Exploring primary school Senior Mental Health Leads' experiences of supporting mental health across a school and wider community: an Interpretative Phenomenological Analysis.

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A thesis submitted for the degree of

Doctorate in Child, Community and Educational Psychology

Tavistock and Portman NHS Foundation Trust

University of Essex

Date of submission: May 2022

Acknowledgements

I would like to say thank you to the Senior Mental Health Leads who took the time and effort to share with me their experiences of taking on the role. You are all an inspiration.

Thank you to my research supervisor, Richard Lewis, for your valued support and advice throughout the journey.

Thank you to my fellow M4 course friends, for the containment and camaraderie.

To Mum and Dad, for all the proof reading, encouragement, and lifelong message to reach for your dreams.

Finally, to Andy, for believing in me every step of the way, for the proofreads, grammar checks and relentless emotional and physical support. This would not have been possible without you.

Abstract

The responsibility for schools to support mental health has been on the rise in the past decade. In 2015, the Green Paper, 'Transforming Children and Young People's Mental Health Provision,' was released. This introduced a variety of initiatives to increase mental health support in schools. One of these initiatives introduced a new role of Senior Mental Health Lead (SMHL). The SMHL is expected to have oversight of a whole school approach to mental health and wellbeing, including supporting staff, pupils and the wider community. The experiences of SMHLs have yet to be discovered, as the role is within its infancy. The current research project aimed to explore the experiences of SMHLs, working in mainstream primary schools. The purpose of the study was to highlight the real-life lived experiences of SMHLs, which could be utilised when planning training and support. Semi-structured interviews were conducted with five SMHLs, working within one large Local Authority in England. Interpretative Phenomenological Analysis was used to analyse the data. Each participant's data was analysed to form superordinate themes which were relevant to their individual experience. The superordinate themes were used to form five overarching themes to explore experiences across the whole sample. These themes were: 'Role and Power', 'Whole-School Strategy', 'Passion and Pride', 'The Wider System' and 'Mental Health of SMHL.' The findings are considered in the context of existing research and the limitations of the study are discussed. The implications for educational psychologists are considered. Suggestions for further research into the role of SMHLs and mental health provision within schools are recommended.

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Abbreviations

WHO: World Health Organisation

UNCRC: United Nations Convention on the Rights of the Child

HBSC: Health Behaviour in School-age children report

UK: United Kingdom

CAMHS: Child and Adolescent Mental Health Services

NHS: National Health Service

PHE: Public Health England

CYP: Children and young people

DfE: Department of Education

SEAL: Social and Emotional Aspects of Learning

DCSF: Department for Children, Schools and Families

TaMHS: Targeted Mental Health in Schools

NICE: National Institute for Health and Care Excellence

DoH: Department of Health

SEND: Special Educational Needs and Disability

CoP: Code of Practice

SMHL: Senior Mental Health Lead

MHST: Mental Health Support Team

EPS: Educational Psychology Service

SENCo: Special Educational Needs Coordinator

EP: Educational Psychologist

DSM: Diagnostic and Statistical Manual

IPA: Interpretative phenomenological analysis

ADHD: Attention Deficit Hyperactivity Disorder

ASD: Autism Spectrum Disorder

ELSA: Emotional Literacy Support Assistants

PSHE: Personal Social and Health Education

CBT: Cognitive Behavioural Therapy

NQT: Newly Qualified Teachers

TEP: Trainee Educational Psychologist

BPS: British Psychological Society

SLT: Senior Leadership Team

PPA: Planning, preparation and assessment

OFSTED: Office for Standards in Education, Children's Services and Skills

CiC: Children in Care

SDQ: Strength and Difficulties Questionnaire

CPD: Continuous Professional Development

HSLW: Home School Link Worker

YMCA: Young Men's Christian Association

SATs: Standard Assessment Tests

EHW: Early Help Worker

Chapter 1: Introduction

1.1. Chapter Overview

The current chapter provides an introduction into the topic of study, including the context on a global, national, and local level. The relevant legislation and policy will be presented, and key terminology will be defined. Lastly, the rationale and aims of the research will be stated.

1.2. Defining Mental Health

Mental health can be complex to define. The World Health Organisation (WHO) recognises that the meaning of mental health may vary across countries, cultures, classes and genders (WHO, 2004). In a broad definition of health, the WHO included mental health as a vital component:

"…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2004, p.10).

This definition implies that mental health is an important feature of overall health. Moreover, having mental health is more than the absence of mental illness. The WHO goes on to define mental health as:

"A state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2004, p.12).

This positive definition recognises the importance of mental health as the foundation of wellbeing and effective functioning. The definition can be applied to both individuals and whole communities. However, Galderisi et al. (2015) criticised the definition for not recognising individual differences which impact on someone's productivity or community contributions.

1.3. Mental Health Needs for Children and Young People – Global Context

The rates of mental health difficulties for children and young people are a national concern, despite health and wellbeing being a global priority for many decades. The United Nations Convention on the Rights of the Child (UNCRC) states in Article 24 that children should have, "the highest attainable standard of health" (UNCRC, 1989, p. 8). Moreover, Article 17 states that children should have access to "promotion of his or her social, spiritual and moral wellbeing and physical and mental health" (UNCRC, 1989, p. 6). However, the WHO (2020) have stated that across the world, 10% of children and adolescents experience a mental disorder. When analysing the onset of mental health disorders, Kessler et al. (2007) found that half of all mental health conditions start before a person is aged fourteen. Most of these conditions are not diagnosed or treated. WHO (2020a) recognises that if mental health conditions are left untreated, they often extend into adulthood. This leaves a person vulnerable to other risks such as social exclusion, education difficulties or poor physical health.

1.4. Mental Health Needs for Children and Young People – National Context

It is useful to compare the health and wellbeing of young people living in different countries. In the latest Health Behaviour in School-aged Children (HBSC) report, it suggested that 15-33% of young people living in England, reported feeling low more than once a week, compared to a HBSC average of 19%. The variability of 15-33% was reflected in the socioeconomic status of respondents, with those in lower income families reporting feeling low more regularly. Additionally, HBSC reported that England is ranked 3rd out of 45 countries for high schoolwork pressure. The HSBC identified several protective factors to support positive wellbeing within a school environment, such as liking school, having high teacher support and high peer support (WHO, 2020b).

Within the United Kingdom (UK), mental health is firmly grounded alongside policies around health and wellbeing (Department of Health [DoH], 2009). In the UK, Child and Adolescent Mental Health Services (CAMHS) play a vital role within the National Health Service (NHS). CAMHS provides support for children and young people who have a mental health difficulty (NHS, 2019).

The statistics described by the WHO are largely replicated in the numbers when looking at the UK population. In 2004, it was suggested that 10% of children and young people aged 5-15 had a clinically diagnosable mental health disorder (Green et al., 2004). Data published by Public Health England (PHE) suggested that there is a rise in the number of children and young people being diagnosed for mental health conditions (PHE, 2016). It is possible that the rise in diagnoses is due to greater recognition of mental health difficulties,

rather than an increase in the difficultly itself. Within society and healthcare systems there is now a greater understanding and acknowledgement of mental health. Moreover, the statistics suggested that the prevalence of mental health difficulties increased with age. For example, anxiety disorders are experienced in 2.2% of 5-10 year olds. This increased to 4.4% in 11–16 year olds. This could be due to the older age range understanding and recognising their own mental health needs. However, despite the high level of need, only 25% of children with a disorder had received support from a mental health specialist. Moreover, half of people with mental illness have symptoms before the age of 14 (PHE, 2016).

Despite the statistics clearly demonstrating the high level of need for children and young people to access mental health support, reports have highlighted problems within the commissioning of CAMHS (House of Commons Health Committee, 2014). Currently, in most local areas it is only severely affected young people who access CAMHS. The Children's Commissioner (2021) report highlighted concerns over the gap between the increasing needs of young people and the lack of CAMHS services being available. For example, in 2020 only 20% of children referred to CAMHS started treatment in the target waiting time of 4-weeks. NHS digital (2020) reported that of those with a probable mental disorder, 60% had regular support from their education setting. Interestingly, 76% of children who were unlikely to have a mental disorder also reported receiving mental health support in school. This suggests that schools do play a role in supporting mental health. Since the rise in mental health disorders, schools may need to have increasing responsibility to support children's mental health, alongside the role of CAMHS. The Children's Commissioner (2021) recommends that a broader system response is required to support children's mental health, which should include schools and voluntary sectors. PHE (2016) emphasised that

long waiting lists can have a devasting impact for children and that investments should focus on early intervention. More recently, the COVID-19 pandemic has added to the urgency for early mental health intervention to be available for children and young people.

1.5. Impact of COVID-19

The need for schools and communities to focus on mental health has never been greater. Research into the impact of the pandemic has provided complex findings. It is likely that environmental factors are interacting with pre-existing conditions or predispositions, which is creating a mixed picture of outcomes for children and young people (CYP) (Satariano & Roberts, 2022).

Since the COVID-19 pandemic, 80% of children and young people reported that their mental health was worse (Young Minds, 2020). These statistics were backed up by the Children's Commissioner report (2021) which stated a 35% increase in referrals to CAMHS in 2019 and 2020. Moreover, data collected within the Mental Health of Children and Young People surveys (NHS digital, 2020) suggested that the number of children aged 5-19 with a 'probable mental health disorder' had risen from 1 in 9 in 2017, to 1 in 6 in 2020. Due to the 3-year gap in data, it is hard to conclude how much of the rise was directly because of the pandemic and how much may have risen due to other factors. In another recent survey, 12,000 parent responses were tracked on a monthly basis, since the beginning of the pandemic. The pattern over time showed a rise in attentional, behavioural, and emotional symptoms during the first lockdown. These figures dropped during the summer of 2020, before then increasing again in January 2021. 75% of the parents reported that they wanted further support in managing their children's difficulties (Raw et al, 2021). Schools were

viewed as one of the best placed systems within a community to offer universal support to both parents and children.

Furthermore, the Department of Education (DfE, 2020a) found overall, a positive resilient picture whereby children had risen to the challenges of the pandemic. However, within this data was more nuanced findings in which some subgroups had experienced more negative outcomes. These groups included those with a disability, children from disadvantaged backgrounds and children from Black, Asian and Minority Ethnic backgrounds (DfE, 2020a).

Despite the complexities around mental health and the pandemic, the literature suggests that more CYP were having mental health difficulties during or following the pandemic. There are many possible risk factors which may explain this increase and more research is needed to understand in greater detail. The WHO (2022) offer some thoughts regarding possible explanations for the rise. Many people were faced with multiple stress factors, including money worries, schools being closed, job security concerns and the health of loved ones. Additionally, people were unable to seek social connections who may usually provide a protective factor. Moreover, loneliness was a huge factor for many people who could not meet others in another household. This may have been particularly difficult for CYP who were unable to meet their friends. The WHO (2022) suggested that women and young people were more severely affected, with young people at a disproportionate risk of suicide or self-harm. When society was in its greatest need for healthcare, the NHS and other services, such as social care, were majorly disrupted. This led to many people unable to receive the support they required (WHO, 2022).

Similar findings to the WHO (2022) report were suggested in a survey by Mind (2020). The primary risk factors identified were being isolated from others, not being able to go outside, and anxiety around the health of friends and family. Additionally, for young people, boredom was highlighted as a factor for poorer mental health (Mind, 2020). The Mind (2020) survey identified three barriers for CYP and adults to receive support. Many felt uncomfortable using technology, appointments were cancelled, and people found it challenging to contact their GP or a community mental health team. Thus, mental health needs went on being unmet.

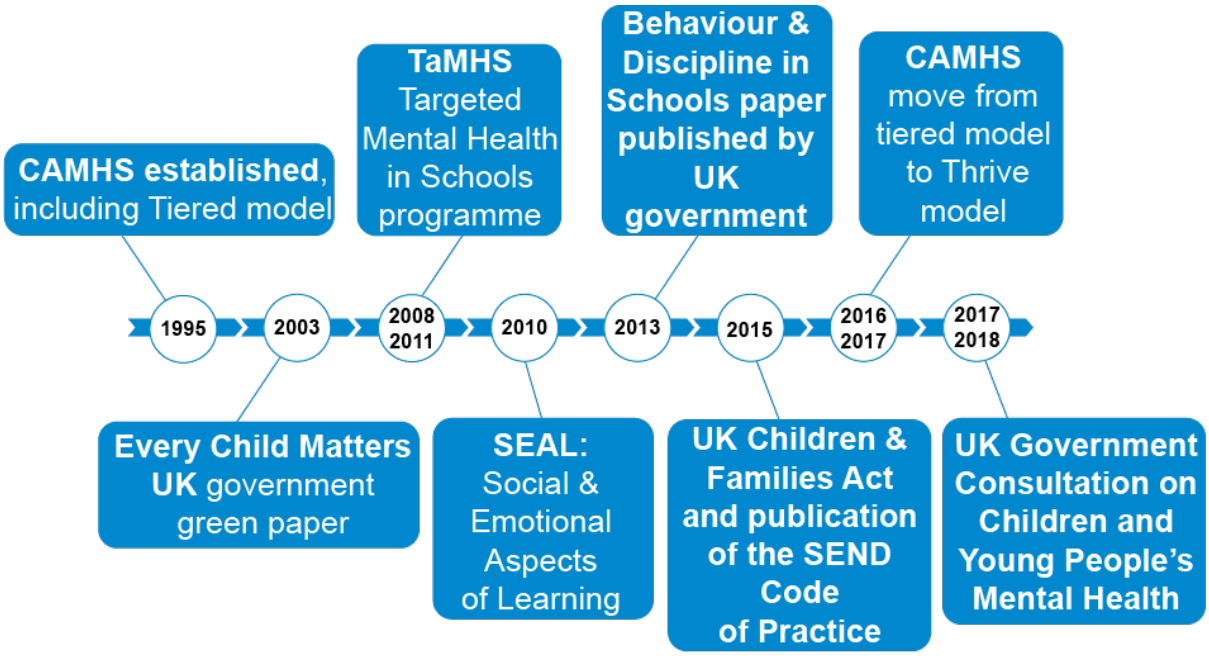
These factors were supported by a study conducted by an Educational Psychology Service, who sought the views of CYP during the pandemic (Sivers et al., 2022). The key findings were themes about safety, relationships, security, and opportunities. For some themes, key differences were noticed between ages. For example, secondary age pupils felt that opportunities were missed, and they were concerned about not sitting exams. However, primary age children felt that new opportunities were created, such as new ways of learning, playing outside more and meeting new children in school.

The DfE responded to the pandemic by initiating the Wellbeing for Education Return programme (DfE, 2020b). This project provided training and access to resources to all schools in England, with the aim of improving wellbeing and mental health support. Training was offered to one member of staff within each school, with the expectation that information would be disseminated across the wider school team. It is not yet known how useful or successful the programme was at providing mental health support in schools.

The government have been increasing the focus on mental health policy and legislation within the last couple of decades. These will now be explored further.

1.6. National Policies & Legislation

In the last twenty years, there has been an increase in recognition for the importance of mental health awareness in children and young people. This can be demonstrated throughout national policies and legislation. A timeline which highlights pivotal moments around mental health in schools is displayed in Figure A.



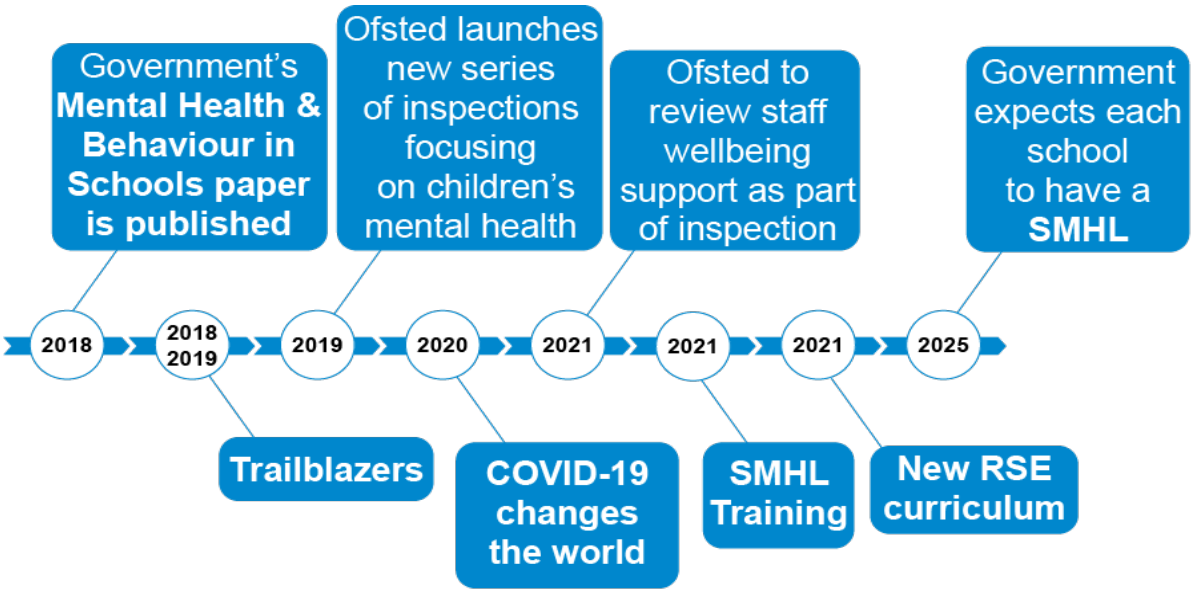


Figure A: A timeline of developments for mental health promotion in schools (Lewis, 2022)

One of the key policy developments was in 2005, when the first whole-school approaches to promote social and emotional wellbeing was introduced in the form of the Social and Emotional Aspects of Learning (SEAL) initiative. The aims of this school-based curriculum were to develop self-awareness, managing feelings, motivation, empathy and social skills (Department for Children, Schools and Families [DCSF], 2007).

Between 2005 and 2010, there continued to be a rise in acknowledging mental health within legislation. The Mental Capacity Act (2005) and the Mental Health Act (2007) introduced protection for vulnerable people of all ages, including children, to have rights regarding what decisions are made about them. The Equalities Act (2010) provided a consistent law around the protected characteristics. This included mental health conditions, such as depression, eating disorders and schizophrenia.

In 2008, the first major government initiative to support mental health within schools was launched. The Targeted Mental Health in Schools (TaMHS) programme aimed

to develop local models of early intervention and support for children at risk of developing mental health issues (DCSF, 2008). An evaluation of the project showed a positive impact on behaviour issues within primary aged pupils. However, improvements to emotional issues or improvements for secondary age pupils was not found (DfE, 2011). Overall, teachers had a positive response to TaMHS, as they found it useful to have a mental health professional available to consult with (Wolpert et al., 2013).

In the following years, a whole school approach to wellbeing continued to be promoted. The National Institute for Health and Care Excellence (NICE) suggested that schools should be supported to implement a whole-school approach to promoting social and emotional wellbeing (NICE, 2008; NICE 2009). This multi-service integrated approach was laid out in 2009 in The Healthy Child Programme (DoH, 2009). The programme is still implemented today, providing a framework of health services for children aged 5-19.

Following the end of the TaMHS initiative, the new coalition government set out future plans to support mental health for people of all ages in a document named, No Health without Mental Health. The strategy promised to prioritise early intervention and support in schools and increase the responsibility of school staff to notice and act upon mental health needs (DoH, 2011). In 2012, the Children and Young People's Health Outcomes Forum was created to identify what health issues matter the most. In response to the suggestions, the government released a pledge to improve the health of children and young people and reduce child deaths. The pledge included improving mental health outcomes through promotion of resilience and mental wellbeing. It also stated its focus on early, evidence-based treatments (DoH, 2013).

At a similar time, other legislation increased the status of mental health needs, equalling it to physical health. The Health and Social Care Act (2012) stated that mental health should be treated on the same priority level as physical health. The Mental Health Act (2013) removed legislation that discriminated against those with mental health conditions. Furthermore, Working Together to Safeguard Children (DfE, 2013) emphasised the importance of promoting wellbeing as being a critical aspect of safeguarding. Additionally, the latest Special Educational Needs and Disability (SEN) Code of Practice (CoP), (DfE, 2015) changed the terminology from 'emotional and behavioural difficulties' to 'social, emotional and mental health difficulties.' The CoP increased the role schools have in identifying and supporting children with mental health needs, by viewing these children as having an SEN. The CoP also promoted higher levels of joined up working across providers, such as education and health.

Furthermore, the Children and Young People's Mental Health and Wellbeing Taskforce encouraged schools to work at a whole school level, developing approaches to promote mental health and wellbeing. The taskforce report, Future in Mind, included multiple recommendations to improve mental health support for children and families, across a variety of services (DoH & NHS, 2015). A year after the taskforce report was released, a progress review was published (Frith, 2016). The report identified barriers for joined up working between education and health, along with challenges such as teacher workload and the increase in academy schools which are less accessible for NHS trusts. The report stated that around 23% of children and young people were turned away from

CAMHS. This further emphasises the need for joined up work across health and education services.

Shortly after the Future in Mind report, PHE provided a clear, evidence-based strategy for a whole school approach to mental health and wellbeing (PHE, 2015). The guidance was based around eight principles: leadership and management; curriculum, teaching and learning; student voice; staff development; identifying need and monitoring impact; working with parents and carers; targeted support; and ethos and environment. The document was structured around the eight principles and key questions, allowing schools to self-evaluate and implement appropriate actions. A year later, PHE released a report emphasising the importance of investing in mental health for children and young people (PHE, 2016). In addition, the DfE released a guidance document which highlighted how schools should be supporting pupils to be resilient and mentally healthy. The document acknowledged it was a difficult area for schools to approach but provided guidance on identifying mental health needs (DfE, 2018).

At a similar time, an independent mental health taskforce provided strategic guidance for a five-year plan towards improving access to mental health. Recommendations included a seven day NHS, integrated approach to mental health and physical health and promotion of good mental health (Mental Health Taskforce, 2016). The taskforce supported the recommendation in Future in Mind, for joint working between health, education and social care services. In 2017, the government responded to the taskforce accepting all recommendations. The Green Paper on transforming children and young people's mental health soon followed.

1.7. Green Paper: Transforming Children and Young People's Mental Health Provision

In 2017, a Green Paper was released which announced an initiative towards improving the access to mental health support for young people (DoH & DfE, 2017). The Green Paper outlined three major projects. Firstly, the introduction of a Designated Senior Lead for Mental Health in all schools. The Senior Mental Health Lead (SMHL) would promote whole school wellbeing whilst also supporting and signposting children with mental health needs for specialist support. Secondly, a new workforce, named Mental Health Support Teams (MHST), would begin to work in early intervention within schools. Finally, a trial of a 4-week waiting time would be introduced to be seen by CAMHS. The initiatives listed within the Green Paper are currently within a pilot stage, which will continue until 2025 (DoH & DfE, 2017).

The role of the SMHL includes overseeing the school approach to mental health and wellbeing. This involves supporting staff and pupils, as well as engaging parents. It is expected that the SMHL would liaise closely with MHSTs to ensure that pupils can receive early intervention or be signposted to specialist services where necessary. They would be expected to identify children at risk and provide information on the local services that can offer support. Additionally, the SMHL would oversee and monitor interventions running within the school to target low level mental health needs (DoH & DfE, 2017).

Following the release of the Green Paper, a consultation period ensued. The responses showed a general positive attitude about the proposals. However, there was a concern about the greater pressures being put on schools to support emotional wellbeing. It

was felt that training should be available for all staff, rather than putting the focus onto a single SMHL. Respondents were concerned about the strain on SMHLs, particularly if they do not have access to training and supervision. The government responded to the consultation by stating that they aimed to have a trained SMHL in every school by 2025. The training would be, “high quality, sufficiently long-term and rigorous” (DoH & DfE, 2018, p. 20).

1.8. Training for SMHLs

Since 2017, when schools began to introduce the role of SMHL, there lacked clarity on how the lead would be trained and supported. In September 2021, the government made money available for up to 7800 schools to spend on training for the SMHL. Schools were able to apply for the £1200 grant, until the total allocated budget was used. In February 2022, further funding was made available to allow more schools to access the grant. It is expected that this training grant will be available to all schools by 2025 (DfE, 2021a).

1.9. Local context

The study presented was conducted within a large, semi-rural county. The demographics of the county are variable with pockets of high wealth and areas of low socioeconomic status. The county is taking part in the Green Paper trailblazing project, which aims to assess the impact of Mental Health Support Teams within schools. Across the county, two MHSTs have been set up and are actively supporting many of the local schools. Furthermore, around two thirds of the schools have appointed a member of staff as the

SMHL. Through working within the Local Authority, as part of a placement, it was noticed that many of the SMHLs work as the SENCo, Safeguarding Lead or Head Teacher.

When the funding was released for the Wellbeing for Education Return programme, the Local Authority selected CAMHS to lead on the delivery of training across schools. However, within recent years the Educational Psychology Service (EPS) has dedicated time to create and disseminate resources for schools to use in implementing mental health support. For example, whole school audits and tools for wellbeing were created, for use in early years settings, primary school and secondary schools. Furthermore, the EPS is offering the Sandwell Wellbeing Charter Mark to schools. This consists of an evidence-based approach, closely aligned with PHE approach to wellbeing. The EPS have also begun to offer termly, group Special Educational Needs Coordinator (SENCo) supervision sessions. Within these groups, mental health has repeatedly been a topic of discussion.

1.10. Rationale and Aims of the Research

The global and national context has highlighted the increasing need for children and young people to receive education on promoting wellbeing and support for mental health needs. Within the UK, there has been a heightened focus on the role that schools play in managing this need, with multiple plans set out in the 2017 Green Paper. COVID-19 has accelerated the need for a community approach to support all children and young people. Since the role of SMHL is relatively new, there has yet to be research conducted to explore the experiences of SMHLs. It is important that SMHLs experiences and needs are accounted for as the government sets out plans for targeted training and ongoing support. Although the statistics show higher levels of mental health need in adolescents, there is still a high

level of need in primary schools, with 1 in 10 children having a mental health disorder (NHS Digital, 2018). Furthermore, recommendations have suggested that early intervention is crucial to reduce the numbers requiring mental health support at an older age (PHE, 2016). Therefore, the current research chose to focus on SMHLs working in mainstream primary schools.

The research aims to provide an insight into the experiences of SMHLs working in mainstream primary schools. The main research question to support this aim is:

What are the experiences of Senior Mental Health Leads in supporting mental health across a whole school setting?

The research aimed to find out about how the SMHL role had been interpreted by individuals and their experiences in conducting the role. This information will be useful for those working in the role, to compare their experiences to others and to identify commonalities or areas for development within their role. It could also help shape training and support offered to SMHLs by influencing training providers and other agencies such as CAMHS and Educational Psychologists (EPs) who may be offering ongoing support, such as supervision.

1.11. Terminology

The literature around mental health has a number of different terms used to describe the spectrum of wellbeing and mental health needs. The terminology which will be used for the remainder of this document will now be clarified.

1.11.1. Mental Health Needs

Within the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5), the term 'disorder' is commonly used. However, Gott (2003) warns against the use of terms such as 'disorder' as it runs the risk of pathologising difficulties. This was noted within Murphy and Fonagy (2012) who adopted the term 'disorder' but emphasised that mental disorders can arise for a variety of reasons outside of the child, such as an external circumstance. Gott (2003) suggested that schools should focus on a positive approach to mental health and emotional wellbeing, whilst keeping clear of the term 'disorder' or 'condition.'

Within the mental health Green Paper (DoH & DfE, 2017), the terms 'disorder,' 'condition,' 'illness,' 'problems' and 'needs' are used interchangeably. Within the school context, the SMHL is expected to identify children exhibiting signs of 'mental ill health' and coordinate the 'mental health needs' of young people within the school. For consistency, the term 'mental health need' will be used throughout this study to refer to situations when intervention is required to support a child. The term 'wellbeing' will be used to explain the approach used to promote a positive mental health. This terminology is in line with the PHE whole school approach (PHE, 2015).

1.11.2. Senior Mental Health Lead

The SMHL role was first introduced in the government's Green Paper for mental health (DoH & DfE, 2017). The full title of the role was originally Designated Senior Lead for

Mental Health. In more recent publications (DfE, 2022), the name has been adapted to Senior Mental Health Lead (SMHL).

1.11.3. Mainstream Primary Schools

The current research is focussed on mainstream primary schools. A mainstream school will refer to a state school, which receives funding through their Local Authority or directly from the government. This may include a community school, voluntary school, academy or a free school. Within the UK, children between the ages of 5-16 are entitled to receive an education within a mainstream school.

Chapter 2: Literature Review

2.1. Chapter Overview

This chapter will review the current literature around mental health in primary schools, to explore what is already known and gaps in the literature. In this chapter, the search strategy will be explained, and the studies will be outlined. The critical appraisal process is described, and the studies are critiqued. The key themes from the literature will be explored. The implications for practice and the current research are discussed.

2.2. Introduction to the Literature Review

The full literature review was completed after data collection and analysis. This decision was made to help facilitate the analysis stage, to reduce any unconscious bias when

looking for themes and patterns. In Interpretative phenomenological analysis (IPA), the researcher should be open-minded, avoiding any preconceptions as far as possible. Smith et al. (2009) suggested that a small-scale literature review is conducted at the 'choosing a topic' stage, to gain familiarity with the area and identify a gap in which the research question can address. Thus, I completed a scoping literature review during the protocol stage and identified a gap in SMHL research. The search terms used included, 'designated senior mental health lead,' 'senior mental health lead,' 'designated mental health lead,' 'mental health,' 'wellbeing,' and 'school*.'

At the 'choosing a topic' stage, after searching in databases and Google Scholar, it was evident that no research had yet been published on SMHL within schools.

Then, after the analysis stage, I completed a more thorough systematic literature review, which is reported here. This process led to a literature review question which was broad in scope to consider the context for school staff working in primary schools to support mental health. A decision was made to remain consistent with the epistemology position of the research, which was interested in the views and experiences of others. Thus, quantitative studies were not included in the literature review.

The literature review question was:

What are the views and experiences of school staff in supporting mental health in English primary schools, in relation to self and other?

2.3. Databases and Search Terms

The literature review was conducted on 4/12/21. To explore the literature in a systematic approach, three searches were repeated using the following databases:

- PsychINFO
- ERIC
- Education Source

The search terms used to search within article abstracts are shown in Table A. Quotation marks were used for search terms where multiple words were required to be searched together, such as “mental health.” This helped to eliminate research focussing on unrelated aspects, such as physical health. An asterisk was added onto the end of words which may have identified other variations of the word, such as ‘experience’ and ‘experiences.’ Each category of key terms was searched using a Boolean Operator, with the ‘OR’ function. For the location, the terms were searched within the location function where this was available. If it was not available, the abstract was searched. Once each of the key term categories were searched, the ‘AND’ function was used to bring the categories together and identify relevant literature. The screenshots to document this process are available in Appendix A.

Terms for School Staff	Terms for Experience	Terms for Supporting	Terms for Mental health	Terms for Primary School	Terms for Location

"School staff" OR Teacher* OR SENCo* OR "Special educational needs coordinator" OR "Pastoral lead" OR "Mental health lead"	Experience* OR View* OR Perspective* OR Perception*	Support* OR Improv* OR Assist* OR Role*	"Mental health" OR Wellbeing OR Well-being OR SEMH OR BESD OR "Mental illness" OR "Mental distress"	School OR "Primary school" OR KS1 OR "key stage one" OR KS2 OR "Key stage two"	"United Kingdom" OR England OR "Great Britain"

Table A: *Search Terms used in each of the database searches.*

Once the 'AND' function had been used, the results were refined to include only literature published between 2001-2021. This date range was chosen as 2001 was the year in which the SEN CoP first suggested that education and CAMHS should be closely working together (DfE, 2001). The search was restricted at this stage to only include peer reviewed journal articles. Across the three searches, a total of 155 articles were found. These were sorted after reading the titles and abstracts, to create a long list of possibly relevant articles. A total of 44 articles were selected.

A more detailed sifting process followed, using the inclusion and exclusion criteria (see table B). Abstracts and the methodology section were read to establish if the article met the required criteria. At this stage, there were 14 articles left. Finally, the full 14 articles were read through and at this stage, 6 more articles were removed, which left 8 articles for the literature review. Please refer to Appendix B to see the list of 36 excluded articles, with reasons for exclusion. The common reasons for excluding an article were that the research was only conducted in a secondary school, the research was completed in a country other than England, or the focus was not on mental health.

Exclusion criteria	Inclusion Criteria
Articles not related to the experiences of school staff supporting mental health Solely quantitative studies (with no qual aspects) Studies which do not look at school staff experiences or perspectives Studies which focus solely on secondary schools or colleges Studies with only one participant Articles not from the UK Articles older than 2001 Dissertations, thesis', book reviews and other publications which are less peer reviewed	Studies from the UK Studies which are related to the experiences or perspectives of primary school staff in supporting mental health Studies completed within primary schools (or includes primary school staff) Studies with two or more participants Peer reviewed, journal articles Articles from 2001-2021

Table B: Exclusion and inclusion criteria

A hand search was also conducted to check that all relevant articles had been found. I checked the reference sections of the selected articles to look for similar studies. No further articles were added.

2.4 Overview of the Literature

Please see table C for an outline of the studies identified during the literature review. Full details of the critical appraisal are below in section 2.5, but a summary is provided here, alongside other descriptive data.

Table C: Outline of the literature search articles

Author and year	Title	Setting, demographic studied & number of participants	Research method and analysis	Quality assessment
Conboy (2021)	'I would say nine times out of 10 they come to the LSA rather than the teacher.' The role of teaching assistants in supporting children's mental health.	Primary school, 7 teaching assistants.	Semi-structured interviews. Interpretative phenomenological analysis.	Strong rationale for using IPA – rich information collected. No reference of researcher bias during analysis process.

Costelloe, Mintz & Lee (2020)	Bereavement support provision in primary schools: An exploratory study.	Primary school, 8 teachers, 3 Emotional Literacy Support Assistants (ELSAs), 2 SENCos, 2 Assistant Headteachers and 1 Pastoral Lead	Mixed methods, but the current article refers to the qualitative data only. Semi-structured interviews. Thematic analysis.	Reasonably large number of participants interviewed, provided broad range of staff views. Opportunistic sampling may have led to bias.
Gowers, Thomas and Deeley (2004)	Can primary schools contribute effectively to Tier 1 Child Mental Health Services?	Primary school, 165 SENCos, 9 teachers, 12 head teachers.	Questionnaire with quantitative and qualitative questions. Analysis method is not stated, it is assumed that thematic analysis was used to analyse the qualitative responses.	Large data sample. Useful inclusion of qualitative and quantitative data. Unclear what role the researchers have or any potential bias. Did not explain analysis process so hard to assess quality.
Skryabina et al. (2016)	Child, teacher and parent perceptions of the FRIENDS	Primary school, 24 teachers, 15 Headteachers and	Mixed methods, but the current article refers to	High quality research, with clear thought given to reliability and

	classroom-based universal anxiety prevention programme: A qualitative study.	8 PSHE coordinators. (Views of children and parents collected too, but not reported here).	the qualitative data only. Interviews and focus groups. Thematic analysis.	validity. Coding checked by independent researchers.
Wolpert et al. (2013)	Embedding mental health support in schools: learning from the Targeted Mental Health in Schools (TaMHS) national evaluation.	Primary and secondary schools, 31 staff members.	Mixed methods (RCT, interviews, case studies), all reported in the article. Analysis method is not stated, it is assumed that thematic analysis was used to analyse the interviews.	Large scale study. Hard to assess quality due to report including information about the whole study, thus lacked detail.
Gordon (2020)	Educate – mentor – nurture: improving the transition from initial teacher	Primary and secondary school teachers in Australia and	Questionnaire. Thematic analysis.	Not clear why teachers were included from two countries. Considered reliability

	education to qualified teacher status and beyond	England. Overall, 67 teachers. Of these, 42 trained in England.		by using the same interviewer. London schools included – results may not generalise to different demographics.
Skinner, Leavey and Rothi (2021)	Managerialism and teacher professional identity: Impact on well-being among teachers in the UK.	Primary and secondary school, 39 teachers, 3 deputy head teachers, 1 assistant head teacher and 2 head teachers.	Semi-structured interviews. Thematic analysis.	In-depth interviews conducted with a good sample size. Literature review was largely based on policy changes which was then a major finding in the study – potential for researcher bias when coding themes.
Manning, Brock and Towers (2020)	Responding to research: An interview study of the teacher wellbeing support being offered in ten English schools.	Primary and secondary schools. 5 primary school staff (2 deputy heads, 1 wellbeing lead and 2 assistant	Interviews. Thematic analysis.	Consideration to validity and reliability by researchers completing parallel coding before being shared. Schools in the study were known by

		heads). 10 secondary school staff (2 Heads of department, 1 wellbeing lead, 2 deputy heads, 3 teachers, 1 trainee teacher & 1 senior leader)		researchers so potential for bias.

2.5. Critical Appraisal

The Long and Godfrey (2004) Qualitative Critical Appraisal Tool was used to evaluate the literature. This tool was selected for use due to its flexibility to be used across a wide range of qualitative literature, including interviews, focus groups and observations (Long & Godfrey, 2004). This was particularly relevant for the articles found within the literature search, as a wide range of methodological approaches were used. For studies which involved a mixed methods approach, the qualitative aspects of the data were the dominant focus for the current review. See Appendix C for the in-depth critical appraisal. A summary of the critique is offered below. As the appraisal tool does not include research positioning, I have added this information within the summary where it was provided.

2.6. Summary and Critique of the Literature

Within the literature, there were studies about supporting children's mental health and studies about the mental health of school staff themselves.

Three of the papers were focussed on understanding the perceptions and knowledge of school staff in relation to an aspect of supporting children's mental health. Conboy (2021) interviewed primary school teaching assistants about their perceptions of supporting children's mental health. This study collected rich information about teaching assistants' perceptions. Multiple helpful implications for practice were suggested. The study did not discuss reflexivity or researcher bias, so it is unclear what relationship the researcher had with teaching assistants and the research project.

As part of a larger study, Costelloe et al. (2020) interviewed primary school staff to explore their understanding and views of supporting children through bereavement. Despite being a mixed methods study, this article focussed only on the qualitative data. This allowed for a detailed discussion. The authors acknowledged that their epistemological positioning in relation to the topic could have influenced the analysis, although they did not share what their position was. A percentage of the codes were checked by a second researcher to check for bias. There may have been opportunistic bias, as the teachers volunteered to participate in the research. However, this decision was made due to the ethical sensitivities of the research topic.

Gowers et al. (2004) surveyed school staff to explore their attitudes about how schools support Tier 1 CAMHS support. This study had a large amount of data collected, with 186 SENCos returning the questionnaire. The research was situated within one Local Authority but is likely to be generalisable to other Local Authorities within England. The researchers did not state their role. Thus, it is unclear if they may have had a bias towards

what support CAMHS can offer, or the role schools should take. The researchers are likely to have taken a constructivist stance, as they identified that they sought individual experiences. However, they noted that the SENCos may have responded in a way that represented the whole school view. Moreover, there was not a clear reason for the inclusion of some information within the survey. For example, one of the 'common presentations' of mental health problems included Attention Deficit Hyperactivity Disorder (ADHD). Thus, the data returned may not all be in reference to mental health difficulties. At the time of the research, the CoP (DfE, 2001) used the term 'behaviour, emotional and social development' as a category to include both mental health difficulties and attention difficulties such as ADHD. This may be why ADHD was included by Gower et al. (2004).

Two studies had a focus on evaluating interventions, which were designed to support children's mental health in schools. Both studies were large scale, mixed methods research. The findings explored within this literature focus only on the qualitative aspects of the research, in which the views and perceptions were investigated. Skryabina et al. (2016) explored the views of children, parents, and school staff about a universal school-based intervention, named FRIENDS. The findings separated out each of the stakeholder views, thus, only school staff views are reported within this review. Ethical approval and informed consent were clearly stated. Potential bias was well thought about within this study, as the coding was completed by two independent researchers on multiple transcripts, with the final codes being checked by four researchers. The study is likely to be generalisable within the Local Authority where it was conducted and similar authorities. However, the researchers stated that the schools were in a Local Authority which was predominantly

white and middle-class. Thus, the research may not generalise to Local Authorities with more cultural diversity and socio-economic disadvantage.

