The child being happy and secure within themselves, happy with who they are and how they feel; having strategies to cope with how they are feeling, developing strategies to cope/resilience; developing an awareness of how other people might be feeling- empathy; developing positive relationships with each other
B	The ability to be happy, to be able to adapt; emotional understanding, having good social skills, confident.
C	Resilience, emotional understanding, being able to cooperate- social skills, confident
D	Developing the ability to cope with life's ups and downs, lead a reasonably happy successful life, cope when things go wrong, resilience, be able to form decent attachments and relationships.
E	ensuring that they are happy, nurtured, secure, feel safe, know what the boundaries are, know who to trust, who to go to; able to relate to others.
F	Children feeling safe and supported, know who to go to for help; socially and emotionally stable, supported and cared for.
H	How confident a child feels, how well supported they feel, how safe they feel; if they feel nurtured if they are looked after; social and emotional wellbeing
J	They can be happy in your classroom; they know what they are expected to do; they will be able to progress in some way in whatever area it is. If they want to make themselves better in maths or if they just want to make themselves better in forming relationships in some way.
K	children are emotionally literate, knowledge of own emotional state and that they can have some control over that; resilience; they can negotiate; they are able to challenge self; can take risks
L	healthy lifestyles, healthy eating and being active and how that impacts on your outlook; being able to manage your emotions; trying to problem solve when something happens to try and see a solution rather than being stuck.
M	It is what you are looking for in young children- to have and to be. It's not part of the curriculum we teach.....(<i>when prompted</i>) A child with positive mental health will be resilient, productive; happy, outgoing possibly- strong.
N	I think it is all about the children's health and wellbeing, and when they are coming into school how they are feeling about themselves and how they are feeling about what is going on around them; whether they view that in a positive manner or whether some children aren't so positive about that. A child who is confident and happy.
O	It's about how they perceive themselves, how they think others perceive them and how they manage different situations. What strategies do they have for positive and more negative events? Are they resilient? Do they have someone to talk to?

P	The whole child- resilient, with social interaction skills; able to see their strengths.
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Frame 2 Research Question 1

Summary codes:
Able to be happy
Confident, secure, self-belief
Resilient
Able to develop positive relationships
Are/feel nurtured, safe, secure (see below- this is more the absence of demoting factors such as poor environment, abuse & neglect.)
Awareness of own & others' feelings
Feel valued
Socially & emotionally stable
Emotional literacy
Healthy lifestyles, healthy eating, impact on mindset

Frame 3 Research Question 1

Interpretations of the term positive mental health used by two or more participants	Number of participants N=14
Resilient, have coping strategies	A B C D K L M O P
Happy	A B D E J M N
Confidence/self belief	A B C H K N O P
Socially stable/able to relate	A B C D E F H J K O P
Able to deal with feelings/emotionally literate, empathy	A B C F H K L N
Feel safe or secure	A E F H
Productive, able to be successful, able to achieve	D J M
Feel nurtured	E H
Feel supported	F H
Know what the boundaries are	E
Know what they are expected to do	J
Outgoing	M
Strong	M
Impact of healthy lifestyles and healthy eating on outlook	L

