

**“When you finish work, you go home worrying about those children” – The
experience of primary school teaching staff of supporting children with their mental
health: a thematic analysis**

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Abstract

Background: It is widely recognised that there is a high level of burnout across the teaching population, alongside an increase in children requiring mental health support. A literature review highlighted that teachers are emotionally impacted in their role supporting children with their mental health. Whilst they feel responsible for supporting children with their mental health, they raise training needs and a lack of support. There is little evidence of the experience of primary school teachers in the UK supporting children with their mental health.

Aim: The aim of this study was to explore the views and impact of supporting children with their mental health, from the perspective of primary school teachers.

Methodology: Twelve primary schools teachers based in England were interviewed. Data was analysed using reflexive thematic analysis.

Results: Six major themes were identified: (1) current climate, (2) what works, (3) in school we get society, (4) the impossible job, (5) sleepless nights and (6) we need help. The themes evidence a willingness and dedication from primary school teachers to support the mental health of children. Whilst teachers do see some success in their support of children's mental health, there were a number of obstacles described, making the job of a teacher supporting children with complex mental health needs seem untenable. Teachers describe exhaustion, anxiety and heartbreak as they try to support increasing numbers of children struggling significantly with their mental health, dealing with systemic inequalities and traumatic home lives, during a global pandemic that has been challenging for everyone, not just the children.

Conclusions: Teachers require more support from external services in their role of supporting children with mental health problems. A more strengths-based model, with opportunities for teachers to reflect and work more collaboratively, might be more effective.

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Chapter one: Introduction

Chapter overview

This research aimed to investigate the views and experiences of primary school teaching staff on their responsibility to promote and support children with their mental health.

This chapter clarifies definitions of terminology relevant to the study. It also presents the recent political background in the UK with regards to children's mental health and guidance for schools.

Alongside increasing concern for the mental wellbeing of children and young people, there is also widespread research on the prevalence of mental health problems and attrition rates of teaching staff. This is also explored in this chapter; taking into consideration the impact that mounting responsibility for children's mental health might have on teachers.

This chapter also includes a systematic literature review exploring themes emerging from existing research into the views and experiences of teaching staff regarding child mental health.

Finally, the need for this thesis project is justified, considering the lack of research into the efficacy of interventions in schools for children with increasingly complex mental health problems, and mounting evidence that teachers are experiencing high levels of stress.

Definition of mental health

The World Health Organization (WHO) defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a

contribution to his or her community” (World Health Organisation 2004). Whilst this definition clearly describes the mental health of an adult, rather than a child, the premise that mental health is a term used broadly to define a level of emotional wellbeing that enables a person to cope effectively with the general activities and stresses of daily life, relative to developmental age or ability, was deemed to be the most useful for this study.

When describing the mental health ‘issues’ of children in schools, for the context of this study, the scope will be broad, ranging from general wellbeing concerns such as minor behaviour difficulties, anxiety, low self-esteem or relationship problems to more serious difficulties, such as extreme anxiety, suicidal ideation, severe learning disability or severe behaviour that challenges, that require the support of a mental health service. With increasing concern about the mental wellbeing of children (Local Government Association; 2021; Mental Health Foundation, 2019; The Children’s Society, 2021) and the importance of early intervention (Dadds et al., 1999; Finning et al, 2021; Mifsud & Rapee, 2005), there is a more explicit expectation that teachers will address, or at least be aware of the whole spectrum of mental health problems that affect children and intervene accordingly. Intervention, therefore, could refer to implementing a strategy for a whole class or on an individual level, or it could mean liaising with the family system and/or mental health professionals regarding more complex problems.