Wolpert et al. (2013) conducted interviews with key stakeholders (including school staff) about their views on a large-scale government initiative, named Targeted Mental Health in Schools (TaMHS). This study collected vast amounts of data, with quantitative data on over 30,000 pupils. The paper summarises all the findings across the whole study. Whilst useful information is shared, it does not provide in-depth detail about the perceptions of school staff. Moreover, it is not always stated on which stakeholder is giving the view, so some data reported within this review may have come from a TaMHS member of staff or a policy advisor, rather than school staff. Nevertheless, useful insights are provided about the implications for future work in schools to provide mental health support.

Three studies focussed on the wellbeing of school staff. Gordon (2020) surveyed early-career teachers, with a focus on teacher wellbeing and support during the first few years of being a qualified teacher. This study was conducted across Australia and England. The findings are clear regarding which country is being referred to and thus, a focus on England for this review was possible. The researchers took a socially constructivist epistemology. Views were collected from primary and secondary schools. Any potential difference across these groups were not reported or separated in the findings. Therefore, some data reported here may be focussed on teachers working in secondary schools rather than primary schools. The research was well situated in current policy and practice, with clear implications for how teachers within England should be supported.

Skinner et al. (2021) conducted interviews with teachers who have experienced workplace stress, to explore the contextual factors involved and the impact this had on professional identity and wellbeing. A constructivist positioning was not confirmed, but was likely used, as the authors sought to 'obtain detailed "insiders" experiences, beliefs and understanding.' The ethical considerations for this research were clearly thought about carefully, due to the sensitive nature of the research. The research was well placed within two theoretical frameworks of identity and organisational commitment. There was no reference to researcher reflexivity or factors taken to improve reliability during analysis. It is possible that the themes from the analysis were biased towards the policies which had been closely referred to within the introduction. The researchers stated that the pre-existing literature had guided their initial coding. The findings may not generalise well to all teachers, as the participants in this study had experienced long-term absence due to stress. However, the findings can provide useful insight into supporting all teachers, particularly those who are struggling to manage the demands of work, with a view to reduce incidences of long-term leave due to mental health difficulties.

Another study which focussed on teacher wellbeing was from Manning et al. (2020). Teachers were interviewed to explore their perceptions of wellbeing support on offer within their schools. This research was well-situated in the current policies around supporting teacher wellbeing. Thus, clear implications were suggested which could help support teachers across the country. The researchers explained that they struggled to recruit schools. This led to the researchers approaching schools in which they had a working relationship with, to invite them to participate. This may have led to some bias in the data collection, although the researchers did not discuss this. To reduce researcher bias, coding

was done independently across the researchers, before recoding collectively. This may have reduced any potential bias if one researcher had worked within one of the schools.

The overarching themes found across these articles will now be discussed, answering the question:

What does the literature tell us about the views and experiences of school staff in supporting mental health in English primary schools, in relation to self and other?

2.7. Supporting Children's Mental Health

2.7.1. School staff perception and knowledge of supporting mental health

In older research, teachers suggested that children with mental health difficulties were not as common as may be suggested in more recent research. Half of school staff in Gowers et al. (2004) suggested that they had rarely taught a child with mental health difficulties in the classroom, despite being experienced teachers. The most problematic areas defined by the staff, were violence and anger which linked to difficulties with peer relationships, Autism Spectrum Disorder (ASD) and ADHD. This may have been due to the researchers including in the questionnaire AHDH as a 'common presentation of mental health problems.' The teachers reported receiving little training on mental health, and any references during teacher training were classed to be inadequate. Most of the teachers were enthusiastic to receive further training. Gowers suggests that in the last 10-17 years, the understanding of mental health has expanded, with greater awareness and training available. This has contributed to many more children and young people being recognised as requiring mental health support. Since the Code of Practice was updated in 2014 (DfE,

2014), ASD and ADHD have been separated from behavioural, emotional and social difficulties (BESD) and are now viewed as 'communication and interaction' difficulties. If the study by Gowers et al. were to be repeated, it is less likely that ASD and ADHD would be described as a mental health difficulty.

In more recent research, school staff appear to be more open to engage with supporting children's mental health. The teaching assistants within Conboy's (2021) research, expressed a clear perception that mental health was an area in which they played a crucial role in schools, with most children coming to teaching assistants rather than the teacher for emotional support. The teaching assistants spoke openly about a range of mental health problems, such as anxiety and anger. Due to the participants volunteering to take part in the study, it may be that teaching assistants who play a greater role in mental health volunteered. Some of the participants seemed to avoid using the term depression, preferring to use words such as 'really down' or 'really miserable.' Similarly, in Costelloe et al. (2020), school staff felt that they had a significant role in supporting a child through a bereavement. In this study, a range of school staff were interviewed, including teachers, Emotional Literacy Support Assistants (ELSAs), SENCos, assistant headteachers and a pastoral lead. Across these roles there was agreement that schools were well placed to support a bereaving child. This was largely thought to be due to school being part of a child's immediate environment. The researchers suggested that the school could influence the development and relationships of the child, based on how they supported the child and family. Moreover, the school staff were able to be 'containing,' by holding and accepting the child in a way to promote self-regulation Costelloe et al., 2020).

The levels of knowledge and feelings of competence for responding to children's mental health needs varied across the participants (Conboy; 2021; Costelloe et al., 2020), with the predominant message that more training was required. In Conboy (2021), the teaching assistants felt that experience in both schools and being a parent themselves, was their training. However, they all thought that further specific training would be beneficial to help recognise signs of mental health difficulties and how to help in those situations. There was also a feeling that something greater than training was needed, but the participants struggled to identify what that would be. It was felt as though they were alluding to the nuances of mental health, where training may not be adequate to inform them about how to respond to a complex situation.

When supporting bereavement, school staff felt that they required greater direct support and training from specialist staff, to understand more about bereavement and how to provide the right support. Staff explained that they were often worried about doing or saying the wrong thing, which could have a large impact on a vulnerable child (Costelloe et al. (2020).

Within the research to evaluate interventions, perceptions of school staff were elicited. When discussing the 'FRIENDS for life' intervention, the staff valued the content that they were delivering, viewing it as relevant and helpful for the children. However, despite this, there were feelings that they should not spend too long on FRIENDS, with one participant suggesting, "a 40-minute session would be probably want you'd want to devote to Personal, Social and Health Education (PSHE)." Thus, it seemed that teachers felt conflicted between delivering the content but ensuring that not too much time was spent

on PSHE (Skryabine et al., 2016). It is noteworthy that this study was conducted in a largely white, middle-class demographic area and thus, did not include schools from areas with socio-economic disadvantage. If the study was repeated elsewhere, the teachers may have differing views on how much curriculum time should be given to PSHE and wellbeing.

In the TaMHS evaluation, it was highlighted that since the start of the intervention, more staff were showing interest in being trained in mental health interventions (Wolpert et al., 2013). However, it was noticed that more behavioural difficulties were being noted, rather than other emotional difficulties. The researchers suggested that the teachers may have been better at identifying externalising behaviours, rather than internalising symptoms of difficultly. It may be that teachers require further training to recognise and support internalised mental health difficulties. However, due to the large-scale nature of this study, with limited detail on the qualitative aspects of the data, it is hard to conclude the views of the teaching staff.

2.7.2. How children's mental health is supported by school staff

There were multiple ways in which mental health was supported within schools. The teaching assistants in Conboy's (2021) research felt that having strong, nurturing relationships with children was a major way in which they supported the children. Teaching assistants saw their role as distinctive to the teacher, in that they have a more familiar, secure relationship with children. Moreover, the teaching assistants felt that they offered practical support. This involved encouraging conversations, small talk about their lives, or even a simple action such as a smile across the room. It is possible that other teaching

assistants, who choose not the volunteer for this study, do not support mental health in the same way.

The suggestion that mental health support can be direct or indirect was also expressed by Costelloe et al. (2020). The participants described ensuring an empathic, supportive approach to those going through a bereavement. They helped by referring children onto further support. Teachers would also help others around the child, such as their peers, to understand in an age-appropriate way. In Gowers et al. (2004), the staff highlighted a similar approach, by being positive and empathic to children. In Costelloe et al. (2020), the staff offered direct support, such as interventions from the ELSA or the pastoral lead. This study used an opportunistic sampling method, whereby schools who are actively supporting mental health may have been more inclined to take part in the interviews. The role of nurture groups was discussed in Gowers et al. (2004). The complex nature of supporting a child emotionally was noted by an ELSA, who suggested that the staff need to go wherever the child leads them, without having a fixed idea about what might help (Costelloe et al. 2020).

The two intervention articles suggest possible ways in which school staff can support mental health in schools. The usefulness of each intervention is discussed below. For the FRIENDS intervention, school staff reported that having consistent language and a strategy enabled them to support mental health day-to-day (Skryabina et al., 2016). In the TAMHS evaluation, a vast range of approaches were reported including (Wolpert et al., 2013):

- 1:1 psychological therapy
- Small group work therapy

- Creative and physical activity
- Information and advice giving
- Peer support techniques
- Behaviours for learning support
- Universal approaches
- For parents, information for services, support around stress and training in relation to skills and confidence in parenting
- For staff, supervision and consultation, training, and counselling for staff with stress or other emotional difficulties.

It should be noted that the Wolpert et al. (2013) study did not share information about the usefulness of each approach. Thus, it is difficult to suggest which strategies may be the most effective.

2.7.3. The emotional impact on school staff

There were themes for both a positive and a negative emotional impact on school staff, when supporting children's mental health. The teaching assistants felt that it was their role to help and support, and this was a rewarding factor in their job (Conboy, 2021).

On the contrary, some staff felt negative emotions. The teaching assistants described feelings of apprehension and a fear of getting something wrong (Conboy, 2021). When supporting a child through a bereavement, the staff reported feelings of worry, guilt, sadness, stress and upset. Additionally, the staff were reminded of their own losses, when supporting a child. Costelloe et al. (2020) suggested a lack of containment for the staff, as most staff reported feeling unsupported. A few participants reported that senior managers

and other staff were their main source of support (Costelloe et al., 2020). Following the interviews in Costelloe et al. (2020), signposts for further support and guidance were given to the participants.

2.7.4. Systemic support for schools

There were frequent references made to school systems across the articles. Within Conboy (2021), safeguarding procedures were often referred to by the teaching assistants, to support mental health. For example, the teaching assistants would often raise issues with the Safeguarding Lead. The teaching assistants also commented on the hierarchal nature of schools, with themselves being seen as near the bottom. This impacted on their ability to support children's mental health as they would often not be told key pieces of information about the children. This experience of teaching assistants is a useful contribution, as it can help schools identify how to support a child's mental health from a whole-school approach.

Moreover, the multiple systems which surround an individual (child or staff member) were regularly referred to. The influences between systems on the impact to mental health was discussed within Costelloe et al. (2020). The researchers mapped out the factors at play using Bronfenbrenner's Ecological Theory (2005). For example, the parental emotional wellbeing would impact on the child's wellbeing and may impact on levels of communication between home and school. Moreover, there may be indirect factors which would influence wellbeing, such as financial difficulties. The inclusion of Bronfenbrenner's theory in the research was useful as it helped to explain why the role of school is important when supporting mental health.

The concept of multiple systems interacting was one of the underlying principles for the TaMHS programme. A framework was used which acknowledged that inter-related individual factors and contextual factors would impact on the level of risk for a child developing difficulties. This framework was then mapped directly onto the intervention suggested, which aimed to target multiple factors rather than focussing on a single risk factor (Wolpert et al., 2013). However, Wolpert et al. (2013) did not expand on the research to suggest whether this multiple factor approach was more successful than focussing on single risk factors.

Using the systems within a school or those surrounding a school was common. Some staff suggested that they would discuss children with the school SENCo or the school nurse. One factor that was common across a couple of the papers, was getting support from other members of staff to gather advice (Conboy, 2021; Costelloe et al. 2020). The school staff in Costelloe et al. (2020) commented on specialist agencies and EPs as helpful support systems. Similarly, Gowers et al. (2004) discussed the usefulness of having EPs and CAMHS available to receive referrals for children or to discuss a child informally from a specialised mental health professional to a teacher. One of the main positives of the TaMHS initiative was the links that were created between schools and CAMHS, as most schools had a direct link with a specialist mental health professional within CAMHS. However, school staff also reported that a major challenge was negotiating around the differences in philosophy between school systems and the CAMHS system. One challenging factor was that language was not consistent across the two systems (Wolpert et al., 2013). It is encouraging that the studies shared the finding that specialist agencies, such as EPs and CAMHS are viewed as useful resources.

On a wider scale, the culture and the ethos of the school community was deemed to be influential. When supporting a child through a bereavement, the culture of the school was highlighted as being an important factor to support the child and family (Costelloe et al., 2020). In Wolpert et al. (2013), differences were noticed between primary and secondary schools in relation to the ethos of the school. It was suggested that primary schools tend to have a greater child-focussed philosophy within the culture of the school, which was viewed as being more amenable to promoting mental wellbeing. The recognition of the differences between primary and secondary schools was a useful aspect of the research by Wolpert et al. (2013).

2.7.5. Interventions for promoting children's wellbeing

The first intervention which will be discussed is the 'FRIENDS for life' intervention. FRIENDS is a cognitive behavioural therapy (CBT) based programme, designed to be delivered over 9 weeks, to a whole class of children. For a full explanation of the intervention, please refer to Barrett (2004). Research was conducted by Skryabina et al. (2016), to explore qualitative views of school staff who had delivered the FRIENDS intervention. Child and parental views were also gathered, but it is not within the scope of this literature review to discuss these findings.

Overall, the school staff were positive about the FRIENDS intervention. They felt it provided a structured way to introduce valuable concepts such as resilience and relaxation techniques. Around half of the school staff felt that there were too many strategies fitted into the 9 sessions, which meant that the sessions felt rushed, or that there was not enough

time to embed the strategies. This often meant that a lot of time was spent listening to the teacher or reading, rather than trying out practical activities. Additionally, many of the teachers felt that the programme overlapped with their typical PSHE curriculum. However, many of these teachers felt it was useful to have the explicit nature of FRIENDS, alongside the PSHE lessons. As mentioned earlier, some teachers did not want to spend more than 40 minutes a week on PSHE, despite not wanting to reduce the content of FRIENDS either. This suggests that teachers can be conflicted between how to use their teaching time in the most valuable way. The teachers described the most useful aspects of the programme. These included 'red and green' thoughts, the pizza massage technique and problem-solving techniques. Some teachers felt that all children had benefited from the FRIENDS programme. Around half of the teachers noticed improved confidence and self-esteem, with children expressing their feelings better and finding their own ways to solve problems. Moreover, the teachers found it had helped them to understand feelings and how to respond when difficulties arise in school. However, around half of the teachers had not noticed long-lasting changes. One possible reason for this discrepancy may be due to teacher interest and enthusiasm to continue embedding the strategies during other times of the school day. It is possible that the teachers reporting a lasting impact, spent time practising and embedding the techniques throughout the school day.

The FRIENDS evaluation highlights the need for empirical intervention programmes to be considered within the school setting, with the perceptions of staff included. The study was well conducted and offers a useful insight into how interventions are delivered within schools. For FRIENDS to be embedded within schools, it would be important for teachers to find a way of fitting the content into their timetable, in a format which is appropriate and

engaging for all. Further training may be needed to help staff learn how to continue the use of the techniques, so that the lessons learnt can continue beyond the nine sessions.

The second intervention to be discussed is the TaMHS programme, which began in 2008. This was a national initiative in England, to provide provision in schools for children aged 5-13. For further detail about the TaMHS project, refer to DfE (2011). The strategy used by TaMHS was to continue building on whole-school interventions, but with a focus on providing support to those at risk of mental health difficulties or those who already had a mental health difficulty. Local Authorities were given funding, which allowed schools to decide on how best to use the money. This makes it harder to evaluate what aspects of TaMHS were successful and which may have been less so.

One interesting finding was that primary schools initially did not often follow the national guiding principles or evidence-based interventions. Instead, many of them used locally developed interventions, which had involved over time. These interventions had developed from practice-based-evidence. Overtime, the TaMHS evaluation noticed that more primary schools were beginning to use evidence-based practice to inform intervention. The inverse of this was true for secondary schools, suggesting that there may be key differences between the implementation of mental health intervention across primary and secondary schools. Overall, the most common approach was to use programmes that were based on a framework, but that could be adapted. Feedback from the qualitative aspects of the evaluation suggested that school staff appreciated the value in having mental health support available within the school setting. Staff highlighted the importance of building on existing structures and a sensitivity towards the school context.

The TaMHS data for primary schools, assessed by pupil and teacher surveys, suggested that TaMHS had led to a decrease in emotional and behavioural difficulties. The randomised control trial found decreases in behavioural difficulties, but not emotional difficulties. The findings were mixed within secondary schools. Again, this suggests that research needs to recognise that primary and secondary schools operate in different ways and provisions may need adapting to suit. The TaMHS research was a large-scale, mixed methods and longitudinal design. However, the article did not have the scope to include rich information about the interviews and case studies. Therefore, it is hard to provide detailed conclusions about the views or experiences of teachers in using the TaMHS model.

2.8. School Staff Mental Health

The second major topic discussed within the literature, surrounded the mental health of school staff themselves. In total, three studies explored the wellbeing and mental health of teachers. There were five apparent themes within the studies, which will now be discussed.

It is noteworthy to comment that none of the studies that explored teacher wellbeing solely focussed on primary schools. The three studies used a mixture of both primary and secondary school teachers (Gordon 2020; Manning et al. 2020; Skinner at al. 2021). As discussed earlier, there may be cultural differences between the ethos and day-to-day running of primaries and secondaries. Thus, the applicability to the conclusions should be taken tentatively, when considering primary schools explicitly.

2.8.1. Emotions and identity

When asking newly qualified teachers (NQTs) about the transition from training to teaching, the teachers described the experience as overwhelming. The researchers felt this may be due to training courses not being able to fully prepare newly qualified teachers before they start their first jobs (Gordon, 2020). Although this research was conducted in two countries, Gordon (2020) makes it clear that the findings apply to both Australia and England. Other feelings described by the NQTs were guilt and sacrifice, from feeling that they were not doing enough for their pupils, despite working long hours each day (Gordon, 2020). The 'educate – mentor – nurture' model was suggested by Gordon (2020), as an approach to supporting NQTs and teachers in the first few years of school. This would promote positive wellbeing and help to support teachers manage the challenging experiences many encounter when beginning a teaching career.

All the teachers in the study by Skinner et al. (2021) had experienced severe, long-term stress and had been absent from work due to their mental health. One factor at play was a gradual lowering of self-esteem. Rigid curriculum content alongside high targets meant that many teachers could not utilise their skill and knowledge gained from years of practice. This, in time, left teachers feeling deskilled and demotivated with reduced esteem for their professionalism and expertise. One participant said she thought, 'I'm useless. I'll never achieve what they want me to achieve. I must be a rubbish teacher.' These factors seemed to result in a conflict around professional identity, with some teachers feeling like their role was not to educate, but to train children to pass tests (Skinner et al., 2021). If teachers are feeling deskilled and unable to teach how they believe they should be, there is likely to be an impact on wellbeing. Some teachers linked poorer wellbeing to feelings of

distrust, where monitoring and regular checks were common within the school (Manning et al., 2020). The teachers who volunteered to take part in this study were all suffering from extreme stress to the point where they were requiring time away from work. It is possible that the findings are not generalisable to most teachers. However, if the findings were accounted for in schools, it may be that fewer teachers would reach the crisis level of those in the study.

Emotions that led to increased wellbeing included feeling appreciated and valued within the school community. One participant described the positive impact of receiving a handwritten card from the head teacher, which included a thoughtful specific comment about some work they had done. Additionally, participants described an overall sense of trust in colleagues as an important factor in wellbeing at school (Manning et al., 2020). One teacher described wellbeing as feelings of being useful and contributing (Manning et al., 2020).

Perhaps a more current view of the emotional side of teaching, comes from a wellbeing lead in a primary school. They described teacher wellbeing as changing all the time, reflecting a rollercoaster ride which goes up and down. This reflects a current view of mental health as a continuum from positive to negative that is always changing across time for individuals. Often these changes reflected what was happening at that time in the school, such as assessment weeks or deadlines (Manning et al., 2020). Another teacher described the high levels of responsibility can be a source of meaning *and* a cause of stress. A deputy head felt as though they were a charity worker, but then would feel guilty if they thought they had not done enough for the child (Manning et al., 2020).

2.8.2. Systemic factors

At the individual systemic level, there were differences noted in who is responsible for individual wellbeing. Manning et al. (2020) found that teachers without additional responsibility discussed feeling that their wellbeing was solely up to themselves to manage. One teacher described feeling that they needed to change or sort their life to have positive wellbeing, rather than expecting anything else in the system to change. In contrast, senior leaders felt responsible for the wellbeing of everyone, making sure all staff are coping well. One deputy head explained that the personality of the senior leaders is crucial regarding how staff wellbeing is managed, and that more guidance would be helpful in supporting leaders to support all staff (Manning et al., 2020). The inclusion of various school staff in the study was helpful, allowing Manning et al. (2020) to make thoughtful comparisons between the staff members.

Many of the newly qualified teachers discussed the importance of the school atmosphere, or the community feeling within a school. It was felt that this was an important aspect to their own wellbeing. One participant felt nervous about moving schools after their fixed-term contract ended, as she felt she belonged in her current school and was wary of the unknown in a new setting (Gordon, 2020). This was also noted by more experienced teachers, who felt that both management and the ethos of the school had a huge impact on their wellbeing. One participant described the headteacher as ruling through fear, creating an atmosphere of scrutiny and criticism (Skinner et al., 2021). However, both studies recruited in primary and secondary schools. It is not clear if the culture or ethos of a school may differ between the types of school.

In one study, senior leaders were included in the interviews. The deputy head at a primary school explained they viewed their role as creating an environment in which staff felt enabled to work effectively and to feel supported and listened to. This deputy head seemed to recognise the importance of creating an overall ethos and environment which is conducive to promote wellbeing. Another participant explained that it was these systemic changes which influenced wellbeing, more so than the 'tokenistic' strategies such as yoga classes. Some of these systemic changes included changing the timetable, to allow for more time to prepare and complete admin or being allowed to have planning time at home. Another successful systemic change in one school, had been to remove observations from school practice. In another school, the marking policy had been altered to reduce the pressure on teachers to spend hours marking work (Manning et al., 2020).

On a wider scale, the culture and national expectations of teachers seemed to have an impact on schools and teachers struggling to know where their role starts and ends. For example, one teacher noted an increase in expectation to teach about knife crime and sex in relationships. They felt that these additional subjects were valuable, but it was stressful to reconcile with the topics in addition to the other pressures of teaching a full curriculum (Skinner et al., 2021).

2.8.3. Support

It is interesting to note the differences in feelings of being supported as a trainee teacher, compared to once qualified. A participant in Gordon (2020) described being incredibly supported as a trainee, due to having a school-based mentor and a university

tutor. However, as soon as the participant was qualified, they lost any support or contact with the university. Having an external place for support, away from the school, may be beneficial to help newly qualified teachers transition into their role.

Within schools, support can come from a variety of factors or people. Newly qualified teachers described receiving support through social events, action research groups, professional development programmes, senior leaders, and mentors. The importance of individualised support through the mentor was highlighted, to ensure that bespoke support is provided where necessary (Gordon, 2020).

In contrast, experiences of a lack of support or unhelpful leadership were also discussed. Teachers described receiving unexpected negative feedback during the middle of a lesson, after the head teacher had walked past the room. This was viewed as being unprofessional and disruptive (Skinner et al., 2021).

2.8.4. Workload

The level of workload appeared as a frequent factor which contributed to wellbeing. When both NQTs and experienced teachers were asked to define wellbeing, many of them linked this to workload and self-efficacy. Definitions of wellbeing included, ‘balance between work and life outside work,’ and, ‘a sense of control’ (Gordon, 2020; Manning et al., 2020). When teachers feel that they have the autonomy and self-efficacy to manage their time and workload themselves, they have improved wellbeing. One deputy head explained that they felt they had more autonomy and better wellbeing now that they were a senior leader, but they did not know how to give the same level of control to those they

line managed (Manning et al., 2020). The replicated findings across Gordon (2020) and Manning et al. (2020) suggest that workload and self-efficacy is a common factor when considering wellbeing.

On the opposite end of the scale, were concerns about burnout. Many of the NQTs described vast quantities of work, with some even leaving the professional due to the volume of work (Gordon, 2020).

Many of the participants in Skinner et al. (2021) had left their careers, with the high workload as a major factor for their debilitating levels of stress. The participants attributed a lot of the workload demands from constant change and reforms within the school. For example, an innovation would be presented, which demanded additional work to adapt procedures and approaches. Often, the initiative would change before it had the chance to become embedded and thus, the cycle of more change would continue. Feelings of struggling to know what to prioritise, or always feeling like you were behind were common across teachers (Skinner et al., 2021). Whilst the participants included in Skinner et al. (2021) are in the minority of teachers, it is helpful to understand why many teachers are choosing to leave the profession. This insight is relevant as more teachers are deciding to change career paths.

2.8.5. Performance

The pressures that teachers face to perform well and produce good results for students was evident in Skinner et al. (2021). The participants described a sequence of factors that influenced their own wellbeing and the success of students. When the focus is

largely on delivering high attainment results, the pupil-teacher relationship is impacted. The teachers felt that this paradoxically lowers learning opportunities and in turn, impacts on the psychological wellbeing of both students and the teachers (Skinner et al., 2021).

One of the NQTs captured the dilemma that many teachers face when they said, 'I tried to be a good educator rather than just one that survives,' (Gordon, 2020). This conflict alludes to the pressures teachers encounter, to balance being a good teacher and maintain positive mental health for themselves.

The conflict between wellbeing and performance was also felt by the senior leaders, interviewed by Manning et al. (2020). One Deputy Head in a primary school explained that the recent policies on teacher wellbeing had created a tension for the school managers. It was felt that developing a school which cared for staff and focussed on improving school performance was a challenge to manage together (Manning et al., 2020). The inclusion of senior leaders in Manning et al. (2020) provides a helpful understanding of the impact on policy and legislation within schools.

2.9. Summary of the Literature

To summarise, school staff including senior leaders, teachers and teaching assistants feel that they have a crucial role in supporting children's mental health (Conboy, 2021; Costelloe et al. 2020). This appeared to be more apparent in research conducted within the last 5 years, compared to research in the early 2000s. This may reflect the societal shift that has gradually taken place recently, whereby society is beginning to have a better understanding of mental health and a greater openness to discuss mental health needs.

Additionally, the role that schools have within supporting mental health has been increasing in the last 5-10 years. However, there were frequent reflections from staff that more training is required to increase their knowledge and confidence (Conboy, 2021; Costelloe et al. 2020; Gowers et al., 2004).

Many ways of supporting children's mental health were reported, such as developing close nurturing relationships and offering empathic support to an individual (Conboy, 2021; Costelloe et al., 2020; Gowers et al., 2004). Teachers commented on universal approaches or supporting children to develop more secure peer relations. Teachers may have referred a child to receive an intervention (Wolpert et al., 2013).

Overall, the perceptions of mental health interventions were positive. Some interventions were delivered by class teachers, such as FRIENDs (Skryabina et al., 2016). Other interventions were delivered by outside agencies or specialist school staff, such as TaMHS workers or ELSAs (Costelloe et al., 2020; Wolpert et al., 2013). Most interventions were aimed at the children, but TaMHS reported some interventions which were targeted towards the parents or staff (Wolpert et al., 2013). Teachers valued having training in an intervention and the consistent language this provided across a setting. However, teachers reported tensions between delivering content on mental health within the curriculum, due to time constraints (Skryabina et al., 2016).

Supporting children's mental health appeared to come with an emotional toll. Various feelings were reported such as apprehension (Conboy, 2021), worry, guilt, stress, upset and a lack of containment (Costelloe et al., 2020). Teaching assistants suggested that

they also feel positive emotion, as they found the role rewarding (Conboy, 2021). Staff often reported that they used other staff and their manager for support (Conboy, 2021; Costelloe et al. 2020). Outside agencies were also cited as being helpful, such as EPs and CAMHS (Gowers et al., 2004).

When describing children's mental health, systemic factors were regularly referred to. Costelloe et al. (2020) mapped out child mental health onto Bronfenbrenner's theory. Similarly, Wolpert et al. (2013) acknowledged the importance of recognising the impact of inter-related factors. The culture of schools and mental health perceptions within the community were also discussed as influential factors on both child and staff mental health (Costelloe et al., 2020; Skinner et al., 2021; Wolpert et al., 2013).

The literature around mental health of school staff highlighted the emotional toll of teaching for school staff, starting from qualification (Gordon, 2020). Some staff leaving the profession felt de-valued and underappreciated (Skinner et al., 2021). Factors that helped to increase feelings of worth were described, such as getting appreciation cards or kind words from a colleague (Manning et al., 2020). Teachers found support in a range of sources, such as colleagues and mentors (Gordon, 2020). The largest influencer on staff wellbeing, seemed to be workload and finding an appropriate balance between work and homelife (Manning et al., 2020). Senior leaders described the pressures they feel to support staff wellbeing, whilst also focusing on the performance of the school (Manning et al., 2020). This pattern was repeated in the teachers, aiming to balance the wellbeing of pupils whilst also focusing on securing good attainment (Skinner et al., 2021).

2.10. Implications of the Findings and Recommendations for Future Research

The literature reviewed highlights a range of important factors when considering how to support mental health within primary schools. It was noted that some areas were under-researched or were missed within the literature. Firstly, there was limited research which specifically focussed on mental health within primary schools. Reflections were shared about the differences in culture or working practices between primary and secondary schools (Wolpert et al., 2013). It would be useful to have greater research which solely focussed on primary schools. When considering policies or interventions to support mental health, careful consideration should be given as to whether the same approach can be used across all school settings.

Secondly, as discussed in the introduction, the COVID-19 pandemic has had a huge impact on the wellbeing of all children and adults. Further research should explore the impact of COVID-19 on the wellbeing support required within schools.

Lastly, there is no research investigating the role of Mental Health Leads. This literature review has highlighted the complexity of school mental health. It is important that the experiences of Senior Mental Health Leads are explored, so that valuable training and support can be offered to those within the role.

Chapter 3: Methodology

3.1. Overview

This chapter seeks to provide the rationale for the methodology used throughout the current study. The aims and purpose of the research will be explained, as well as the ontological and epistemological position of the research. The methods will be outlined to explain the full research process, including how participants were recruited, the interviews and the data analysis approach used. The approach to assess quality and validity of the research will be discussed, along with ethical considerations which were central throughout the process.

3.2. Aim and purpose of the research

The aim of this research was to '*explore the experiences of senior mental health leads, as they have taken up their roles within mainstream primary schools*.' As this role is relatively new in schools, the research was designed as an exploratory piece of work to investigate how the role has been interpreted and experienced. This involved exploring the thoughts, feelings and reflections of SMHLs, to gain a greater insight into how they understood their experiences. Smith et al. (2009) suggested, "qualitative research tends to focus on meaning, sense-making and communicative action" (p. 44-45). This approach to research fits in well with the research question. I sought to explore the SMHLs focus on meaning and sense-making of their role, as well as some understanding on communicative action.

I approached the research topic with a broad question, to allow the SMHLs to share what felt most relevant for them. Thus, the research had an inductive approach, as it was driven by local knowledge and practice, as opposed to a deductive approach, which begins from existing theory and research (Flick, 2002).

3.3. Ontology and Epistemology

It is important to consider the philosophical worldview of the researcher, since this influences the underlying basis of the research (Creswell, 2014). The term worldview can be described as, "the basic belief system…that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways" (Guba & Lincoln, 1994, p. 105). In deciding upon the relevant worldview for this study, I considered my own beliefs about what reality exists within our world and how this knowledge should be learnt about. I reflected upon my role as a Trainee Educational Psychologist (TEP) and how I collect 'realities' within my profession. When speaking to young people, parents, and school staff, I aim to gather their understanding of a situation and take that as a truth to their reality. This helped me to understand which position to use in my research, as I wanted to remain congruent to how I practice as a TEP. Within philosophical worldviews, the terms ontology and epistemology are useful (Crotty, 1998).

Guba and Lincoln (1994) have summarised the questions that should be asked when establishing the ontological and epistemology underpinning:

Ontology: "What is the form and nature of reality and, therefore, what is there that can be known about it?" (p. 108).

Epistemology: “What is the nature of the relationship between the knower or would-be knower and what can be known?” (p. 108).

Ontological positions can be considered to sit on a continuum from realism to relativism. Realism takes the view that reality exists independently of the mind and there is a ‘real’ reality to learn (Guba & Lincoln, 1994). Phillips (1987) suggested that the realist ontology perspective would be that an object exists independently of how it is perceived. If a realist ontology were applied in this research, there would be an assumption that there is an objective universal reality of how the role of SMHL is conducted and experienced. In contrast, relativism recognises that there are multiple realities which have been locally constructed (Guba & Lincoln, 1994). If a relativist ontology were used in this research, there would be the assumption that SMHLs can have multiple experiences of being in role and these experiences are all true for each individual.

Epistemological positions can be considered to range from objectivist to subjectivist. An objectivist viewpoint assumes that there is an objective truth and if researched correctly, we can seek to find this truth. An objectivist view often uses a positivist paradigm. The subjectivist viewpoint assumes that there is no objective truth waiting to be found. Instead, subjectivism suggests that truth and meaning comes from engagement with the world. A subjectivist view often uses a constructivist paradigm. Crotty (1998) suggested that a constructivist viewpoint believes that the truth is formed subjectively through the various meanings that people attribute to entities. Each person will create their own reality based on their values and previous experiences. Additionally, reality can be thought of as socially

constructed, where reality is created between and across people (Fox et al., 2007). There has been debate about whether constructionism is compatible with realism. Crotty (1998) argued that reality constructed socially, can still be real, and thus, can be compatible with a realist ontology.

3.4. Constructivism and Relativism

The current research has been positioned within the worldview of relativist constructivist. This view assumes that reality is constructed within an individual, based on their own assumptions and interpretations of an experience (Burr, 2003). In relation to the current research, the experience studied is that of being a SMHL. As the researcher, I acknowledge that the individuals working as a SMHL, will have made their own interpretations and construction of their role. It is important that these individuals' experiences are upheld as far as possible. From my own viewpoint, the term SMHL has been socially constructed and exists across many schools. However, I am interested in how individuals have perceived and interpreted this experience from a subjective standpoint. Therefore, I strived to select a research approach which would allow me to collect the unique lived experience of SMHLs and stay committed to describing their experiences during the analysis and write-up. As previously discussed, the constructivist viewpoint suggests that the truth is subjectively formed based upon past experiences. Therefore, the SMHLs will be sharing their viewpoint but I will also be listening and analysing the data with my own experiences. I will strive to reduce the impact that my own experiences and values will have when analysing and describing the data. The research approach which best fits my research paradigm is Interpretative Phenomenological Analysis (IPA).

3.5. Interpretative Phenomenological Analysis

IPA was chosen as the qualitative research approach. IPA is a phenomenological approach as it focusses on exploring experiences on their own terms (Smith et al., 2009). IPA is particularly concerned about a person's lived experience and how an individual has constructed a certain phenomenon. In the case of the current research, the phenomenon in question is the role of SMHL. Farouk (2014) suggested that IPA is particularly useful when exploring a transition or a change. Farouk studied teachers as they made a transition from working in a mainstream school to a Pupil Referral Unit. This relates well to the current study whereby the staff were transitioning into becoming a SMHL. Due to IPA focussing on a person's own experience, it is regarded as suitable when working within a relativist constructivist paradigm. Oxley (2016) highlighted the usefulness of IPA in educational research. The use of IPA is well suited to the exploratory aims of the research. Moreover, the use of IPA allows an 'expert group' the opportunity to share rich information. This is important for SMHLs who have been developing their roles in the past few years.

Eatough and Smith (2008) suggested that IPA allows for light to be shed onto the unexpected. Oxley (2016) highlighted how IPA enables the 'whole' to be illuminated by understanding a 'part.' This involves interpretation from both the researcher and the participant. Smith (2011) described this process in which the researcher would analyse what the participants have said, to enquire about the cognitive and affective impact of what has happened to the participant. Within the current research, it is assumed and acknowledged that each SMHL will have interpreted and constructed their role in a different way to each other. IPA enables an interpretation of individual stories and experiences, before looking at

the patterns across all the participants. This allows for a rich and detailed analysis of the individuals before an analysis of the phenomenon, as experienced collectively. As the role of SMHL is new, it was important to learn and reflect on each SMHL's uptake of their role.

3.6. Theoretical underpinnings of IPA

3.6.1 Phenomenology

Phenomenology can be understood as the philosophical approach to studying experience (Smith et al., 2009). IPA has largely been drawn from the work of philosopher, Edmund Husserl. Husserl emphasised the importance of understanding someone's own experience of a phenomenon, allowing them to provide a rich and detailed account of the essential qualities of that experience (Husserl, 1927). Husserl believed that these experiences may transcend onto other people, and thus help others to understand what they have experienced in relation to the same phenomenon (Smith et al., 2009).

A central belief of Husserl was that researchers should, 'go back to the things themselves.' (Husserl, 1927). This refers to returning to a focus on every 'particular thing', with a deep level of consciousness. For example, rather than rushing to fit things into our pre-existing categories, we should examine the thoughts, values, goals or means involved. This requires great reflection from both the participant and the researcher. To allow space for this reflection, it is vital that the researcher 'brackets off' their pre-conceived ideas of the world. This means that the researcher can be fully tuned into the experiences described by the participants.

The idea of phenomenology was further developed by two other philosophers. Heidegger, a philosopher who began his career as a student to Husserl, recognised that all interpretations are grounded within a lived world. Heidegger believed that humans are 'thrown in' a world which exists with objects, relationships and language. Thus, our perceptions of the world are always in relation to something (Heidegger, 1962). This is useful to consider when bracketing off from a pre-known phenomenology. Merleau-Ponty described humans as being embodied within nature, which meant that individuals would take on their own perspective of the world. He says, "I cannot shut myself up within the realm of science" (Merlaeu-Ponty, 1962, p. 9). This acknowledges that a person may 'understand' science, but they will always interpret this in relation to their own point of view and experience of the world. As a researcher, I aimed to 'bracket off' my own thoughts and perceptions about the role of SMHLs and how it related to the current literature on mental health in schools. To reduce any bias from my own pre-conceptions and beliefs, I kept notes in my research diary about any thoughts or feelings that came up as I conducted the interviews and analysis. By doing this, it was hoped that I could focus on the perceptions and experiences of the SMHLs, which would have been developed through their own lives and their schools.

Finally, the philosopher Sartre, adds further depth to the idea of phenomenology. Sartre describes human nature as being about becoming rather than being (Sartre, 1956). He adds that the absence of something is just as important as the presence of something. Within IPA research, Sartre's ideas emphasise the importance of the context around an individual, due to experiences evolving, based on the presence or absence of relationships to others. During the interviews, Sartre's absence of something felt relevant when the

participants were silent or paused, before they continued to speak. I aimed to capture these moments as useful pieces of data, which would help me during the analysis to understand what was happening for the participant.

3.6.2. Hermeneutics

Hermeneutics is a type of knowledge that deals with interpretation and is an important theoretical underpinning of IPA research (Smith et al., 2009). IPA acknowledges that humans seek to make sense of their experiences and thus, research accounts will include an aspect of the participant making sense of their lived experience. This means that the data collected is dependent upon what the participant chooses to share. Moreover, Heidegger's ideas around phenomenology are linked with hermeneutics. Heidegger described how the 'logy' part of phenomenology applies a level of analysis on the discourse. A phenomenon can be described by a participant, but then the researcher can help to make sense of the meaning (Heidegger, 1962). IPA recognises that the researcher then needs to interpret the data themselves, to understand how the participant has experienced the phenomenon. This complex process can be understood as a double hermeneutic.

Within the interpretation, the hermeneutic circle can be useful to consider. The hermeneutic circle recognises the dynamic relationship of the parts and the whole. Thus, to understand a whole you need to examine the parts, and to understand the parts, you need to consider the whole. This could apply to a sentence level, where the part is a single word and the whole is the sentence. Or it could apply to a larger aspect, where the whole is the full interview, whereby the part is a sentence or paragraph. This circular motion within

analysis is a critical aspect of IPA research, where the process is iterative and can move forwards and backwards.