Frame 2 Research Question 2- Tally of Code Occurrence

Ethos- embedded into all school systems	O,P,M,L,K, G,E,D,C,B,A
Integral part of teacher's role	O,P,N,M, K, H,G,D, C,B,A
Relationships & interactions with children, community (being a real person to the children)	O,P,N,L,K, J, H,G,F,E,D,C,B,A
Teacher as model- making explicit strategies, feelings, relationships etc	O,P,B,C,D,
Knowing the child & seeking to understand child & their behaviour	O,P,N,M,K, J, H, G,F,D,C,B,A
Supporting growth of confidence/self esteem	O,P,N,K, J, H,G,D,C,B,A
Being child-centred	O,P,K, H,G,D,C,B
Being responsive to need	O,P,N,M,L,K, J, H, G,D,C,B,A
Respect and valuing –making time for them, listening,UPR	O,P,L,K, J, H,G,E,D,C,B,
Part of HWB, teaching	O,P,N,M,L,K, H,F, D,C,B,A
Positive behaviour environment, praise the positive	O,P,N,L,K, J,G,D,C,B,A
Clean slate- no demonising/labelling/no blame/judging	K, J,G,D,C,B
Empowering children to take responsibility for own learning, reflection, knowing self as learner- building self eval skills- seeing learning as a ladder	O,P,N,L,H, G,F,E, D,C,B
Commitment to children & the role	O,P,M,K, H,G,D,C,B,A
Emotional literacy (teacher as model)	O,P,L,K, J, H,D,C,B,A
Consistency & clear expectations (whole school approach) negotiating the rules	O,P,N,L,J, H, G,E,D,C,B
Positive culture; can do attitude, ok to make mistakes, positive assessment	O,P,N,J, H,G, D,C,B
Family ethos, Instilling family values-give children a sense of belonging & pride in school	O,P,L,G,E,C,B,A
Being supportive- facilitating learning-	O,P,L,K, J, H,G, D,C,B
Celebrating success,	O,P,N,L,J, H, G,D,C,B
Opportunities for whole child to develop	O,P,N,L,K, J, H,G,C,B
Supporting (giving strategies & tools) social development, making relationships, conflict resolution, respecting difference, co-op learning	O,P,N,L,K,J, H,F,E,D,C,B,A
Opportunities to contribute to whole school, roles & responsibilities in school/class	O,P,L,J, H,G,E,C,B

Teacher's personal qualities- care, empathy, commitment, humour, interpersonal skills, honesty	O,P,N,J, K, H, G,D,C,B,A
Have fun with the children	O,P,N,J, H
Working collaboratively-making sure those working with a child know the child & their needs, how to meet their needs	M,L,K, H,G,D,C,B,A
being egalitarian- strong advocates of children's rights	K,C,B,
Encouraging resilience	O,P,M,L,K, G, D,C,B,A
Relationships with parents	O,P,M,K,H,G, F,D
Nurture groups-interventions, counselling if appropriate (<i>support not promotion?</i>)	O,P,M,L,H, G
Providing stability- being a safe place	O,P,G,F
Having high expectations of all learners- not limiting expectations because of labels- believing in the children	H, G,D,C,B

Initial Frames Research Question 2

Research Question 2- Saturation Frame- part of the analysis checking process

Emergent themes	Transcript	Participants
Participant A		
Strategy based/ initiatives/teaching Not always enough time/money to sustain	A Critical skills trained A Health promotion schemes C There is a progression that we go through from P1 to P7 to develop strategies to help children cope in different contexts. We use Being Cool in School.	A C D F H J K L M N O P
Involves developing a child's self esteem As person As learner	A Attainment vs developing a nice well rounded being. Not everyone's going to be academic. It's about making sure they come out with a positive view of themselves and life. B We build their confidence a lot with praise and encouragement and treating them 1 to 1 D because I understand the importance of using praise and making sure it is targeted effectively .What I have started to question is the messages that I/ we sometimes give to children unconsciously about perceptions of our ability, what we expect, what we think success looks like, how we judge their ability, without ever voicing it in a very deliberate way I think that we maybe I contribute to that perception, you know the way children	A B C D H J K N O P

	<p>will try to put themselves into ability groups and try to order themselves.</p> <p>K It's your daily relationships with the children. It's the consistency of values that we expect/expectations of behaviours; things like that. So that's kind of how it happens-consistency, the honesty, the UPR, the real advocacy for children; all these things are there and it makes it happen. They can grow as individuals.</p>	
Necessary because/influenced by the personal circumstances of the children	<p>A We are in a deprived area. Lots of children who have difficult backgrounds We've always done it not necessarily put a label on it.</p> <p>B Children can be coming from tough background so they need that</p> <p>C I have a child who doesn't have a mother at home and the attachment they then have to you. They need that kind of time. Just now and then. Just having a chat.</p> <p>D We might be fighting a more negative influence in their background but we can still be a positive role model in school.</p> <p>E But in terms of how children come to school if they come from secure backgrounds and backgrounds where the expectations marry up with those expectations in school, everything is so much easier. Where there's a discrepancy it becomes more challenging.</p> <p>M It is crisis management and the children haven't got PMH, the HT is having to take children out of class because they are in crisis; they are not getting thru the day and she thinks that what we are doing in P6and7 is just sticking plasters and it is not a fix,</p> <p>N What goes on at home, we don't know. We just deal with what comes in from home. They deal with what is going on in their little lives</p>	A B C D E H M N
Integral part of the teacher's role	<p>D I was always doing it but with less understanding (before training) .That relationship to learning that seeing it as being integral to learning instead of ...this is something on top of teaching I have to think about</p> <p>E I think the majority of the teachers I've come across have always been concerned for their children's welfare. Even when you have</p>	A B C D H J K L M N O P