Child mental health in the UK

Based on completion of the Strengths and Difficulties Questionnaire (Goodman, 1997), a measure routinely used in assessment of childhood mental health difficulties, it is estimated by a study conducted by Newlove-Delgado et al., (2021) on behalf of the UK government, that one in six children between the ages of six and 16 are struggling with their mental health, to the extent that they could theoretically be

diagnosed with a mental health disorder. The same study reports similar data for children between the ages of six to ten as for children between the ages of 11 to 16 (Newlove-Delgado et al., 2021). This is an increase from one in nine children surveyed in 2017 by the same researchers. This figure equates to around five children in every classroom. Evidence from this report and previous reports of the same series, show that there is a slight but steady increase since 1999 in the prevalence of mental health disorders in children between the ages of five and 15 (Newlove-Delgado et al., 2021). One of the reasons for the recent increase is assumed to be due to the Covid-19 pandemic.

Covid-19

Whilst the numbers concerning childhood mental health have been growing year on year, they increased more rapidly and awareness rose in the context of the global health pandemic, Covid-19. The Covid-19 pandemic forced the closure of all schools in the UK from March 2020 to September 2020, and again over the winter 2020/2021. School attendance was further disrupted throughout 2021 as management of the virus required continual testing and groups within schools who had close contact had to isolate as people became infected.

Following analysis of NHS Digital's statistics, The Royal College of Psychiatrists have described a "mental health crisis". They highlight an increase of 96% in referrals to children's mental health services between April and June 2021, compared with the same period in 2019 (Royal College of Psychiatrists, 2021).

Place2Be, a national charity providing mental health support in schools and the National Association for Head Teachers (NAHT) polled staff working in schools regarding the mental health impact following the pandemic. Of staff surveyed, 95%

reported a significant increase in low self-esteem, depression and anger in children (Place2Be, 2022) indicating that mental health problems across the spectrum, from low level to more serious have increased in prevalence.

Assessing the impact of the pandemic, a Young Minds survey in 2021 found that 67% of the young people surveyed believe the pandemic will have a long-term negative impact on their mental health. Concerns ranged from bereavement to loss of friendships and education, all impacting on mental wellbeing. Loneliness and isolation were cited as the most common factors affecting mental health (Young Minds, 2021).

Another study, conducted by Covid-19: Supporting Parents, Adolescents and Children in Epidemics (Co-SPACE), found that there were greater changes in behaviour and attention problems in younger children, aged four to ten years old, than older children (Creswell et al., 2021).

It is important to note that some positive impacts on mental health have been reported by young people and parents, including relief from social and academic pressures and increased time spent with family. However, these positives were mainly noted in the first lockdown (March 2020 to June 2020) and young people found the second lockdown (November 2020 to March 2021), over the winter, much harder (Waite et al., 2022).

Children's mental health services

There are four levels of service available for children in the UK who have mental health problems (National Audit Office 2018). For those with the least complex difficulties, there are universal services whose primary role may not be to provide a

mental health service but they may be able to assess or support children with mental health problems. This includes general practitioners, social workers, school nurses and school staff. For children with mild to moderate problems with anxiety and depression, or for early intervention or identification for more serious mental health problems, there are more targeted services. These might be assessments and interventions taking place in a clinic, a GP surgery or a school, guided by psychologists or counsellors. For those children who have more complex needs such as a moderate to severe mental health problem which is significantly impacting their ability to function day-to-day there are more specialist services, made up of a multidisciplinary team of mental health professionals, such as clinical psychologists, specialist mental health nurses, social workers and psychiatrists. Children would be seen at a community mental health or child psychiatry clinic. For the most severely affected children there is the option of inpatient services, specialist hospital settings such as eating disorder units and psychiatric intensive care units.

The mental health political agenda in the UK

In 2001 the Department of Education and Employment provided guidelines for schools, preschools, mental health services and local authorities on how to identify mental health problems in children and how best to promote children's emotional wellbeing, from a 'whole school' and an individual approach. The guidelines were 'strongly recommended' and presented an ideal scenario. The tone of government guidelines changed when, in 2003, Lord Laming completed his enquiry into the abuse and death of Victoria Climbié, a child who suffered long-term abuse at the hands of those caring for her, despite being known to a number of agencies (Laming, 2003). The report outlined the significant failings of the child protection authorities. This led to the

Every Child Matters agenda in 2004, which prioritised children's safety and wellbeing by improving and increasing the responsibilities of all services tasked with meeting children's needs (Department for Education and Skills, 2004).