3.6.3. Ideography

IPA is focussed on detailed examinations of a particular case. It is the ideographic approach within IPA that keeps each participant separated from each other for as long as possible. IPA seeks to understand what is experienced for one person and what sense is made by that one person. However, as explained within the phenomenology section, a person is always embedded in a complex interaction across contexts, objects and other people. Thus, IPA seeks to understand how a singular person has made meaning of their own unique perspective (Smith et al., 2009). Once an in-depth analysis of each participant has been conducted, a general, broader understanding of the phenomenon can be examined.

3.7. Link to research

As the role of SMHL is new, I was keen to learn and reflect on each SMHLs uptake of their role. Therefore, it felt more important for me to learn about how the participants have experienced their own role as the role is being envisioned by different settings across the country, rather than studying the phenomenon of SMHLs more broadly, which will mask the individual experiences of SMHLs.

3.8. Critique of IPA

There are four key limitations which should be considered when using IPA.

3.8.1. The role of language

The method of data collection when using IPA is largely based around accounts given about a particular phenomenon. In the current study, these accounts were given by semi-structured interview. Thus, there is an assumption made that language itself lends itself to the participant, to enable them to express their experience. The participant will be thinking about and choosing the words they use to describe the experience. Their same experience could be described in a different way. Therefore, the interview transcript gives us a way of understanding how a participant speaks about an experience, but not the experience itself. An alternative view of language it that language itself can shape someone's experience. From this viewpoint, the language has prescribed what is thought and felt (Willig, 2013).

This critique can be applied to many other qualitative methods, which also require the use of language to share the participants thoughts. For example, narrative analysis, grounded theory or thematic analysis may make use of interviews or questionnaires (Starks & Trinidad, 2007). In the current study, this limitation was attempted to be alleviated by using probing questions to ask the participant to provide further detail.

3.8.2. Suitability of account

IPA analysis aims to explore the experiences and meanings that people have attributed to a phenomenon, rather than that person's own opinions about it. This is a complex approach to research and requires a sophisticated level of communication. Willig (2013) raises the question about whether many people have the required level of language to accurately describe their experiences sufficiently. In an IPA interview, participants are often asked to speak of their thoughts, feelings and reflections about an experience. Some

people may not be practised at describing these in-depth insights. In the current study, all of the SMHLs had received training, and many had received supervision, linked to their role. It is likely that throughout the uptake and delivery of the role, the SMHLs would have gained experience in discussing their emotions and thoughts.

3.8.3. Explanation versus description

IPA analysis is concerned with perceptions (Willig, 2013). This means that the researcher is interested in how a phenomenon is interpreted as a participant engages in the world. IPA is not concerned about the nature of the world itself. In the current study, this is in line with the ontological position of relativist constructivist. This view believes that reality can be constructed within an individual, based on their thoughts and beliefs about an experience (Burr, 2003). Due to this theoretical grounding, participant accounts tend to be focussed on describing an experience, but it does not help the researcher to understand why the experiences have taken place, or why differences may arise across various participants. Often the past events, social and material structures are missed from IPA data. Thus, IPA research is largely descriptive rather than explanatory (Willig, 2013). Moreover, IPA has been described as limited in its ability to be generalised, due to its focus on the descriptive (Giorgi, 2010).

However, IPA does not aim to provide explanations exclusively. Smith et al. (2009) suggested that the ideographic approach can provide useful insight to a particular phenomenon. Once the analysis has been completed, the findings of a study can be explored in relation to the current literature. Once various pieces of research have been brought together, a greater understanding and explanation of a phenomenon can be had.

Smith et al. (2009) explained that overall generalisability may be limited, however, general claims on the particular can be discussed. To account for possible differences between participants, a set of demographic questions were asked at the beginning of each interview. These questions were asked to provide a richer context in which the SMHL was working in at the time of the interview. This information may help to provide insights into contrasting experiences.

3.8.4. Prescription

Another critique of IPA is the level of prescription provided by the founders of IPA research. Giorgi (2010) described a contradiction within the key text by Smith et al. (2009). In the text, a step-by-step approach is explained to guide a researcher through the IPA methodology. The text also suggests that the research has 'total freedom.' This critique was responded to, by Smith (2010) explaining that the steps provided are meant as a guide only. This is alluded to at the start of the analysis chapter where it states that, "it is not intended to provide a definitive account" (Smith et al., 2009, p. 79). Due to this flexibility and to ensure transparency, I have detailed the steps I took during the analysis phase and have an audit trail throughout the appendices.

3.9. Data Collection

To elicit individual experiences, the data was collected via qualitative, semi-structured interviews, as suggested by Smith et al. (2009). Demographic questions were asked to gain a sense of the context around the SMHL. Beyond this, one single question was used to allow the participant to share what felt pertinent to them. This structure allowed for an exploratory approach. This is useful when embarking on research within a new field, such

as the role of SMHL. Smith et al. (2009) emphasise the importance of having a robust interview process, to ensure that the quality of the conversation allows for rich data. By using one central question, the participant could discuss what they chose. It also allowed me to ask probing questions, when appropriate, to elicit deeper knowledge into the thoughts and feelings of the SMHL. During all of the interviews, the participants were able to freely speak about their experiences and could talk at length about how they had promoted mental health awareness and support within their schools. I felt as though my prompts were required to elicit deeper meaning and the feelings which were experienced by the participants. For example, in Kayla's interview I asked her, 'So on a more personal level, how do you find doing the role and considering mental health for the children and the staff? What is that like for you?' (line 601-603). This helped Kayla to open up about how she personally finds the role and what aspects are most challenging for her.

3.9.1. Interview Setting

The interviews were conducted on the virtual platform, Microsoft Teams. Video calls were used to allow myself and the participant to see each other. Virtual interviews were chosen due to the COVID-19 pandemic. At the time of the interviews, some face-to-face contact was beginning to be allowed, however it tended to be personal choice about whether people felt comfortable to meet in person. Thus, to ensure a consistent approach across all SMHLs, it was decided that a video call meeting would be most appropriate. It was noted that this reduced some opportunity for rapport building and reduced the ability to be able to observe all body language. To counter the limitations of less opportunity for rapport building, I ensured that the first five minutes of the interview was kept informal, with a general conversation about how they were and how each of our days had been. At the stage

of data collection, most professionals had been using video calls for over 12 months and had become more familiar with the new way of working. I also felt that by allowing the participant to join virtually, they would be able to remain in a setting in which they felt comfortable (such as an office or their home). Additionally, the call was video recorded. This allowed me to watch the interview back and notice any body language which may have been relevant.

3.9.2. Pilot interview

A pilot interview was conducted to trial the interview schedule and to practise following the schedule with fluency and confidence. The pilot participant was a fellow TEP, who was also using IPA as their research approach. The participant had not been a SMHL before but used her experience as a teacher and TEP to answer the questions. It was acknowledged that the interview would not be a true reflection of how a SMHL may answer, but it was decided that her past experiences and reflective skills would be sufficient in trialling the interview. The pilot interview was a useful opportunity to practise sharing the information at the start of the interview schedule. It helped me to see that the information could form part of a conversation, rather than being read out as a list of statements. The most helpful reflection from the pilot interview stage, was hearing the TEPs response after asking the main interview question. The TEP gave a long, detailed response to the question. It allowed me to practise writing down the key points raised and led me to question how to approach this during the interviews. I discussed in supervision how to decide which points should be returned to and reflected that it can be left open to the participant. The pilot interview helped me to feel prepared and rehearsed before I conducted the first interview.

3.9.3. Developing an Interview Schedule

To help build rapport with the participants, the first five minutes of the interview was spent talking with the SMHL in a more relaxed, general style. Smith et al. (2009) suggest that the researcher considers the power balance that may exist between researcher and participant and seek to reduce any imbalance. In the current research, this balance was thought to be fairly equal as both myself and the participants were professionals within schools. However, this did vary depending on the role each participant played. For example, one participant was a relatively new teacher within the profession, whilst another was an experienced head teacher. For all participants, I ensured that I explained I was interested in hearing about their experiences and reflections and that there were no right or wrong responses. This helped the participants to relax and have confidence in their story.

After some time had been spent building rapport, I checked with the participant that they had read the information sheet and asked if they had any final questions. I checked again that they consented for me to use the recording function and the built-in transcription function within Microsoft Teams. I also reminded the participant that they could withdraw from the study anytime within the two weeks from that date. I explained that the interview would last up to one hour and would include demographic questions, before one open-ended question.

Following the guidelines from Smith et al. (2009), I kept my input to a minimum, allowing the participant to speak freely about their experiences. As the participant shared their initial thoughts to the main research question, I made brief notes about the key things they mentioned. I referred to these later, if I felt that the participant may have had more to

say about them. As the participant spoke, I used prompts to elicit greater depth and to stay close to the research question. Some of these prompts included:

- Can you tell me more?
- Can you expand on that?
- How did that make you feel?
- When you said X, can you tell me what that means for you?

At the end of the interview, there was a period of approximately five minutes for a debrief. I informed the participant that the recording and transcription had stopped. I asked how they felt and allowed them space to reflect more generally about the interview. I asked the participants if they would like to receive the finished thesis, or a shortened version of the results. All five of the participants were keen to hear about the results of the study. None of the participants required time to reflect about how they were feeling or indicated that they were distressed in any way following the interview.

After the interview, an email was sent to each participant (see Appendix D), which thanked them again for their time and reminded them that they had two weeks from that date to withdraw if they wished. Several support agencies were listed, such as Education Support, Shout Text Line and Samaritans. These were provided in case the participant felt that they needed support around their own wellbeing. For further detail about the ethical considerations taken, please refer to the ethics section.

3.10. Participants

When conducting research using an IPA approach, it is important to have a homogenous sample, to ensure that the participants give a representative perspective of the phenomenon (Smith et al., 2009). The role of SMHL is a specific role which occurs across most schools within the United Kingdom. It was decided that only one type of school should be included in the study, as schools can vary widely in their approach depending on if it is a primary, secondary, special school or other type. The research focussed on SMHLs working within mainstream primary schools. Primary schools were selected due to the national need for early intervention in supporting mental health, recognising that 10% of 5–16-year-olds have been diagnosed as having a clinically significant mental health illness (PHE, 2016). Thus, it is crucial that schools are considering mental health and wellbeing from an early age to focus on prevention and early identification.

3.10.1. The sample

The sample size was purposely kept to a small number (between 4-10), as this is the suggested number for IPA studies (Smith et al., 2009). IPA is best suited to a smaller sample size to ensure that there is ample opportunity for a detailed analysis on everyone, accounting for the ideographic nature of IPA. In total, five SMHLs took part in the study. The participants all identified themselves as the SMLH within their schools.

3.10.2. Inclusion Criteria

The SMHLs were required to have worked as the SMHL since at least September 2020. As the interviews were conducted during the summer term, this meant that the SMHL had at least two full terms in their role. This helped to ensure that rich information was able

to be provided. The inclusion criteria acknowledged that SMHLs would have other responsibilities within their role. It was understood that most additional responsibilities in schools are attached to other roles, such as class teacher, SENCo or deputy head. The recruitment advert made it clear that participants could volunteer if the SMHL role made up part of their professional role. A definition of the SMHL role was not provided, as it was decided that potential participants could decide if they identified as a SMHL. The interview schedule allowed for some demographic questions to be asked to explore the variety of other responsibilities held by the SMHLs.

3.10.3. Recruitment

The research strategy began by advertising a research poster (see Appendix E) on the county wide, school bulletin system. The advert was also placed on the local network for professionals working within mental health in schools. The network has a monthly newsletter and website which permits research advertising. A caveat was included on the poster which stated, 'due to research design seeking insight into their individual experiences, the number of participants for this study is limited to six. Participants will be selected on a first come-first served basis.' This caveat hoped to reduce disappointment if a SMHL expressed interest to take part, but the study has reached full capacity. After a period of one month, three SMHLs had agreed to take part. To ensure that SMHLs had heard about the research, the EPs within the Local Authority were asked to inform the SENCos in their schools about the research. Additionally, any school which was involved with the Mental Health Support Teams (MHST) received an email addressed to the main office, asking for the advert to be forwarded onto the SMHL. This final round of advertising secured two further SMHLs for interview.

Once a SMHL had made contact to express their interest, I sent them the information sheet (see Appendix F) and consent form (see Appendix G). I checked during our correspondence that they were the schools' SMHL and had been in role since September 2020. I asked if they had any questions. Once the consent form had been returned, we agreed a time and date that was convenient for the SMHL to meet virtually.

3.10.4. Overview of participants

The participants were all females, working in primary schools. An overview of the demographic information for each participant is show in table D below. To protect the participants identity and ensure confidentiality, pseudo names have been used throughout the analysis and write up. These names are Emma, Alisha, Gemma, Kayla and Penny.

The SMHLs all had a range of other responsibilities within their schools. Three of the SMHLs are senior leaders, whilst the other two are main grade teachers, with the role as an additional responsibility. I was struck by how similar the other roles were across the three senior leaders, as they were all the safeguarding lead and inclusion or SENCo lead in addition to SMHL. As I conducted the interviews, I was curious about whether I would find differences between the SMHLs who were in senior positions and those who were not. I tried to put this thought to the side as I interviewed and analysed the data.

During one of the interviews, it became apparent that one of the SMHLs, Penny, had a role which looked very different to the other four participants. After reflecting on the description of the SMHL role, within the Green Paper (DoH & DfE, 2017), it was clear that

Penny did not meet the definition of SMHL. Penny was not promoting a whole-school approach to wellbeing and did not have a focus on the supporting or signposting children with mental health needs for specialist support. Penny largely focussed on the mental health of staff, through being the Wellbeing Champion and the Mental Health First Aider. Upon reflection, Penny may have volunteered to take part because a definition of SMHL was not provided in the information sheet. Rather, the participants were self-defined as SMHLs. Ethically, I decided that Penny's experiences should be included within the analysis, due to her commitment to the research project and the insights she shared in supporting staff mental health in schools. When Penny's themes were compared with the other four participants, it was clear that there were some similarities in enough of the themes to present her experiences alongside the others. Penny is present in some overarching themes more than others, due to the nature of Penny's role.

Name	Time as SMHL	Time in current school	Time in education	Other responsibilities	Summary of school context
Emma	1 year (September 2020)	3 years	3 years	Full time class teacher	330 on roll High level of SEN and EAL 9% eligible for free school meals (FSM) Not as diverse as other schools

					Middle of town
Alisha	5 years	6 years	20 years (with career break)	Teacher, SENCo, Senior Leader, Pupil Premium Champion, Safeguard Lead, Designated Teacher for LAC	330 on roll High level of need (SEN, Pupil premium & children with adverse childhood experiences) 32.9% FSM High level of EAL High level of deprivation
Gemma	2 years (September 2019 officially, but unofficially 3 years)	3 years	23 years	Co-Head Teacher Safeguard Lead, Behaviour Lead, Inclusion Lead, PSHE Lead. Joint lead for curriculum & teaching	260 on roll Large village Mixed catchment 17% SEN 14.6% FSM Levels of FSM, EAL and children with EHCPs is below the national average.
Kayla	2017 (since it became official.	10 years	20 years	Assistant Head Inclusion Lead, Behaviour Lead,	480 on roll C of E school Diverse catchment

	Doing it unofficially for 10 years)			Pastoral lead, Safeguard Lead, Designated Teacher for LAC	50% EAL 35% Pupil Premium 30% SEN 28.3% FSM Inner city school
Penny	2 years (September 2019)	10 years (7 years as a TA)	13 years (11 years as a TA)	Class Teacher, Music Lead, School Governess, Volunteer Coordinator	Academy Trust 300 on roll 17.4% FSM Was 'Special Measures' but now 'Good' Mixed catchment (low deprivation & middle-class families) High level of diversity Hearing base

Table D: overview of participants

3.11. Data analysis

The data was analysed using the steps laid out in Smith et al. (2009). As discussed in the text, the steps are not intended to be used in a formulaic, rigid approach. Instead, the steps should be applied flexibly, using both iterative and inductive cycles (Smith, 2007). In 2021, an updated textbook was published which introduced new terms within the analysis process, using 'personal experiential themes' and 'group experiential themes' (Smith et al.,

2021). As my analysis process had begun once this update was published, I decided to remain using the pre-existing terminology. The steps were found to be helpful in shaping a framework around which the analysis process could take place. This process will now be explored, using the six stages as described by Smith et al. (2009).

3.11.1. Stage 1: Reading and rereading

To help become familiar with the richness of the transcript, the transcription was done by myself, using the function within Microsoft Teams as a starting point. I watched the video back, whilst reading the transcript, editing any corrections needed and adding detail such as pauses and significant body language. Once I was confident in the level of detail on the transcript, I listened again, as I read the transcript. As Smith et al. (2009) suggested, this helped me to become 'immersed' in the data and 'enter the participants' world.' Any initial thoughts or reflections I had were noted, with the view to bracket these off until the next stage of analysis.

3.11.2. Stage 2: Initial noting

The second stage of the process involves examining the semantic content and language use at an exploratory level (Smith et al., 2009). The process is described as a 'close analysis,' as you engage with the wording of the transcript and consider what was happening for the participant. To begin this process, I created a column system, with the transcript sitting in the middle column. On the right-hand side, I used the column to note exploratory comments, which were coloured coded to show the three areas as explained by Smith et al. (2009). The three areas are:

- Descriptive – This focuses on the content of what the participant has said and taking it at face value.
- Linguistic – This explores specific language used by the participant, such as a metaphor or powerful adjective. It can also explore things like pauses, laughter, fluency and repetition.
- Conceptual – This is a more abstract level, which seeks to go beyond what has been said in a interrogative, interpretative way.

As I approached this stage of analysis, I started by focussing on the descriptive and linguistic areas. If an abstract reflection came up, I noted this down and continued my original focus. I then went back over the transcript with a more analytical stance and noted any conceptual comments. For an extract of this exploratory analysis, see Appendix H.

3.11.3. Stage 3: Developing emergent themes

In this stage, Smith et al. (2009) explain the process as reducing the volume of detail but whilst holding the complexity of the data. Moreover, this stage begins to move away slightly from the participant, as the researcher begins to map out the interview as a whole and interprets what the participants described. Initially, this stage was challenging. On the first attempts at creating emergent themes, I stayed close to the descriptive comments made by the participants and avoided using the conceptual interpretations I had made. I utilised supervision to discuss my emergent themes, which gave me the confidence to return to the participant and summarise both the participants' transcript and my exploratory comments within the emergent themes. For example, one of Emma's emergent themes started as, 'SMHL position within the school (senior leader or not).' This later

became, ‘Internal struggle of being SMHL but new member of staff (power).’ This is shown in greater detail in my reflective diary (see Appendix I).

3.11.4. Stage 4: Searching for connections across emergent themes

This stage involves charting or mapping the emergent themes to consider how they relate to each other (Smith et al., 2009). The aim is to create a structure which brings together emergent themes, in a way which allows the researcher to focus on the interesting and important aspects of the data. I approached this stage by copying and pasting each emergent theme onto a grid, keeping the line number attached to the theme. I printed these out and cut them into strips. Then, I moved the strips around seeking to group them together, using the following concepts as a guide:

- Abstraction – putting themes together which are ‘like for like.’
- Subsumption – as above, but where an emergent theme becomes the heading for a new group of themes.
- Polarization – examining the data for opposite relationships and bringing these opposites together for a higher level of organisation.
- Contextualisation – contextual or narrative elements across the data.
- Function – looking beyond the participants meaning of a presentation and seeking to interpret what function it had for the participant in defining themself (e.g., are they positioning themselves as a hero or a victim).

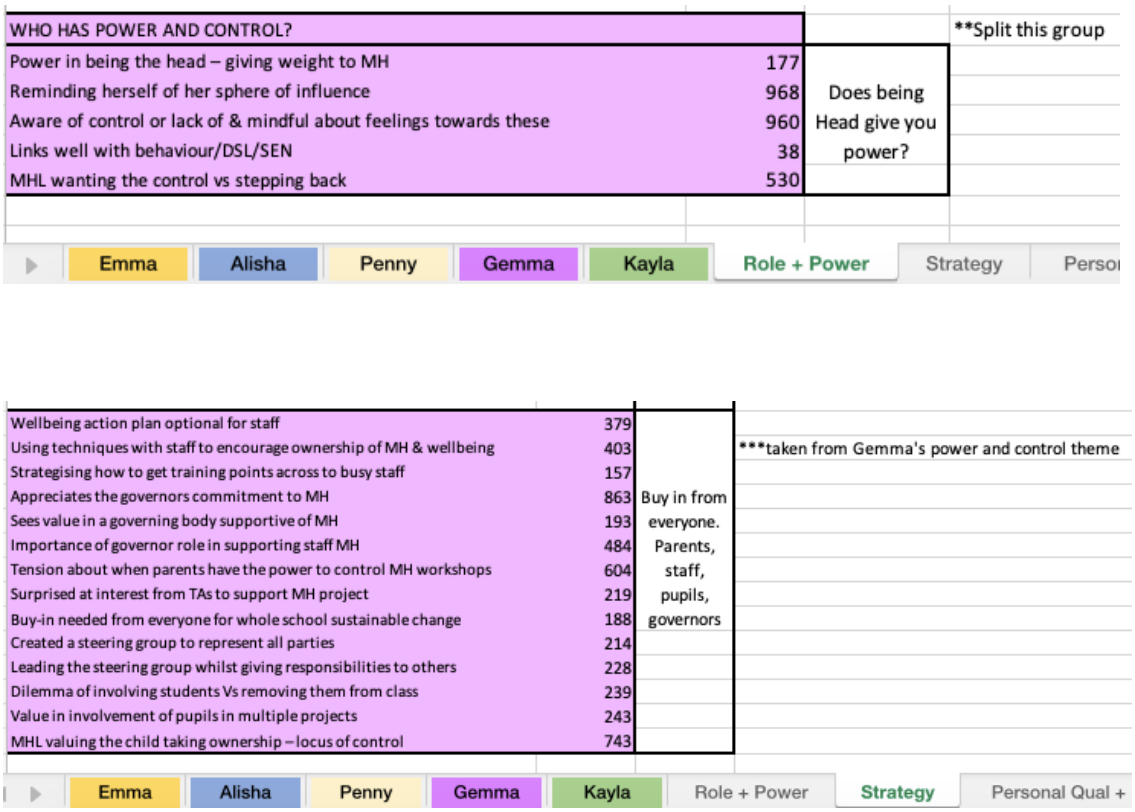
Once the emergent themes were grouped together, superordinate themes could be created, which represented each grouping. These groupings for each participant can be explored within Appendix J.

3.11.5. Stage 5: Moving to the next case

The fifth stage in the IPA process, involves repeating steps one to four, for the remaining participants. During this stage, it is important to bracket off previous participants analysis to stay true to the ideographic nature of IPA (Smith et al., 2009). This was repeated until each of the five participants had been analysed.

3.11.6. Stage 6: Looking for patterns across cases

The final stage involves bringing together all of the participants, to look for patterns across the cases (Smith et al., 2009). This can be described as a creative process, where a super-ordinate theme may become the higher-order concept across multiple participants. I found this stage challenging to navigate, as I felt like I was pulling apart the individual experiences that I had worked hard to protect. For the data to make sense as a whole, I was required to separate some of the emerging themes within a superordinate theme for a participant and move part of this to a new overarching theme. Figure B provides an example of this process. Gemma's superordinate theme of, 'Who has Power and Control?' is spilt across the 'Role and Power' and 'Strategy' overarching theme. This 'Strategy' name later changes to 'Whole-School Strategy.' To see the process of looking for patterns across cases, see Appendix K.



WHO HAS POWER AND CONTROL?			**Split this group
Power in being the head – giving weight to MH	177	Does being Head give you power?	
Reminding herself of her sphere of influence	968		
Aware of control or lack of & mindful about feelings towards these	960		
Links well with behaviour/DSL/SEN	38		
MHL wanting the control vs stepping back	530		

Emma | Alisha | Penny | Gemma | Kayla | Role + Power | Strategy | Perso

Wellbeing action plan optional for staff	379	Buy in from everyone. Parents, staff, pupils, governors	***taken from Gemma's power and control theme
Using techniques with staff to encourage ownership of MH & wellbeing	403		
Strategising how to get training points across to busy staff	157		
Appreciates the governors commitment to MH	863		
Sees value in a governing body supportive of MH	193		
Importance of governor role in supporting staff MH	484		
Tension about when parents have the power to control MH workshops	604		
Surprised at interest from TAs to support MH project	219		
Buy-in needed from everyone for whole school sustainable change	188		
Created a steering group to represent all parties	214		
Leading the steering group whilst giving responsibilities to others	228		
Dilemma of involving students Vs removing them from class	239		
Value in involvement of pupils in multiple projects	243		
MHL valuing the child taking ownership – locus of control	743		

Emma | Alisha | Penny | Gemma | Kayla | Role + Power | Strategy | Personal Qual +

Figure B: Screenshots of Gemma's superordinate theme being spilt across two overarching themes

3.12. Ensuring quality in qualitative research

It is important to assess the quality and validity of qualitative research using tools that have been created with this type of research in mind. Smith et al. (2009) highlight the importance of evaluating the quality of qualitative research in such a way that is appropriate to the style research. This needs to reflect the unique criteria for validity and reliability, which will differ from quantitative studies. Smith et al. (2009) recommend the use of Yardley (2000) for IPA methodology which suggests four broad principles: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. Yardley (2000) explained that the criteria should not be viewed as a universal guide. The nature of doing qualitative research often privileges hearing multiple 'truths,' 'knowledge,'

and 'reality.' Having strict criteria to assess validity would be limiting the possibilities for knowledge. Yardley's (2000) four principles are designed to be used with an open-end, flexible approach.

3.12.1. Sensitivity to context

This principle suggests various ways that a sensitivity to the context can be demonstrated. The researcher may be sensitive to the socio-cultural context. They may be sensitive to the current literature which surrounds the topic being studied and that of the analysis method. Sensitivity must be shown to the participants themselves and the material collected from each participant. Moreover, sensitivity is required when the researcher is interacting with the data, during the interview process, analysis stage and writing of the research. The research should be sensitive when making claims and interpretations about the participants (Yardley 2000).

In the current study, sensitivity to context was demonstrated in the introduction and literature view, with a focus on the socio-cultural context that the research was situated within. Within IPA, establishing rapport with the participant is paramount (Smith et al., 2009). An IPA is often as good as the interview itself, which requires a high level of sensitivity from the researcher, such as being empathetic and negotiating power imbalances. Time was allocated at the start of interviews to build rapport and reassure the participants. Moreover, at the analysis stage, the researcher needs to continue showing sensitivity in how sense has been made of the participants' experience. In the write up, the researcher should use verbatim extracts to give participants their voice in the research. In the analysis stage, I repeatedly went back to the transcript to check that I was being

sensitive to the words used by the participants and making sensible interpretations. Many quotes were provided in the findings section.

3.12.2. Commitment and rigour

This principle refers to the importance of developing competence and skill in the qualitative methods used and an immersion to the data. Rigour refers to the completeness of the data collection and asks whether the researcher has supplied all of the information required to make a comprehensive analysis. This begins from the data collection stage and continues throughout a rigorous analysis process. It is vital to ensure that the sample used is appropriate to the research question, that the interviews are suitable and of high quality and that a rigorous analysis process is undertaken (Yardley, 2000).

Within IPA, commitment should be shown to each participant, during the interview itself, when analysing the data and when reporting it. During the interviews, rigour was evident as the participants were given the space and time to share and reflect on their experiences. Moreover, Smith et al. (2009) highlighted the importance of idiographic engagement when considering rigour. The researcher should be sufficiently interpretative, informing the reader about individuals and the themes shared. During the analysis process, a clear paper trail was collected to demonstrate the depth of the analysis stage. Smith et al. (2009) suggested that for IPA studies with a small sample size (for example, four), each theme should include an extract from each participant.

3.12.3. Transparency and coherence

A level of transparency is required in qualitative research, which is likely to include a detailed account of the data collection process, the rules used to code the data, extracts of data and having the detailed records of data available to other analysts (Yardley, 2000). Another aspect of transparency refers to the researcher themselves being transparent about their own assumptions, intentions and actions. This should include examples where the researcher has aimed to bracket off any thoughts or pre-conceptions during the process. This reflexivity gives a reader a clear understanding of why the research was conducted and how the work may have been influenced by any bias from the researcher (Yardley, 2000). Coherence refers to the finished write-up. The product should be coherent, with clear arguments and a logical sequence.

Additionally, one can consider coherence to the fit of the study with the approach used. With IPA, it would be expected that a phenomenological and hermeneutic approach is demonstrated in the write-up (Smith et al., 2009).

In the current study, transparency has been considered by keeping an audit trail throughout the process, to support the reader in understanding how conclusions have been reached. Additionally, a research journal was kept (see Appendix I), to support remaining in a reflexive state and to note down any potential bias which should be bracketed off. Supervision was utilised to help uncover blind spots and explore underlying motives at key decision points.

3.12.4 Impact and Importance

Research should be undertaken with an aim to add new knowledge or a new perspective. Smith et al. (2009) suggest that research can be viewed as having good validity if it provides something interesting, important, or useful.

In the current study, the topic was chosen because the role of SMHL is a new position within schools and there has not been any research conducted to investigate how the role has been taken up. It is importance for knowledge to be shared about the practice occurring within schools, to help inform other SMHLs, local agencies who support the schools and national government who oversee policy and training. Within the discussion section, there are clear dissemination strategies identified to ensure that the useful knowledge and insight shared by the SMHLs can be communicated and utilised.

3.13. Disclosure of Researcher Bias

Prior to becoming a TEP, I worked as a primary school teacher, teaching across the four to eleven years age range. My role also included Head of Early Years and SENCo. During my teaching career, I noticed an increase in the role that schools were playing in promoting mental health to all students, alongside offering interventions for mental health needs such as low-level anxiety. I was part of a team working to implement a whole-school approach to support mental health. I witnessed the benefits the programme had for both students and teachers. Since being on the Educational, Child and Community Psychology Doctorate my interest has grown, alongside the national drive to increase mental health support in schools. I was interested to learn more about the insights of those with the SMHL role. During the process, I strived to ensure that I bracketed off my previous experience of

supporting mental health as a SENCo so that I could focus on the individual experiences of the participants.

3.14. Impact and importance

Research should be conducted with the hope and assumption that it can influence the beliefs or actions of others in a real-life context (Yardley, 2000).

In the current study, it is hoped that the research will impact on the understanding of the mental health lead role. A greater understanding is likely to be helpful for SMHLs themselves, to know how others have interpreted the role. Moreover, training providers may be able to tailor their offerings if they have a better understanding of the role. As discussed in the introduction section, the responsibility on schools in supporting mental health is increasingly becoming greater. It is important that research highlights what this means for those working in schools and the impacts it has on the children and young people.

3.15. Ethics

When conducting research, it is vital to adhere to the British Psychological Society (BPS) guidelines, to ensure that research is ethical. The BPS Code of Ethics and Conduct (2018) lists four main domains: respect, competence, responsibility, and integrity. Throughout the research, the code was used as a framework to guide any decisions made.

3.18.1. Informed consent

Before agreeing to take part, interested SMHLs were fully informed about the study. Smith et al., (2009) emphasise that fully informed consent must be gained for data collection and the outcomes that may occur following the analysis. Within the information sheet (see Appendix F), participants were informed about what would occur during the interview, including what they would be asked about. Additionally, within the information sheet, it was made clear that quotes may be used within the write up of findings. The participants were given the opportunity to ask questions at any stage of the process, including before signing the consent form (see Appendix G).

3.18.2. Right to withdraw

The participants were made aware that they could withdraw from the study at any time prior to the interview and up to two weeks following the interview. After the two weeks, it was explained that the data would be anonymised, and withdrawal would not be possible due to analysis taking place. This was explained to participants before agreeing to take part, during the interview and in a follow up email.

3.18.3. Anonymity

It was explained to participants that their data would remain anonymised. The Local Authority in which recruitment took place has not been named. Following the interview, all transcripts were saved under pseudonyms, which have remained the same throughout the write up. Within the information sheet and initial discussions with participants, it was made clear that the study would have between 3-6 participants and that quotes would be used

during the write up. Thus, it may be possible that the participant would recognise extracts from their interview.

3.18.4. Storage of data

The interviews took place on Microsoft Teams, using a laptop from the Local Authority. The laptop is password protected. During the interview, the transcription and recording functions were utilised. After the interview, the transcription and recording were saved within Teams. The transcription was downloaded onto the laptop hard drive and has been stored there. The data will be stored for five years following the study. This is in compliance with the Data Protection Act (1998) and the Tavistock and Portman Data Protection Policy.

3.18.5. Risks

The participants were asked to reflect over what may have been a challenging academic year. Educational professionals have dealt with a lot of pressure this year due to the COVID-19 pandemic. Additionally, participants may have found the past year challenging for personal reasons. The expectations within the role of the SMHL is likely to have increased, as the government looked to schools to provide support and stability for young people. Therefore, asking the SMHLs to reflect on the past academic year, may have been distressing for participants.

Following the interviews, I interpreted the transcripts. Within IPA studies, it is acknowledged that a double hermeneutic occurs in which the researcher is trying to make

sense of the participant making sense of their world. This means that there is a risk the participant will read the write up and not agree with the interpretations made.

3.18.6. Precautionary Measures

Precautionary measures were put into place. At the start of the interview, I spent a few minutes talking to the participant in a relaxed manner. This helped to build a relationship with the participant and helped them to feel at ease. During the interview, I sought to provide a supportive, containing role whilst conducting the interviews. The questions asked during the interview were open ended, which allowed the participant the freedom to decide what information they shared. After the interview, I checked in with the participant to see how they are feeling. I ensured that there was time after the interview for a debrief.

After the interview, I sent an email to the participant. The email thanked the participant for taking part, confirmed the right to withdraw (until two weeks after the date of the interview) and provided a list of additional support, should the participant be feeling distressed (see Appendix D).

Additionally, a plan was in place to utilise if a participant became distressed during the interview. Fortunately, this was not required. I had planned to ask the participant if they wanted to end the interview immediately. I would have stayed online and spoken to the participant until they felt better. I would have encouraged the participant to speak to a trusted colleague or friend. I would have also explored if the participant wanted an additional professional to be made aware, such as the link EP of the school or a senior leader in their school. A follow up phone call would have been made the following day.

To counter the risk of participants not agreeing with the analysis, I sought to 'thickly' describe the participants' experiences. This has been explained as understanding the contextual and relational features of the concerned phenomena (Brinkmann & Kvale, 2017). IPA aims to stay as close as possible to the language used by each participant. Each participant was analysed separately, before any generalisations were attempted to be made. Furthermore, I regularly returned to my ethical application throughout the research process, to help ensure that I was continually acting in the best interests of the participants.

3.18.7. Benefit to participants

The research is hoped to have benefits to participants on a micro level and benefit the community at a macro level.

On a micro level, the participants received my undivided attention for the duration of the interview. I aimed to be accepting of the experiences raised by each participant and offered a contained space. It is hoped that the participants found the interview a useful, reflective space. Secondly, at a more practical level, the reflective conversation may have led to new aspects of working or getting support that they would not have considered before. At a local level, it is hoped that in the future, after dissemination, the discussions raised may lead onto further support being given to the participants, such as by the EPS or the CAMHS school teams.

On a macro level, such as the wider community or a national level, it is hoped that the research can benefit SMHLs to receive further support or training where necessary. In

September 2021, government funding was announced for schools to apply for, to be spent to accessing SMHL approved training (DfE, 2022). Once this research has been published and disseminated, it can inform training organisations and support providers, to help ensure that SMHLs receive valuable and appropriate support.

3.18.8. Debriefing and feedback

At the end of every interview, I asked the participant how they were feeling and how they had found the interview. I gave participants the opportunity to reflect on the experience and ask any questions they may have had about the process. I repeated the information about confidentiality and the right to withdraw until two weeks following the interview date. I asked the participants if they would like a summary of the findings or a copy of the thesis. After the interview, an email was sent, as described under precautionary measures.

3.18.9. Ethical approval

The research adhered strictly to the BPS Code of Ethics and Code of Human Research Ethics (BPS, 2018). Ethical approval was sought from the Tavistock and Portman Trust Research Ethics Committee (TREC, see Appendix L for the TREC form and approval letter). Consent was also obtained from the Principle Educational Psychologist within the participating Local Authority.

Chapter 4: Results

4.1. Chapter Overview

This chapter provides a rich analysis of the research question:

What are the experiences of SMHLs in supporting mental health across a whole school setting?

Smith et al. (2009) suggested that the results section is the most important section when writing up IPA research. They said that the results should be comprehensive, systematic, and persuasive. I aim to present the findings in a way which fits with the Smith et al. guidance. Further contextual information of the participants will be given before the overarching themes are presented.

4.2. Contextual Information about Participants

4.2.1. Emma

Emma qualified as a teacher three years ago and is currently a class teacher. Emma asked if she could take on the role of SMHL, as she has a keen interest in the area and she was frustrated at the low level of attention mental health was receiving in her school. Emma demonstrated her commitment and drive to lead on improving mental health for all children and staff, despite feeling constrained by her newness to the profession and lack of leadership experience.

4.2.2. Alisha

Alisha is an experienced teacher (20 years in education) and has been a senior leader for many years. Her knowledge and passion for promoting positive mental health came across strongly throughout her interview. Alisha has a Masters in SEND and has completed multiple courses about mental health, in addition to supporting the government with a pilot initiative. Alisha spoke with confidence about her role and the work that has been ongoing for many years in her current school to support the whole community in mental health.

4.2.3. Gemma

Gemma has worked in education for many years (23 years) and is currently a co-headteacher. Gemma spoke clearly and passionately about creating a school which promoted positive wellbeing at all opportunities. Gemma has worked tirelessly to engage with all relevant stakeholders in her school, to develop their strategic aim to be a mentally healthy school. Gemma felt strongly that the SMHL role should, at least initially, sit with a senior leader, to ensure that the approaches could be embedded throughout the school.

4.2.4. Kayla

Kayla is another experienced professional within education, having worked in schools for 20 years. Kayla is currently an assistant headteacher, leading on safeguarding, behaviour inclusion and PSHE alongside her role as SMHL. Kayla has a keen interest in mental health, as her degree was in psychology. She is considering a move to clinical psychology in the future. I enjoyed reflecting with Kayla about where her role as assistant head and SMHL collided. It was clear that Kayla has multiple aspects to her role which are not easily bracketed off from one another.

4.2.5. Penny

Penny is a class teacher with a commitment and drive to support her local school and community. Penny explained that her roles are named Wellbeing Champion and Mental Health First Aider. As discussed in the methodology, Penny does not meet the Green Paper (DoH & DfE, 2017) definition of a SMHL. It was evident that Penny had been on a journey as she took up her roles, as she learnt more about mental health and how she could best support her colleagues. Penny was reflective about how her role had changed her as a mother, partner, and teacher. She also reflected about cultural aspects of her identity and how aspects of her role were drawing on various cultural traits with which she could identify.

4.3. Overarching themes

The theme maps for each individual participant are presented in Appendix J. The findings explored here will focus on the overarching themes that were present across the participants. The structure will take each overarching theme in turn. Within each overarching theme, there are superordinate themes. A superordinate theme was created across the participants if it was present in at least three of the accounts. It is hoped that this approach will mean that the research evidenced has strong validity. As each superordinate theme is discussed, extracts and analysis will be shared from each of the participants. This is known as a 'case within theme' approach, as opposed to a 'theme within case.' Smith et al. (2009) explained that this approach is the most orderly sequence.

The overarching themes are, ‘Role and Power’, ‘Whole-School Strategy’, ‘Passion and Pride’, ‘The Wider System’ and ‘Mental Health of SMHL’. See Table E for a summary of the overarching themes, superordinate themes and the consistency across the participants.