	<p>those moments when you think I can't stand that child for a moment longer. I mean you go away and you calm down and you realise that wasn't really very professional</p> <p>H for me it is the most important part (of the teacher's role) I think it (PMH promotion) should be as important in everybody's eyes as literacy and numeracy, if not more. People get by in this world without reading and without writing (obviously we don't want that, we want people to read and write) but people who find it difficult to communicate with others and people who have got anxieties that are so debilitating, it can all start when they are here at their early stages. And those are skills for life and they need those skills, I know they need to be able to read and write and count to whatever, but surely before that they need to be able to verbally communicate and be with people, to be with diff types of people and to....that's important.</p> <p>N It has been pushed more to the fore now and there is this label. A child that is confident and happy will learn and that has always been my philosophy, not matter what level they are at. If they are not happy and not engaged they won't learn.</p>	
Involves nurturing the child	<p>A There to nurture the whole child- definitely. Stepping into that role as a mother- listening, offering comfort.</p> <p>K I think sometimes you feel that loco parentis thing, you feel that you are not just the class teacher.</p> <p>M I believe in nurturing a child completely</p>	A B C H J K M O P
Not always easy Tensions and barriers, demands	it's just a response to the pressures and the dictats that come from on high. You're between a rock and a hard place. It is very difficult.	A B C D E F H J K L M N O P
Involves honesty, care, patience, personal qualities, personal growth, commitment,	<p>A It's having the honesty at times when maybe I have upset a child and going back to them and saying I am sorry I shouldn't have said that. (More in personal qualities doc)</p> <p>D It's that lightbulb moment. You have to come to it yourself.</p>	A B C D H J K M N O P

	<p>H having that personal link and with the class</p> <p>J I think it's the person that you are... I think you just have to be full of empathy</p> <p>K You do feel so emotionally involved with them, emotionally committed so it gets very personal.</p> <p>M if I am talking to the children I am reflecting the values in my behaviour</p>	
Requires being positive	<p>A It's about making sure they come out with a positive view of themselves and life.</p> <p>J You as teacher have to be very positive with them so that they don't feel frightened to come and ask you things if they are stuck with something</p> <p>K keeping the culture positive</p> <p>N I think it is really important that children are positive and happy. I've always done positive praise and positive behaviour, I just think we have been made more aware of it.</p>	A D J K N
Requires positive relationships, knowing the children well	See transcripts for lengthy descriptions	A B C D E F H J K L N O P
Participant B		
Having and demonstrating PMH as a teacher Takes a toll on the teacher; worry about being good enough	<p>C I think promoting PMH amongst the staff as well as the children – cause the vibes you give off as a teacher hugely impact on the children</p> <p>D It's about recognising you can make a difference but not taking too much on</p> <p>H I also support the children's mental health with looking after my own.</p> <p>K Shocking things can happen in your career .Because of the stress levels involved in being a class teacher you can be blinkered sometimes and it can be possible that you are not picking up the full picture.</p> <p>L I still need to work on finding a balance Hopefully after a couple of years I'll have that balance better. You'd have a rotten day if you're tired and stressed out and it's not showing them how to look after yourself either</p>	B C D H J K L N O P
Needs teacher to be emotionally literate and modelling it	See transcripts for wealth of egs K PMH to us is an environment where the children are emotionally literate, they can express their pleasures their anxieties they	B C D H (J) K O P