Future in Mind

In March 2015, in a key government report entitled 'Future in Mind', it was recognised that the mental health needs of children and adolescents in the UK were not being met sufficiently (Department of Health; NHS England 2015). The report acknowledged that 75% of mental health problems in adults begin during childhood, emphasising the need to focus funding and intervention on child mental health. There were also concerns about barriers to accessing mental health services, such as prolonged waiting times, difficulty accessing services and complex commissioning agreements.

The report highlighted five key areas to affect change. The first was promoting resilience, prevention and early intervention. This means that from birth, maternal and infant mental wellbeing would be supported by universal services, described above. This includes schools, which the report states would "play a key role in preventing mental health problems". The proposal encourages schools to adopt a 'whole school' approach to mental wellbeing.

The second key proposal was to restructure mental health services so that they were more accessible; moving away from a tiered system to a more flexible approach whereby children can move between areas of the service more easily rather than having to be transferred back and forth depending on their presentation.

The third key proposal was for the most vulnerable of young people to be prioritised. The fourth proposal was for there to be more accountability and

transparency as the reporters acknowledged the disparity between provisions around the country. They proposed a change to the funding system so that families could have more control over their funds and clearer frameworks within services concerning responsibility.

The final key proposal was for a development of the workforce. The report outlined the importance of every staff member working with children and young people being committed, respectful, ambitious and skilled in their care.

The Five Year Forward View for Mental Health

In February 2016 the Mental Health Taskforce put together an independent report for NHS England outlining recommendations for the next ten years in order to tackle disparities between mental and physical health services, lack of provision outside of the NHS to support people to live fulfilling lives in their communities, and to tackle widespread social inequalities (Independent Mental Health Taskforce, 2016). With regards to children, the report set out plans to create more robust 24-hour crisis services so that children could be supported in their homes and communities, to avoid 'out of area' placements. More specifically the report set the target of providing high quality mental health care to at least 70,000 more children and young people by 2020/2021 when they need it (Independent Mental Health Taskforce, 2016). This involved the establishment of an Improving Access to Psychological Therapies service for children and young people (CYP-IAPT). The most vulnerable young people were to be prioritised and in order to do this the Taskforce suggested that the Department of Education and the Department of Health join together to develop an expert group to investigate complex needs and how these can be met. Inpatient services for 16- to 25-year-olds were also to undergo improvements.

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

Following on from the Taskforce's recommendation that the Departments of Health and Education join together to form an expert group, a green paper was published in December 2017 which made a number of proposals specific to child mental health, with many involving the role of schools (Department of Health and Department of Education, 2017). The first was that schools will identify a designated mental health lead to oversee the whole school approach to mental health and wellbeing and liaise with mental health services.

New mental health support teams would be funded, supervised by NHS staff, to provide extra capacity for early intervention and ongoing support. Their work would be joint-managed by schools and NHS services. Each team would support a group of schools and colleges. In addition a four-week waiting time would be trialled for access to specialist mental health services.

According to NHS England's website, as of Spring 2022 there are 287 of these teams up and running. It is planned that the final wave will be rolled out by 2025. However, this will only capture around two third of schools in England.

Office for Standards in Education, Children's services and Skills (Ofsted)

Ofsted was introduced by the government in 1992 in order to standardise the monitoring of state schools (Education (Schools) Act 1992). Its remit has expanded over the years and in 2019 a new inspection framework was introduced with a stronger

focus on mental wellbeing, and less focus on data-driven outcomes (Ofsted 2019). The new framework is split into four main areas, two of which relate to mental health: personal development and behaviour and attitudes. There is a focus on resilience and a systemic approach. Cultural capital is highlighted, recognising that all pupils, regardless of background, should receive a wide range of opportunities. Creative subjects are given as much value as the traditional subjects, and staff training in Personal Social and Health Education (PSHE) is given a new level of importance. Pastoral care is assessed, and there are references to good social relationships. Lastly, a key feature, which is relatively new to any government message regarding mental health in schools, is the wellbeing of staff. This is mainly assessed through the Leadership and Management section of the framework, which looks closely at staff workload and reducing unnecessary data collection (Ofsted, 2019).