The theme of ‘Role and Power’ explores the ways in which the SMHLs have defined and taken up their roles, including how their roles connect with other roles they have taken on. The impact of COVID on their role is also discussed. The theme of ‘Whole-School Strategy’ discusses the experiences of SMHLs in supporting child, staff, and community mental health. The third theme, ‘Passion and Pride’, demonstrates the passion and commitment that was apparent across all participants and their experiences of responding to stigma around mental health. The fourth theme, ‘The Wider System’, discusses the issues and the opportunities which exist when considering the wider systems which support mental health. The final theme, ‘Mental Health of SMHL’, explores the emotional impact of the role on SMHLs and how they have all found support for themselves.

Overarching Theme 1: Role and Power					
Superordinate themes:	Emma	Alisha	Gemma	Kayla	Penny
Defining the role	Y	Y	Y	Y	Y
Who has the power?	Y	Y	Y	Y	Y
Connection with other roles	Y	Y	Y	Y	N
Impact of COVID-19	Y	Y	Y	Y	Y
Overarching Theme 2: Whole-School Strategy					
Superordinate themes:	Emma	Alisha	Gemma	Kayla	Penny

Child focussed	Y	Y	Y	Y	Y (but very different)
Staff focussed	Y	Y	Y	Y	Y
Community focussed	Y	Y	Y	Y	N
Mental health is everyone's responsibility	Y	Y	Y	Y	N
Overarching Theme 3: Passion and Pride					
Superordinate themes:	Emma	Alisha	Gemma	Kayla	Penny
Passion, pride, commitment & confidence	Y	Y	Y	Y	Y
Training needs of SMHL	Y	Y	Y	Y	Y
Stigma of mental health difficulties	Y	Y	Y	N	N
Overarching Theme 4: The Wider System					
Superordinate themes:	Emma	Alisha	Gemma	Kayla	Penny
A failing system?	Y	Y	Y	Y	N
Utilising systems for children's mental health	N	Y	Y	Y	N
Overarching Theme 5: Mental health of SMHL					
Superordinate themes:	Emma	Alisha	Gemma	Kayla	Penny
Emotional toll on SMHL	Y	Y	Y	Y	Y
Getting support	Y	Y	Y	Y	Y

Table E: Consistency of themes across participants

The theme of 'Impact of COVID-19' was not a theme for any individual. However, when looking at the data as a whole, it was apparent that the pandemic had relevance and meaning to the whole group. All the SMHLs referred to the impact of COVID at least twice during their interview. These comments were noted as emergent themes during the analysis. When searching for connections across the emergent themes for an individual, the pandemic was not a dominant topic to use as a superordinate theme. However, after analysing all the interviews, it was evident that there was a strong group narrative about the impacts of the pandemic.

The notations used throughout this section are as follows:

- Verbatim quotes are in *italics*
- An ellipsis, '…' shows where a quote has been cut
- The referencing style is (name of participant: line number)
- Additional information is within square brackets. E.g., [laughter] or [pauses]

The overarching themes and subthemes will now be explored in detail. There were multiple relevant quotes from the participants linked to the themes. In this section, I will focus on the most pertinent quotes which exemplify the theme the best. The full selection of quotes is available in Appendix M.

4.4. Theme 1: Role and Power

4.4.1. Defining the role

All the SMHLs spent time defining their role and how it had evolved over time. It was expressed that the role is more strategic or managerial.

'It's kind of behind the scenes one where you're sort of negotiating things with others and ensuring that different people get the support they need, or the training is happening. Umm, it's more of a strategic role rather than an in your face role, I think…' (Alisha: 188-192)

Alisha's definition of her role was comparable to the other SMHLs. Emma explained her role as giving advice.

'More recently it's become a far more hands on giving advice type role…' (Emma:124-125)

Emma's words of '*more recently'* suggest that her role has been evolving. Emma explains a role which provides advice, which may be viewed as indirect support, to help meet the needs of children. This feels like a contradiction to being '*hands on*,' where you might expect Emma to be directly working with the pupils.

Gemma also refers to the role being strategic in nature. She also highlighted an interesting distinction between '*officially'* and '*unofficially'* doing the role.

'I'd say we officially made it a thing from September 2019 when we decided to have that as one of our strategic goals on our school development plan…officially I had it from September 2019. But I'd say,

unofficially I was doing it since joining the school. Yeah [laughs] if that makes any sense.' (Gemma: 22-29)

This distinction between official and unofficial was mentioned by Kayla too. In Alisha's interview, she explained she has been in role, '*for about five years. Since we knew we needed one*' (Alisha: 19).

For Kayla, there was a dilemma which took some time for her to figure out throughout the interview, around what was her role as SMHL and what was her role as assistant head.

'If it was that generic thing, then yes, that would come more sort of under mental health and wellbeing, I'd say. When it's that intense, more intensive support where [pauses] people really do need help [pauses] then I feel like that's more of an assistant head role [looks thoughtful]. That's interesting isn't it, that's weird [pauses] Yeah, never really thought about it like that [pauses] I don't know…' (Kayla: 356-362)

Kayla's pauses indicate a sense that she is internally attempting to define where her role starts and ends. She finishes her thought by saying that she does not know.

4.4.2. Who has the power?

This theme relates to how much power the SMHL has or perceives themselves to have, when conducting their role. Three of the SMHLs are in senior management positions,

including a SENCo on the senior leadership team (SLT) (Alisha), assistant head (Kayla) and a co-headteacher (Gemma). These SMHLs all spoke about how their position in school has been helpful for them in enacting change.

> *'…it sits with one of us as co-headteachers because it needs to be given that kind of weighting. I do have a couple of teaching colleagues that I think long term…But to begin with, we sort of felt strongly it needed to sit with a headteacher.' (Gemma: 175-183)*

> *'I think it's very difficult to do the role, generally if you're not in a position where you can make change...you can't affect any change around the ethos or the way that people talk to each other or around putting systems in place for that I think that would be very difficult.' (Kayla: 671-684)*

For Gemma, she emphasised that it was important for one of the headteachers to start with the role. Gemma also explained how, as a headteacher, '*you really like being in control*' (532). She felt that the role needed to be within a senior position, and she wanted to have control over the project. Kayla also spoke about the usefulness of being senior to enact change. This sentiment was shared with Penny, who expressed her view that, '*it's so… necessary for heads to [pauses] to have their caps on as well in this area*' (Penny: 278-282).

However, Kayla also spoke about how her position of assistant head sometimes was not helpful.

'It kind of gets to a point where you think actually, my role…is helpful to that person but not helpful in a way.' (Kayla: 324-325)

To further explore power the SMHL role, it is useful to consider viewpoints from SMHLs, who are teachers without a senior position.

'I definitely think it's more challenging not being on the senior leadership because you don't necessarily have that sway of right… as a school, this is what we're doing…. So…I think the way I'm working to sort of spread the message is, is different…I'm also conscious that I'm the second newest member of, you know, teaching…' (Emma: 414-427)

For Emma, her lack of power was a factor she had regularly reflected on. She explained she had adapted her approach to fit with her level of authority. Moreover, Emma felt compounded by being a newer member of staff, as though this reduced her power further.

4.4.3. Connection with other roles

For the three senior leaders, the role of SMHL was described as fitting in well with their other roles and responsibilities.

'I'm a teacher, umm but I'm also the SENCo. I'm a senior leader. Umm, I'm the pupil premium champion. I'm the designated teacher for looked after children and I am a DSL. But they all mesh [interlinks hands together]. (Alisha: 26-29)

'I was leading on behaviour and safeguarding…and I was also working quite closely with the SENCo around inclusion. So obviously that covered some of our social, emotional mental health needs as well for the children. So it's kind of, kind of was the logical step really.' (Gemma: 38-42)

'I'm in the same role as assistant head and inclusion lead, and with all of the other bits so designated safeguarding lead, for looked after, mental health, all of that, sort of, behaviour. All of that, all in one [laughs]. (Kayla: 4-7)

The consistency between the three participants, highlights that the SMHLs view their role as closely linked with a variety of other roles required in schools, such as safeguarding and inclusion. Kayla's laughter as she summarised all her roles indicates that perhaps she feels that there is a lot to manage, but that all these things come together as one.

The link between SMHL and other roles was apparent for Emma too, despite her not having other responsibilities herself.

'…that was from an SEN point of view, but actually we've sort of merged together on it and are opening it up for discussion and things.'

(Emma: 788-790)

Emma explained how she works closely with the SENCo on various projects, which felt relevant for both mental health and special educational needs.

4.4.4. Impact of COVID-19

All five participants discussed COVID-19 and the impact that the pandemic had on their role in supporting the mental health of children and staff. Some of the SMHLs referred to the impact of COVID-19 on the mental health of the children and how the recovery curriculum had been implemented to support all children.

'…having seen some children returning from various lockdowns, there is a lot more need for external things.' (Emma: 65-66)

'One part of the recovery curriculum really had to be ensuring that children have space to speak and that they had the language in order to do that and that they were able to describe their need and their feelings.'

(Alisha: 225-228)

It was clear that both Emma and Alisha felt that the overall need for mental health support had increased during the pandemic. For Emma, she addressed this by increasing the amount of external support available to the children. This suggests that the level of need felt too great for it to be managed internally within the school. For Alisha, she focussed on introducing a recovery curriculum which gave all children space to think and speak about their feelings.

Another common theme around COVID-19, was the impact on staff wellbeing.

'For those who were not in school and we my colleague and I, in the same way that we had our vulnerable pupils list, my colleague and I had a staff list basically….So I think that has helped, because it's, although it's been a very different 18 months, I think we have tried to find alternative ways to keep that profile high.' (Gemma: 494-506)

Gemma's explanation of having a vulnerable staff list, in the same way you might have a vulnerable pupil list, highlights the huge impact COVID had on staff wellbeing. Kayla explains that staff need was high before the pandemic too.

'Umm, we, I would say we have a fairly large-ish proportion of staff that do….umm, struggle with their mental health at one time or the other, and particularly over the last year I'd say with COVID, that's been very challenging for…specifically, sort of two, three members of staff who

actually it's been very difficult to get back into school after COVID and around anxiety for that.' (Kayla: 311-316)

Both Gemma and Kayla were addressing the needs of staff, both whilst they were at home during the lockdown or when the schools reopened. Kayla highlights the high level of need through explaining that some staff were too anxious to return to school.

The SMHLs described having low numbers of pupils in school, with some only '*having 30 in school*' (Gemma: 510). This was utilised as a training opportunity.

'Lots of our our teams were at home, it was a really good opportunity for support staff who weren't necessarily able to deliver the support, they do 1:1 with children, to then upskill…' (Alisha: 165-168)

'We asked people to research an aspect of wellbeing and mental health that interested them.' (Gemma: 514-515)

This additional time that became available for staff was utilised as a time to upskill staff, often with a focus around mental health.

For Penny, the pandemic highlighted ways in which staff could work to improve their wellbeing.

'Like with everything, it's had its benefits because COVID is, now shown us that we can now PPA at home. Wonderful for wellbeing and teachers, absolutely wonderful.' (Penny: 608-611)

Penny was able to demonstrate that teachers could effectively do their planning, preparation and assessment (PPA) work from home. She encouraged her headteacher to allow this to continue beyond the pandemic.

4.5. Theme 2: Whole-School Strategy

4.5.1. Child focussed

It was clear that the mental health of the pupils in school was a priority for the SMHLs. The SMHLs all spoke at length about the positive work they have been implementing within schools over the past few years. It was evident that the SMHLs understood the importance of being mentally healthy to access learning.

'I feel it's one of the most important thing. If you haven't got happy, stable children, then they're not gonna learn anything.' (Emma: 109-111).

'We try to, umm, kind of, show other members of staff that actually if children are not in the right place to learn, if they're not feeling safe and comfortable and happy and have people around them that they can trust, that actually there's no point trying to teach them anything, because if

they're not feeling safe and in that right place then, then that's not going to work.' (Kayla: 142-149)

Both Emma and Kayla were highlighting the attributes which underpin a mentally healthy child, who is in a place where they can learn. Both used the word, '*happy'* suggesting that this could mean free of mental illness or distress. It could be argued that the term '*stable'* means something similar to 'safe' and 'comfortable,' suggesting that children need to have those basic safety and security needs met to feel mentally well.

The SMHLs also discussed how they have approached supporting children's mental health. The SMHLs identified multi-layered types of provision and support, which would hopefully in combination, work together to create a mentally healthy school. The actions taken by the SMHLs to implement support for children's mental health are listed in Table F. At times, these approaches were subtle, but the SMHLs had the knowledge to understand that it would impact on the emotional security of pupils.

'If we get the anti-bullying bit right, the behaviour policy bit right, the safeguarding side of things right, the actual on the ground targeted support for people right then, that will [emphasised will] mean that we are creating a mentally healthy school for everyone.' (Gemma: 249-253)

Gemma's emphasis of the word '*will'* felt relevant. As Gemma spoke, it came across that Gemma had spent a long time creating a strategic plan to support her goal. It sounded

as though she may have been attempting to convince herself that if all those elements were in place, she definitely would succeed in creating a mentally healthy school.

> *'Those policies…those parts of the school life or actually life in general that really undermine mental health, have, are a focus for us so that, that idea of crime and punishment and punitive measures can massively, you know, effect self-esteem and self-worth and mental health, and if they're not managed properly, that can be a lifelong issue.' (Alisha: 263-267)*

Alisha was suggesting that punishment consequences, often found within school behaviour policies, reflect how crime and punishment is dealt with in society which can have a negative impact on self-esteem and self-worth. Alisha wanted to create a behaviour policy which avoided punitive measures and a policy which would support children to prevent lifelong issues.

Universal / whole-school approaches	Bespoke / individualised approaches
Creating a mental health policy Behaviour and SEND policy with emphasis on emotional literacy Reviewing anti-bullying policy Jigsaw PSHE scheme	Supporting teachers support children Emotional Literacy Support Assistant (ELSA) / Nurture Lead sessions Sport & Talk sessions with PE teacher Referrals to CAMHS

Powering up approach Zones of regulation used across school Attachment-based principles underpinning practice Recovery curriculum 'No shouting' school Regular meetings and actions across a wellbeing steering group (pupils, staff, parents & governors) 'Five Ways to Wellbeing' Annual mental health based INSET day Outdoor Adventure activities for all classes	Trauma informed SEMH class for those at risk of permanent exclusion MHST Use of Poppy O'Neill self-esteem books Mentoring sessions Sessions with a Play Therapist Lego Therapy sessions Sensory space Emotional support pathway – bespoke support whilst a child waits for CAMHS Drawing and Talking technique

Table F: The actions implemented by SMHLs to support child mental health

4.5.2. Staff focussed

All five of the SMHLs spoke about the mental health of staff and how considering staff wellbeing was an important aspect of their role as SMHL.

> *'I think that if we are underpinning everything, we also have to ensure that the adult mental health is really solvent or as solvent as it can be.' (Alisha: 204-206)*

The use of the word *'solvent'* here is noteworthy. One way of defining solvent, is when a company must stay solvent to have enough money that may be owed to people (Cambridge University Press, 2022a). In Alisha's use of the word, she may be suggesting that the staff mental health needs to remain positive so that the staff have the capacity to be able to support the children.

When reflecting on the relevant quotes, it was clear that deciding how best to support staff mental health was a complex task. At times, it seemed as though the SMHL should be working towards creating a culture and ethos which promotes positive wellbeing. Other SMHLs provided concrete ways in which they had actioned a plan to improve wellbeing.

> *'It's about your ethos that you have…We'd never sort of talk about children negatively in a way. And it would be the same about adults. You know, it just wouldn't…it, that's just, kind of, the culture and ethos of it, I suppose.' (Kayla: 374-379-382)*

Kayla's pauses and lack of fluidity in her speech suggest that she found it challenging to identify how staff wellbeing was considered across the whole school. This may have been because Kayla often focuses on supporting individual staff members who are struggling with their mental health. Kayla went on to say:

'But [emphasised but] on top of that, there's also like this sort of added support in a very different way, for for people who are struggling, I guess.' (Kayla: 398-401)

Kayla's explanation identified that there are multiple layers towards supporting staff wellbeing. Penny described a similar way of offering her time, by allowing staff to approach her, as and when they felt they needed support.

'It was to listen and just go, uh-huh…uh-huh…..And just wait for people to talk because…yeah, that that's what somebody is coming to you.' (Penny: 223-226)

Considering the impact of initiatives on staff was highlighted by Emma:

'We've had lots of discussions about, you know, some schools that have said you've got to come to yoga on a Friday…so it's…it's working out how you can do it to please everyone, and to genuinely boost the morale and wellbeing of the staff. Umm, and I think a lot of that comes from working with SLT as well and making sure workload and expectations are managed at, from a management point of view.' (Emma: 695-711)

This comment highlights that some staff wellbeing initiatives can have the opposite desired impact, in which perhaps staff feel more stressed about attending additional events

such as yoga. Moreover, Emma emphasises the importance of workload and expectations as a factor which impacts staff wellbeing. This was a common theme across the SMHLs. The actions taken by the SMHLs to implement support for staff mental health are listed in Table G.

Universal / whole-school approaches	Bespoke / individualised approaches
Managing workload & expectations Reducing marking load No marking policy (all verbal feedback) Changing practices – e.g., PPA at home Supervision for all staff Kind & supportive school ethos Recognising the impact on staff working with challenging SEMH behaviours Checking staff don't stay working too late Staff survey based on wellbeing repeated each year Creating a staff room (to rest/relax) and a staff work room Wellbeing notice board Limiting staff meetings	Informal check-in / support from SMHL Signpost staff for external support Adapting timetables for staff Referrals to Staff Assist or GP Checking in with vulnerable staff Programme for parental mental health (delivered by Family Support Worker) First Aid Mental Health when needed Individual support plan

Wellbeing Check In / plan created between staff and SLT School Wellbeing Champion Monthly Wellbeing newsletter	

Table G: The actions implemented by SMHLs to support staff mental health

4.5.3. Community focussed

Four of the SMHLs (Emma, Alisha, Gemma and Kayla), discussed community mental health, including the role that schools could have in supporting the mental health of parents.

> *'The whole community is absolutely in disarray and umm, you can see that has massively affected the mental health of the children. Umm and trying to elicit support for that, it's been really difficult…the children come from very loving, nurturing, caring homes, but their experiences are so great and they can't unpick them and they're happening to everybody, and the adults that it's been really difficult one.' (Alisha: 109-116)*

Alisha's choice of words, '*absolutely in disarray*,' highlights the extent to which the parents are struggling with their mental health and are not able to find support, creating a disorganised chaos within the community. In Alisha's position in school, she has been well placed to observe the huge impact this has had on children. Despite the disarray and impact for children's mental health, Alisha demonstrates empathy and compassion towards the parents. She can recognise that the children are nurtured and loved, but that without parental support, the children will be affected.

Some of the SMHLs discussed the ways in which they have offered direct mental health support, to the parents, in the hope that this would then have a knock-on impact on the wellbeing of the children.

> *'The idea is our, support worker is going to sort of, she wants to mirror it (specialist therapeutic work) for families. I love her ambition…. so at least if she had something up her sleeve that she could roll out, whilst we got these families in holding patterns, then hopefully that would, that would have a positive impact on the children as well.' (Gemma: 762-764 & 776-779)*

It feels as though Gemma and the family support worker are feeling compelled to act on the mental health needs of the community, whilst parents wait for their own mental health support from local services. Gemma's comment, '*I love her ambition*,' suggests that whilst Gemma is enthusiastic for the idea, she is feeling like it is a task which is perhaps beyond what the school can realistically achieve.

The other way in which schools are looking to the community, is to involve the parents in the work that is being completed in schools to support children's mental health. In some cases, this was to '*run workshops'* (Gemma: 581), host a parent evening to get '*parents in and talking about it'* (Emma: 272) or have '*little mental health activities'* (Emma:

262) on the newsletters each week. It was felt that involving the parents with their children's mental health was important to enact positive changes.

> *'But actually, you know, sort of getting them as part of the process. And if there are any systems that help for the child, it's about putting them in place for them at home as well… 'cause actually can't do it just in school 'cause there's there's, you know, there is point to it, but it just it doesn't, it's not sustainable unless everybody's kind of got that buy in I don't think.'*
>
> *(Kayla: 538-543 & 549-552)*

Kayla demonstrates an awareness of the various systems that a child lives in and the importance of ensuring that the child has similar support in place at home, as well as in school. Kayla identifies that for positive mental health to be sustained as a child moves through school, it needs to be supported by the parents. The phase, '*buy in*,' suggests there may be some element of convincing the parents that the work is worthy before the parents then come on board. The full range of approaches used by the SMHLs to support community mental health is listed in Table H.

Approaches for parents to support child	Approaches for parental mental health
Talking to parents Mental health policy aimed at parents Mental health section on the school newsletter	Collaboration with Family Links (webinars) Support from Home School Link Worker / Family Support Worker Referrals to Early Help / Social Care

Parents open evening to discuss mental health Collaborative / open door approach with parents Involving parents in supporting child with strategies around mental health – joined up approach between home & school	Workshops for parents

Table H: The actions implemented by SMHLs to support community mental health

4.5.4. Mental health is everyone's responsibility

Throughout the interviews it was clear that the SMHLs put in vast amounts of time and effort to develop systems which promote a mentally healthy school for all. However, they all discussed the importance of all staff being involved, with '*mental health as everybody's business'* (Alisha: 694).

> *'If you really want to make sustainable change, it's it's got to be every single member of the staff team.' (Gemma: 188-189)*

Once again, the word '*sustainable*' is used as a key term to highlight that the aim is to be making long-term changes around mental health support and outcomes. Considering both Kayla's quote (from the previous section) and Gemma's, it seems that parents and staff are thought of as valuable to promote positive mental health. Alisha takes this idea one step further:

'I think it works better when everybody has ownership of something rather than one person doling it out and doing it all.' (Alisha: 196-198)

Alisha suggesting that an '*ownership*' is important. Alisha was highlighting that staff need to also have high commitment levels to support the overall aim.

'So we have, so everybody is kind of tasked with, these are the children in your class and these are the ones that you are responsible for, to build a relationship with.' (Kayla: 268-270)

Kayla provides an example of how all staff might have a key role in supporting mental health across the school. Kayla suggests that it would be each teacher's responsibility to build a relationship, highlighting the importance of secure relationships for mental wellbeing. Similarly, Emma provides us with an example for how staff can come together when there is a concern around a child's mental health.

'I feel SLT are there, I feel the person who's dealing with the child is there…and then we all sort of work and muck in together, discuss things, talk about it.' (Emma: 678-680)

Emma indicates that there is a team around the child. Emma's use of the words, '*muck in together*' suggest that Emma feels that collaboration provides the best outcomes for a child, where all relevant staff have contributed.

4.6. Theme 3: Passion and Pride

4.6.1. Passion, pride, commitment and confidence

The SMHLs came across in all interviews as individuals who cared deeply for the role they are in and for the children, families, and staff that they support. They spoke with passion and pride about the projects they have been implementing and the impact they have noticed. There was clearly a commitment to the role which often meant that the SMHLs worked '*outside school hours and evenings and weekends'* (Emma: 54-56). A lot of this additional work was around undertaking training and courses, as described in the next superordinate theme. The SMHLs were keen to share their experiences and as they spoke, it was apparent that they felt confident within their role.

> *'We talk a lot about removing barriers rather than and this term really bothers me, 'what's wrong with them?' [Clenched fists, pulled arms down from chest] but it's really about just removing barriers and…and creating different playing fields for them to be on and we talk a lot about barriers and journeys and pathways rather than challenges or difficulties or not being able to do. It's a lot about language.' (Alisha: 269-277)*

Alisha's fury as she spoke about the importance of language was evident, in both her body language and tone of voice. As Alisha said '*really*,' she emphasised the word as she also pulled clenched fists down across her body. It is possible that Alisha has often been asked, '*what is wrong with them*,' perhaps by school staff or perhaps from a child's family. Alisha is attempting to ensure that an equitable system is in place in school, to support those children who may have more '*barriers'* and help them to have the same opportunities as their peers. It was apparent that these views are more than a job for Alisha, but perhaps rather her beliefs and values.

There was an indication across the interviews, that the SMHL should be carefully selected to take on the role, as the person who is '*best suited*' (Gemma: 27).

> *'I don't think that is a role for anybody to take on in the school. I think there's…some people who wouldn't enjoy that at all, and some people that would enjoy that, but perhaps wouldn't be the right person to be able to do that. So it's a very careful kind of balancing act of it all I guess, yeah.' (Kayla: 285-290)*

In this quote, Kayla is describing who should be selected for any mental health role within the school. She believes that something else is required beyond an interest or enjoyment in supporting mental health. Kayla does not state who would be the '*right'* or '*wrong'* person, although she earlier described one skill which may be crucial.

'It's about that, you know, having those you know, being able to step back from it a little bit and and be able to put the thing, the right things in place and then also to be able to say actually, I can't manage that, I need, yeah, or that child, it's not working for that child and we need something else. Yeah, so interesting [smiles, laughs].' (Kayla: 299-304)

Kayla suggests that an ability to stop and reflect is important, to consider if what you are doing is the right thing for the child. Additionally, Kayla recognises that the adult needs to be attuned with their own emotions and can notice when they are not managing themselves. Kayla's final comment, with a laugh, suggests that she perhaps recognises the complexities of working with mental health. It is possible that the word '*interesting'* was chosen as a polite way of naming the messy, tough aspects of the role.

Across the interviews, there was evidence of pride about the changes they had made.

'I've walked into the staff room at lunchtime a couple of times and they've been having conversations about it, which I just makes me like. Yay! [raises arms in celebration, laughs].' (Emma: 351-353)

Emma expresses that she has noticed she made difference and is physically celebrating her success in engaging staff with conversations about mental health. Her laughter is perhaps an extension of her joy, or possibly embarrassment at her outward expression of celebration.

4.6.2. Training needs of SMHL

Another way in which the SMHLs demonstrated their commitment to the role, was through the number of training experiences that they had actively sought out for themselves. At the time of the interviews, the government had not released details of courses designed specifically for SMHLs. Some of the SMHLs explained that they had done various training courses which was linked to other aspects of their role, such as SENCo, but which was relevant to the work of SMHLs.

> *'I'd say I've had a lot of training, kind of around other things that feed into that role, so I've done a lot around kind of trauma training, a lot around attachment, you know, my background is in psychology… I've done counselling bits and pieces.' (Kayla: 112-115)*

The recognition that training links with other roles, continues to suggest the interconnection that the SMHL role has with other school roles. Despite overlaps between training, it was felt that going over similar concepts is useful as, '*a chance to connect the dots*' (Gemma: 122). Some of the training completed included:

- Undergraduate degree in Psychology
- A Masters in SEND
- An advanced certificate in SMHL
- Place2Be training
- Mental health first aid
- Emotional coaching
- Safeguarding training

- Family links training
- Wellbeing recovery
- Coaching and supervision
- Trauma and attachment training

Moreover, a lot of the training that the SMHLs sought was informal.

'I then researched massively into what other schools were doing, scrolled through loads of other schools websites, looked at their policies, looked at things they'd done.' (Emma: 114-116)

'One of the reasons we're ahead of the game is I'm I am a reader, and I, I read a lot of research.' (Alisha: 685-686)

These examples from Emma and Alisha highlight that the professional development of SMHLs can come from a wide variety of sources, including perhaps other schools and available research. It was also suggested that the type of course delivered was relevant.

'I've also chosen to do the some of the Place2Be self-directed learning, which actually, if I'm honest with you I think out of everything I found the most useful, possibly because it was at your own pace and you you you choose the time when you sit down and do it so that you know you're in the right frame of mind to take on [both laugh] as much as

possible and you can click on the links and you can come back to the links and do the reading and so on.' (Gemma: 109-114)

Gemma explained that an online, self-paced course was best suited for her. She noted that frame of mind is an important consideration, perhaps because often the content around mental health training can be mentally draining.

4.6.3. Stigma of mental health difficulties

For some of the SMHLs, opening up conversations about mental health was an important part of the role, with the aim of reducing any stigma around mental health. In some schools, mental health was thought to be purely about illness.

'I think a lot of our staff are thinking, right, mental health is mental illness, not mental health being everything that we deal with every day and how you cope and how you feel and all those sorts of things. So again it's educating everyone in a whole sort of approach of no…this is what we're talking about and mental doesn't mean crazy. 'cause one of the umm boys in my class and again, in the very first trial lesson I said, what is mental health? And he said oh, that's when you put in an asylum, isn't it? And he's 8 and I thought OK, that says a lot [laughs].' (Emma: 318-325)

Emma describes misconceptions and a stigma around what mental health means, in both the school staff and the pupils. Her comment '*that says a lot*,' suggests that Emma

recognises the wider context and misconceptions which have led to this pupil having an inaccurate view. She may be wondering what is spoken at home about mental health. Her laughter may have been an attempt for Emma to lighten the heavy feelings she likely felt.

For Penny, the silence that followed her offering to support staff with their mental health is evidence that staff were not keen to bring their problems to Penny.

> *'And then nobody comes to you. There's there's nothing to listen to, there's there's no one who's sending you emails. There's no one who's bringing themselves forward.' (Penny: 251-252)*

It is hard to be conclusive about whether the silence in Penny's school was due to a stigma or other factors. The SMHLs all described that an aim of their role was to promote mental health as something, '*we've all got, good and bad*,' (Alisha: 707).

> *'By using the word mental health 'cause I think it's…theres still isn't there, whether you like it or not, there is still a bit of a stigma, we found, and it's just really important we do sort of acknowledge that with people and talk about positive mental health and what we can do.' (Gemma: 573-577)*

As Gemma spoke, there was a lot of talking around her point before she used the word stigma. This may have been because Gemma did not want to admit that they have

found that a stigma is felt within her school. Gemma offers a way of speaking about mental health which may reduce the stigma, by focussing on positive mental health and the steps that can be taken to improve this.

4.7. Theme 4: The Wider System

The overarching theme of 'The Wider System' refers predominately to the external agencies which offer mental health support to children and schools. This might include agencies such as CAMHS, MHST, educational psychologists and social care services.

The wider system also refers to the governing body which inspects and rates schools, known as The Office for Standards in Education, Children's Services and Skills (Ofsted).

4.7.1. A failing system?

Two of the SMHLs discussed the negative impact that Ofsted inspections have on allowing schools to focus on improving mental health.

> *'So we just secured our good Ofsted and it was so lovely to know that we had HMI and Ofsted off our backs and we could properly think about the schools future and what we wanted to achieve and that's why we did the piece of work and shape these five strategic aims.' (Gemma: 198-201) ...They (Ofsted) are not helping matters at all by pursuing some of the assessment systems that we have in place. Because I think that doesn't necessarily help all children in terms of their wellbeing and the pressure it puts on schools, and then that takes school time away from a*

holistic approach, which would improve children's wellbeing.' (Gemma: 837-842).

Gemma's choice of words, '*off our backs*,' implies someone or something is being annoying or bothering them. Gemma shared that they were not able to focus on planning their strategic goals until Ofsted had come and gone. Later, Gemma returns to Ofsted, showing the frustration still present in her mind that Ofsted are too focussed on assessment data, which takes away the ability for schools to consider a holistic approach.

The other key area within 'A Failing System' refers to the SMHLs' view that the current mental health offer is inadequate to meet the needs of all children.

'I find that it's really difficult to get support from other agencies. Just because it isn't there. It's not, it's not wilful. It's not because they're not good at what they do. It's because everybody is so…like…thinly spread, it's like everybody's got just a microbe of spread and they just spread it really thin. It's really difficult to get a lot of meaningful support.' (Alisha: 654-659)

Alisha's explanation about the level of agency support suggests that she locates the issue at a wider level, where there is not enough provision, rather than at an individual level for those professionals who do support schools. Alisha's use of the word '*microbe'* is interesting. A microbe can only be seen with a microscope (Cambridge University Press, 2022b). Perhaps Alisha is indicating that she is not able to see the support. Alisha takes her

simile a step further, by suggesting that not only is the support barely visible, but that it is thinly spread. This problem was also highlighted by Gemma, who went on to explain what impact long waiting lists for mental health support had on children's education.

> *'Because in the meantime, that child is not going to be learning, as much, as you know. They need to learn, and that's and that's lost learning time then as well. Ummm, and I, as I say, I know I'm I'm… [sighs, laughs]. It's huge, it's, it's huge and I think on the ground they need to just recognise.' (Gemma: 830-836)*

Gemma describes a compound effect where the child is struggling with mental health and then additionally, must manage lost learning time. Gemma found it hard to structure her sentences, unable to finish her train of thought on a couple of occasions. It feels significant that she repeated the phase, '*it's huge*.' Gemma is disheartened at the current state of the system and the lack of understanding for what is happening '*on the ground*' within schools.

In Kayla's interview, she described similar experiences, with an emphasis on the lack of support that is available directly within schools.

> *'I think there's a big gap in that support for schools in general. It's always very separate. You've got educational psychologists who come in. Who do that support, but their role, even you know, when I've, I've been*

working in schools for about 20 years, their role has changed so much…I think there's a real need for that direct work from psychologists.' (Kayla: 725-732)

Kayla identifies educational psychologists as professionals who come into schools. Although, she recognises that the role of the EP has changed. Kayla infers that EPs are less able to work directly with children, due to her reflection that more direct work is required.

Another external agency that was discussed, was MHST. The SMHLs felt that '*the mental health in schools team is great as an idea*,' (Kayla:743-744). Some SMHLs, who did not have access to MHST, wanted it '*to access that more specialist support'* (Gemma: 815-816). However, the SMHLs explained that MHST was not working as helpfully in practice.

'What we found was we were already managing that low level mental health need…the support that we need is for the middle children who, umm, aren't being met by mental health support team so we can't get, we can't elicit a huge amount of support from them because our children's needs are too great.' (Alisha: 78-83)

Alisha describes her experience whereby she is already covering low-level mental health needs, likely due to the high levels of expertise that herself and her colleagues have around mental health. Alisha identifies a '*middle'* group of children, which perhaps do not meet threshold for CAMHS support, but that require some specialist support, ideally from MHST. However, this group of children are above the MHST threshold.

4.7.2. Utilising systems for children's MH

As a somewhat contrasting theme to the above 'Failing System,' there was also frequent mention of utilising systems to support children's mental health. In relation to the MHST, there was a feeling that MHST are a reassuring safety net.

> *'They're kind of always on hand if we had any sort of, you know, if we felt we needed it as a kind of a crisis thing, then we know that they're there as well. So that's quite handy yeah.' (Kayla: 70-72)*

Kayla's comment about MHST being available for a crisis, does contradict the experiences shared earlier about MHST being predominately for low-level support. It may be true that Kayla can contact the team to gain advice about a crisis. In some schools, they were bringing in their own professionals to help manage middle-level needs.

> *'We have a play therapist that comes in for two days a week and she does that sort of more intensive support for children who really are struggling with their mental health.' (Kayla: 190-192)*

Schools are therefore taking it upon themselves to employ external support, in helping them manage mental health needs which feel too complex to be managed purely by school staff. There was also regular mention of social care support.

'There is a very much a team element to it, so we have lots of quite a few children who are on sort of a team around the family plan or a child in need plan because there's lots of things in that system that needs support.' (Kayla: 528-531)

'I can support them to be referred to other agencies. Or we can do any EHA or a TAF or those kind of things and get them other support, bring that in for them. Umm…or…working with Family Links.' (Alisha: 441-446)

Both Kayla and Alisha name several social care services, such as Early Help and Team around a Family, which can be utilised when responding to the needs of children and family. The references to social care when discussing supporting children's mental health suggests that the SMHLs are aware of the complex environments that can lead to a child or family having difficulty with their mental health.

The SMHLs valued the support which was offered. In this quote, Alisha continues discussing the support from individual professionals:

'But what I will say is every single individual professional I work with is very supportive on an individual level. Umm, so…you know, I work very closely…with our educational psychologist, the different advisory services, CAMHS, with social care and all of those agencies, when I work with the individuals, not the institution but the individuals, they're all

dedicated, they hear what we say, they're respectful of the work that we do, and they listen.' (Alisha: 659-667).

Alisha shares many examples of helpful professionals from a range of agencies. Her focus on emphasising the individual nature, rather than the positive aspect of an institution is interesting. Alisha appears to deeply value the support from those professionals, but she feels that the '*institution'* is not helpful. Alisha expands her point to say that institutions have 'nothing to give 'cause there's no money…. It's bottom line, isn't it?' (Alisha 670-671).

Another utilisation of the wider system was that school staff were being supported and supervised by external agencies, to assist school staff in responding to the needs of children and families.

'Although we're not as trained, there are some early help workers who I know will work alongside our family support worker to help her.' (Gemma: 774-776)

In this case, the internal family support worker could be supported by an external agency to help the support worker offer support to families in school.

Overall, there was a sense that the wider system is not managing to meet the needs of children and families. However, schools are doing all they can to find alternative solutions and creative ways of ensuring that some support is offered.

4.8. Theme 5: Mental Health of SMHL

4.8.1. Emotional toll on SMHL

It was apparent that supporting a whole-school, and possibly community mental health, is a large responsibility to take on. The SMHLs often discussed aspects of their role which they found emotionally challenging to manage. In some cases, the stress of supporting a child came indirectly from a teacher who was stressed with supporting a child in their care. Some of the SMHLs seemed to have strategies, or possibly defence mechanisms, which served to protect them from some of the emotional turmoil faced.

For many of the SMHLs, there was a suggestion that the task of supporting mental health was impossible, and this felt hard to manage.

'I think it's hard because you always feel like you can do more for that child.' (Emma: 643)

'It is not going to replace the specialist therapeutic work that we still feel some of our children need, but at least it will make, I think we will feel happier that we are doing something that is more structured.' (Gemma: 757-760)

Emma expresses her experience that she feels like she is never doing enough, which can be challenging to manage. Gemma describes a possible strategy to coping with this feeling, whereby they have created something '*more structured*' so that they will feel

happier. It is possible that the lack of adequate external support feels uncontaining and chaotic. Gemma may be trying to put that structure in within their school to feel contained and in control. For each of the SMHLs there were areas which caused them the most distress.

'But it's yeah, it's just knowing that you're not going to be [pauses], the pressure is not going to still be coming onto the, constantly on the English and maths, whatever it is, multiplication tables. Ummm side of things so yeah.' (Gemma: 869-872)

In this quote, Gemma finds it impossible to voice what they are not going to be able to achieve. She contrasts what they cannot do, with the pressure that will remain on English and Maths. It is likely that Gemma is feeling painful emotions at the prospect that they cannot mentally support all pupils.

'Uh, they were absolutely shattering. I got home and I was like I'm so tired and it wasn't from anything physically was just from the weight of imagining how how these people are feeling and thinking about it on that level of engaging even just from outside.' (Penny: 370-373)

Penny was able to articulate how emotionally draining she found responding to a colleague's mental health crisis. Penny later went on to say, '*I think I do need to toughen up*

myself so that I can handle and be appropriately prepared' (411-414). Penny may have felt like she needed better defences to manage future difficult feelings.

For some of the SMHLs, they showed possible signs of having defence mechanisms in place, to protect them from the emotional toll. However, it was difficult to understand whether they were in denial about needing support, or if they genuinely did not require it.

> *'I tend not to just because, it's just massively busy, isn't it? And everybody is really busy and you know, I don't wanna kind of burden people with that. But in terms of my own set of mental health, I guess I would seek support if I needed to.' (Kayla: 645-648)*

Kayla contradicts herself here, by suggesting that she would seek support if she needed to, indicating that she does not need support. However, she also said that she does not seek support because she would not want to burden people. Alisha gave a similar contradiction, in which she explained why she can manage well, but yet still builds enough emotion to have supervision every six weeks.

> *'I think it's I…I, I've got this or brain that kind of compartmentalises things so I, I don't carry things around with me (565-566)… I found it quite awkward talking about different experiences 'cause what I was talking about was actions I just wanted to know that the actions had been, were appropriate (576-578)… I have them (supervision) every six weeks and I*

feel that by the time the six weeks has come, I've accrued enough to be cross about [both laugh].' (Alisha: 626-629)

Alisha describes feeling like she does not '*carry things around*' with her, but then later explains that after six weeks she has enough to be '*cross about*' to have supervision with her head. These contradictions highlight the complexity of the emotional experience for a SMHL.

4.8.2. Getting support

There were a variety of ways in which SMHLs found emotional support, including both formal and informal sources. For all the SMHLs, they found support and guidance from their colleagues, who many referred to as their friends.