(or teaching emotional literacy)	can know what to do if they are feeling certain things, they can identify themselves, they know that they can go seek a friend, they have got a course of action they can take; they've got family friends, grown ups they can go to to talk about it so. It's getting that culture of we can talk about these things; we don't pretend they don't exist	
About the whole child not just learning	<p>C Giving the children experiences for those things to happen ..forest schools- children who are scared of something like climbing a tree it's about the children seeing that child is scared and rather than the adults supporting that child it is about getting the children the support to climb the tree. You are giving the children the opportunity to apply these skills. Having those experiences so it's not just a classroom experience; it is outdoors; it is when we are playing a sport; it is when we are doing art., it is when we are going on a bus (as a member of the public) . It is allowing them to have varied and wide experience of life real life that we can give them.</p> <p>D As a teacher I've always had that dealing with emotions because it is never just about learning.</p>	B C D E J K L N O P
Part of a supportive staff team, whole school not just one room	<p>E Cohesion. It helps if all the staff are together singing from the same hymn sheet.</p> <p>H It's the responsibility of everyone in the school to make sure our children are safe, that they feel that they have got the capability to learn and I really believe that comes from their mental health</p> <p>K It's a whole emotional climate of a place, professional climate.</p> <p>M No matter how committed a professional you are you need to be in an environment where it is a team effort; where it is a big thing; where everybody is believing in it and investing in it</p>	B C D E F H K L M O P
Participant C		
Capacity building	C give the children strategies to cope in teaching and strategies to cope in contexts, real life or in the classroom or at home	C D H J K L O P

	<p>D it's about building the capacity in the child</p> <p>H It was just you know for some children, you know that little thing, that cloud that has been overhanging them for goodness knows how long, it's just been something lifted and they can be a different person; just for that one thing. That's why teaching is so difficult because you have 30 children in front of you who all have clouds over their heads for something or other and some of the clouds are bigger than others and some need lots of interventions</p> <p>K the way we interact with children has changed; it's far more supportive and it's less to do with the demonising of blame and it's more building constructive relationships with the children and to try and empower them to find them to find solutions and seek help as fit</p>	
Embedded into ethos	<p>C It is part of the ethos here, it probably is in most primary schools</p> <p>K It really is part of the ethos in terms of how we promote ,how we present ourselves, how we interact, how we value the children, the relationships we build up with them. So it's all integrated into that and we like to think we've a positive discipline environment; we don't demonise anyone; we acknowledge that everyone gets angry...</p>	C E H J K L M N O P
Participant D		
Promotion through ownership of learning and raising awareness of self as learner, reflective practice	<p>D For me it is about making the children better at assessing and establishing where they are with their learning. I read something recently that said it was more important to calibrate where they were at than it was to reward them for making progress. Removing ceilings</p> <p>H See quote about clouds under capacity building + I think that comes from trying to ensure that the children are reflective; reflective of their learning; reflective of their behaviour; reflective of each other; looking at what they can't do; looking at what they can do</p> <p>N they are engaged far more in the learning process. They help you set the learning intentions and SC. They can actually see</p>	D H L N O P

	whether they have achieved that success far more because they actually set the targets in the first place. They can see O yes, I did that. I think there has been a big boost in children feeling more confident in their work through doing that.	
Participant E		
Negotiating rules and making children feel safe in the school	F safe within themselves and also within surroundings, making sure that the minute they come in they are aware of different rules, regulations to and they know what they mean and they know why they have rules	E (A) F N
Participant F	No new codes	
Participant H	No new codes	
Participant J	No new codes	
Participant K	No new codes	
Participant L	No new codes	
Participant M		
Requires (rather than includes) additional strategies and interventions- starting with the parents		M
Participant N	No new codes	
Participant O		
Participant P		