Mental health in schools

In spite of government funding cuts over the last ten years (Institute for Fiscal Studies, 2020), the government papers highlighted above outline increasing expectations on teachers to be, at the very least, promoters of good mental health. In lots of cases the responsibilities allocated to teachers extend further. With schools being the primary developmental context after the family, it makes sense that schools have become a central focus in this area. In 1979 Rutter et al. calculated that children spend 15,000 hours of their lives in schools, highlighting the undeniable impact that schools have on children's development (Rutter et al., 1979). Indeed, Ford et al. (2007) described schools as the most frequently contacted 'mental health service'.

In 2015 Partnership for Well-being and Mental Health in Schools published advice for schools and a framework document outlining best practice. The report

strongly promoted the importance of a ‘whole community’ approach, ensuring the school environment is warm, supportive and positive, where differences are celebrated and relationships are prioritised (Weare 2015). A proactive approach is described, whereby children are supported through predictably challenging transitions, for example, and clear boundaries and suitable policies are implemented. Regarding external support it is stipulated that other agencies such as CAMHS and GP services are “anchored” to the school, making referral pathways and joint working as smooth as possible.

In 2017, just before the green paper was released, the British Psychological Society (BPS) presented a review of mental health provision in schools called ‘What good looks like in psychological services for schools and colleges’ (Falconbridge et al., 2017). They highlighted the important role schools play in the context of children’s lives, and therefore the relevance of school input to psychological wellbeing. In spite of this, it notes that any widespread initiatives around this topic have only been funded short-term and therefore have not had the opportunity to embed sufficiently into the culture of the schools to have any lasting benefit. The report highlights the synergy between mental wellbeing and academic success (Falconbridge et al., 2017). Children with mental health problems have a poorer attendance rate and are more frequently subject to exclusions (Green et al., 2005). Acknowledging the pressures on NHS services to meet the needs of an ever-increasing cohort of children with mental health problems, the report notes that schools have felt “forced to pick up the pieces” (p. 6, Falconbridge et al., 2017). It recognises that sometimes children with particularly complex needs cannot access the support offered by the mental health services yet schools are still coming into contact and caring for these children. The report highlights the disruption some children with mental health problems can cause the rest of the class,

impeding a teacher's ability to teach. It also identified that elements of school life can have a detrimental impact on children's wellbeing, such as academic pressure, bullying and social difficulties. To tackle the issue some schools have hired qualified counsellors to help children with psychological difficulties, however, the review found that these staff were sometimes under-qualified and had inadequate supervision. The nature of this intervention was found to be quite isolated; one-to-one with the child and did not involve external support or the family. Echoing Weare's framework document from 2015, the review welcomed the idea of more joined-up working between schools and the NHS. Finally it makes a number of recommendations, many consistent with the advice from 2015. Some recommendations address mental wellbeing at a universal level, for all staff and pupils at the school, including that schools should be supported by the Department of Education and local authorities, to build a culture based on social cohesion, with extra-curricular activities available to all for free. Psychological health for all pupils and staff at the schools should be a priority, drawing on community psychology models. More specific recommendations included front-loading of support so that children get help early on and not only when things are at a crisis point. More specialist support should be provided to children with additional learning needs, suggesting that these children stay on CAMHS caseloads long-term so that they can access support as and when they need it. More systemically, there is a focus on intervening at a family level, and that any interventions are done so collaboratively with the young person and their families. More broadly, the report recommends that the Department of Health and Public Health England should look at ways of reducing the known risk factors such as chronic health problems, to prevent mental health problems in the first place. Interestingly, there is a recommendation that teachers are given bereavement training as grief is cited as a significant factor for development of later

mental health problems. In light of the Covid-19 pandemic, this could be considered to be all the more pertinent.