'A lot of our colleagues are genuine friends so it makes it easier to just go knock on the door and say like, can I talk to you?' (Emma: 676-677)

'I think the other, I mean, the other SLT leaders in our school. Umm, I, I get a lot of support from them, especially if I'm really cross about something.' (Alisha: 647-650)

For both Emma and Alisha, it was clear that they felt they could approach their colleagues when they needed to speak to someone, or if they needed to vent about something.

Many of the SMHLs also received support externally to the school, either through networks with other schools or from their family at home.

'I've accessed specifically is the, I've done for quite a few years now, about probably about 6 years, I just have a half termly supervision session… And I have found that really useful.' (Gemma: 929-938).

'There used to be, umm, we, uh, what was very good is there used to be through social services, regular monthly supervision stuff which was really handy.' (Kayla: 639-640)

Supervision sessions were mentioned by three of the SMHLs, which were arranged for either SENCos (Alisha), headteachers (Gemma) or safeguarding leads (Kayla). It was interesting that none of the SMHLs were accessing the supervision due to their SMHL role, but they were still able to find the sessions helpful to consider mental health needs.

For Penny, where there was not supervision available, she identified that she could get support from her family, a friend in school, her headteacher, or her buddy who is a teacher within another school.

'So I've got a great support system in in my apartment at home. He's absolutely amazing, which is just exactly what I need. My mother.

She's the only family I have in the UK, but she is the only family that I need.' (Penny: 648-651)

4.9. Summary

The SMHLs have provided a useful, rich overview of the ways in which they have conducted their roles and the experiences they have had when supporting a whole-school approach to wellbeing. The SMHLs described their roles differently to each other, with roles often changing and adapting over time. Reflections on power and the impact of COVID were shared across all SMHLs. The SMHLs explained a multitude of various ways in which they have supported child, staff and community mental health, alongside promoting a whole-school responsibility for supporting wellbeing. The SMHLs were clearly passionate and highly competent in their roles. They demonstrated their commitment to tackle any stigma around mental health difficulties. The SMHLs shared their thoughts and feelings towards the wider systems which support children and families. The SMHLs own mental health was also explored.

Chapter 5: Discussion

5.1. Chapter Overview

This section will bring the results together with current literature and theory, with a focus on the interpretative aspect of IPA research. As Smith et al. (2009) describe, the discussion should place the work within a wider context. For this research, psychodynamic and systemic theories will be drawn upon, as well as current literature articles where relevant.

There were five overarching themes outlined in the results section and explored further here. These themes were 'Role and Power', 'Whole-School Strategy', 'Passion and Pride', 'The Wider System' and 'Mental Health of SMHL'.

The theme of 'Role and Power' demonstrates the importance of role boundaries and the power required to fully enact the role. The SMHLs had all grown in their roles over time. At the time of the interviews, they were confident in their position and understood the importance of having power to create change in their schools. That confidence is explored further within 'Passion and Pride.'

Being in a position whereby the SMHLs could create whole-school change was paramount to the second theme, 'Whole-School Strategy.' The SMHLs were targeting all aspects of school life, including supporting children, staff, and community mental health. Often, this involved creating a supportive ethos and atmosphere or embedding resources and new ways of working to support the wellbeing of everyone. The SMHLs felt that they required power in their schools to make their vision a reality.

Aside from confidence, the theme 'Passion and Pride' explores the personal traits and knowledge that the SMHLs demonstrated. It was clear that the SMHLs were passionate about genuinely supporting mental health. This is likely why many of the SMHLs were also supporting community mental health, as they had identified that needs were not being met and they wanted to support the parents as well as children.

The fourth theme, 'The Wider System' helps to locate the work of the SMHLs within the broader national system and the support available to schools. There are some lessons to be learnt from successful systemic work, which are explored later. There are also many areas in which the SMHLs felt that the system requires improvement to support the mental health needs of children and adults. It is due to the failings of the current system that have led many of the SMHLs to embed their own mental health provision for high level needs, aiming to bridge a gap between school and CAMHS.

With the high amount of responsibility and pressure on the SMHLs, the final theme explored the SMHLs own mental health and their sources of support. The SMHLs were managing their workloads and emotions extremely effectively. However, it was clear that support mechanisms were appreciated and required.

These themes will now be explored in greater detail, linking the findings to current research and theory.

5.2. Theme 1: Role and Power

5.2.1. Defining the role

The SMHLs all spoke about how they defined their role. There was variability across the participants about how they had created their roles and what this meant for their day-

to-day work. For most of the SMHLs, the role was explained as a strategic, behind-the-scenes role, which predominantly focussed on ensuring that the teachers were supported, and that children or families could access support where necessary. In Costelloe et al. (2020), the teachers reported that they appreciated guidance and regular contact from senior leaders when supporting children with their mental health. This mirrored the role in the current study, where SMHLs focussed their time on ensuring that teachers felt prepared and confident to support children's mental health.

For many of the SMHLs, the role had been developing over time, evolving as they took up the role and gained confidence. There was also the idea that for many, the role was unofficially in place before the Green Paper made the role official. The concept of an ever-adapting role was explored by Reed (2001), who recognised that roles depend on changing priorities, new circumstances, and unforeseen conditions. Therefore, a role is never static. Moreover, there is always a 'person-in-role.' That person will take up a role in a certain way depending upon various factors such as the organisation of the system, the culture of the system, and the person's own feelings, attitudes, and past experiences. This explains why the SMHLs had different descriptions of their role. This was likely to be especially true due to the turbulent timing of the research taking place during a global pandemic.

For Kayla, she found it hard to articulate where her role boundaries lay between the responsibilities of assistant head and SMHL. Kayla was unsure whether supporting mental health for the staff came under her assistant head role, or the SMHL role. This may be true for other SMHLs, whereby the boundaries of the role can become blurred with other senior leader responsibilities. James et al. (2006) introduced the term 'role-as-position,' in which

you have a specified and formally constructed role. However, there is also, 'role-as-practice,' in which you shape the role to fit your duties over time based on your experiences and the organisation. It is arguable that Kayla had formed her own role-as-practice in which her assistant head and SMHL responsibilities were merged in a way that was coherent and effective.

5.2.2. Who has the power?

The theme of power was relevant for all the SMHLs, regarding either having power or feeling a lack of power. For three of the SMHLs, they were in positions within the senior leadership team (SLT). For these participants, they recognised that their position within the school helped them to enact any desired changes and impact on the overall culture of the school. When the Green Paper was released, the role was titled, 'Designated Senior Lead for Mental Health.' Whilst the role included the term, 'senior,' there was no clear indication within the Green Paper that the SMHL should be a member of the SLT. In more recent publications, the role title has changed to, 'Senior Mental Health Lead.' With this new title, the criteria for who takes on the role has become more specific. The training page on the DfE website suggests that training is suitable for a "headteacher, deputy headteacher or a member of SLT" (DfE, 2022). Moreover, existing SMHLs can be nominated for training if they are not a member of SLT. However, it should be considered whether that individual has the "authority, capacity and support to influence and lead strategic change" (DfE, 2022). Thus, overtime the DfE have become clearer about who should take on the role. For the three SMHLs in this study, they appreciated the authority and influence they had to be successful within their role.

However, for Kayla (assistant head), there were times when she felt that her senior role impeded on her ability to offer mental health support to staff. This contrasts with Kayla's earlier suggestion that her roles of assistant head and SMHL merged well together. Within the role of assistant head, Kayla was balancing the logistical day-to-day running of a school alongside supporting the mental health of staff. Kayla felt that her role as assistant head got in the way of supporting a staff member's mental health. When placed in a 'helping position' within a relationship, it is important to consider the power dynamic balance. Schein (2011) explains that by asking for help, a person is placed in a 'one-down' position and the helper is in a 'one-up' position. For Kayla, she was already in a 'one up' position, by being the assistant head. This imbalance would have been emphasised further when a staff member came to Kayla to discuss their mental health. Kayla was aware of her 'one-up' position and sought to find alternative help for that staff member, such as a GP or other agency. For those members of staff, referring them to an external mental health professional was often the best approach to enable the staff to receive appropriate support.

For Emma, who was not on the SLT, she felt that she had to approach the role differently to make the desired changes. For example, Emma had to spread messages by slowly disseminating information across the school, to get other members of staff to back her ideas. Most schools within England have a clear hierarchical system, which can be referred to as 'a pyramid organisation.' Emma is lacking authority by being placed within the lower level of the pyramid (Saiti & Stefou, 2020). However, Emma was clearly knowledgeable and enthusiastic to take on the role, alongside the SLT who did not want the role themselves. Thus, it may not always be the best solution to have a member of SLT as

the SMHL. As discussed later, personal qualities, knowledge, and the passion to support mental health are equally important.

Moreover, there is research which suggests that a distributed leadership model, as used in Emma's school, is more effective for whole-school change. Research examining school leadership models suggests that organisational change and improvement is heightened when using a distributed leadership model (Day & Sammons, 2013). This model of leadership is underpinned by the theory that a phenomenon is better understood across individuals. In a school, distributed leadership practises may occur if a headteacher shares the leadership responsibilities across the staff team. Studies have shown that schools have greater improvement when teachers are given the opportunity to engage with change and development processes (Copland, 2003). In Emma's school, greater improvements were expected by Emma leading on mental health, compared to if it were a member of SLT without the passion, time, or knowledge to take on an additional responsibility. As Gronn (2000) suggests, the context is always important to consider when deciding what works for a setting. For a model of distributed leadership to be successful, the headteacher needs to judge what would be best for their school and the ability of a staff member to lead. These contexts varied across the SMHLs, but each had a system which worked for their setting.

5.2.3. Connection with other roles

For the SMHLs who were working within the SLT, they had multiple aspects to their overall job responsibilities. Across the three participants, there were similarities about the types of duties which went alongside the SMHL role. These included being safeguarding lead, the SENCo or inclusion lead, behaviour lead and designated teacher for children in care

(CiC). Terms such as, ‘mesh’ and ‘logical step’ were used to describe how these other roles fitted together alongside the responsibilities of the SMHL role. Emma did not have other responsibilities, aside from being a class teacher, but she felt her work as SMHL was closely aligned with the SENCo in the school. On the DfE website, the government had identified a potential link with other roles. There is encouragement to, “identify a SMHL to receive training to oversee your whole school or college approach in the context of wider SEND, pastoral and safeguarding responsibilities” (DfE, 2022).

The awareness of the interlink between these various roles suggests that both the government and schools recognise that mental health needs do not exist in isolation. There are multiple factors which interact together to impact on a child’s wellbeing. In a major, wide-scale study exploring the mental health of 11-year-olds in the UK, a range of factors were found to be strongly related to mental health. These included gender, parental education, parental occupation, family income, ethnic group, and family type (Gutman et al., 2015). Moreover, 12.4% of children with a difficulty in one aspect of the Strength and Difficulties Questionnaire (SDQ), also showed difficulty within another aspect of the SDQ. For example, a child with peer problems was more likely to have increased emotional problems. This highlights the need for school staff to ensure that a whole-child perspective is considered when supporting a child. A SMHL who also has responsibility in multiple domains across a school can assess and act upon more areas of difficulty, which a child may be experiencing.

5.2.4. Impact of COVID-19

It is clear from all five participants that the COVID-19 pandemic had impacted their experience as SMHL. The direct impact of the pandemic on children's mental health was described, where children were returning from lockdowns with an increased need for mental health support. On a universal level, all teachers were ensuring that children had the chance to speak about their experiences and emotions. This finding is in line with various studies which have investigated the impact of COVID-19 on children's mental health. When the Mental Health of Children and Young People survey was repeated from 2017 to 2020, the prevalence of mental health disorders had increased from 10% to 16%. It is not possible to assume this rise was purely due to the pandemic. However, it is highly likely that the pandemic played a major role in increasing mental health difficulties. The risk factors for children developing mental health difficulties have risen, in addition to support structures (such as schools and CAMHS) being disrupted (DfE, 2020a). One study found that primary age children were more affected by the pandemic, compared to young people in secondary schools. The Co-SPACE study found children aged 4-10 were more likely to have behavioural or concentration difficulties (Raw et al., 2021). This is relevant to the current study, in which all SMHLs were from primary schools.

The SMHLs also felt that some children required support which could not be met through the school offer and external specialised support was needed. The rise in mental health prevalence was observed in the increased referrals made to CAMHS (Children's Commissioner, 2021). The reflects the findings in the current study, that children were requiring support beyond what could be provided by schools.

Another impact of COVID-19 highlighted by the SMHLs, was a deterioration of staff wellbeing. Gemma and Kayla had identified 'vulnerable staff' and were ensuring that regular check-ins and support were offered as required. For Kayla, this also meant supporting staff to feel comfortable returning to the workplace, after spending time in lockdown at home. Research suggests that mental distress across the UK adult population rose during the pandemic (Pierce et al., 2020). The current findings were also supported by a study which investigated teachers' narratives in the first six weeks of the pandemic. In Kim & Asbury (2020), the teachers described overwhelming uncertainty, a sense of rush, and panic. However, there was also a positive narrative told in which the teachers felt pride in the challenges they had overcome. This positive angle on the pandemic was not reflected during the interviews with SMHLs.

One positive spin on COVID-19 provided by the participants was that, during the lockdowns, staff had time to access training. For some of the SMHLs, they were able to direct staff to pre-existing online training courses to complete at home or to research an area of mental health. This opportunity provided an effective use of time to upskill staff. In one large-scale study conducted six weeks into school closures in the UK, 42% of teachers reported that continuous professional development (CPD) was the most helpful form of support that they could be given. Moreover, online teacher learning platforms revealed that their webinars were attended by more teachers than they had before (Nesta, 2020). These webinars included topics such as teaching online and supporting the mental health needs of children as they returned to school. In the current study, many of the SMHL had proactively considered what CPD would be helpful for staff and they started to implement this, early into the first lockdown.

5.3. Theme 2: Whole-School Strategy

The second overarching theme, whole-school strategy, highlighted the varied ways in which the SMHLs were fulfilling the requirement of the role, to lead on a whole-school approach to support wellbeing.

5.3.1. Child focussed

All the SMHLs understood the importance of being mentally healthy to be a successful and happy learner. For example, the SMHLs identified that if children are not safe, stable and happy, then they would not be able to learn. This view is in line with research that has looked at connections between mental health difficulties and education. It is well documented that children with mental health difficulties achieve lower attainments than those without difficulties (Johnston et al., 2014). For example, children with attachment difficulties obtain worse academic outcomes in school (Geddes, 2006). For these children, they may be preoccupied with unresolved trauma, which makes it challenging to focus on the learning tasks within the classroom (Bomber, 2007). Moreover, the SMHL learning outcomes states that SMHLs should learn about, “the impact that poor mental health and wellbeing can have on CYP’s readiness to learn – and other indicators, such as attendance, attention, behaviour and attainment” (DfE, 2021b, p. 4). The SMHLs demonstrated they are competent at understanding and acting on this concept.

The SMHLs had structured systems in place to offer support to pupils across multiple levels. For example, many of the SMHLs referred to policies, such as anti-bullying or behaviour, which would underpin the approach for all pupils. Additionally, the SMHLs

ensured that support could be put into place for those children that required more bespoke provision. This multi-layered approach is in line with the PHE document which sets out a whole school and college approach to promoting emotional health and wellbeing. The PHE guidance sets out eight principles which have been found to be as effective in creating sustaining health benefits to children and young people (PHE, 2015). One of these principles is around creating an ethos and environment which supports positive behaviours for learning and successful relationships. The relates to the SMHLs who worked to ensure that policies and practises across the whole school were supportive of a mentally healthy school. Additionally, the PHE document has a principle around identifying needs and another for providing support to targeted children. The SMHLs all had processes in place to identify and support children who required help beyond the universal offer.

5.3.2. Staff focussed

For all the SMHLs, the wellbeing of staff was a priority. This is in line with the Green Paper, which suggests that the SMHL should consider "how staff are supported with their own mental wellbeing" (DoH & DfE, 2017). There were four main ways that the SMHLs were supporting staff wellbeing across the school. One way was to promote a culture and ethos throughout the school which promoted kindness and compassion. PHE acknowledges that the "physical, social and emotional environment in which staff and students spend a high proportion of every weekday has been shown to affect their mental health" (PHE, 2015). The importance of creating a healthy school community ethos is mirrored in the literature. Gordon (2020) suggested that the overall school conditions were important for the teachers to feel supported. Moreover, teachers in the study by Manning et al. (2020) suggested that positive wellbeing was created through a wider supportive culture, rather than one specific

intervention. Within the learning outcomes for SMHL, it states that leads should, “support a positive culture of staff mental health and wellbeing” (DfE, 2021b, p. 5). The SMHLs in the current study had established positive cultures within their schools.

Another way the SMHLs supported staff wellbeing was to change workload expectations. The SMHLs evaluated the workload of teachers and made suggestions where they thought improvements could be made. This included marking policies and ensuring that meetings were kept concise. Workload was also a key theme within the literature review. Teachers felt that a healthy and sustainable balance between work and home was vital to supporting their wellbeing (Gordon, 2020). One way this was achieved was through ensuring that teachers were not spending too long on marking pupils’ work (Manning et al., 2020). This relates to Emma’s school, in which she supported a review of the marking policy.

A second way in which SMHLs supported staff wellbeing was to provide the opportunity to reflect and discuss their mental health. Gemma implemented a wellbeing check-in, which was available for any staff member as a chance to discuss what being mentally well looks like and what not being mentally well looks like. This concept is reflected on the charity Mind’s website, where they provide the Wellness Action Plan (Mind, n.d). In Alisha’s school, staff supervision sessions were provided as a space where staff could discuss their wellbeing. this level of supervision is widely available in other helping professions, such as family support workers (Soni, 2013) and educational psychologists (Carrington, 2004). However, it is rarely available for teachers. The benefits of providing supervision to teachers has been documented (Burley, 2019; Hulusi & Maggs, 2015; Jackson, 2002). Gemma and

Alisha recognised the advantages of supervision and have implemented systems which allow staff time to discuss and reflect.

Additionally, the SMHLs were providing specific or bespoke support for those staff who were struggling with their own mental health. For those requiring further support, signposting was offered to either other agencies or their doctor. Where appropriate, adaptations to the working environment were also made. For Kayla, this fitted in well with her role as assistant head, as she was able to adjust timetables and working hours, if that was helpful. However, as discussed earlier in 'Who has the Power?' Kayla found that her assistant head role made it difficult for staff to freely speak about their mental health. This is demonstrated in the literature. In one study, 62% teachers reported that they would seek support from family and friends, followed by 57% suggesting a colleague (Garland et al., 2018). Thus, SMHLs or those on SLT may not be the person that staff seek for support. A referral to a mental health professional may be more desirable than speaking with a senior member of school staff. Gemma explained that only a third of staff took up the offer of a wellbeing check in. The existing literature helps to explain why most staff turned down the offer.

The final way of supporting SMHL was around more practical or tangible approaches. This included creating a staff room where adults could relax or having optional activities such as yoga. Emma reflected on conversations in her school about how helpful some of these activities can be, or how they can be an additional cause of stress. For example, if staff are expected to attend an event. This finding was replicated in Manning et al. (2020), where some teachers suggested that gestures, such as a yoga class, was tokenistic. Emma had a

clear approach to this dilemma, by collaborating with colleagues to find strategies which could work for everyone, to 'genuinely boost morale.'

5.3.3. Community focussed

The findings in the current study demonstrated that SMHLs were collaborating with parents when supporting children's mental health, so that they could be involved and informed. The SMHLs did this in a variety of ways. For example, including mental wellbeing on the school newsletter, hosting workshops or leading wellbeing focussed parent evenings. Moreover, when a child was struggling with their mental health, the SMHLs ensured that the parents were involved in supporting the child. The SMHLs acknowledged that for change to be sustainable, support and strategies needed to be in place both at home and in school. In the Green Paper, a core role of the SMHL is to promote parental engagement (DoH & DfE, 2017). Moreover, in research by O'Reilly et al. (2013) families reported that joint working with schools and other agencies is important to help develop their child's mental wellbeing. They would like to see greater communication and partnership between agencies and themselves. The SMHLs in the current study demonstrated that they have strong links between themselves and parents.

There was an additional way in which the SMHLs were targeting the community. Many of the SMHLs were supporting the mental health of the community by focussing on the mental health of the parents themselves. The SMHLs were well attuned to the knowledge that a child with mental health difficulties is not struggling in isolation and that often, there are risk factors and situational factors from the home that impact on a child's mental health. Therefore, the SMHLs recognised that by supporting parents' mental health

too, there is likely to be a ripple effect to children. Evidence by Smith et al. (2021) supports this notion. The research found that parents with higher levels of generalised anxiety took longer to co-regulate emotions with their child, with both positive and negative emotional states. Thus, the SMHLs were seeking to reduce parental anxiety or stress, so that they could more effectively care for their children. This idea is well supported by Bronfenbrenner's Ecological Systems Theory. Bronfenbrenner's theory suggests that a child's development is impacted by multiple systems which surround a child, including the family, the school environment, the local community and the wider culture. As Figure C shows, with the use of arrows, these systems can influence a child in a bi-directional manner. Moreover, the mesosystem suggests that the interactions between systems can influence the child (Bronfenbrenner, 2005). In the case of SMHLs, they demonstrated supporting child development through a close collaborative partnership with a child's parents.

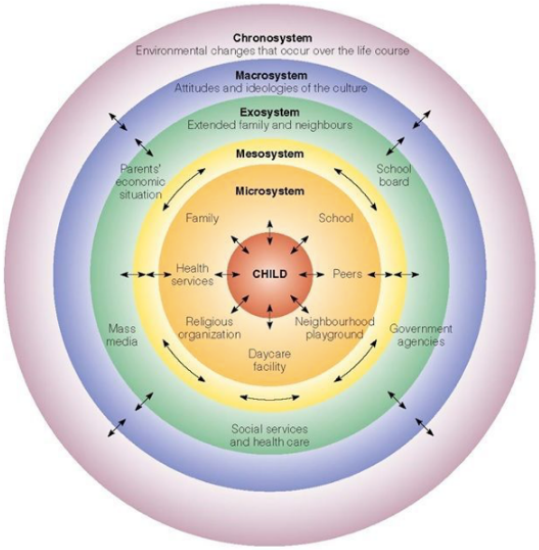


Figure C: The Five Ecological Systems (Bronfenbrenner, 2005)

In the SMHLs schools, a lot of the parental work was led by the home school link worker (HSWL), which was often overseen by the SMHL. The SMHL identified that it can be a struggle to elicit support from external agencies. The SMHLs were aware that local services were struggling to meet the needs of adult mental health and social care. Thus, the SMHLs felt that they were 'holding' parental needs whilst they waited for other professional support. Within the PHE guidance on whole-school wellbeing, one principle is based on working with parents and carers (PHE, 2015). Moreover, the NICE guidance states that primary education should "offer support to help parents or carers develop their parenting skills. This may involve programmes run by community nurses or other appropriately trained health or education practitioners" (NICE, 2008, p. 9). However, in the learning outcomes for SMHLs, it suggests that SMHLs should be able to signpost parents to resources so that parents can "develop skills and strategies to support both their child and themselves" (DfE, 2021b, p. 7). The SMHL learning outcomes do not suggest that interventions supporting the parents directly should occur within the school. Thus, the guidelines are not aligned on the expectations of schools around supporting parental mental health. The SMHLs in the study were going above and beyond the expectation for SMHLs when supporting families. The SMHLs were positively impacting on the mental health of the community, by supporting whole families. As discussed later in 'The Wider System' this is often due to feeling compelled to act, due to the lack of support parents receive from adult health and social care. It is vital that schools who support the community in this way are supported and trained to ensure that this important work is effective.

5.3.4. Mental health is everyone's responsibility

Whilst the SMHLs all understood their role as a crucial factor to develop a mentally healthy school, they acknowledged the importance of recognising that mental health is the responsibility of everyone. The SMHLs knew that all staff needed to be involved in developing the mental health provision, to ensure that progress was sustainable. This responsibility worked from both 'bottom-up' and 'top-down.' For bottom-up responsibility, the teachers were expected to play a role in building relationships with all children in their class and to notice any possible needs. The top-down approach included the SLT ensuring that whole-school initiatives are implemented and evaluated, alongside creating a culture and ethos which promotes positive wellbeing. Moreover, when a child required additional support for their mental health, the SMHLs recognised that a team approach would be more effective by including staff such as the SMHL, the class teacher and a senior leader. All the SMHLs knew that this collaborative approach would lead to better outcomes for the child, as demonstrated earlier within Bronfenbrenner's Ecological Systems Theory (2005). This perspective is also in line with the NICE (2008) guidance that a comprehensive, whole-school approach is required to promote social and emotional wellbeing. If schools use this approach, then it would be unrealistic to expect a single individual, such as the SMHL, to achieve a mentally healthy school.

5.4. Theme 3: Passion and Pride

5.4.1. Passion, pride, commitment, confidence

The SMHLs were all passionate about promoting a mentally healthy school that would have real impact on the children, staff and families. This was apparent by the dedication and hours that had been put into their own training, often during out-of-school

hours. The SMHLs spoke passionately about their work. A sense of pride and confidence came across from all the SMHLs. They expressed their delight when changes that they had helped introduce had come to fruition. This ranged from staff discussing mental health more frequently, to spending government 'catch-up' funding on a successful social and emotional project. For all the SMHLs, there was a core set of professional and personal values and beliefs which underpinned their work. Having a strong set of values is common within the education system. The concept of valency suggests that people often choose a role or function due to a pre-disposition (Bion, 1961). In this case, the SMHLs may be pre-disposed to wanting to support children grow and develop into mentally healthy adults. They want to use their beliefs and experience to help create a society which is mentally healthy.

During the interviews, it was suggested that a particular type of person is required when supporting children's mental health. The SMHLs shared that someone needs to be best-suited to the role, having both an interest in the area and the 'right' personality. Kayla described a person may be suitable if they could step back from a situation and evaluate if something is working, whilst also recognising when they can no longer manage the situation and need support. The SMHLs felt that someone supporting mental health in schools should be reflective and recognise when further support is required. The learning outcomes for SMHLs do not refer to personal awareness or reflective skills. The competencies for educational psychologists may offer some ideas as to what learning outcomes would be useful to include for SMHLs. The BPS (2017) states that EPs should work "with awareness of the limits of competence….(p. 16), demonstrate self-awareness and work as a reflective practitioner…(p. 21) and demonstrate the ability to identify and communicate personal

values and reflect honestly on the implications for their professional practice" (p. 16). It would be useful for the SMHL learning outcomes to include some of these more reflective qualities, so that SMHLs have space to reflect during training and when in role.

5.4.2. Training needs of SMHL

All the SMHLs had taken a range of training courses to help them undertake their role as a SMHL. For a lot of the SMHLs they had extensive prior knowledge linked to supporting mental health. Three of the SMHLs had completed high level courses such as a degree in psychology and a Masters in SEND. In addition to these, all the SMHLs had sought and completed shorter courses, which were often completed during the SMHL's own time. Informal training was also sought, such as looking on other schools' websites and reading relevant books or research. At the time of the interviews, the government-approved funded courses had not yet been released. Thus, all this training had been pursued and paid for by the SMHLs or schools.

During the interviews, the SMHLs identified that the training they had received was often not directly aimed at SMHLs, but that it was relevant and helped to 'connect the dots' across mental health and other areas of child development. A lot of the courses had been at self-directed pace and were accessed online. This may have been largely due to the pandemic, which at the time of interviews, prevented many courses from happening in-person. The SMHLs shared positives about self-paced online learning, as they could return to the material and choose a time that best suited them. It was noted that training in mental health can often be intense, so being in the right frame of mind to take it on was useful. Since the interviews, the government have released a list of approved SMHL training

courses. These range from in-person to online, from £300- to over £1000, and from basic content to advanced level training (DfE, 2022). This range is likely to offer SMHLs a course that would be right for them, based on their current level of experience and knowledge. In the study, the SMHLs had wide-ranging experience in working with mental health and leadership skills and thus, would need different courses to suit their individual needs.

5.4.3. Stigma of mental health difficulties

Three of the SMHLs shared that they felt a stigma for mental health existed within their schools and within the community. The SMHLs defined part of their role as addressing this stigma, to help children, staff and parents recognise that everyone has mental health. Emma's experience was a striking example in which she shared a conversation that had taken place within the classroom. A child had thought that mental health was linked to 'being crazy and going into an asylum'. Emma also shared that staff within the school viewed mental health as purely an illness. Moreover, the staff were concerned that by talking about mental health it may somehow lead to children having more difficulties. For Penny, her biggest disappointment was the lack of staff coming forward to discuss their mental health with her. Penny wanted to break down those barriers. The SMHLs recognised that by starting conversations about mental health with children, staff and parents, they would help everyone to appreciate that positive mental health exists, including ways of encouraging mental wellbeing.

The stigma around mental health is also evident within the literature. In a study by Education Support, 30% of education professionals agreed that there is a stigma and shame around talking about mental health problems in the workplace (Education Support, 2020).

This explains one reason why Penny's colleagues were not forthcoming in seeking support. In research conducted by the Young Men's Christian Association (YMCA) and the NHS, 75% of young people believed that those with mental health difficulties are treated negatively because of stigma (YMCA & NHS, 2016). In another study, some of the CYP in the study thought that some of their friends would not want to access mental health support in school, due to the stigma and fears of being bullied (Gronholm et al., 2018). The YMCA and NHS report suggests recommendations to tackle this stigma. The recommendations include starting to discuss mental health when children are young, to address a lack of knowledge, challenge negative language, normalise mental health difficulties and encourage young people to access mental health support (YMCA & NHS, 2016). These recommendations are in line with the work of the SMHLs, to tackle stigma in their schools and normalise mental health.

5.5. Theme 4: The Wider System

5.5.1. A failing system?

The 'wider system' refers to two main agencies. Firstly, Ofsted, which regulates and inspects schools within England. The second aspect of the wider system refers to external agencies which offer mental health support to children and young people.

Two of the SMHLs expressed the negative impact that Ofsted has on their ability to focus on supporting children holistically, with an emphasis on supporting mental wellbeing alongside providing children with an education. Gemma explained that the Ofsted assessment systems, such as Standard Assessment Tests (SATs), puts pressure on both schools and children, which reduces time that schools could spend on a holistic approach to

learning and wellbeing. Gemma viewed the Ofsted inspection as being a hurdle that they needed to get past, before they could then start considering the strategic aims, one of which was to create a mentally healthy school.

Other research in the literature reflects the experiences of school senior leaders. In a secondary school study, headteachers shared that the priorities change in the lead up to national exams, as they are concerned about where they will fall on the league tables. Thus, the focus is on exam performance. The research suggests that what is measured becomes what 'gets done.' (Wilson, 2006). This relates to Gemma's experience as a primary school headteacher, whereby the focus is on performance in the tests. The threat of Ofsted inspections was also referred to within the literature. In another study of headteachers, one participant explained that it is easy to forget values within the 'maelstrom of decisions' that need to be taken when constricted by the legalities and threats of Ofsted (Hammersley-Fletcher, 2015). This headteacher suggested that their values were easily lost due to a looming Ofsted. This concept is pertinent to Gemma, whereby her values of supporting children holistically are being challenged due to the pressures of performing well for Ofsted. Moreover, headteachers have expressed concerns that SATs have a negative impact on both staff and pupils. 85% of headteachers thought that Year Six SATs have a negative impact on pupil wellbeing, largely due to the increase in stress and anxiety. Additionally, 92% of headteachers felt that SATs had a negative impact on teacher wellbeing (Bradbury et al., 2019). Considering the existing literature, alongside the findings from the current study, it suggests that re-designing Ofsted systems and assessments should be undertaken. The current system is not recognising the detrimental impact on the mental health of children

and staff, which contradicts other government policy suggesting that schools should have a larger role in promoting positive mental health.

The other aspect of a failing wider system refers to the lack of adequate available provision for children and young people who experience difficulties with their mental health. The SMHLs discussed various external agencies, but the focus was predominantly around social care support for families and CAMHS. The SMHLs acknowledged that the professionals working within those organisations were brilliant, but they are so thinly spread that there is not enough support being offered, quickly enough. The impact that delayed mental health support has on children's wellbeing and their education was expressed as being of major concern. The SMHLs were alarmed at the amount of learning time being lost as the child waits for mental health support. At times, the SMHLs struggled to express their frustration at the system and the impact that they were witnessing for children and families. Within the literature there are parallel findings which stated that school staff were frustrated at the current system around supporting children's mental health. In interviews with teachers, the frustrations were based on delays in mental health assessments, funding issues and gaps in services (Connelly et al., 2008). This mirrors a study exploring the experiences of secondary school pastoral leads in supporting mental health, where the frustrations were around long waiting lists and a lack of communication from external services (Flint, 2017). This is reflected in the views of the SMHLs, who reported that, 'there is a big gap in that support for schools'. The frustrations about a lack of sufficient external support have been consistent for many years, across both secondary and primary schools.

The lack of mental health support available in schools was particularly salient for Kayla, who reflected on the need for psychologists to be in schools on a regular basis. Kayla recognised that the educational psychologist role has changed over the years, and they are less able to spend time directly supporting mental health in schools. This relates to the findings reported by Ashton and Roberts (2006). When SENCos were asked what they value from the EP role, the most frequent responses were advice giving, statutory assessments and individual assessments. Although this study is now 15 years out of date, it suggests that SENCos value indirect advice and assessment. It is likely that EPs are more often offering indirect advice to schools about mental health. The SMHLs would be delighted to see educational psychologists and other professionals offer more direct support and intervention in schools.

The SMHLs evaluated the work of Mental Health Support Teams (MHST). This was another aspect of the Green Paper, transforming children and young people's mental health (DoH & DfE, 2017). The SMHLs shared that the remit of MHST did not provide schools with the appropriate support. It was felt that MHST were only offering support for low-level needs, which were already being accounted for within the school. The Green Paper states that MHST will, "provide interventions to support those with mild to moderate needs and support the promoting of good mental health and wellbeing" (DoH & DfE, 2017, p. 4). It is useful to know the feedback from SMHLs about the work of MHST. MHST need to develop their model further to offer more of the 'moderate' support within schools.

5.5.2. Utilising systems for children's MH

Despite the SMHLs sharing their concerns and frustrations about the systems for supporting children's mental health, there was also a lot of praise and positivity shared about how they had accessed available support. In relation to MHST, the SMHLs recognised that it was reassuring to know they were available if required. For schools that did not have MHST, they shared that they would like to have it, so they could access more specialist support. This further confirms the reflection above that MHST is likely to be valued and helpful, providing they can offer the right level of support. Dowling and Osborne (2003) suggested that for integrated working between schools and other systems to be effective, there needs to be time and energy spent understanding the context of each system. To ensure that MHST is being used effectively, further information sharing is needed between schools and MHST commissioning managers.

The SMHLs named a variety of professionals that they accessed to help support the mental health of children and families. It was notable that in Kayla's school, they had budgeted for a play therapist to attend two days a week to offer intensive support for children. Social Care services were also stated as a key supporting external agency. Other agencies included educational psychologists and SEND advisory services. When working with these agencies, the SMHLs identified that the team approach was highly valued. This approach to multi-agency working was discussed in the literature, with schools sharing successful examples of this approach (Connelly et al., 2008). In some schools, external agencies were providing an informal consultancy model. For example, Gemma had facilitated a partnership between the school's family support worker and the early help worker (EHW). The EHW was offering advice to the Family Support Worker. This model is an

effective use of time, whereby the specialist offers consultancy to the schools. This model is often used in educational psychology practice, where EPs offer consultancy to schools, building schools knowledge and resources to manage situations themselves (Kennedy et al., 2009). The current research suggests that SMHLs and other school staff are making use of limited external services in the most effective way that they can.

5.6. Theme 5: Mental Health of SMHL

5.6.1. Emotional toll on SMHL

All the SMHLs reflected on the emotional toll of the role to their own mental health. The SMHLs were aware that they had a lot of responsibility in ensuring that the correct support was provided for a child. If support was not always adequate, the SMHLs worried that they could have done more. As already discussed, the SMHLs are passionate about their role and have values and beliefs that mean they care about the wellbeing of children. Due to some of the constraints described in the 'Wider System' section, it is not always possible for a child to get what they need, when they need it. This is reflected in the existing literature which suggests that school staff find managing children's mental health a stressful experience (Burton & Goodman, 2011). Moreover, Flint (2017) found that pastoral leads experienced a range of challenging emotions when identifying and supporting pupil mental health needs. The concept of managing an 'impossible task' may be useful to explain the stress felt by the SMHLs. Roberts (2019) described the unconscious impossible task as often occurring in the helping professions. In Roberts, the impossible task was described for a group of trainee therapists, who had self-assigned themselves a task to cure any mental illness with psychotherapy. For the SMHLs, the impossible task may be to ensure that all children and staff are mentally healthy. If this task is not achieved, anxiety is likely to occur

(Roberts, 2019). During the interview, Gemma cannot finish her sentence, 'it's just knowing that you're not going to be…' Gemma could not voice the reality that she may not be able to focus on mental health as much as she wants to.

Penny described feeling 'absolutely shattered...from the weight of imagining how these people are feeling and thinking'. This experience might be explained with the concept of countertransference. Countertransference may occur if a person experiences the feelings of someone else as if they were their own (Salzberger-Wittenberg, 1970). In Penny's example, she was feeling the weight of another person's mental health difficulties as if they were hers. Penny's role may be relevant to how she was emotionally responding to the circumstance. Penny had received far less training than the other four participants and she was not a senior leader. Penny was not used to holding or managing the emotions of others. Moreover, the specific incident that Penny refers to had occurred recently. Penny was in the early stages of processing her own thoughts and emotions about the situation.

There was also a lot of discussion across the SMHLs about how they successfully manage their mental health. For example, Kayla explained that she does not 'burden' anyone with her mental health needs and Alisha explained how she 'compartmentalises things' so she does not carry stressors around with her. It is difficult to make a conclusive statement about whether the SMHLs were genuinely managing their needs successfully or if their words were a smokescreen in front of other more difficult emotions. It may be that unconsciously the SMHLs were influenced by the aforementioned stigma of mental health. The SMHLs could have been projecting a positive spin on their own mental health to appear that they were mentally thriving. Additionally, the theory of emotional labour may help to

understand what was happening for the SMHLs. Emotional labour theory describes the situation when an employee is expected to manage their emotional expression, presenting a positive appearance, irrelevant to what emotions may be truly felt within (Hochschild, 1983). Moreover, emotional expression is often required to display the organisational 'rules' of a particular agency (Grandey & Brauburger, 2002). Emotional labour has been documented within schools (Kariou et al., 2021). SMHLs may have been projecting a positive expression to an onlooker.

Both Kayla and Alisha spoke contradictions as they described whether they needed or sought emotional support. Kayla explained that she would seek support if she needed to, but she does not because she does not want to burden others. Alisha spoke of her compartmentalising abilities, but later expressed the usefulness of supervision where she can build up enough to be 'cross about' each six weeks. It is possible that the SMHLs have built defence mechanisms to help them manage the high level of responsibility and tasks that are expected of them. The work of Menzie may be useful to understand what may be happening for the SMHLs. In Menzie's paper (1960), the suggestion was made that health and social care organisations often involve significant anxiety inducing tasks. In response to this, defences are used to manage the anxiety. The SMHLs may have been using various defences to manage their own anxieties in relation to their complex roles within mental health. Kayla and Alisha have created clear boundaries about when it is fine, or not fine, to discuss their emotions with others. The final subtheme explores how the SMHLs have sought and received support.

5.6.2. Getting support

The SMHLs found support in a variety of ways, including both formal and informal support. The most common informal support was provided by the SMHLs colleagues. There were also more formal support systems in place for some of the SMHLs, although these were in place due to other job roles, rather than the role of SMHL directly. Alisha could access SENCo supervision groups. Gemma accessed group supervision with other headteachers. Kayla accessed SENCo supervision and a safeguarding supervision group. All three of these SMHLs raised that supervision was a useful space in which they could discuss issues and reflect on situations with others in a similar position. The concept of containment is highly relevant to supervision. The term containment was used by Bion (1962) as a term to describe a person holding another individual's anxiety, so that the individual is more able to process an emotional experience. In supervision sessions, the SMHLs would be able to share their anxieties whilst having them held in mind by others in the group, thus allowing them to process the situation. Bion's (1962) term of container-contained is relevant to the SMHLs, as part of their role is to contain the anxieties of other staff in school who support children's mental health. Therefore, it is important that the SMHLs have somewhere that they can utilise for their own anxieties to be contained. However, these supervision groups were not available for all the SMHLs, as they were designed to be used for other roles. It would be useful for supervision spaces to be available for SMHLs.