Appendix F Dendrogram style chart showing inductive clustering process

What participants said	First clusters	Subdivisions within main theme	Final themes
integral part of the teacher's role about the whole child, not just learning	perception of responsibility	embedded within the teacher's role	Integral
takes a toll on the teacher not always easy	demands of responsibility	challenging	Personal and professional challenges of the responsibility
teacher as role model honesty, care, patience, commitment personal growth positive regard for the child commitment to children and the role having high expectations of all learners believing in children having and demonstrating PMH as a teacher; needs teacher to be emotionally literate & model it	Involves personal qualities, such as honesty, care, patience, commitment and personal growth	requiring personal qualities of the teacher	Personal nature of teaching
	attitudes	attitudes of the teacher	
	mental health of the teacher	teacher with positive mental health	
knowing the children well seeking to understand the child and their behaviour knowing how to meet their needs positive role model for good relationships working collaboratively all those working with a child know the child & their needs part of a supportive staff team,	requires positive relationships, knowing the children	positive relationships with the child and between children	Positive relationships
	Part of a supportive whole school staff team,	whole school relationships	
requires strategy based initiatives requires specific teaching involves teaching emotional literacy	Requires teaching and use of initiatives		Enactment
supporting (giving strategies & tools) social development making relationships, conflict resolution, respecting difference, co-op learning encouraging resilience empowering children to take responsibility for own learning encourage reflection, knowing self as learner- help children build self eval skills- seeing learning as consistency & clear expectations (whole school approach) negotiating the rules give children a sense of belonging & pride in school opportunities to contribute to whole school, roles & responsibilities in school/class time for fun	Capacity building	capacity building practice	
	Involves developing ownership of learning and raising awareness of self as learner		
	Providing opportunities for belonging and responsibility	practical actions	
supportive facilitating learning involves developing a child's self-esteem; promote ownership of learning raise child's awareness of self as learner involves nurturing the child child centred- responsive to need	Through an environment that promotes self esteem and efficacy as a learner	enactment through provision	
providing stability- being a safe place positive culture; can do attitude, ok to make mistakes positive assessment supportive family ethos embedded into whole school in a culture of respect and valuing part of positive behaviour environment, praise the positive, celebrate success no demonising, grudge holding- each day a clean slate	Embedded into ethos	promotion through ethos provision	

Appendix G A glossary of the schemes, initiatives or strategies employed by participants to promote positive mental health

Being Cool in School is a programme designed by teachers in Fife schools to develop emotional literacy and increase interpersonal skills. There is training for teachers and a pack of materials for use across the primary age range. The programme considers behaviour and the importance and expectations of good behaviour and it aims to help children:

- cope positively with everyday situations
- show sensitivity
- respect themselves and others (Education Scotland)

Circle Time is a process through which children learn to listen and respond to each other, share their experiences or emotions and seek solutions to problems; thus developing their emotional and interpersonal skills, including respect and understanding of others. Although used in schools for many years, Circle Time has been most recently associated with the work and publications of Jenny Mosley whose “Quality Circle Time Model” sets out to support social and emotional development. (Mosley, 1996). As the title suggests this is a practice used with large groups or whole classes of children together and is facilitated by the teacher/an adult.

Confident Staff; Confident Children- is a professional learning programme for school practitioners developed by the Growing Confidence organisation. It focusses on mental and emotional health with the aim of increasing practitioners’ ability to promote positive mental health. It explains some of the factors influencing mental and emotional health, drawing on research in social science, neuroscience and psychology.

Co-operative Learning or collaborative learning is the rationale behind a variety of schemes, training courses and approaches to learning offered in Scotland. They work on the basis that learning is a social experience and often cite the work of Lev Vygotsky as a fundamental influence. The training seeks to make practitioners aware of the benefits of cooperative learning in addition to suggesting approaches and activities. The cooperative learning programmes focus on team building and the development of all the skills essential to

teamwork. They raise awareness of what it is like to be in a team, how it feels to lead/be lead, to explain/to be listened to; be included/excluded etc. In this way, there is emphasis on the emotional aspects of cooperative learning alongside the social ones.

Creating Confident Kids- an emotional literacy programme designed by Edinburgh City Council for use within their schools but also available commercially. The scheme advocates an integrated whole school approach and includes themes that run from Nursery to P7. Activities include whole school assemblies, set teaching, for example on friendship or bullying, and stories intended to develop social and emotional competence. It claims to have had a positive impact on self-esteem, educational progress, behaviour in class and interpersonal skills.

Restorative Practice in Education is defined by CREID (2007) as “restoring good relationships when there has been conflict or harm” (Lloyd et al 2007:2). It involves a whole school approach to dealing with conflict and through which children develop negotiation skills, empathy and respect for others. It is intended to help children take responsibility for their actions with the awareness that everyone is capable of change.

Scripting is a symbol-based resource, custom made or devised by individual teachers through which children will seek the solution to a problem or resolve a conflict. It is often but not always part of Restorative Practices. Once the children know how to use the resource it becomes the scaffolding for independent conflict resolution. When they are experiencing a particular difficulty when working collaboratively, they collect the card appropriate to their difficulty and work their way through the scenario until they reach a solution.

References

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Mosley, J. (1996) *Quality Circle Time in the Primary Classroom*. Hyde:LDA