In 2018, the Department for Education (DfE) published a research report, reviewing the policies and information provided by schools in the UK on their websites regarding mental health and wellbeing provision in schools (Brown, 2018). The review found that there was extensive reference to different approaches and interventions to promote psychological wellbeing. However, there was little evidence that these were part of a whole-school approach, embedded into the general ethos of the schools (Brown, 2018). Most policies and interventions concerning mental health were based around managing disruptive behaviour. This indicates that schools are judging psychological distress based on the level of disruptive behaviour. Little attention was given to other contributing factors or signs of poor mental health, which may not involve pupils behaving in a disruptive manner (Brown, 2018).

From the 100 schools reviewed, only 13 primary schools, and eight secondary schools demonstrated “excellent practice to promote mental health and wellbeing across whole school approaches, according to their published policies” (p. 25, Brown, 2018). No teachers, parents or pupils were contacted to investigate whether or not the information provided on the websites was reflected in practice.

In 2019 Public Health England commissioned a review into the universal approaches to children’s mental wellbeing. The review found that the most promising interventions take place in schools, especially in class groups, over a series of weeks, involving fun, experiential learning, drawing on cognitive behavioural theory. Work with families was most effective if provided over the internet, involving professional support using skills-based learning (Public Health England, 2019).

Young people cited school staff as safe people to talk to, however there was concern from pupils that their disclosures may not be treated confidentially, or that the teacher might be unequipped to deal with the problems they might bring (Public Health England, 2019). Schools, whilst potentially safe spaces, were also seen as a place of pressure and stress.

This extensive review takes steps to recommend a more systemic approach to supporting young people, a better understanding of what works, and where difficulties arise from. However, there is little to no acknowledgement in this paper, or others discussed above, of the psychological support teachers need to provide the safe and supportive environment that is being requested and required. There is no acknowledgement of the literature that highlights the correlation between teacher and student mental health. Of the ten “promising” interventions identified in Public Health England’s 2019 literature review at least six are designed to be school-based. Of the ten strategies, three are designed for children of primary school age. This highlights the need for mental health support for young children, as well as teenagers.

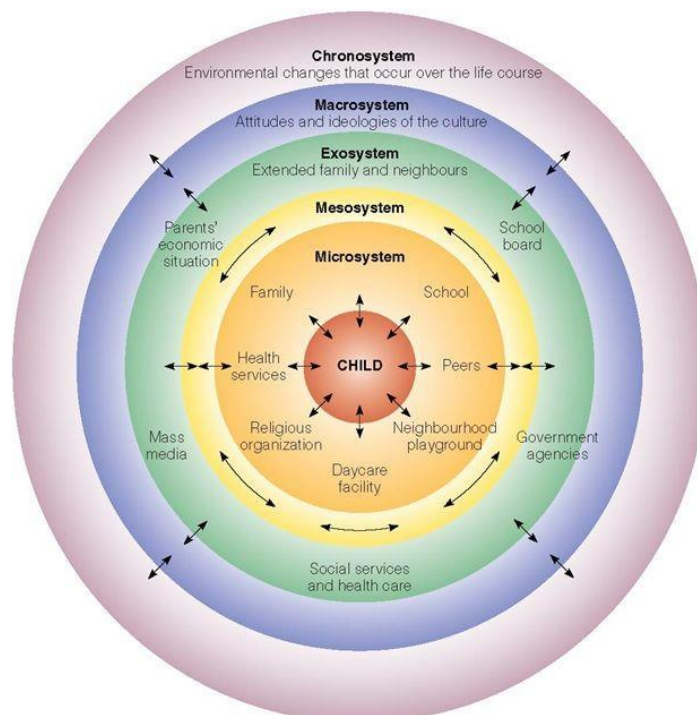
Psychological theories of child development in relation to school

Given the interactional factors described above it seems important to draw on theories that look systemically at child development and wellbeing. Bronfenbrenner’s ecological systems theory (Bronfenbrenner, 1986) considers the complex, multi-levelled system of relationships that impact a child, from the ‘microsystem’, which includes the parents and teachers, to the ‘chronosystem’, which includes major life transitions and historical events, such as parental divorce. The five systems in the model not only directly influence the child, but also interact, moving away from more traditional uni-directional models to a more dynamic one (see figure 1).