5.7. Implications of Findings

The implications of the findings will be discussed to explore suggested next steps, which would be relevant to SMHLs, educational psychologists and wider policy makers.

These implications have been considered by reflecting on the five overarching themes and the theories or other literature which were helpful in making sense of the findings.

5.7.1. Senior Mental Health Leads

After each interview, I was left feeling inspired and confident in the abilities and passion of the SMHLs. It was clear that they were knowledgeable and skilled within their role and had a clear vision about how to support whole-school mental health. Some implications or areas to reflect on for a SMHL include:

- If not on SLT, SMHLs should discuss with senior leaders how they will approach making changes. It may be useful to have a senior leader who is working with the SMHL to help promote an effective whole-school approach, or to have clear mechanisms in place to support the SMHL to make meaningful impact across the whole school,
- Reflect on the connections between the SMHL role and other roles within the school. For example, SENCo, behaviour lead, safeguarding, designated teacher for CiC, home school link worker. If these roles are not part of the SMHL role, collaboration with colleagues would be useful,
- When supporting staff mental health and wellbeing, the SMHL should include staff in decisions about universal wellbeing initiatives. The SMHL should consider the range of levels in which staff can be supported, including the school culture, policies around workload and other time-heavy aspects of the teacher role, practical support or developments (e.g., better staffroom, optional wellbeing activities) and being able to signpost staff who require professional mental health support,

- The SMHL should discuss with SLT whether their role will target the mental health of parents. If this is part of the role, there should be training and support provided to allow the SMHL and/or Home School Link Worker to conduct this work,
- SMHLs should utilise the government funding for training, finding a course which produces the most helpful match regarding the SMHLs ability and experience,
- Ensure the SMHL is familiar with all the external agency available to support children, families and staff. Schools should consider novel ways of getting support from agencies, such as consultancy,
- The SMHL role is full of emotional complexity. SMHLs should have a safe place where they can receive support around their own mental health and wellbeing. If available, the SMHL should consider attending a supervision space.

5.7.2. Educational Psychologists

Educational Psychologists play a key role in supporting the mental health of children and staff within schools. Therefore, it is likely that the EP services will be keen to understand the work of SMHLs and consider how they can further help to support those in role. Some of these ideas include:

- EPs should ask SENCos if they are also the SMHL. If not, the EP should ask to meet with the SMHL,
- Explain to schools the remit of the EP, so that SENCos and SMHLs understand that we can offer consultation and support around social, emotional, and mental health needs,

- In SENCo supervision groups, ask who has the role of SMHL. If relevant to the group, discuss items which relate to the aims of the SMHL role, such as implementing a whole-school approach to wellbeing,
- An EP service could consider leading a training course for SMHLs. EPs are well-placed to run such a course, with their wealth of knowledge about mental health and the application in schools. EP services are running a government approved course for SMHLs, including Somerset, Warwickshire, Wigan and Wolverhampton (DfE, 2022),
- Liaise with CAMHS, MHST and social services to ensure a joint approach is used when supporting schools to manage the mental health of children, staff, and families.

5.7.3. Wider Policy Developments

At a Local Authority level, some considerations include:

- Bring key stakeholders together (e.g., EPs, CAMHS, MHST, Social Care) to discuss the role of each agency and to evaluate if greater joined up working could help to streamline the services available to children and schools,
- Provide time when MHST and the link EP for each school can meet, to provide a joined-up service to that school.

At a national level, some considerations include:

- Continue to release funding to ensure that SMHLs can access quality training which supports them in promoting whole-school mental health,
- Conduct a large scale, in-depth study about the training on offer for SMHLs to establish if it meets the needs of SMHL and is having an impact within schools,

- Evaluate MHST, taking the views of SMHLs into account. It is likely to be beneficial to schools if MHST can be trained to support a moderate level of need,
- Add learning outcomes to the SMHL guidance which asks SMHLs to consider their personal qualities and reflective skills.

5.8. Limitations to the Research

When recruiting participants, one of my inclusion criteria was that the SMHLs had to be working as a SMHL within a primary school. I did not provide a definition of what a SMHL was, as I was aware that some schools may have slightly different interpretations of the role. However, upon later reflecting on the definition of a SMHL within the Green Paper, I realised that one of the participants was not working as a SMHL according to the Green paper definition. Penny was more of a Wellbeing Champion and Mental Health First Aider, she was not working to create a whole-school approach to wellbeing. As discussed in the Methodology chapter, it was decided that ethically, Penny should remain in the study. Penny's input was relevant to some overarching themes more than others. Her quotes were shared within the superordinate themes when they offered a useful contribution. This was particularly true when considering power in the school, the impact of COVID, staff-focussed support, stigma of mental health and the mental health of the SMHL. In hindsight, it would have been more appropriate to have provided a definition and to check this with the SMHLs before proceeding with the interviews.

Another limitation is that the participants volunteered themselves to take part in the study. This is likely to have impacted on who came forward. The SMHLs were confident in their roles and had all worked hard to make real sustainable changes in their schools. It is

unlikely that the research would have attracted a SMHL who was feeling overwhelmed or incompetent in their role. Thus, there may be some bias in the themes generated within this study towards those SMHLs who are more confident in role.

Another limitation may be that the research used a small sample size. This research does not claim to be generalisable to all SMHLs working in English primary schools. Smith et al. (2009) suggest that claims made in IPA research are bound to the group studied, but that an extension of these claims could be possible when "the reader of the report is able to assess the evidence in relation to their existing professional and experiential knowledge" (Smith et al., 2009, p. 4). This can occur when the reader reflects on the claims made to their own existing knowledge and experience. The focus in the current study was to ensure that the findings are trustworthy and true, rather than generalisable. Moreover, the number of participants used was in line with the suggestion of 4-10 from Smith et al. (2009). By keeping the number small, I was able to conduct a detailed analysis of each participant. This level of detail may have been lost if more participants took part.

When considering the limitations of using IPA, it is useful to reflect on the language used. All the SMHLs were able to articulately share their experiences. However, I feel that the interviews remained largely on a descriptive level, with small pockets of in-depth reflection on their experience. If I could repeat the interviews, I would aim to ask more probing questions to explore the lived experiences of SMHLs, rather than a description of what they did and how they did it.

Another potential limitation could be that some claims made within this study reflect the experiences of a headteacher, assistant head, senior SENCo, and class teacher rather than the experiences of SMHLs per se. However, upon reflection I believe this to be an unlikely limitation, as it is highly likely that SMHLs will have other roles within schools, as was evident for these five participants. The experiences of SMHLs in their role should always be considered within the complex system of a school, which in this case includes multiple roles for an individual.

5.9. Future Research

This research was conducted because the role of SMHL is new within English schools. At the time of this research being conducted, there was not any published research about SMHLs. This research was aimed at providing a broad exploratory perspective of the experiences of SMHLs and how they have taken up their role. Future research would be beneficial to further explore the role. This could include:

- Wider-scale research to gather the views and experiences of more SMHLs, working across England and other areas of the United Kingdom,
- An in-depth study to explore how SMHLs have approached supporting whole-school mental health,
- An evaluation of the impact of the government approved training courses,
- An investigation into the impact of whole-school mental health initiatives for pupils, staff and parents,
- The views of children, staff and parents in relation to a whole-school approach to mental health and wellbeing.

5.10. My reflections on the research process

This research was my first experience of using IPA as an approach. I found the Smith et al. (2009) textbook helpful in guiding me through the process, particularly when considering the epistemological underpinning of IPA and how I could use IPA to capture the SMHLs experiences. From working in schools prior to becoming a TEP, I was confident that there would be large variations in the workings of SMHLs, and I felt that IPA would help me to share these individual experiences. I found the analysis stage challenging for several reasons. My initial attempts at analysis were largely descriptive and it took me a few attempts before I started developing an interpretative stance. At the stage of finding patterns across the cases, I struggled to bring the SMHLs experiences together into one coherent whole. I felt like I was losing some of the individual experience. My ability to bracket my preconceived ideas were tested when considering the emotional experiences and personal qualities of the SMHL. I expected there to be more stress and worry, with feelings of incompetence at such a huge role. However, the SMHLs were clearly extremely competent and skilled in their role. Bracketing off any expectations helped me to see the positive qualities and experiences such as pride, commitment, and confidence. Writing the results and discussion was a rewarding experience for me, but I was also acutely aware of ensuring I presented the data in such a way that stayed true to the SMHLs' experiences. I kept returning to the transcript and my analysis to check that I was portraying their experience accurately.

5.11. Dissemination

When I decided to research the role of SMHLs, I was aware that there was no existing research available on the role. I knew that I wanted to produce research which I

could disseminate into the research community, to SMHLs and to the Local Authority in which I conducted the research. A draft summary sheet has been created (see Appendix N). This will be emailed to all the SMHLs who took part in the study, following the VIVA, once I have confirmation that my research was conducted well, and I can have confidence in the findings. The summary sheet and implications for EPs will be shared within my EPS team, with the option of a presentation to the EPs within the team. This will be valuable as many of the EPs run SENCo supervision groups. I also plan on sharing the summary sheet with the manager of the local MHST, with the option of discussing the research in more detail with them. Moreover, there are plans in place to submit the study as an article in a research journal. The hope in doing this will be to allow for a broader reach of the study, with a possibility that future training providers or policy makers will consider the research findings when making decisions about SMHLs.

Chapter 6: Conclusions

This research aimed to explore the lived experiences of Senior Mental Health Leads working within mainstream English primary schools. Semi-structured interviews were undertaken with five SMHLs. Interpretative phenomenological analysis was used to analyse the data, resulting in five overarching themes. These were Role and Power, Whole-School Strategy, Passion and Pride, The Wider System and Mental Health of SMHL.

Having a clear definition of the role was important to the SMHLs. They developed their understanding of the role over time as they gained in confidence and knowledge. Three of the five SMHLs were working in a position of senior management. It was felt that having this status supported their aims to create whole-school impact. The role was often closely connected with other roles within the school. COVID-19 impacted on the role, with an increased need for mental health support to both child and staff.

The SMHLs used a whole-school approach to support three main groups: children, staff and parents. A universal level existed in which a culture of respect and kindness was promoted, and strategies were put in place for everyone. For children who required more specialised support, the SMHLs had systems in place to support in school or refer onto external agencies. A similar culture was highlighted as important for the staff, in addition to practical approaches such as the physical environment and workload expectations. Staff could also be referred onto external agencies if they required specialist support. At a community level, parents were encouraged to engage with mental health support for their

children. In addition to this, some schools were offering support and intervention to help the parents mental health.

The SMHLs were passionate and committed to their roles. They expressed the view that personal qualities and an ability to reflect was an important aspect of working with mental health. The SMHLs had undergone extensive training linked to their role and they were all knowledgeable and skilled in their ability. The SMHLs recognised that a stigma around mental health still existed across the children, staff and parents.

The wider systems were discussed, in both negative and positive terms. The SMHLs felt that children and families could often not access the mental health support when they needed it. The SMHLs felt compelled to bridge this gap, even when there were MHSTs in place. The MHSTs were not offering support to children with a moderate to high level need, only supporting children with low level needs which were already being met by schools. The SMHLs expressed frustration with the Ofsted systems, suggesting that standardised assessments and inspections prevented the school from caring for a child holistically. When schools could access external support, such as from psychologists, social care and CAMHS, the support was appreciated and valued.

The SMHLs recognised that emotional support was useful for themselves, although some explained that they felt there was not the time or place to 'burden' others with their mental health. Ensuring that SMHLs have spaces in schools, or within Local Authorities to reflect and receive support is paramount to ensuring that SMHLs are mentally well themselves.

The implications for practise for SMHLs, educational psychologists and on a wider national scale are explored. There are several reflective or action points suggested for SMHLs. Educational psychologists could play a role in helping to train and support SMHLs. EPs are well placed to do this due to their close links with SENCos, a role which is closely associated with SMHL. On a national level, the findings of the study should be used to inform future training, with the additional of personal reflective qualities of the SMHL. The limitations of the research are presented, and possible future research is suggested. A plan for disseminating the research is discussed.

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Appendices

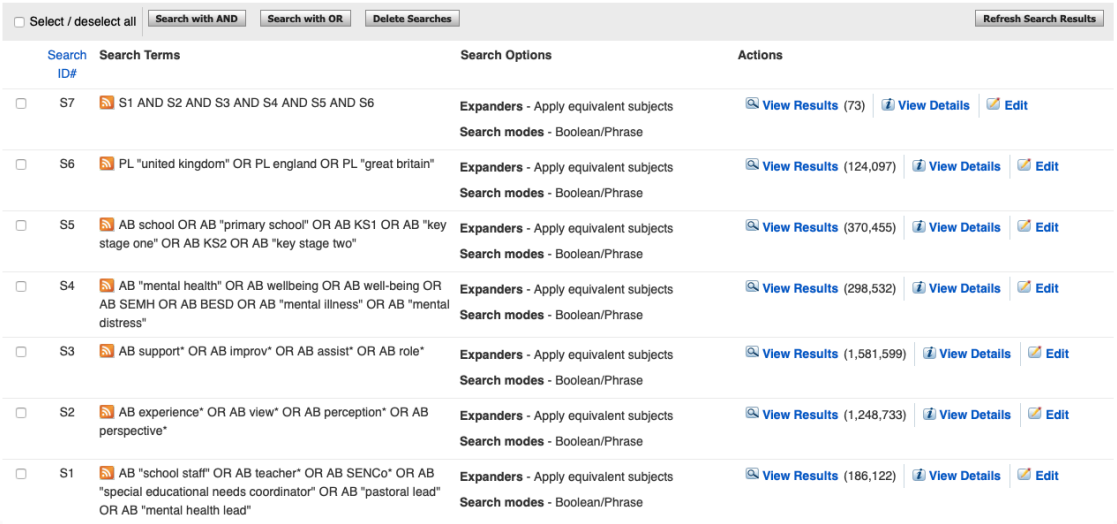
Appendix A: Literature searches

4.12.21

Databases: PsychINFO, ERIC and Education Source. Searched as separate searches to allow location searches to be included where possible.

Date range: 2001-2021

PsychInfo

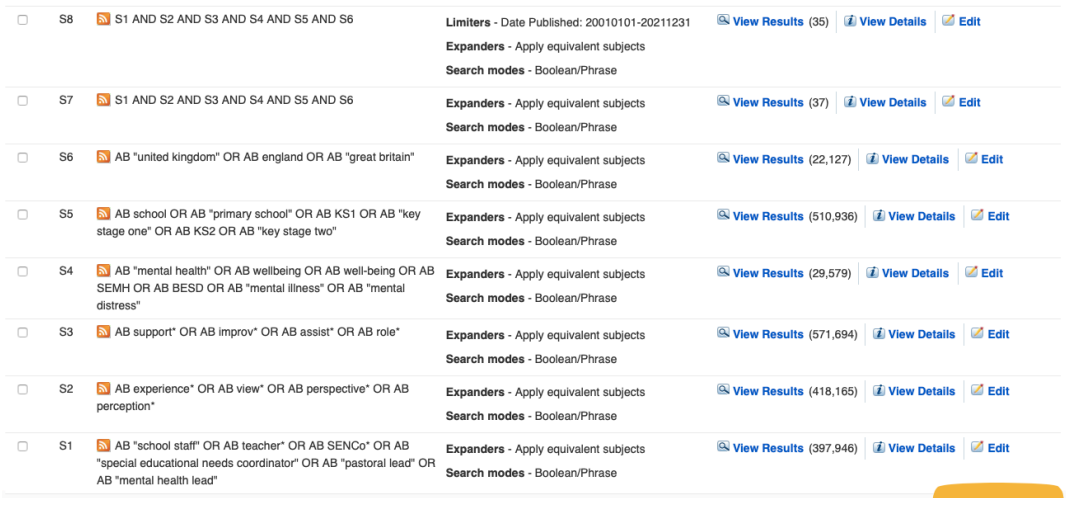


Select / deselect all | Search with AND | Search with OR | Delete Searches | Refresh Search Results

Search ID#	Search Terms	Search Options	Actions
S7	S1 AND S2 AND S3 AND S4 AND S5 AND S6	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (73) | View Details | Edit
S6	PL "united kingdom" OR PL england OR PL "great britain"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (124,097) | View Details | Edit
S5	AB school OR AB "primary school" OR AB KS1 OR AB "key stage one" OR AB KS2 OR AB "key stage two"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (370,455) | View Details | Edit
S4	AB "mental health" OR AB wellbeing OR AB well-being OR AB SEMH OR AB BESD OR AB "mental illness" OR AB "mental distress"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (298,532) | View Details | Edit
S3	AB support* OR AB improv* OR AB assist* OR AB role*	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (1,581,599) | View Details | Edit
S2	AB experience* OR AB view* OR AB perception* OR AB perspective*	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (1,248,733) | View Details | Edit
S1	AB "school staff" OR AB teacher* OR AB SENCo* OR AB "special educational needs coordinator" OR AB "pastoral lead" OR AB "mental health lead"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (186,122) | View Details | Edit

67 without duplicates, 2001-2021 and peer reviewed articles.
After first sorting. 22 remaining.

ERIC



S8	S1 AND S2 AND S3 AND S4 AND S5 AND S6	**Limiters** - Date Published: 20010101-20211231 **Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (35) | View Details | Edit
S7	S1 AND S2 AND S3 AND S4 AND S5 AND S6	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (37) | View Details | Edit
S6	AB "united kingdom" OR AB england OR AB "great britain"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (22,127) | View Details | Edit
S5	AB school OR AB "primary school" OR AB KS1 OR AB "key stage one" OR AB KS2 OR AB "key stage two"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (510,936) | View Details | Edit
S4	AB "mental health" OR AB wellbeing OR AB well-being OR AB SEMH OR AB BESD OR AB "mental illness" OR AB "mental distress"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (29,579) | View Details | Edit
S3	AB support* OR AB improv* OR AB assist* OR AB role*	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (571,694) | View Details | Edit
S2	AB experience* OR AB view* OR AB perspective* OR AB perception*	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (418,165) | View Details | Edit
S1	AB "school staff" OR AB teacher* OR AB SENCo* OR AB "special educational needs coordinator" OR AB "pastoral lead" OR AB "mental health lead"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (397,946) | View Details | Edit

31 papers
After sorting and checking for duplicates as PsychInfo search: 14 added

Education source - 42

	Search ID#	Search Terms	Search Options	Actions
☐	S8	S1 AND S2 AND S3 AND S4 AND S5 AND S6	**Limiters** - Published Date: 20010101-20211231 **Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (47) | View Details | Edit
☐	S7	S1 AND S2 AND S3 AND S4 AND S5 AND S6	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (48) | View Details | Edit
☐	S6	AB "united kingdom" OR AB england OR AB "great britain"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (199,195) | View Details | Edit
☐	S5	AB school OR AB "primary school' OR AB KS1 OR AB "key stage one" OR AB KS2 OR AB "key stage two"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (778,292) | View Details | Edit
☐	S4	AB "mental health" OR AB wellbeing OR AB well-being OR AB SEMH OR AB BESD OR AB "mental illness" OR AB "mental distress"	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (62,367) | View Details | Edit
☐	S3	AB support* OR AB improv* OR AB assist* OR AB role*	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (820,302) | View Details | Edit
☐	S2	AB experience* OR AB view* OR AB perception* OR AB perspective*	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (626,989) | View Details | Edit
☐	S1	AB "school staff" OR AB teacher* OR AB SENCo* OR AB "special educational needs coordinator" OR AB "pastoral lead" OR AB 'mental health lead'	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (486,091) | View Details | Edit

Contact us

Kept 10.

Left with 44 on a long list as possibly relevant papers.

Appendix B: Excluded literature search articles

Long-list of papers – excluded

'A really good balance': Thematic analysis of stakeholders' views on classroom- and games-based positive choices interventions for primary school children	Excluded	More about physical activity
'The challenges of sharing information when a young person is experiencing severe emotional difficulties': Implications for schools and CAMHS	Excluded	Focus on 14-16 year olds
A cross-cultural study testing the universality of basic psychological needs theory across different academic subjects	Excluded	Secondary school students. Comparison study between England and Turkey.
A multilevel person-centered examination of teachers' workplace demands and resources: Links with work-related well-being	Excluded	Secondary schools only
Assessing wellbeing at school entry using the Strengths and Difficulties Questionnaire: Professional perspectives.	Excluded	Study completed in Scotland
Child mental health practitioners' knowledge and experiences of children's educational needs and services	Excluded	Focus was on experiences of CAMHS staff.
Curriculum-based outdoor learning for children aged 9-11: A qualitative analysis of pupils' and teachers' views	Excluded	Focus on outdoor learning
Emotional labour, burnout and job satisfaction in UK teachers: The role of workplace social support	Excluded	Secondary schools
Evaluation of a compassionate mind training intervention with school teachers and support staff.	Excluded	Private, secondary school
Exploring the Principal Perspective: Implications for Expanded School Improvement and School Mental Health	Excluded	USA study

Exploring the role of positive leadership for mobilizing innovative practices: a social network approach	Excluded	More about leadership and social networks than mental health
Health Literacy in Schools: Prioritising Health and Well-Being Issues through the Curriculum	Excluded	Secondary school focus.
Knowing nurture: Experiences of teaching assistants for children with SEMH	excluded	SEMH school setting
Leaving or staying in teaching: A 'vignette' of an experienced urban teacher 'leaver' of a London primary school.	Excluded	Single case study
Mental Health Needs in Schools for Emotional, Behavioural and Social Difficulties	Excluded	SEMH setting
Perspectives of SENCos and support staff in England on their roles, relationships and capacity to support inclusive practice for students with behavioural emotional and social difficulties.	Excluded	Secondary school only
Positive Educative Programme. A Whole School Approach to Supporting Children's Well-Being and Creating a Positive School Climate: A Pilot Study	Excluded	Netherlands study
Preferential treatment or unwanted in mainstream schools? The perceptions of parents and teachers with regards to pupils with special educational needs and challenging behaviour.	Excluded	Focus on challenging behaviours rather than emotional or mental health needs
Promoting Social and Emotional Well-Being in Schools	Excluded	Secondary schools in Ireland
Purpose, Passion and Play: Exploring the Construct of Flourishing from the Perspective of School Principals	Excluded	Study done in Columbia
Role of School Employees' Mental Health Knowledge in Interdisciplinary Collaborations to Support the Academic Success of Students Experiencing Mental Health Distress	Excluded	American study

Socio-Ecological School Environments and Children's Health and Wellbeing Outcomes	Excluded	Data from students only
Supporting emotional well-being in schools in the context of austerity: An ecologically informed humanistic perspective	Excluded	Secondary school only
Supporting emotional well-being in schools in the context of austerity: An ecologically informed humanistic perspective.	Excluded. Repeat from above.	
Teachers' narratives during COVID-19 partial school reopenings: an exploratory study.	Excluded	Focus on COVID, rather than mental health. Saved for context.
Teachers recognition of children's mental health problems.	Excluded	Did not collect the view, perception or perspective of teachers.
The development of scales to measure teacher and school executive occupational satisfaction.	Excluded	Focus on development of scales, rather than perspectives of teachers.
The Implications of the School's Cultural Attributes in the Relationships between Participative Leadership and Teacher Job Satisfaction and Burnout	excluded	Israel study
The Psy-Disciplines Go to School: Psychiatric, Psychological and Psychotherapeutic Approaches to Inclusion in One UK Primary School	Excluded	Focus on sebd, particularly ADHD.
Understanding Teachers' Perceptions of Student Support Systems in Relation to Teachers' Stress	Excluded	Research done in Ohio.
Unravelling the 'Safe' concept in teaching: what can we learn from teachers' understanding?	Excluded	Too broad focus on word 'safe.' Secondary school data.

Excluded papers after reading full article

Psychological distress among primary school teachers: A comparison with clinical and population samples.	Excluded	Quant only. Saved for use in context / discussion.
Between education and psychology: School staff perspectives.	Excluded	Includes primary, secondary and special schools. Limited data available from primary staff.

		Unclear what research question was being asked.
Identity, well-being and effectiveness: the emotional contexts of teaching	Excluded	Teachers in primaries and secondaries. In-depth interviews conducted. Wellbeing only a small aspect of study,
Teaching Classroom Management-- A Potential Public Health Intervention?	Excluded	Intervention more about behaviour than mental health and wellbeing.
The impact of working conditions on the UK's teaching assistants.	Excluded	A quantitative survey only, no qualitative data.
The psychological environment and teachers' collective-efficacy beliefs.	Excluded	Primary school staff interviewed about efficacy and leadership. Focus was on collective-efficacy, not wellbeing.

Appendix C: Critical appraisal of selected literature

Bibliographic details	Purpose	Key findings	Evaluative summary			
			Phenomenon studied and context	Ethics	Data collection and analysis / bias	Policy and practice implications
Conboy (2021)	To explore how primary school teaching assistants (TAs) experience their role in supporting mental health.	There were four overarching themes. Perception and knowledge of children's mental health. How TAs support children's mental health. Working within the school system and the emotional experience.	Clear detail given about the nature of phenomenon and logical participant group to answer the questions. TA perspectives had not been researched before. Explains that data was collected from a range of primary schools, although all from a homogenous group. 7 TAs ensured a breath of insight.	Clearly states ethical approval was obtained and that participants were fully informed	Semi-structured interviews were used. IPA was used to analyse the data. This was a useful approach to gather rich detail from the participants experience. No mention of bias / reflexivity into the relationship of the researcher to the participants. Perhaps she was a TA before doing the doctorate course?	Gives clear suggestions about implications of practice, summarised by a helpful visual representation of how TAs can be facilitated to support children's mental health. The study is likely to be relevant to many TAs working across primary schools within England.
Costelloe, Mintz & Lee (2020)	To explore what bereavement support provision is provided within primary schools, in one local	The paper highlighted that BSP is conducted mostly through emotional support and other indirect responses. However,	Explicit mention of the framework Bronfenbrenner's bio-ecological theory of human development, used to structure the	An information sheet was provided and a consent form. A debrief took place after the interview,	The study was mixed methods, but this paper reports only on the qualitative aspect. 16 semi-structured interviews were	The study provides suggested implications for EPs to support school staff, in supporting children who have experienced

	authority. Additionally, how are primary school staff supported to respond and how it children's grief understood by primary school staff.	providing emotional support has a negative impact of the wellbeing of staff. Themes: Understanding Children's Grief. Bereavement Support Provision. Factors Influencing Proximal Processes in BSP. Emotional Impact of BSP on School Staff	research. Useful references made to both systemic and psychodynamic theories throughout. This places school as a key system which can support a child. The work is well placed within the current literature, which suggests the usefulness of school.	including signposts.	conducted with 16 school staff across 10 schools. All participants had experience of supporting a bereaved child in last 5 years, and thus were able to speak of the experience. Thematic analysis was used. 5% were peer checked on the coding, to check for any bias. Opportunistic sampling may have led to bias.	a bereavement. Practical suggestions offered, such as a bereavement passport. Only done in one LA, but likely to extend to other LAs within England.
Gowers, Thomas and Deeley (2004)	To gain an understanding of how teachers (*awareness and attitudes) contribute to the identification, managem	Teachers reported that children's mental health had a significant impact on their teaching. Received little training, but	Grounded in 'mental health problems.' Interesting that 1/10 thought present in every child, similar number thought never encountered children. Have	No mention of ethics. An introduction letter was included in the questionnaire. Assumption that informed consent was sought.	Questionnaire to 291 schools, sent to the SENCo. 186 returned. A range of quantitative data (on 4-point scales) and qualitative data was	Situated within one local authority. Likely to apply to others. Implications suggested were largely on things

	ent, and referral of children with mental health problems. Grounded in the context following the governme nt suggesting that primary schools can contribute to Tier 1 CAMHS support.	keen to learn more.	we moved on since 2004 in the understanding around SEMH?	Researchers provided 'common presentations ' of mental health problems to include ADHD (amongst mood and anxiety). Why was ADHD included? Due to the 'BESD' in the CoP at the time perhaps?	collected. Unclear what role the researchers have. From University, so may not understand the full context of schools, or have a bias towards the support CAMHS offers potentially. No mention of how the data was analysed. Appeared to be a thematic analysis – reporting of responses from specific questions.	happening anyway (e.g. conferenc es planned, funding for CAMHS, Partnershi p trusts in NHS). Little suggested about helping SENCos to detect MH issues or further training and support on interventio ns.
Skryabi na et al. (2016) FRIEND S	To explore the views of children parents and school staff about the FRIENDS universal school-based anxiety preventio n programm e.	Overall experience was very positive. Thought to be enjoyable and valuable in teaching children skills, such as emotional regulation and coping. Teachers	Important to study the views of teachers, parents and children to understand the qualitative data. Able to separate views of teachers from parents and children.	Ethical approval was provided by the University of Bath School for Health Ethics Committee. Informed consent was obtained.	Views of children, parents and school staff, as part of a larger scale study. This report focussed on the qualitative evaluation. Used interviews or focus groups. 47 school staff	Considerat e of the implicatio ns for FRIENDS – by looking at quantitativ e data btu also the social validity of prevention programm es. Recognise d that

		had concerned that the programme overlapped with the school curriculum, and it required additional time and tangible changes were not identified in almost half of teachers.			(Heads, teachers and PSHE coordinators). Interviews were conducted by those not involved in the project to reduce bias. Thematic analysis was used to explore and code the data. Reliability and validity of the coding was checked by two independent researchers on 3 transcripts. Final codes by 4 separate researchers. Bias was well thought about and accounted for during analysis.	teachers must have ownership and see it as important for it to be implemented. Teachers should be utilised to support programme delivery. Widely generalisable. Study conducted across the local authority with teachers across 28 schools taking part. Largely white middle class schools who took part, not in an area of socio-economic disadvantage.
Wolpert et al. (2013) TaMHS	To provide an overview of the effectiveness of	A mixed picture of the success of the TaMHS model was	Summary detailed the wider study, with a focus on the qualitative	Not referred to.	Wider study – mixed methods, longitudinal, RCT, interviews	Large scale study, generalisable. Useful insights

	'Targeted Mental Health in Schools' (TaMHS).	provided. Some data suggests very positive results, however other results produced null findings. Main considerations for this are the schools willingness to use evidence based practice.	data. Provided some useful information, but not in-depth.		and in-depth case studies. Quantitative data on over 20,000 pupils. RCT in over 30,000 pupils. Qualitive data – interviews with key stakeholders (policy advisors, school staff, parents, pupils and LA TaMHS staff). Unclear where the data reported has come from (questionnaire, interview?)	into how schools use national evidence-based practise within schools. Provided helpful implications for future practice, such as a focus on behavioural difficulties in primary schools. Addressing internalising issues in schools.
Gordon (2020) Educate – mentor	To explore the wellbeing of early career teachers in	The study highlights that transition into being a qualified teacher is	Interesting use of the framework about school transitions for children and linking this	Ethical approval was granted from each university committee.	67 teachers across Australia and England (42 in England), in both secondary	Linked the study to policy and framework implications, such as

– nurture	Australia and England, with a view to examine how to support teachers for professional growth and encourage retention.	often overwhelming. Managing workload continues to be a major factor of contention. Consideration is given to maintaining the links between universities and teachers for longer than the training year, to continue a supportive community and provide bespoke mentoring.	with a transition from teacher training to NQT. States the ontological/ epistemological position – social constructivist.		schools and primary schools. Not clear in the write if there are differences. Survey responses and 5 interviews. Completed training in last 5 years. This provided a useful insight into NQTs but those recently after the NQT year too. Same interviewer for consistency. Thematic analysis used. Phone and skype used – different levels of relating possibly? Why two countries? Are they similar approaches for NQTs? Can all data be situated as useful for the English context?	teaching standards. Large London schools – results may be finder to generalise across the country, particularly in more rural settings. Did compare Australia to England at times, but gave clear data about whether it came from Australian or English teacher, which helped provide useful information about the English context. Linked to the Early Career Framework (DfE, 2019). Provides useful suggestions to support

						teachers in the issues raised.
Skinner, Leavey and Rothi (2021) Managerialism	To understand the contextual workplace experiences of teachers who have experienced workplace stress and to explore the link between bureaucratic changes at management level with professional identity and wellbeing.	Teachers spoke of policy developments in education and management implementation of these eroding teacher autonomy. This may be leading teachers towards a loss of commitment, professional identity, self-confidence and vulnerability to stress, anxiety and depression.	Framework used around identity theory and the Model of Organisational Commitment.	Ethical considerations discussed around seeking teachers who had suffered from stress and mental illness. An advert was placed in the teaching press. Ethical approval from institutional ethics committee. Ongoing consent was clear throughout the study.	39 teachers (phase 1) and 6 school leaders (phase 2), in England and Wales, primary and secondary schools. In-depth semi-structured interviews. All teachers had experienced long-term absence from work. Thematic analysis on the data from teachers. Literature review largely around policy changes, possible researcher bias to adapt the themes to this?	How far can this be generalised to all teachers? Possibly extreme examples provided, but relevance to all schools.
Manning, Brock and Towers (2020)	To explore the implementation and effectiveness of wellbeing support	Teachers were able to describe a range of wellbeing strategies within schools.	A consideration is given to the definition of wellbeing. The capabilities approach frames the	BERA's (2018) ethical guidelines were used for the study. Head teachers and teachers gave	10 schools, primary (5) and secondary (10), within greater London. 15 interviews.	Well situated research, responding to recent policy on implementing

Wellbeing in 10 schools	for teachers, within 10 schools. The perceptions of teachers on the impact to their wellbeing was sought.	Some cases were identified where there was a negative impact to wellbeing.	research, which allows for a broad conceptualisation of wellbeing.	informed consent to take part.	Coding was conducted individually first, and then during a second recoding the codes were shared across researchers. Findings are linked closely with research, policy and theory. Initally did not want to approach schools they worked with, but due to lack of take up, they did need to contact these schools. No evidence that this impacted the findings, but it is not mentioned in discussion.	strategies to support teacher wellbeing. School were invited to take part if they had been offering wellbeing support to staff. Able to offer implications to policy across the country, as to how to support wellbeing and that training/support for senior leaders is required. Suggestions about what type of wellbeing support would be useful.

Appendix D: Email sent to participants

Dear Participant,

Thank you for choosing to take part in this interview. If you decide to withdraw from the study, you have two weeks from today to make this known. After this point, data will be anonymised for analysis and withdrawal will not be possible.

If you have been affected by the today's interview, or would like to seek support around your wellbeing, please consider contacting the following:

Education Support – A UK charity dedicated to supporting the mental health and wellbeing of education staff in schools, colleges and universities. A helpline is available to ring, 24/7, on 08000 562 561
https://www.educationsupport.org.uk

XX Schools Mental Health and Wellbeing Network – A network for schools and professionals working in the area of mental health and wellbeing.
X

Shout text line - Shout is a free, confidential, 25/7 text messaging support service for anyone who is struggling to cope. Text 'shout' to 85258 to be connected with a trained, empathic and listening Shout volunteer.
https://giveusashout.org

Samaritans – a free, confidential helpline available 24/7. Ring 116 123 to be connected with a trained volunteer.

If you have any further questions or concerns, please do not hesitate to contact me at XX or at XX.

Best wishes

XX
Trainee Educational Psychologist
XX County Council

Appendix E: Research poster

The Tavistock and Portman NHS
NHS Foundation Trust

ARE YOU A MENTAL HEALTH LEAD IN A MAINSTREAM PRIMARY SCHOOL?

WHAT?

A Trainee Educational Psychologist, working within XX, is currently recruiting for research as part of her doctorate studies. The trainee is interested in understanding the experiences of Designated Mental Health Leads working within primary schools in XX.

WHY?

Mental health for young people is increasingly becoming a concern. More schools are now selecting a staff member to lead on mental health across the whole school to work with pupils and staff. However, there is currently no research to highlight how this role is being conducted and what further support or resources may be useful. The project is being conducted as part of a doctorate. It is hoped that the research will be published in an academic journal. This may help to inform future policies and training opportunities.

WHO CAN TAKE PART?

You are eligible to participate if your professional role includes the responsibility as the school Mental Health Lead. You need to have been in this role since September 2020 (this academic year).
Due to researcher capacity, the number of participants for this study is limited to six. Participants will be selected on a first come-first served basis.

WHAT ABOUT CONFIDENTIALITY?

Any identifiable information will be changed to protect your anonymity. A pseudonym will be used in replacement of your name. All data will be stored securely on a password protected laptop.

If during the interview there are concerns about imminent harm to yourself or others, a disclosure will be made. This will be discussed with you beforehand.

WHAT IS INVOLVED?

We will meet for a virtual, 1 hour semi-structured interview, using Microsoft Teams. You will be asked about your views and experiences of being the Mental Health Lead. Questions will be opened ended so you may decide how much you feel comfortable to share. The interview will be audio recorded and some written notes may be made.

WHO IS LEADING THE STUDY?

XX is a Trainee Educational Psychologist, currently on placement in XX EPS. The study has been approved by the Principal EP and the Tavistock Research Ethics Committee.

INTERESTED?

If you are interested in taking part or have any questions, please email or ring me using the above contact details above. A detailed information sheet will be provided. There will be no obligation to take part.

Appendix F: Information sheet

Please read this information sheet carefully. If you have any questions, contact details can be found at the end of this sheet. The aim of this information sheet is to provide you with all the necessary information to make an informed decision about whether to wish to participate in the research. Participation is entirely voluntary. You have the option to withdraw at any stage of the project until the point of data analysis.

What is the research title?
An Interpretative Phenomenological study to explore Designated Mental Health Leads' experiences in role, within mainstream primary schools

Who is doing the research?
My name is XX. I am currently studying the Doctorate in Educational and Child Psychology at the Tavistock and Portman NHS Trust. I am on a two-year placement within XX. This research is being conducted as part of the course. The research is being supervised by Richard Lewis, email rlewis@tavi-port.nhs.uk.

What is the aim of the research?
The research aims to explore the experiences and views of Designated Mental Health Leads in mainstream primary schools. The systems and psychological factors that impact on the role will be considered. It is hoped that the research will help to inform future support and training for Designated Mental Health Leads (DMHL).

Who has given permission for this research?
Ethical approval has been sought from the Tavistock Research Ethics Committee (TREC). The Principle Educational Psychologist within XX has also provided consent.

Who can take part in this research?
Designated Mental Health Leads who work within a mainstream primary school, based in XX. You need to have been working within this role since at least September 2020. It is acknowledged that DMHLs often take on other roles within a school. This is acceptable, as long as the DMHL role has some dedicated time each week. Due to researcher capacity, the number of participants for this study is limited to six. Participants will be selected on a first come-first served basis.

What does participation involve?
If you provide consent to take part, we will arrange to meet for a semi-structured interview. If possible, the meeting will be held face-to-face at a location which is convenient for you. If required, the meeting could take place remotely on Microsoft Teams. The interview is expected to last approximately 60 minutes. During the interview I will ask a few questions about your experiences and views of being the DMHL. The questions will be open ended and there are no 'right or wrong' responses. You will also be asked demographic questions such as training received and length of time within the role as DMHL. The interviews will be recorded to allow myself to transcribe the content. Once transcribed, the recordings will be deleted.

What are the possible benefits of taking part?
As the role of DMHL is a relatively new position within schools, there has been no research to collate the experiences or views of those working in the role. The research hopes to fill this gap and inform future policies or guidance around the support and training of DMHLs. There may also be personal benefits for yourself taking part as you will have the space to reflect on your experiences in the role.

What are the possible risks of taking part?
The risks to taking part are minimal. Taking part in the study will have no impact on future relationships with the EP team. The role of DMHL may have involved some challenging aspects and speaking about these could be distressing. However, questions will be asked in an open-ended manner so you will be able to choose how much information you share. After the interview, time will be available for you to speak to the researcher if you would like to debrief or ask for further support.

What will happen to the findings from the research?
The transcripts will be used as part of a thesis project. The thesis will be read and marked by examiners at the Tavistock and Portman NHS Trust. It will be published within the thesis repository, which is available to students and staff. It is hoped that the research will also be published in a peer reviewed journal. You have the option to receive a copy of the thesis, or a summary, once the project is completed.