This holistic model lends itself well to thinking about the school system; the ways in which schools operate individually, as well as the more widespread impact of government initiatives and directives. More broadly, the chronosystem can include historical events, such as Covid-19, which has been shown to have significantly impacted children's development (The Sutton Trust, 2021). The model also enables thinking around more direct influences such as interactions between parents and teachers, and interactions with external agencies.

Figure 1

Bronfenbrenner's Ecological Systems Model (Guy-Evans, 2020)



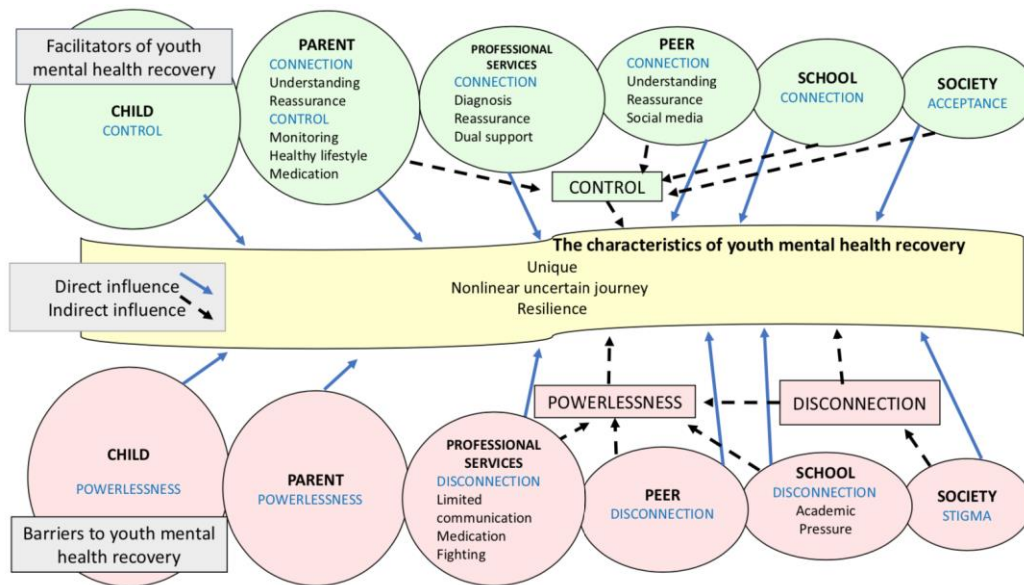
Bronfenbrenner revised his theory in 1994 and renamed it the 'Bioecological model'. He became more interested in the process of the interactions between the systems, particularly over time (Bronfenbrenner & Ceci, 1994). Termed, 'proximal processes', these interactions between child and caregiver or between peers, mobilise,

what Bronfenbrenner refers to as “genetic potentials”; intelligence, social, communication and emotional skills. For these proximal processes to be successful they need to take place regularly and over time. Outside of dyadic interactions, the model accounts for the need for “opportunity structures”; the resources and information available to facilitate development, and the range of possibilities for the environment to be arranged around the needs of the child. Here, Bronfenbrenner is highlighting the importance of environment; that the same quality of proximal processes in a disadvantaged, unstable environment will not be as successful as those in a well-resourced, more advantaged setting.

More recently Kelly and Coughlan’s model specifically concerning youth mental health recovery highlights the importance of social connections and interconnectivity for children’s wellbeing, between health professionals, school, parents and other children (2018). Like Bronfenbrenner’s theory, the relationships are placed in a hierarchical order, with the children and their parents prioritised, moving out finally to society. ‘Connection’ is considered a key factor in mental health recovery, using key relationships to normalise, provide hope, support and acceptance. Likewise, ‘disconnection’, in terms of a lack of positive relationships across their environment, from peers, to professionals, to society as a whole, is said to have a negative impact on recovery. See figure 2 for the model.