What will happen if I don't want to carry on with this research?
You are freely able to withdraw your participation in this study, at any stage during data collection. At two weeks after the interview, data will be anonymised for analysis and withdrawal will not be possible. There is no obligation to provide a reason for withdrawing and there are no disadvantages to yourself if you do choose to withdraw.

Will my taking part in this study be kept confidential?
Yes. After the interview your name will be switched for a pseudonym on all data. The pseudonym will be used for the write up of the study. The name of the county will not be included in the research. The audio recordings and transcripts will be storied securely on a password protected laptop. The data will be stored for 5 years following the study. This is in compliance with the UK Data Protection Act (1998) and the Tavistock and Portman Data Protection Policy. If there are concerns about imminent harm to yourself or others, a disclosure will be made. This will be discussed with you beforehand. The study will consist of a small sample size (3-6 participants). Quotes will be included in the results section of the write up. Due to this small sample size, you may recognise extracts from your interview. However, any identifiable information will be changed to protect your anonymity.

Further information and contact details
Please contact me if you have any concerns or questions about the research.
XX or XX. If you have any queries regarding the conduct of the research, please contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Appendix G: Consent form

An Interpretative Phenomenological study to explore Designated Mental Health Leads' experiences in role, within mainstream primary schools

Lead researcher: XX

Statement:	Initial:
I have read the information sheet and understand the study.	
I have had the opportunity to ask questions.	
I understand that my involvement is voluntary and that I can withdraw consent at any stage, up until two weeks after the interview. I know that I do not have to give a reason and that I will not be penalised for withdrawing.	
I understand that the interview will be recorded and transcribed. Anonymised quotes may be included in the write up.	
I understand that data will be anonymised. I recognise that the number of participants for the study is small and that I may recognise my data within the write up.	
I understand that confidentiality will be kept within the guidelines of the EP service and the school. The researcher may breach confidentiality for legal reasons if there are concerns of threat of harm to self or others.	
I understand that transcripts will be used for the sole purpose of this study.	
I understand that the study will be published as a thesis and possibly within a peer-reviewed journal.	
I agree to take part in this research	

Please read the following statements and initial the corresponding box if you agree

Name of Participant:	
Signature:	
Date:	

Name of Researcher:	
Signature:	
Date:	

Appendix H: Extract of transcript & exploratory analysis

The following extract has been taken from Emma's interview.

Emergent themes shown on the left.
Exploratory comments on the right.
Descriptive comments, linguistic comments, conceptual comments

	292		
	293	Not officially, umm, so that's something I want to do is send sort of a	Want to send a questionnaire to parents.
	294	questionnaire type thing or you know, talk, but a few parents have come	Had good feedback from some parents
	295	up with me on the playground and said 'ooo we really enjoyed this one.'	unofficially.
	296	Or we shared this or a couple email the office and said this activity was	
	297	really good so it's very informal and it's definitely something I want to do	Contrast between positive feedback and the
	298	sort of in the next term, in next few months coming forwards. Umm, but	earlier stigma comment?
Contrasting opinions	299	the parents that have come up and out of their way to come and say that's	Are these parents the same ones that are
from parents about	300	really a positive thing and some of the work they've done with their kids is	challenging to engage?
MH	301	amazing so if we can continue, that'll be good.	
	302		
	303	R - **Yeah. So when you mentioned before about you feel like maybe**	
	304	**some parents have a bit of a stigma towards mental health and kind of**	
	305	**what that means. What has kind of made you think that there might be**	
	306	**that stigma there?**	
	307		
Breaking a stigma of	308	Umm I think lots of…even staff…when I said mental health and wellbeing,	Staff unsure if we should speak about
MH in parents and	309	they instantly said, oh should we be talking to our children about mental	mental health.
staff	310	health and we had a really interesting discussion in my in my very first staff	
	311	meeting of where I sort of broached the ideas of what I wanted to do, they	Mental is depression and anxiety. If staff
	312	said, well, mental, that's you know depression thats anxiety, we don't need	think this, the parents *definitely* will. Are
	313	to be talking to children about that, so if it's there within the teachers, I	staff more open about MH than parents?
	314	think it will definitely (emphasised definitely) be there within some of the	Staff are a similar age to parents. Does age
	315	parents and some of our parents are amazing, but I think the	impact on MH perception?
	316	conversations I've had with staff in school who are a similar age to lots of	Staff think MH is mental illness, not MH
	317	our parents. I..I just think it would be definitely be there within that, and I	being everything we deal with everyday and
	318	think a lot of our staff are thinking, right, mental health is mental illness,	how you cope.
	319	not mental health being everything that we deal with every day and how	Need to educate everyone. Emma is on a
Complexities of	320	you cope and how you feel and all those sorts of things. So again it's	mission to education the community on
defining MH Vs MHL	321	educating everyone in a whole sort of approach of no…this is what we're	what MH is and is not.
clarity of MH	322	talking about and mental doesn't mean crazy. 'cause one of the umm boys	Year 6 boy thought MH meant when you put
definition	323	in my class and again, in the very first trial lesson I said, what is mental	people in an asylum.
	324	health? And he said oh, that's when you put in an asylum, isn't it? And he's	

Appendix I: Extracts from reflective diary

20/8/21	Doing the analysis I am finding the analysis harder than anticipated. The amount of data feels overwhelming. I am not sure how to tackle the transcript staying close to the IPA approach. I am wondering if my interviews were too descriptive. Not sure I did this: "to move away from discussing topics at a summary level to specific accounts of particular experiences and associated thoughts and feelings" Or this: "funnelling" towards more sensitive issues I had not planned to analysis the demographic questions but there were sometimes interesting comments made so these have been analysed too. I feel that my analysis is a grouping of things said, about the work they have done and not enough about the 'experience' of being an SMHL. I will take a first draft of analysis to supervision to reflect on this.

The following emergent themes were the first draft of part of Emma's analysis:

Support for MHL within school	
MHL being shaped by support of Head	478
Support from SENCO	493
Collaboration across school	637
Working collaboratively to share knowledge and prac	504
MHL working with a team	448
Support of SLT/Head	459
Staff personal experiences of MH	500
MHL feeling supported from staff and SLT	688
MHL working closely SENCO	645
Support from PE teacher	497
Staff working together	692
Collaboration to share the load/burden	674
Waiting for Head to change approach	739
Head strategy to diseminate	464
Link between MHL and SENCo	791

Support for MHL externally	
Networking with other MHL	583
Networking with other schools	543
Hearing about practice in other schools	546
Differing approaches for MH roll out	427
Hearing from other schools valuable	484
Linked with other agencies/training	208
Accessing courses	532
Access to courses	511
Variety of courses	519
Knowing useful links/websites/agencies	229
Knowledge of local area	589

After reflection during supervision, I had a better understanding of how to refine these and move away from descriptive analysis. These themes later became:

Support, systemic (in school and outside of school)		
MHL using a support team to create a bigger voice		434
SENCo personally invested in MH & useful knowledge for agencies	481 and 632	
Joined 'forces' with passionate TA (ELSA)		479
PE teacher personally invested & approaching from physical angle		483
Hearing from other schools has been valuable		474
Working collaboratively as a team to share knowledge and drive forwarc		494
Would like to network more with other MHL		570
Would be useful for MHL to know local area & agencies		580
Importance of supportive ethos to support each other		672
MHL feeling supported from staff and SLT		678
Supporting MH is seen as a group task for all		686
Link between MHL and SENCo role – merging together tools		780
Lack of external support for MH an issue		65

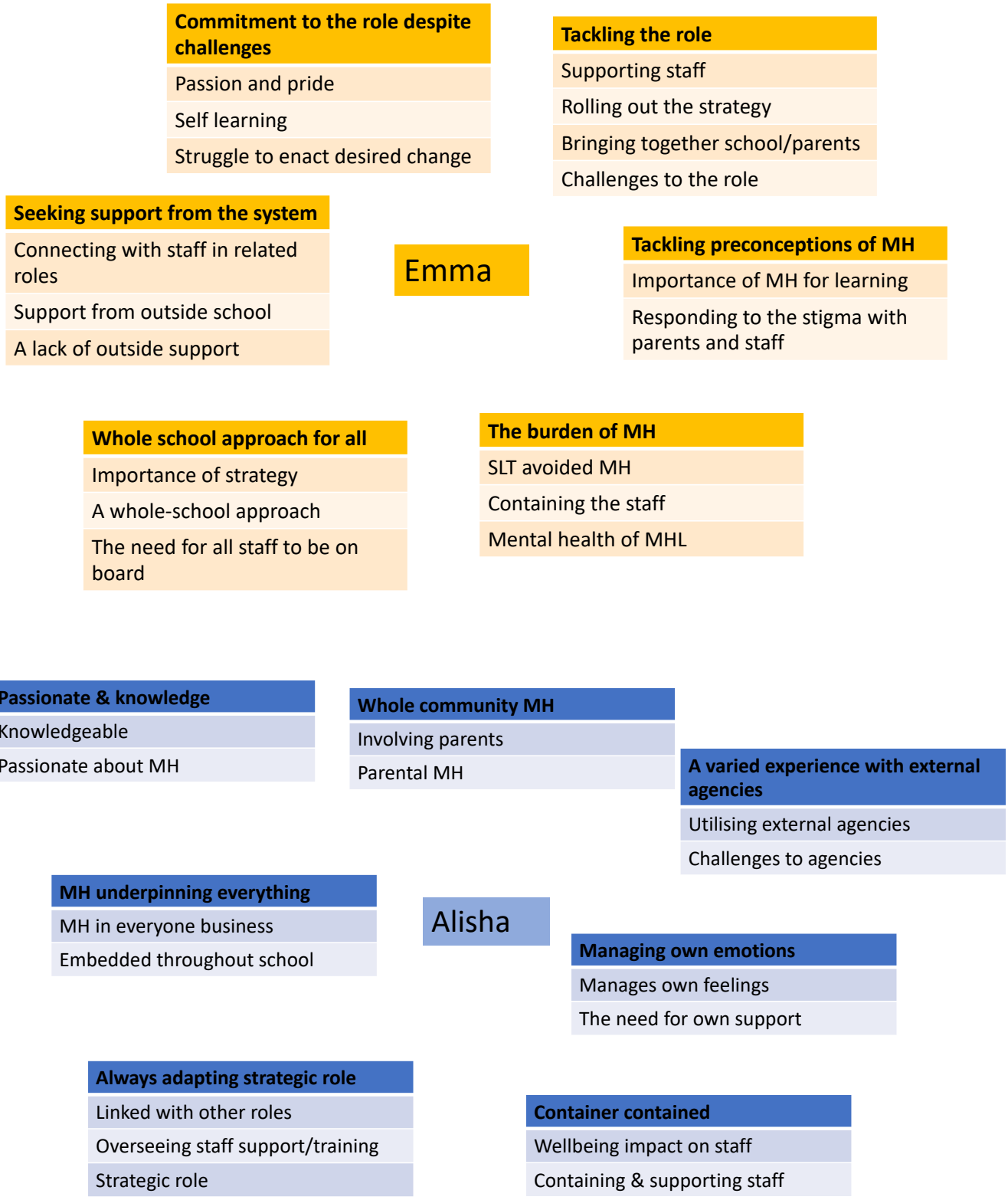
This was refined once again, to demonstrate the nuance within the theme to:

SEEKING SUPPORT FROM THE SYSTEM		
MHL using a support team to create a bigger voice	434	Connecting with staff in related roles
SENCo personally invested in MH & useful knowledge for agencies	481 and 632	
Joined 'forces' with passionate TA (ELSA)	479	
Link between MHL and SENCo role – merging together tools	780	
PE teacher personally invested & approaching from physical angle	483	
Working collaboratively as a team to share knowledge and drive forwards	494	
Importance of supportive ethos to support each other	672	
MHL feeling supported from staff and SLT	678	
Hearing from other schools has been valuable	474	Support from outside school
Would like to network more with other MHL	570	A lack of outside support
Would be useful for MHL to know local area & agencies	580	
Lack of external support for MH an issue	65	

3/9/21	Reflecting after doing analysis • Did I probe enough? Moved onto something else, rather than stay with the same thing. • Wish I had asked them to summarise their role in a few sentences first. Would that have been helpful? • A fear that the data does not go 'deep enough.' Is it all descriptive? Some reflections after supervision • I had a bias when looking at the data, that I was focussed on negative emotions. What positive emotions have been shown by the participants? Pride. Confidence. Self-worth. Efficacy. • SMHLs lacking confidence or knowledge would not have been as keen to put themselves forward for an interview. • Practicalities of the role – could be bought together, or kept separate. • I assumed the green paper definition for the participants. Most of them knew of it, but perhaps should not have assumed this. • Provide insights – what did MHL expect from the role? How was it 'sold' to them? How did they understand the role starting from no MH experience? How much freedom does the MHL have? Raise caution in my conclusions…how many MHLs are fulfilling the role of the green paper?

15/01/22	Finding patterns across the cases. I am finding this section of the analysis particularly challenging, both logically and conceptually, aiming to stay true to the individual hermeneutic element of IPA. After grouping some of the superordinate themes, I realise how much nuance there is across the participants and that a simple re-ordering will not work. The groupings made for individuals need to be pulled apart and re-ordered for the whole group to work in a systematic way together. I hope that when I come to write the findings, I am able to stay true to each participant and provide a clear representation of their experience.

Appendix J: Superordinate themes for each participant



It's changed me as a person
- A learning journey
- Changed as a person

A need to defend against difficult emotions
- Managing the load
- Difficult emotions
- MHL need for support

Importance of support networks
- Support in school
- Support from outside

Penny

Why don't they talk to me?
- Void of staff coming for support
- Strategy to get staff talking

Mixed messages over importance of role
- Seen as an easy role
- Wellbeing prioritised
- A challenging role

Difficulties in defining the role
- Where are boundaries of the role?
- For the children or staff?
- Defining the role

A failing wider system
- Concern over CAMHS waitlists
- Support for families required
- Need for more external support
- Governmental constraints

Passion & commitment
- Personal qualities
- Pride
- Training needs

Who has power & control?
- Does being Head give you power?
- Buy in from everyone – parents, staff, pupils & governors

Gemma

Complexity of staff MH
- Openness to staff MH
- Practical spaces
- Workload

Support & self-care
- Challenges to self-care
- Self-care and support
- Guilt

Clear, long-term strategy for MH
- Long term strategy vision
- Rooted in values
- Multiple systems
- Continuous evalutaion

Complex role to define
Links with other roles
Where Assistant Head/MHL meet
Power

Internal Vs External paradox
Desire to keep MH work within school
Issues with external agencies
Benefits to external support

Passion, personal drive
Personal drive & interest
Personal qualities

Kayla

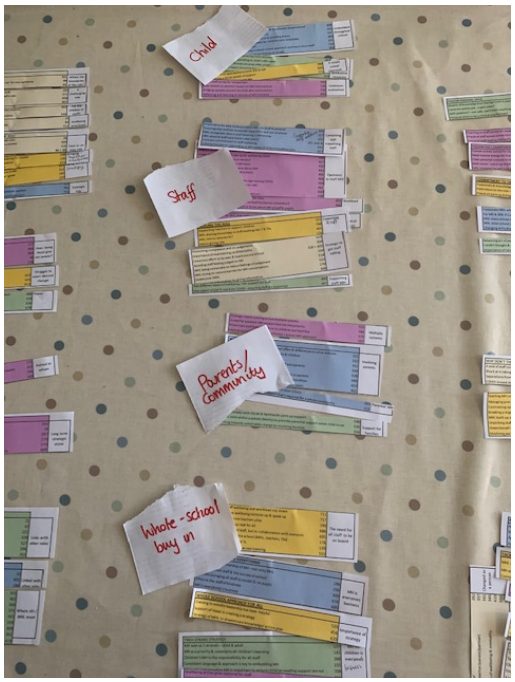
Where to take difficult emotions?
Managing own difficult feelings
Getting support

Two+ strand strategy
MH for children is everyone's responsibility
Universal & graduated response
Support for families
Supporting staff MH

Appendix K: Looking for patterns across cases

This demonstrates the first attempt at finding patterns across cases. I found it challenging to group the superordinate themes as I felt there was too much nuance within them. I decided to organise the superordinate themes in greater detail, including subthemes within the superordinate. This is shown at the end of Appendix I, where I provided an example of the nuance within the theme.

Here is an example of the second attempt, where I was able to spilt the superordinate themes where necessary to create coherent set of overarching themes across all participants.



Appendix L: Ethical approval

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

FOR ALL APPLICANTS

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TREC form which are NOT covered in your existing approval

Is your project considered as 'research' according to the HRA tool? (http://www.hra-decisiontools.org.uk/research/index.html)	Yes
Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	No
Will your project include data collection outside of the UK?	No

SECTION A: PROJECT DETAILS

Project title	An interpretative phenomenological study to explore Designated Mental Health Leads' experiences in role, within mainstream primary schools		
Proposed project start date	March 2021	**Anticipated project end date**	July 2022
Principle Investigator (normally your Research Supervisor): Richard Lewis			
Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval			
Has NHS or other approval been sought for this research including through submission via Research Application System (IRAS) or to the Health Research Authority (HRA)?	**YES (NRES approval)** ☐ **YES (HRA approval)** ☐ **Other** ☒ **NO**		
If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.			

SECTION B: APPLICANT DETAILS

Name of Researcher	Alison Tonks

Programme of Study and Target Award	Doctorate in Child, Educational and Community Psychology (M4)
Email address	atonks@tavi-port.nhs.uk
Contact telephone number	07904140280

SECTION C: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? **YES** ☐ **NO** ☒ If **YES**, please detail below:
Is there any further possibility for conflict of interest? YES ☐ **NO** ☒
Are you proposing to conduct this work in a location where you work or have a placement? **YES** ☒ **NO** ☐ If **YES**, please detail below outline how you will avoid issues arising around colleagues being involved in this project:
The research will take place in the local authority where I am currently on placement. The participants will not be from the schools in which I regularly support.

Is your project being commissioned by and/or carried out on behalf of a body external to the Trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)	**YES** ☐ **NO** ☒
If **YES**, please add details here:	
Will you be required to get further ethical approval after receiving TREC approval? If **YES**, please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):	**YES** ☐ **NO** ☒
If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:	
If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:	

Please see approval email from Principle Educational Psychologist (Appendix A.)	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant) Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record	**YES** ☒ **NO** ☐ **NA** ☐

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION

I confirm that:

- The information contained in this application is, to the best of my knowledge, correct and up to date.
- I have attempted to identify all risks related to the research.
- I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research
- I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research.
- I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct.

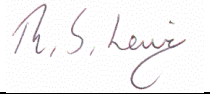
Applicant (print name)	Alison Tonks
Signed	
Date	29/1/2021

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor/Principal Investigator	Dr Richard S. Lewis

Supervisor –

- Does the student have the necessary skills to carry out the research?
  YES ☒ **NO** ☐
- Is the participant information sheet, consent form and any other documentation appropriate?
  YES ☒ **NO** ☐
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  YES ☒ **NO** ☐
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  YES ☒ **NO** ☐

Signed	
Date	29.01.21

COURSE LEAD/RESEARCH LEAD

Does the proposed research as detailed herein have your support to proceed? YES ☐ NO ☐

Signed	
Date	

SECTION E: DETAILS OF THE PROPOSED RESEARCH

1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)

The current research study proposes to explore the experiences of Designated Mental Health Leads (DMHL). In 2017, the government released a green paper aimed at working towards better mental health support within schools (Department of Health [DoH] & Department for Education [DfE], 2017). One initiative was for every school to appoint a current member of staff as a DMHL. To date, there has not been any empirical research to explore the role of DMHLs.

The expectation for the role of the DMHL is lengthy. In the green paper (DoH & DfE, 2017) it was suggested that DMHLs would lead on a whole school approach to mental health and wellbeing, for both pupils and staff. The DMHL would be expected to identify children at risk and provide information on the local services that can offer support. Additionally, the DMHL should oversee and monitor interventions running within the school to target low level mental health needs. In a consultation period that ensued, schools raised concerns about the lack of support and training for DMHLs. The government responded to the consultation by suggesting that the training would be of 'quality, long term and rigorous.' It is hoped that training is offered to a DMHL in every school by 2025 (DoH & DfE, 2018). Thus, the role of DMHLs within schools is likely to continue to grow and develop.

The focus for the research will be on DMHLs working in primary schools. Participants will be recruited from within a large 'shire' county on which I am currently on placement. Permission has been sought and granted from the Principle Educational Psychologist (see Appendix A). DMHLs will be invited to take part in one semi-structured interview, lasting no longer than one hour. During the interview one main open-ended question will be asked, allowing the participants the opportunity to explore experiences that feel important to describe. A short survey will also be given to the DMHLs to elicit basic demographic information such as length of time in role, other job roles and length of time teaching.

It is hoped the interviews can occur in person but could be facilitated online if COVID-19 restrictions were in place. A recording of the interview will be taken and stored securely, before being converted into transcripts. The analysis method of the transcripts will be Interpretative Phenomenological Analysis (IPA), to allow for a rich exploration of the experiences working in the DMHL role.

2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)

In recent years there has been an increasing recognition of the importance to consider mental health needs for children and young people (PHE, 2016). The introduction of the DMHL is one key development that has recently been implemented by the government to respond to this mental health crisis (DoH & DfE, 2017). The need for schools and communities to focus on mental

health has never been greater. Since the COVID-19 pandemic, 80% of children and young people reported that their mental health was worse (Young Minds, 2020).

When the literature was explored, it was apparent that no research has yet to be conducted on DMHLs. Current literature about mental health in schools, suggests that teachers feel unsupported and untrained to meet the mental health needs of pupils (Corcoan & Finney, 2015; Kidger et al. 2010; Hart & O'Reilly, 2018). Furthermore, teachers reported feeling conflicted to provide both mental health support and work towards high attainments from pupils, with some teachers responding to this by not engaging in mental health promotion (Bostock et al., 2011). Thus, the current literature suggests that DMHLs have got a challenging responsibility to balance both teaching and the role of DMHL.

The current study aims to explore the experiences of DMHLs, to gain a rich understanding of how the role is currently being conducted within primary schools and the meaning that DMHLs have of their role.

It is hoped that the findings of the study can increase knowledge and understanding across three main target audiences. Firstly, other DMHLs. DMHLs may see similarities to their own work and find this reassuring. They may also see key differences which could offer interesting reflections and changes to practice. Secondly, CAMHS practitioner and Educational Psychologist (EPs) professionals working in these roles play a role in supporting DMHLs. Understanding strengths, gaps in knowledge or support may offer opportunities for promotion of services, new provision, such as supervision groups or focused training. Lastly, the researcher hopes the study can influence organisations and government policy, when decisions are made about what training and ongoing support should be offered to DMHLs. An appropriate dissemination strategy will be deployed to ensure that the research findings are accessible to each of these audiences.

It is hoped that the research will provide a rich, detailed overview of the role of DMHLs and where further training or support is necessary. If DMHLs are able to conduct their role effectively, the mental health benefits for children and staff within a school are likely to be improved. This is a long term aim for the research.

3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, *tasks* assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

To elicit individual experiences, the data will be collected via qualitative interviews. The interviews will be semi-structured, with one main question to ask the participant (see Appendix B). Subsequent questions or prompts will follow depending on the response from the participant. This will allow the participants to share what feels pertinent. However, if the participant is struggling to know what to talk about, the interview schedule includes more structured questions which could be asked if required. The structure of the interview will allow for an exploratory approach. This is useful when embarking on research within a new field, such as the role of DMHL. Furthermore, the decision to use interviews as the method for data collection, allows for some flexibility in regard to logistics. Ideally, I hope to interview face-to-face. However, I am conscious of COVID-19 and the implications of physical distancing. Thus, the interview could be held remotely if required. Demographic questions will be asked at the start of the interview to provide context. For example, length of time in role, other job roles and length of time teaching (see Appendix B).

The method of data analysis will be Interpretative Phenomenological Analysis (IPA). IPA is a focussed analysis on a person's lived experience. IPA is a useful tool when exploring someone's lived experiences, as it can delve into what someone is experiencing within their life (Smith et al., 2009). Within the current study, it is assumed and acknowledged that each DMHL will have interpreted and constructed their role in a different way to each other. IPA will enable me to interpret individual stories and experiences, before looking at the patterns across all of the participants. This will allow for a rich and detailed analysis. The duration of analysis is expected to last between 4-6 weeks. I plan to transcribe the data myself.

As the role of DMHL is new, I am keen to learn and reflect on each DMHLs uptake of their role. It is more important to learn about how the participants have experienced their own role as the role is being envisioned by different settings across the country, rather than studying the phenomenon of DMHLs more broadly which will mask the individual experiences of the role that can shape how it is interpreted. Similar studies have been conducted using IPA in a school setting, such as in understanding the experiences of SENCos (Gore, 2016), pastoral staff (Flint, 2017) and teaching assistants (Conboy, 2020).

SECTION F: PARTICIPANT DETAILS

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why these criteria are in place. (Do not exceed 500 words)

The participants will be DMHLs working within one large Local Authority. I hope to recruit between three to six participants, as suggested by Smith et al. (2009) as a suitable number.

Primary schools were chosen due to the need for early prevention in supporting mental health. 10% of 5-16 year olds have been diagnosed as having a clinically significant mental health illness (PHE, 2016). Of these, only 25% needing treatment will receive it. Thus, it is crucial that schools start supporting mental health from an early age.

In a scoping exercise, I posted a few questions on a national Facebook group to support in the decision-making process about participants. Across approximately 800 group members, 25 people completed the brief survey asking their type of school, percentage of time in role and the priority of supporting mental health in the school. With this being a self-selecting active interest group to link and consider the role; getting a 3% response rate suggests that recruitment for 1 hour of DMHLs time may be challenging. Thus, no other limiters about the type of primary school will be applied.

The DMHLs will be required to have worked as the DMHL for at least 6 months, to ensure that rich information can be provided. The survey estimated that DMHLs in primary schools spend around 11-20% of their professional time working within the remit of the DMHL. Thus, it is likely that the DMHL will have other responsibilities, such as a class teacher or a Special Educational Needs Coordinator. Having these other roles will not exclude the DMHL from taking part. This is because having additional roles is common across all DMHLs. The demographic questions asking about these other roles will provide clarity and context to the interview.

The research strategy will begin by advertising a research poster (Appendix C) on the county wide, school bulletin system. A call for participants may also be placed on the local network for professionals working in mental health in schools. The network has a monthly newsletter and website which permits research advertising. A caveat will be included to state, ‘due to research design seeking insight into their individual experiences, the number of participants for this study is limited to six. Participants will be selected on a first come-first served basis.’ This caveat hopes to reduce disappointment if a DMHL expresses interest to take part, but the study has reached full capacity. If the school bulletin and network group do not attract enough participants, I will ask the Educational Psychologists to promote the research through their school contacts.

Once DMHLs have made contact with myself, I will share the information sheet (Appendix D) and consent form (Appendix E). If the desired number of participants is not able to be reached through these approaches a final call will be made to the schools in the Local Authority, before extending the request in a similar manner to a similar Local Authority.

5. Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.

If any data collection is to be done online, please identify the platforms to be used.

Ideally, I hope to interview face-to-face at a location convenient to the participant. This is likely to be in a quiet space in their school or in a room within the EPS local authority building. However, I am conscious of COVID-19 and the implications of physical distancing. Thus, the interview could be held remotely if required (most likely using Microsoft Teams as this is the secure system that schools in the Local Authority are familiar with using).

6. Will the participants be from any of the following groups?*(Tick as appropriate)*

- ☐ Students or Staff of the Trust or Partner delivering your programme.
- ☒ Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- ☐ Children or legal minors (anyone under the age of 16 years)[1]
- ☐ Adults who are unconscious, severely ill or have a terminal illness.
- ☐ Adults who may lose mental capacity to consent during the course of the research.
- ☐ Adults in emergency situations.
- ☐ Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- ☐ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- ☐ Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).
- ☐ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- ☐ Healthy volunteers (in high risk intervention studies).
- ☐ Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- ☐ Other vulnerable groups (see Question 6).
- ☐ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- ☐ Participants who are members of the Armed Forces.

[1]If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

[2] 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

[3] Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

7. Will the study involve participants who are vulnerable? YES ☐ NO ☒

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from:

- the participant's personal characteristics (e.g. mental or physical impairment)
- their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).
- where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable
- children are automatically presumed to be vulnerable.

7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If YES, a Disclosure and Barring Service (DBS) check **within the last three years** is required.

Please provide details of the "clear disclosure":

Date of disclosure:

Type of disclosure:
Organisation that requested disclosure:
DBS certificate number:

*(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance). Please **do not** include a copy of your DBS certificate with your application*

8. Do you propose to make any form of payment or incentive available to participants of the research?
YES ☐ NO ☒

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

9. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

n/a
All participants are teaching staff members and so will be educated to at least undergraduate degree level.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

10. Does the proposed research involve any of the following? *(Tick as appropriate)*

☒ use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
☐ use of emails or the internet as a means of data collection
☐ use of written or computerised tests
☒ interviews (attach interview questions)
☐ diaries (attach diary record form)
☐ participant observation
☐ participant observation (in a non-public place) without their knowledge / covert research
☒ audio-recording interviewees or events
☒ video-recording interviewees or events
☐ access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
☐ administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
☐ performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
☐ Themes around extremism or radicalisation
☐ investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
☐ procedures that involve the deception of participants
☐ administration of any substance or agent
☐ use of non-treatment of placebo control conditions
☐ participation in a clinical trial
☐ research undertaken at an off-campus location (risk assessment attached)
☐ research overseas (please ensure Section G is complete)

11. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?

YES ☒ **NO** ☐

If **YES**, please describe below including details of precautionary measures.

The risks for taking part in this study are believed to be minimal. However, I have considered the following as a precaution.

The participants will be asked to reflect back over what may have been a challenging academic year. Educational professionals have dealt with a lot of pressure this year due to the COVID-19 pandemic. Additionally, participants may have found the past year challenging for personal reasons. The expectations within the role of the DMHL is likely to have increased, as the government looked to schools to provide support and stability for young people. Therefore, asking the DMHLs to reflect on the past academic year, may be distressing for participants.

The following precautionary measures will be put into place:

- Participants will receive a clear information sheet about what the study will involve and the types of questions that will be asked. Participants can then make an informed choice about if they want to participate.
- I will seek to provide a supportive, containing role when conducting the interviews.
- The questions asked during the interview will be open ended, which will allow the participant the freedom to decide what information they share when answering.
- After the interview, I will check in with the participant to see how they are feeling. I will ensure that they have time after the interview for a debrief, if the participant would find this useful. An additional follow up phone call or email will occur if the participants wishes.

- A list of signposting to additional support will be provided to all participants following the interview (included within the interview schedule, see Appendix B).

Following the interviews, I will be interpreting the transcripts. Within IPA studies, it is acknowledged that a double hermeneutic occurs in which the researcher is trying to make sense of the participant making sense of their world. This means that there is a risk the participant will read the write up and not agree with the interpretations made.

To counter this risk, I will seek to 'thickly' describe the participants experiences. This has been explained as having an understanding of the contextual and relational features of the concerned phenomena (Brinkmann & Kvale, 2017). IPA aims to stay as close as possible to the language used by each participant. Each participant is analysed separately, before any generalisations are attempted to be made.

I will hold on to moral ethical considerations throughout the research process. It is hoped that this will lower the risk of participants feeling that the researcher has not understood the lived experience of the participant.

12. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

I have undertaken a CAMHS placement which afforded me the development of my training and skills in working with individuals who may be in distress. I have transferable skills and experiences that will help to facilitate a supportive and safe interview for the participants. I am studying for the doctorate in Child, Community and Educational Psychology. This has provided many practical opportunities to apply the relational model of consultation when working with school staff and parents. During these consultations, I have practised professional rapport building, active listening skills and empathy. Furthermore, prior to starting the course I was a special educational needs coordinator. This involved multiple experiences of collecting sensitive information from parents and staff.

Additionally, I am being supervised by Richard Lewis, who has extensive experience in supervising projects which involve conducting semi-structured interviews.

13. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)

NOTE: Where the proposed research involves students, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The research is hoped to have benefits to participants on a micro level and also benefit the community at a macro level.

Micro – The participants will be given my undivided attention for the interview. I will be accepting of the experiences raised by the participant, offering a containing space. It is hoped that the participant will find the interview a useful, reflective space. Whilst the research is not aimed at being therapeutic, there may be a therapeutic and beneficial aspect of sharing their experiences. Secondly, at a more practical level, the reflective conversation may lead to new aspects of working or getting support that they would not have considered before. At a local level, the discussions raised may lead onto further support being given to the participant by the EP Service or the CAMHS school teams.

Macro – At a wider community or national level, I hope that the research can benefit DMHLs to receive further support or training where necessary. We are currently in a crucial time period where training schemes are being developed to offer ongoing support to DMHLs across the country. Once the research has been published and disseminated, it can inform these organisations in their planning, to help ensure that DMHLs receive the best support.

14. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

If the participant becomes distressed during the interview, I will enquire whether they want to end the interview immediately and also make a decision myself as to whether it should. I will stay and talk to the participant and offer a follow up phone call or email to check in with the participant the following day. The researcher will encourage the participant to speak to a trusted colleague or friend about how they are feeling. All participants will receive signposting for charities that can offer additional support, as explained in question 15.
It will also be explored with them as to whether they would like an additional professional to be notified so they are able to offer support. It may be the schools link Educational Psychologist, if they have one. Alternatively, it could be a member of staff within the school such as the Head Teacher or the participant's line manager.

At the end of every interview, I will ask the participant how they are feeling. If any distress is explained or shown, I will follow the same process as above.

15. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants.

Following the interview, participants will be given the opportunity to reflect on the experience and ask any questions they may have about the process. I will ask the participant how they are feeling. I will repeat the information about confidentiality and the right to withdraw until two weeks after the interview. The participants will be given a sheet with contact details for support. This will include the Education Support helpline and the local network for mental health leads in schools. My email address will also be included, so that participants can contact me at any stage.

If requested, a summary of the findings and the full write up will be sent to the participants.

16. Please provide the names and nature of any external support or counselling organisations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.

https://www.educationsupport.org.uk
https://giveusashout.org
https://www.samaritans.org
XXX Schools Mental Health and Wellbeing Network (A local network)

17. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)

No medical aftercare is expected.

FOR RESEARCH UNDERTAKEN OUTSIDE THE UK

18. Does the proposed research involve travel outside of the UK? ☐
YES ☒ NO

If YES, please confirm:

☐ I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/

☐ I have completed ta RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.

All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties.

If you have any queries regarding research outside the UK, please contact academicquality@tavi-port.nhs.uk:

Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.

19. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place. Please also clarify how the requirements will be met:

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

20. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES ☒ NO ☐

If **NO**, please indicate what alternative arrangements are in place below:

21. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES ☒ **NO** ☐

If **NO**, please indicate what alternative arrangements are in place below:

22. The following is a participant information sheet checklist covering the various points that should be included in this document.

☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher and Principal Investigator (your Research Supervisor) and other researchers along with relevant contact details.
☒ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
☒ A statement confirming that the research has received formal approval from TREC or other ethics body.
☒ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
☒ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
☒ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
☒ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
☒ A statement that the data generated in the course of the research will be retained in accordance with the Trusts 's Data Protection and handling Policies.: https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/
☒ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

23. The following is a consent form checklist covering the various points that should be included in this document.

☒ Trust letterhead or logo.
☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
☒ Confirmation that the research project is part of a degree
☒ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
☒ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
☒ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
☒ The proposed method of publication or dissemination of the research findings.
☐ Details of any external contractors or partner institutions involved in the research.
☐ Details of any funding bodies or research councils supporting the research.
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

SECTION H: CONFIDENTIALITY AND ANONYMITY

24. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

☐ Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?

☒ The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).

☐ The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).

☐ Participants have the option of being identified in a publication that will arise from the research.

☒ Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)

☐ The proposed research will make use of personal sensitive data.

☐ Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

25. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES ☒ **NO** ☐

If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

26. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES ☒ **NO** ☐

If **NO**, please indicate what alternative arrangements are in place below:

27. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

☐ 1-2 years ☒ 3-5 years ☐ 6-10 years ☐ 10> years

NOTE: In line with Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years

28. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

☐ Research data, codes and all identifying information to be kept in separate locked filing cabinets.
☐ Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.
☒ Access to computer files to be available to research team by password only.
☐ Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
☒ Research data will be encrypted and transferred electronically within the UK. *
☒ Research data will be encrypted and transferred electronically outside of the UK. *
(*These boxes have been ticked only in the event of needing to conduct interviews on Microsoft Teams)

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Essex students also have access the 'Box' service for file transfer: https://www.essex.ac.uk/student/it-services/box

☒ Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
☐ Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).
☒ Use of personal data in the form of audio or video recordings.
☐ Primary data gathered on encrypted mobile devices (i.e. laptops).

NOTE: This should be transferred to secure University of Essex OneDrive at the first opportunity.

☒ All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

☒ All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

29. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

n/a

30. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:

n/a

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

30. How will the results of the research be reported and disseminated? *(Select all that apply)*

- ☒ Peer reviewed journal
- ☐ Non-peer reviewed journal
- ☐ Peer reviewed books
- ☒ Publication in media, social media or website (including Podcasts and online videos)
- ☒ Conference presentation
- ☐ Internal report
- ☐ Promotional report and materials
- ☐ Reports compiled for or on behalf of external organisations
- ☒ Dissertation/Thesis
- ☐ Other publication
- ☒ Written feedback to research participants
- ☒ Presentation to participants or relevant community groups
- ☐ Other (Please specify below)

SECTION K: OTHER ETHICAL ISSUES

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

n/a

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

32. Please check that the following documents are attached to your application.

- ☐ Letters of approval from any external ethical approval bodies (where relevant)
- ☒ Recruitment advertisement
- ☒ Participant information sheets (including easy-read where relevant)
- ☒ Consent forms (including easy-read where relevant)
- ☐ Assent form for children (where relevant)
- ☒ Letters of approval from locations for data collection
- ☒ Questionnaire
- ☒ Interview Schedule or topic guide
- ☐ Risk Assessment (where applicable)
- ☐ Overseas travel approval (where applicable)

34. Where it is not possible to attach the above materials, please provide an explanation below.

The Tavistock and Portman NHS
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
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[redacted]

By Email

01 March 2021

Re: Research Ethics Application

Title: An interpretative phenomenological study to explore Designated Mental Health Leads' experiences in role, within mainstream primary schools

Dear [redacted]

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
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cc. Course Lead, Supervisor, Course Administrator

Appendix M: Participant quotes for overarching themes

Superordinate themes for all participants

Key to colours:

Emma
Alisha
Gemma
Kayla
Penny

Role and power	Defining the role	…. more recently it's become a far more hands on giving advice type role… (line 124-125) …. so especially recently it's been supporting teachers with supporting those children and finding you know what we can do daily to help them as well as talking to parents and opening up that sort of wider support circle… (131-135) …Umm, so I guess there's yeah the policy and documentation side, there's been the trialling so that we can then move things forward and create a whole school approach that works for everyone side, and then this term has definitely been about to support the children and the staff who are struggling, whether it's the children struggling and then the staff lacking confidence with how to deal with those, it's been sort of the sum up of this year (laughs). (164-170)
		ummm, it's kind of behind the scenes one where you're sort of negotiating things with others and ensuring that different people get the support they need, or the training is happening. Umm, it's more of a strategic role rather than an in your face role, I think.. (188-192) … it's not just your…as the lead, it's not just your job to do everything. It's your job to make sure that it's being done. But it's not your job to do it, and it's not, I mean, it is your job to do some of it, but not all of it…. (695-697)
		I'd say we officially made it a thing from September 2019 when we decided to have that as one of our strategic goals on our school development plan. So one of the strategic goals is to become a mentally healthy school… (22-24) …be realistic about the fact that sometimes the small things *can* actually make a big difference, and that's that's what we can do. And if we do those small things *well*, and consistently, then that that's how we will move our school forward and keep everybody healthy…(968-971)

		it's about that, you know, having those you know, being able to step back from it a little bit and and be able to put the thing, the right things in place and then also to be able to say actually, I can't manage that, I need, yeah, or that child, it's not working for that child and we need something else. Yeah, so interesting (smile, laugh) (299-304) I think because I am that Pastoral role for the children, I think quite often that comes to me because, I don't know, maybe there's some sort of comfort in, you do that for the children, so you're going to kind of for the adults, but yeah. (339-342) If it was that generic thing, then yes, that would come more sort of under mental health and wellbeing, I'd say. When it's that intense, more intensive support where…people really do need help….it…it…then I feel like that's more of an assistant head role (looks thoughtful). That's interesting isn't it, that's weird….Yeah, never really thought about it like that. Probably in a similar way to….ummm, hmm (laughs, looks thoughtful). I don't know. You've really got me flummoxed there. (356-362) umm I've been doing it way longer than that because I think that's just part of the role that I do… (26-27)
		… I mean, you can have a wellbeing champion and a Mental Health first aider, but for me in the school I'm both, I wear both those hats and it's slightly different but more or less the same thing. I think it helps me to do both… (86-89)… … and just to understand exactly what the role is, which is being very useful 'cause sometimes you think your job is to fix things, and it's definitely not that… (95-97) I think initially the thing with this was I was like what do I do? What is there? (249)
	Who has the power?	Ummm, I definitely think it's more challenging not being on the senior leadership because you don't necessarily have that sway of right… as a school, this is what we're doing. I'm the head or I'm the deputy and this is what I'm saying and there for, so I've had to sort of work in different ways than I would have done if I was on the SLT I think… (413-417) ….. whereas I think if I was on senior leadership it would be very much sort of more meeting based (421-422) … So…I think the way I'm working to sort of spread the message is, is different and had to be different. Umm, I'm

		also conscious that I'm the second newest member of, you know, teaching, so there's one NQT in the year now and then there's me (424-427).
		so I have been the person that lots of people have come to and then I've gone and disseminated things, but as we've developed as a school, and as we've grown and as we've upskilled people, I've been able to, then you know, empower other people to take on parts of that, that sort of work in it. (192-196)
		and that's why we as a school also made the decision that it sits with one of us as Co-headteachers because it needs to be given that kind of weighting (175-177). I do have a couple of teaching colleagues that I think long term (178)…. But to begin with, we sort of felt strongly it needed to sit with a head teacher. (182-183) So I stepped back completely, which I think was, that is that ….that challenge as a lead, isn't it? Not to just….I am afraid that most teachers are quite controlling, and the headteacher (laughs) guess what you really like being in control… (529-532)
		I think it's very difficult to do the role, generally if you're not in a position where you can make change. (671-673)… And if you're in a position where you're leading that in a school for the adults or children and you can't affect any change around the ethos or the way that people talk to each other or around putting systems in place for that I think that would be very difficult. (680-684) But I think that probably the head models that in in the greatest way, because he's the one doing, you know, the most sort of staff briefings or assemblies, or you know so (569-571) BUT…. It kind of gets to a point where you think actually, my role…is helpful to that person but not helpful in a way. (324-325)
		Uh, and then what I do is I go to my head who's very, umm she's very big on wellbeing, which helps tremendously. So she takes on a huge load of this and I think it's it's it's it's so… necessary for heads to to have their caps on as well in this area (278-282)
		Not own role…but links with SENCO a lot…

	Connection with other roles	So again, that was from an SEN point of view, but actually we've sort of merged together on it and are opening it up for discussion and things. (788-790)
		so I'm a teacher, umm but I'm also the SENCo. I'm a senior leader. Umm, I'm the pupil premium champion. I'm the designated teacher for looked after children and I am a DSL. But they all mesh (interlinks hands together). (26-29)
		I was leading on behaviour and safeguarding and, though I wasn't, and I was also working quite closely with the SENCo around inclusion. So obviously that covered some of our social, emotional mental health needs as well for the children. So it's kind of kind of was the logical step really (38-42).
		I'm in the same role as assistant head and inclusion lead, and with all of the other bits so designated safeguarding lead, for looked after, mental health, all of that, sort of, behaviour. All of that, all in one (laughs). … (4-7)
		N/a
	Impact of COVID-19	Umm.. I… or something on my action plan is to do more meetings about it with TAs, 'cause they've, because of COVID, they've only just started having their team meetings again (800-803) umm, and this year, having seen some children returning from various lockdowns, there is a lot more need for external things, so that's one of the things that I want to do is, you know, get people in better connections with what's around (65-68)
		So all of our…when, when we had to go into the second lockdown and lots of our our teams were at home, it was a really good opportunity for support staff who weren't necessarily able to deliver the support, they do 1:1 with children, to then upskill… (165-168) So, when we…when we were looking at our recovery curriculum, one part of the recovery curriculum really had to be ensuring that children have space to speak and that they had the language in order to do that and that they were able to describe their need and their feelings. (225-228)
		So for those who were not in school and we my colleague and I, in the same way that we had our vulnerable pupils list, my colleague and I had a staff list basically. So for those colleagues that weren't in school physically, we just used to phone them at least once a fortnight and actually

		have a proper conversation with them on the phone to just see how they were doing. And we continue that into this lock down. (494-499)…. So again, just trying to think about that. So I think that has helped, because it's, although it's been a very different 18 months, I think we have tried to find alternative ways to keep that profile high (506) During the first lock down when we had, we didn't have the need for many colleagues in school, we really had for the first or the first six weeks we literally had, I think 30 children in school which was tiny. So very small number of staff on the ground and as well as doing the online safeguarding training refreshers, we asked people to research an aspect of wellbeing and mental health that interested them so they had to do (509-515)
		but the things that I've had to do so you know saying about those members of staff, you know making sure that people are feeling comfortable, I guess has been a big thing about it. You know, are the systems in place to, to make people feel happy about doing their role. And for some people they're absolutely not happy about doing that, so it's I guess about, you know supporting them…to a point where they feel comfortable to come back in (494-500) umm, we, I would say we have a fairly large ish proportion of staff that do….umm, struggle with their mental health at one time or the other, and particularly over the last year I'd say with COVID, that's been very challenging for…specifically, sort of two, three members of staff who actually it's been very difficult to get back into school after COVID and around anxiety for that. (311-316)
		But with COVID I think my role has been largely in COVID, which has been super challenging because I was just getting to grips with the idea of what it is and then we got divided and we got separated even further and that just made things even harder, but yeah. (198-202) umm, but I'm really looking forward to the end of COVID 'cause it it has really slowed things down and made things even worse I guess 'cause people like they don't see each other, they don't talk to each other, there's no connectivity and it's that whole thing, the five elements that we work from. Connection, exercise. I forget the other three. Connection and there isn't any of that at the moment and. Yeah, it's taken… (577-583)

		They're online, so it's that connectivity that COVID has taken away. But you know, like with everything, it's had its benefits because COVID is now shown us that we can now PPA at home. Wonderful for wellbeing and teachers, absolutely wonderful. So I'm like XXX. We're keeping this. She's like are we? And I'm like, yes we are. (608-612)	
A whole-school approach	Multiple strands – child, staff, parent (and community?)	Child (multiple levels too?)	I feel it's one of the most important thing. If you haven't got happy, stable children, then they're not gonna learn anything. (109-111). …it's the teachers promoting it through their actual teaching, which is important, ummm whereas the TAs quite often and it's you know, similar with safeguarding things quite often get the harsher end of things…(180-183)
			And in our behaviour policy, which I wrote, umm, emotional literacy and umm, the ability to use emotional literacy is deeply embedded in our behaviour policy and the ethos of our behaviour policy is to avoid shame at all cost…because I feel that's really important. Umm (233-236) those…those policies…those parts of the school life or actually life in general that really undermine mental health, have, are a focus for us so that, that idea of crime and punishment and punitive measures can massively, you know, effect self-esteem and self-worth and mental health, and if they're not managed properly, that can be a lifelong issue, so we made sure that when we were creating policies they were, they were what we were thinking about, that we're going to avoid all of that in order to try and manage the outcome of it at the other side (263-270)
			if we get all these individual at you know, we get the anti-bullying bit right, the behaviour policy bit right, the safeguarding side of things right, the actual on the ground targeted support

			for people right then, that will (emphasised *will*) mean that we are creating mentally healthy school for everyone (249-253) . So we made the decision to use some of the government catch up funding and some of our sports premium that actually, not to spend on English and maths but actually to use it just to focus on children's well-being and engagement .. (625-628)….Like with the active adventure that was quite a bold move making it, was two hours of curriculum time (863-865)….
			so I guess from a child point of view, we, we put sort of emotional health at the forefront of everything that we do and what we try to do is through a lot of training, through stuff we try to, umm, kind of, show other members of staff that actually if children are not in the right place to learn, if they're not feeling safe and comfortable and happy and have people around them that they can trust, that actually there's no point trying to teach them anything, because if they're not feeling safe and in that right place then, then that's not going to work (142-149) We have a kind of graduated system of support … (167)
			Different…. Not directly for the children… That's where it sits (with staff). Uh, and of course with the children, I mean everything we do is for the children, and I think this is why this came about is 'cause everything is for the children (502-503)… Uh, but I think as teachers, as *we* become more aware of mental health and what I need to do really is to start facilitating staff meetings and what…the thing is I'm really reluctant to do it all online (507-509)…. So when teachers are aware of their own

			mental health, I think that's how we can extend onto the children. (549-551)
		Staff	but it's definitely sort of boosting morale from the bottom and managing workload from the top (733-734) so that's definitely part of my role that I want to increase and we've had lots of discussions about, you know, some schools that have said you've got to come to yoga on a Friday (695-697)…. So it's…it's working out how you can do it to please everyone, and to genuinely boost the morale and wellbeing of the staff. Umm, and I think a lot of that comes from working with SLT as well and making sure workload and expectations are managed at, from a management point of view (707-711)
			So we've, we've got people who are struggling that, that is important, so it's not just that I, I think that if we are underpinning everything, we also have to ensure that the adult mental health is really solvent or as solvent as it can be so that's the that's the school staff and the families. So if our school staff and the families, aren't, are…you know struggling, then the children are definitely going to struggle. (203-208)
			We focused on space as well, so one of the things that we've sort of recognized is that our environment can really contribute to mental health (299-300) I couldn't find any survey or any existing assessment that I felt really asked the right questions that we wanted around mental health and wellbeing, and and obviously, workload is a key part of that when you're working with staff (307-310) So just take out all that kind of stuff and actually created a staff room which

			is, for relaxation and time out away from the children and that was really important to me (329-331) the more formal structure didn't support support everyone, what I think it did do is raise the profile and say we are prepared to make time to have these important conversations (441-443) so I hope just by raising the profile with staff, they know that we are serious about making time for conversations and we don't have a magic wand, but we can listen and we can, if the problem wants, if the person wants to problem solve with them, then we can do that, or we can just listen. (461-465)
			so that's, that's where I think it's, it's more sort of a wellbeing thing. It's about your ethos that you have (374-375)… We'd never sort of talk about children negatively in a way. And it would be the same about adults. You know, it just wouldn't…it, that's just, kind of, the culture and ethos of it, I suppose (379-382) You know, like all the things like that, to kind of reduce the stress on teachers and to think about their wellbeing. But (emphasised but) on top of that, there's also like this sort of added support in a very different way, for for people who are struggling, I guess. (398-401)
			but it was to listen and just go, uh-huh…Uh-huh…..And just wait for people to talk because. Yeah, that that's what somebody is coming to you (223-226) This is what it's about and I'm here to listen. And then nobody comes to you. There's there's nothing to listen to, there's there's no one who's sending you emails. There's no one who's

			bringing themselves forward. And it's an, and that's understandable because what I'm learning now is that when people are in a crisis, the last thing they want to do is to come and find you and talk to you. It's actually the last thing that they want to do (251-257) I think with with with everyone, everybody around me, it's just the chat. It is…unless they come to me. Uh, which, to this point nobody has come directly to me and said, can you help me with the situation? (311-314)
		Community	during lockdown on the newsletter I was doing sort of like little mental health activities that you could be doing with their children at home (262-264) umm my original plan was to have sort of parents evenings where they come in and I can talk to them about it and that, but obviously that's not happened. But that is still as soon as we are allowed to do that I want to get the parents in and talking about it and engaging with it (268-272) Umm, but the parents that have come up and out of their way to come and say that's really a positive thing and some of the work they've done with their kids is amazing so if we can continue, that'll be good. (298-301)
			…and the whole community is absolutely in disarray and umm, you can see that has massively affected the mental health of the children. Umm and trying to elicit support for that, it's been really difficult because it's around specific incidences and the children come from very loving, nurturing, caring homes, but their experiences are so great and they can't unpick them and they're happening to

			everybody, *and* the adults that it's been really difficult one (109-116) We tried to have as many of the children as we possibly could in school throughout both lockdowns…..And it was what was right for the families and their mental health. (400-405).
			The parents and the committee, we had some ideas, unfortunately, because of COVID we haven't, we were planning to do workshops this year, that was our original plan, to sort of actually invite people in, and that's why that's been on hold. But I do, they feel there's a need for that and they think there will be some take up (580-585) And then we're gonna the parents really 'cause that was the idea, not to determine the whole 6 for the whole year, but see what comes out of the first session and see what parents themselves are asking for (605-607) but also, the idea is our, support worker's going to sort of, she wants to mirror it for families. I love her ambition. She needs, you know, another how many hours a week, I don't know (laughs). But we are really struggling in XXX (county) at the moment, again, I'm sure we're not the only county, umm to access early help support for families, where things are deteriorating and there is definitely a common theme around parental mental health there (762-768)
			So yeah, a lot of our work is sort of around families and getting them in….however, that might be, on Teams, or, you know, over the phone, particularly during the pandemic, but actually, you know, sort of getting them as part of the process. And if there are any systems that help for the

			child, it's about putting them in place for them at home as well. (538-543). 'cause actually can't do it just in school 'cause there's there's, you know, there is point to it, but it just it doesn't, it's not sustainable unless everybody's kind of got that buy in I don't think. (549-552)
	MH is everyone's responsibility	I feel SLT are there, I feel the person who's dealing with the child is there…and then we all sort of work and muck in together, discuss things, talk about it,….(678-680)…. so it's it does feel far more like a sort of group effort which is nice and from my point of view is lovely (laughs) (685-687)	
		And I think it works better when everybody has ownership of something rather than one person doling it out and doing it all (196-198) Know what is your job and what is your whole school teams job. And mental health is everybody's business (693-694) It's it's a, it has to be everybody's businesses, it's a bit like special educational needs is everybody's business. Mental health is everybody's business, yeah…? (703-705)	
		I'm going to start with the governors, actually, 'cause I think it is about the whole school approach that is going to enable us to be more successful. (172-174) If you really want to make sustainable change, it's it's got to be every single member of the staff team. And I'll come to minute, we do have a wellbeing group that is parents, governors, pupils and staff working together as well, which I think is a…is our steering group and I think that was an important decision as well (188-192)	
		So we have, so everybody is kind of tasked with, these are the children in your class and these are the ones that you are responsible for, to build a relationship with (268-270)…. so it's very much like everybody has to use that similar language and understanding and recognition of, of emotions and around you know all of those things like that. (272-275) And if you don't have that layer of, you know, general ethos of, these are the people that you can go to if you need help, or this is the language that you use, or this is how we promote people to talk to each other about things, then you can't necessarily pick up on all of those things	

		from those children who aren't displaying it outwardly and the same with adults, I guess… (701-706)
Personal qualities / interest	Passion, pride, commitment, confidence	Umm, So I sort of saw a gap and jumped in (laughs) and said can I do it? (29-30)…. Umm But it's not an official sort of dedicated time to do it. Lots of it happens outside school hours and evenings and weekends and that sort of thing. (54-56) I've walked into the staff room at lunchtime a couple of times and they've been having conversations about it, which I just makes me like. Yay! (raises arms in celebration) (laughs) (351-353)
		that we're going to avoid all of that (punative measure and shame) in order to try and manage the outcome of it at the other side. Umm, the same with special educational needs, we talk a lot about removing barriers rather than and this term *really* bothers me, 'what's wrong with them?' (clenched fists, pulled arms down from chest) but it's really about just removing barriers and…and creating different playing fields for them to be on and we talk a lot about barriers and journeys and pathways rather than challenges or difficulties or not being able to do. It's a lot about language. (269-277)
		…. but we obviously gives us a chance to think about who leads on which, who's best suited. …. (26-27). My Co head is very different to me. That wouldn't, that wouldn't suit her at all. She will talk about it but there is, there's a reason why I lead on it and she doesn't if that makes sense (laughs). (430-433) but actually the, all the percentages for all the different questions have increased actually slightly. There was nothing that went backwards so that was really nice to see (474-476) We've also, we are in the process, so literally later today, after I meet with you, I'm doing, we're following up on our emotional support pathway for children (685-687) if we want to develop well rounded, healthy, young people who are ready to go onto not only you know, going to secondary school then from secondary schools going into the workplace and be successful citizens (855-858)
		I love it. I do love my job. It's really it's challenging in the fact that it is so busy, but that's the, that's the different

		parts of my job, not just the kind of mental health role of it (605-607) . So I'm very keen in my own career to move towards clinical psychology (724-725) So it wouldn't be everybody, and I don't think, I don't think that is a role for anybody to take on in the school. I think there's…some people who wouldn't enjoy that at all, and some people that would enjoy that, but perhaps wouldn't be the right person to be able to do that. So it's a very careful kind of balancing act of it all I guess, yeah. (285-290)
		If I care enough for the role, I'll keep at it because I just think I can only get better and it has it is….It's such a, it's it's a mind shift. It's not just you learning something, it's your own mentality changing. (406-408)…. But I think I understand how important it is. So for those reasons are, I I plan to stick with it definitely (425-426).
	Meeting training needs	after I'd said I'd like to do the role, I then researched massively into what other schools were doing, scrolled through loads of other schools websites, looked at their policies, looked at things they'd done, umm, tried to do as many courses as I could, 'cause obviously I've done lots of this sort of research side of things for the dissertation, but actually implementing it into the school and how that happened as a side that I didn't know much about. Umm, So I took it on myself to educate myself as much as I could (laugh) (114-121)
		I think read a lot, is is definitely one and one of the reasons we're ahead of the game is I'm I am a reader, and I, I read a lot of research (685-686) And in our behaviour policy, which I wrote, umm, emotional literacy and umm, the ability to use emotional literacy is deeply embedded in our behaviour policy and the ethos of our behaviour policy is to avoid shame at all cost (232-235)
		I have done some, and it's something I'm really, well I'm interested to see what this latest DfE announcement about the mental health lead training is going to be actually, I think that sort of wait and see (100-102) …if I'm honest with you I think out of everything I found the most useful. Possibly because it was at your own pace and you you you choose the time when you sit down and do it so that you know you're in the right frame of mind to take on (both laugh) as much as possible and you can click on the links and you can come back to the links and do the reading and so on… (109-114)

		I've done a little bit of work in the past around coaching and supervision for staff, and thinking about how that might affect staff wellbeing so again just sort of, it was a chance to connect the dots really (121-122)
		I'd say I've had a lot of training, kind of around other things that feed into that role, so I've done a lot around kind of trauma training, a lot around attachment, you know, my background is in psychology. Yeah, so lots of sort of bits through that, you know, I've done counselling bits and pieces. So it's all around it, but nothing in particular for that particular role, if that makes sense. 112-115)
		but the one that I really, that really has stuck with me is the mental health first aider course. Because they were saying we have first aid for physical things, but we don't have it for our mental health. Why is that? (212-215). …. That's what they need initially so that the ALGEE you stands for…Where is it? (looks at handout)…(226-227).
	Tackling preconceptions / stigma	I think a lot of our staff are thinking, right, mental health is mental illness, not mental health being everything that we deal with every day and how you cope and how you feel and all those sorts of things. So again it's educating everyone in a whole sort of approach of no…this is what we're talking about and mental doesn't mean crazy (318-322)
		we've all got it, good and bad, depending on the flow of the tide and the wind and what's happening in life and I think it's supporting everybody to understand, it's perfectly acceptable conversation (707-709)
		So that's just one of the simple ways we've been doing it and actually by, by using the word mental health 'cause I think it's…theres still isn't there, whether you like it or not, there is still a bit of a stigma, we found, and it's just really important we do sort of acknowledge that with people and talk about positive mental health and what we can do. (573-577)
		No.
		Not really.
The Wider System	A failing system?	Who are we doing it for? And then you just have to hope that if it's to tick an OFSTED tick box, that they say don't worry about it (laughs), but I know that's hard sort of, a management challenge, isn't it (730-732) there's literally nothing from an external sort of point of view, umm, and this year, having seen some children

		returning from various lockdowns, there is a lot more need for external things, so that's one of the things that I want to do is, you know, get people in better connections with what's around, 'cause, at the moment, I'm very aware that we don't do that very well. Umm, So yeah, at the moment there's, there's no one sort of coming in, but it's something that I, you know, we need and I'd like to sort of introduce (64-71)
		what we found was we were already managing that low level mental health need, that the MHST said that they would, they needed to work with and the support that we need is for the middle children who, umm, aren't being met by mental health support team so we can't get, we can't elicit a huge amount of support from them because our children's needs are too great (78-83) In terms of other agencies, umm, I find that it's really difficult to get support from other agencies. Just because it isn't there. It's not, it's not wilful. It's not because they're not good at what they do. It's because everybody is so…like…thinly spread, it's like everybody's got just a microbe of spread and they just spread it really thin. It's really difficult to get a lot of meaningful support (654-659)
		But we are really struggling in XXX (county) at the moment, again, I'm sure we're not the only county, umm to access early help support for families, where things are deteriorating and there is definitely a common theme around parental mental health there. There's no doubt about it. When you, when you talk to the families and we do have parents who are on various waiting lists for different things. But we're also, even finding now, even to access the early help and get a worker allocated is increasingly difficult because of their capacity is, you know, long long been reached (765-774) So we just secured our good Ofsted and it was so lovely to know that we had HMI and OFSTED off our backs and we could properly think about the schools future and what we wanted to achieve and that's why we did the piece of work and shape these five strategic aims (198-201)…. They are not helping matters at all by pursuing some of the assessment systems that we have in place. Because I think that doesn't necessarily help all children in terms of their wellbeing and the pressure it puts on schools, and then that takes school time away from a holistic approach, which would improve children's wellbeing. (837-842).

		where possible they do increase those services, so that when we are asking, when we reach the point of saying this child, this family needs something further, you haven't got a 6 month-12 month waiting list. Because in the meantime, that child is not going to be learning, as much, as you know. They need to learn, and that's and that's lost learning time then as well. Ummm, and I, as I say, I know I'm I'm… (sighs, laughs). It's huge, it's, it's huge and I think on the ground they need to just recognize (830-836) I think…, developing the mental health teams further so that all schools have access to them. We all need access to that more specialist support, so that when you reach the point where you know you've tried (815-818)
		I think the mental health in schools team is great as an idea. I think in practice it doesn't quite work like that. So very early on we were referring children and they were very much saying they couldn't take them because they didn't have the skill set do it or they didn't have the people to do it (743-747) but we can offer you Lego therapy or we can offer you social stories. And then I was a bit like…. Hmmm, I've already got that in-house….(759-761) (earlier said..)….. , is more challenging so some things like Lego therapy where we used to do that because we had two home school link workers, we don't, we don't have two, so we don't do that anymore. (454-457). I think there's a big gap in that support for schools in general. It's always very separate. You've got educational psychologists who come in. Who do that support, but their role, even you know, when I've, I've been working in schools for about 20 years, their role has changed so much (725-729)… , I think there's a real need for that direct work from psychologists (732)…. so many children are being referred through CAMHS that they're just not get there, not even sort of touching it, the amount of support that's needed (736).
	Utilising systems for children's MH	
		I mean if we if we have, we've got one or two children that have that sort of low rumbling need that, they've had those…they've done a lot of interventions with us, it's still a very low rumbling need and MHST have done some specific body of work with, with individual children (89-92)

		would you like to have some time with the home school link worker and we will work through that? Umm, or I can support them to be referred to other agencies. Or we can do any EHA or a TAF or those kind of things and get them other support, bring that in for them. Umm…or…working with Family Links (441-446) But what I will say is every single individual professional I work with is very supportive on an individual level. Umm, so…you know, I work very closely…with our educational psychologist, ….the different advisory services, ….CAMHS,… with social care and all of those agencies, when I work with the individuals, not the institution but the individuals, they're all dedicated, they hear what we say, they're respectful of the work that we do and they listen (659-667).
		….. the idea is our, support worker's going to sort of, she wants to mirror it for families. I love her ambition. She needs, you know, another how many hours a week, I don't know (laughs) (762-765).....Although we're not *as* trained, there are some early help workers who I know will work alongside our family support worker to help her. (774-776)
		And certainly they, they're kind of always on hand if we had any sort of, you know, if we felt we needed it as a kind of a crisis thing, then we know that they're there as well. So that's quite handy yeah (70-72) we have a play therapist that comes in for two days a week and she does that sort of more intensive support for children who really are struggling with their mental health, with social, family issues so, we like to kind of do it on a child need basis, you know (190-194) Umm, there is a very much a team element to it, so we have lots of quite a few children who are on sort of a team around the family plan or a child in need plan because there's lots of things in that system that needs support (528-531)
Mental health of MHL	Emotional toll on MHL	I personally find it hard when I see a colleague is struggling, you know she's had just had a disclosure, they're talking about something, she will come out and she'll be like oomph like just 'cause that child's overloaded and then that's then her burden. Umm so we sort of, informally, do a… like a chat about it (644-648)

		I think it's hard because you always feel like you can do more for that child (643) 'cause I think you know as soon as a child's unloaded off on you, that's then really hard to think right, I need to detach myself, it's not my issue, it's theirs, and how you support them (658-661)
		Possible lack of emotional toll? Or a defence? I think it's I…I, I've got this or brain that kind of compartmentalises things so I, I don't carry things around with me… Once I've done it, I'm not doing work anymore and I'm not thinking about it, so I, I'm quite lucky and I think that's probably why I got this role, because that's what my brain does…. I found it quite awkward talking about different experiences, 'cause what I was talking about was actions I just wanted to know that the actions had been, were appropriate and…umm, and the person was who was giving me supervision was talking about my feelings and I was trying to say, oh yeah, I do feel about it. (565-580) They just want someone else to listen, and I'm no different to anybody else, so I'll go to my head. (610-612)…. . And then I get frustrated by it 'cause I just feel like it's pointless time. I so I have them every six weeks and I feel that by the time the six weeks has come, I've accrued enough to be cross about (both laugh) (626-629)
		Ummm, and it just feels like, I mean, it is not going to replace the specialist therapeutic work that we still feel some of our children need, but at least it will make, I think we will feel happier that we are doing something that is more structured. (757-760) but it's yeah, it's just knowing that you're not going to be…The pressure is not going to still be coming onto the, constantly on the English and maths, whatever it is, multiplication tables. Ummm side of things so yeah. (869-872) Yeah, some days better, better than others (for coping with role) (laughs) (879) And I no longer, you know, my colleague and I always joke about, we probably should spend more time, it's OK to do some, you know, working from home time (902-903)
		I tend not to just because, it's just massively busy, isn't it? And everybody is really busy and you know, I don't wanna kind of burden people with that. But in terms of my own

		set of mental health, I guess I would seek support if I needed to. For a member of staff, … you don't have the permission to, you know, notify their spouse, or you know their brother or sister, or their doctor or and and you know we have, in real crisis situations over the years, but you can't generally. … that's probably the most stressful bit is knowing where to go next to get that support for that member of staff (614-620)
		Uh, they were absolutely shattering. I got home and I was like I'm so tired and it wasn't from anything physically was just from the weight of imagining how how these people are feeling and thinking about it on that level of engaging even just from outside (370-373) And hearing the triggers or listening out and watching our… and knowing what to say and when and how it's such a delicate process, so it is, I think I do need to toughen up myself so that I can handle and be appropriately prepared (411-414)
	Getting support for MHL / systemic support	umm but a lot of our colleagues are genuine friends so it makes it easier to just go knock on the door and say like, 'can I talk to you? (in a low toned voice), but I genuinely don't feel…you know, that it's just me (676-678) I've done umm lots, of courses about generally mental health in school and whole school approaches, and that, which has been really good just to hear, sort of what other schools are doing more than anything (473-475)
		Yeah, I'm I. I think the other, I mean, the other SLT leaders in our school. Ummm, I, I get *a lot* of support from them, especially if I'm really cross about something. They'll just let me rant and swear, and then they'll go, oh yeah, and then we just….I think we've got, I've got some good solid friendships within the school (647-654) the burden of action is kind of spread amongst sort of four people and everything is done alongside my head, so I'll have supervisions with my head (556-558)
		I've accessed specifically is the, I've done for quite a few years now, about probably about 6 years, I just have a half termly supervision session… And I have found that really useful (929-938). I had the chance to attend the Head Space…I found that really helpful as well, 'cause I wasn't sure at first, I was like do I really want to log on at 7:00 o'clock at night to sit, you

		know, and and look at a load of other headteachers and chat with them. But actually I did find it really heartening, really useful… (939-949).
		So there is this definitely support available for, I guess for SENCo, there's a thing available. I think I'm pretty sure the EP service. I should probably know this, the EP service have a like a thing you can go to (laughing), I see you laughing 'cause I don't know (631-634) There used to be, umm, we, uh, what was very good is there used to be through social services, regular monthly supervision stuff which was really handy. It was mostly, you know, for children, umm, around working with kind of child protection stuff so it was more based around that, rather than kind of mental health stuff, but it that was really useful in terms of processing that information (639-644)
		I tried to call XXX couldn't get a hold of her, house calling XXX until I got it and I was like I'm not, you know, her phone is going to blow up until she answers….. Didn't take very long for her to answer 'cause she always gets back to me very quickly, she was in the gym and she was like OK, yes, I know it's like this is what we've done and this is….it's just talk me through where we were. (383-388) So I've got a great support system in in my apartment at home. He's absolutely amazing, which is just exactly what I need. My mother. She's the only family I have in the UK, but she is the only family that I need. (648-651) I had XXX to go to is also a friend of mine, 'cause we've been in the school for a long time together so that helps, but just also her nature. And I knew that if it wasn't if I wasn't going to get support from XXX the network, the XXX (name of trust) Network we've been be input into….umm I've got a buddy, so XXX school is my buddy XXXX. (468-473)

Appendix N: Summary sheet for SMHLs

Feedback sheet for SMHLs

This research aimed to explore the experiences of Senior Mental Health Leads (SMHLs) working within mainstream English primary schools. Semi-structured interviews were undertaken with five SMHLs, during the summer term of 2021. Interpretative phenomenological analysis was used to analyse the data. This qualitative approach aims to provide a detailed exploration of an individual's lived experience. The analysis keeps the participants' experiences separate for most of the process, as it appreciates the variability of experience. The themes were brought together at the end of the process, which resulted in five overarching themes. These were Role and Power, Whole-School Strategy, Passion and Pride, The Wider System and Mental Health of SMHL.

Role and Power

Defining the role

Having a clear definition of the role was important to the SMHLs. They developed their understanding of the role over time as they gained in confidence and knowledge. Often the role was described as strategic and as an advice-giving role. Many SMHLs felt that they had been doing the role unofficially for years, before the Green Paper in 2017 made it official.

Who has the power?

Three of the five SMHLs were working in a position of senior management. It was felt that having this status supported their aims to create whole-school impact. For those not on SLT, there was a feeling that this made it harder to enact change. The importance of support from the headteacher was evident.

Connection with other roles

The role was often closely connected with other roles within the school, such as SENCo, pupil premium champion, designated teacher for children we care for, safeguarding lead and behaviour lead. This worked well for the SMHLs in senior positions who had other responsibilities in the school. The SMHLs who were not on SLT, often linked closely with the SENCo.

Impact of COVID

COVID-19 impacted on the role, with an increased need for mental health support to both child and staff. The SMHLs responded to this by providing both universal support and more targeted support to children or staff in need. Some schools utilised opportunities created by the pandemic, such as by asking staff to complete CPD from home.

Whole-School Strategy

Child focussed

The SMHLs used a whole-school approach to support three main groups: children, staff and parents. It was clear that the SMHLs understood the importance of mental wellbeing for being able to learn. A universal level existed in which a culture of respect and kindness was promoted, and strategies were put in place for everyone. For children who required more specialised support, the SMHLs had systems in place to support in school or refer onto

external agencies. The actions taken by the SMHLs to implement support for children's mental health are listed in the table below:

Universal / whole-school approaches	Bespoke / individualised approaches
Creating a mental health policy Behaviour and SEND policy with emphasis on emotional literacy Reviewing anti-bullying policy Jigsaw PSHE scheme Powering up approach Zones of regulation used across school Attachment-based principles underpinning practice Recovery curriculum 'No shouting' school Regular meetings and actions across a wellbeing steering group (pupils, staff, parents & governors) 'Five Ways to Wellbeing' Annual mental health based INSET day Outdoor Adventure activities for all classes	Supporting teachers support children Emotional Literacy Support Assistant (ELSA) / Nurture Lead sessions Sport & Talk sessions with PE teacher Referrals to CAMHS Trauma informed SEMH class for those at risk of permanent exclusion MHST Use of Poppy O'Neill self-esteem books Mentoring sessions Sessions with a Play Therapist Lego Therapy sessions Sensory space Emotional support pathway – bespoke support whilst a child waits for CAMHS Drawing and Talking technique

Staff focussed

A supportive, compassionate culture was highlighted as important for the staff, in addition to practical approaches such as the physical environment and workload expectations. Staff could also be referred onto external agencies if they required specialist support. The actions taken by the SMHLs to implement support for staff mental health are listed below:

Universal / whole-school approaches	Bespoke / individualised approaches
Managing workload & expectations Reducing marking load No marking policy (all verbal feedback) Changing practices – e.g., PPA at home Supervision for all staff Kind & supportive school ethos Recognising the impact on staff working with challenging SEMH behaviours Checking staff don't stay working too late Staff survey based on wellbeing repeated each year Creating a staff room (to rest/relax) and a staff work room Wellbeing notice board Limiting staff meetings	Informal check-in / support from SMHL Signpost staff for external support Adapting timetables for staff Referrals to Staff Assist or GP Checking in with vulnerable staff Programme for parental mental health (delivered by Family Support Worker) First Aid Mental Health when needed Individual support plan

Wellbeing Check In / plan created between staff and SLT School Wellbeing Champion Monthly Wellbeing newsletter	

Community focussed
At a community level, parents were encouraged to engage with mental health support for their children. In addition to this, some schools were offering support and intervention to help the parents' mental health. The full range of approaches used by the SMHLs to support community mental health is listed below:

Approaches for parents to support child	Approaches for parental mental health
Talking to parents Mental health policy aimed at parents Mental health section on the school newsletter Parents open evening to discuss mental health Collaborative / open door approach with parents Involving parents in supporting child with strategies around mental health – joined up approach between home & school	Collaboration with Family Links (webinars) Support from Home School Link Worker / Family Support Worker Referrals to Early Help / Social Care Workshops for parents

Mental health is everyone's responsibility
All the SMHLs recognised the importance of all staff being involved in creating a whole-school approach to wellbeing. It was felt that by having everyone on board, the changes made would have greater impact and be sustainable to maintain.

Passion and Pride
Passion, pride, commitment & confidence
The SMHLs are passionate and committed to their roles. They expressed the view that personal qualities and an ability to reflect was an important aspect of working with mental health.

Training needs of SMHL
The SMHLs had undergone extensive training linked to their role and they were all knowledgeable and skilled in their ability. Some of the training completed included:

- Undergraduate degree in Psychology
- A Masters in SEND
- An advanced certificate in SMHL
- Place2Be training
- Mental health first aid
- Emotional coaching

- Safeguarding training
- Family links training
- Wellbeing recovery
- Coaching and supervision
- Trauma and attachment training

The usefulness of less formal training was also noted, such as looking on other schools' websites and keeping up with research.

Stigma of mental health difficulties
The SMHLs recognised that a stigma around mental health still existed across the children, staff and parents. The SMHLs were keen to tackle this stigma and develop the understanding across children and adults that mental health is something that everybody has.

The Wider System
A failing system?
The SMHLs felt that children and families could often not access the mental health support when they needed it. Many schools felt they had to bridge this gap. The SMHLs expressed frustration with the Ofsted systems, suggesting that standardised assessments and inspections prevented the school from caring for a child holistically.

Utilising systems for children's mental health
When schools could access external support, such as from psychologists, social care, CAMHS and MHST, the support was appreciated and valued. Many SMHLs were being creative about how they accessed this support. For example, accessing supervision from external agencies, to assist a school-based home school link worker to provide support to the parents.

The mental health of the SMHL
Emotional toll on SMHL
It was acknowledged that the role can take its toll mentally. The SMHLs felt that they could always be doing more for the children and families. The SMHLs recognised that emotional support was useful for themselves, although some explained that they felt there was not the time or place to 'burden' others with their mental health.

Getting support
Support for the SMHL was obtained from support networks, such as colleagues and family members. Three of the SMHLs could access supervision groups through their other roles, such as SENCo, safeguarding lead and headteacher. This space was felt to be useful to offload difficulties and to problem-solve with others in similar roles.

Implications
There were many suggested implications for SMHLs, educational psychologists and wider government. These are:

Senior Mental Health Leads

- If not on SLT, SMHLs should discuss with senior leaders how they will approach making changes. It may be useful to have a senior leader who is working with the SMHL to help promote an effective whole-school approach, or to have clear mechanisms in place to support the SMHL to make meaningful impact across the whole school,
- Reflect on the connections between the SMHL role and other roles within the school. For example, SENCo, behaviour lead, safeguarding, designated teacher for CiC, home school link worker. If these roles are not part of the SMHL role, collaboration with colleagues would be useful,
- When supporting staff mental health and wellbeing, the SMHL should include staff in decisions about universal wellbeing initiatives. The SMHL should consider the range of levels in which staff can be supported, including the school culture, policies around workload and other time-heavy aspects of the teacher role, practical support or developments (e.g., better staffroom, optional wellbeing activities) and being able to signpost staff who require professional mental health support,
- The SMHL should discuss with SLT whether their role will target the mental health of parents. If this is part of the role, there should be training and support provided to allow the SMHL and/or Home School Link Worker to conduct this work,
- SMHLs should utilise the government funding for training, finding a course which produces the most helpful match regarding the SMHLs ability and experience,
- Ensure the SMHL is familiar with all the external agency available to support children, families and staff. Schools should consider novel ways of getting support from agencies, such as consultancy,
- The SMHL role is full of emotional complexity. SMHLs should have a safe place where they can receive support around their own mental health and wellbeing. If available, the SMHL should consider attending a supervision space.

Educational Psychologists

Educational psychologists play a key role in supporting the mental health of children and staff within schools. Therefore, it is likely that the EP services will be keen to understand the work of SMHLs and consider how they can further help to support those in role. Some of these ideas include:

- EPs should ask SENCos if they are also the SMHL. If not, the EP should ask to meet with the SMHL,
- Explain to schools the remit of the EP, so that SENCos and SMHLs understand that we can offer consultation and support around social, emotional, and mental health needs,
- In SENCo supervision groups, ask who has the role of SMHL. If relevant to the group, discuss items which relate to the aims of the SMHL role, such as implementing a whole-school approach to wellbeing,
- An EP service could consider leading a training course for SMHLs. EPs are well-placed to run such a course, with their wealth of knowledge about mental health and the application in schools. Other EP services are running a government approved course

for SMHLs, including Somerset, Warwickshire, Wigan and Wolverhampton (DfE, 2022),

- Liaise with CAMHS, MHST and social services to ensure a joint approach is used when supporting schools to manage the mental health of children, staff, and families.

Wider Policy Developments

- At a Local Authority level, some considerations include:
- Bring key stakeholders together (e.g., EPs, CAMHS, MHST, Social Care) to discuss the role of each agency and to evaluate if greater joint up working could help to streamline the services available to children and schools,
- Provide time when MHST and the link EP for each school can meet, to provide a joined-up service to that school.
- At a national level, some considerations include:
- Increase the funding to allow services to grow, enabling children and families access to mental health support quickly. This could include growing CAMHS and social care services, training more EPs, and rolling out MHSTs across the country,
- Evaluate MHST, taking the views of SMHLs into account. It is likely to be beneficial to schools if MHST can be trained to support a moderate level of need,
- Add learning outcomes to the SMHL guidance which asks SMHLs to consider their personal qualities and reflective skills.