Figure 2.

Model of youth mental health recovery (Kelly & Coughlan, 2018)



Teacher stress

As fast as concern for the mental health of children is growing, there are increasing numbers of reports that teachers in the UK are struggling with their mental health. Teaching is considered to be a particularly stressful job, with teaching rating high for ‘common mental health disorders’ (Stansfeld et al., 2011). This is thought to be due to the fact that it is a public facing role with a high degree of responsibility and unpredictability. In 2005 Johnson et al. found that out of 26 occupations teachers were in the top six for being the most stressful and with the least job satisfaction. More recently, the National Foundation for Educational Research in their 2019 survey found that 20% of teachers fell ‘tense’ about their job most or all of the time, compared with 13% of similar professionals (Walker et al., 2019). A national survey of over 3,000 education professionals in the UK, carried out in 2021 by Education Support, a charity that provides mental health support services to school staff, found that 77% reported behavioural, psychological or physical symptoms as a result of their work, and 54% have considered leaving the profession due to the demand on their mental health

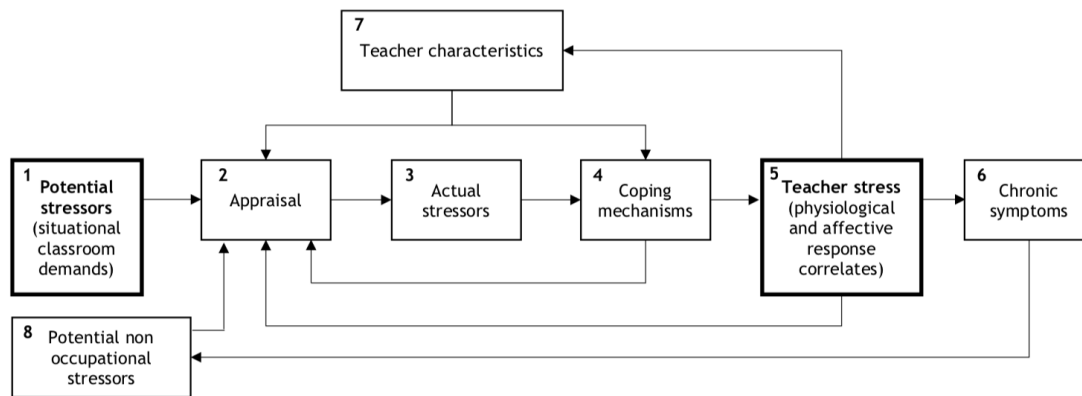
(Scanlan & Savill-Smith, 2021). 72% of staff describe themselves as stressed, which is an increase of 6% since the annual survey started in 2017. This is in spite of an increase in staff awareness of wellbeing support in their workplaces. Statistics relating to health and safety at work produced by Health and Safety Executive in 2018 identify the field of education as the most at risk for workplace stress, anxiety or depression.

Psychological theories of teacher stress

Teachers suffering due to the psychological impact of their role is not a recent phenomenon, with workload consistently cited as a main stressor (Cole & Walker, 1989; Guglielmi & Tatrow, 1998; Kyriacou & Sutcliffe, 1977; Vandenberghe & Huberman, 1999). Chris Kyriacou, who pioneered research into this topic, defines teacher stress as “the experience by a teacher of unpleasant, negative emotions, such as anger, anxiety, tension, frustration or depression, resulting from some aspect of their work as a teacher.” (p.28, 2001). He developed a model in 1978 to explain his theory that the demands of the job, if experienced as a threat to wellbeing or self-esteem, resulted in stress. (See Figure 2).

Figure 2

Model of Teacher Stress (Kyriacou & Sutcliffe, 1977)



More recently, Van der Want et al. (2019) have highlighted the impact interpersonal role identity has on work-related burnout in teachers. Burnout was initially described by Maslach (1976) as a combination of ‘Emotional Exhaustion’, ‘Depersonalisation’ and a reduction of feeling ‘Personal Accomplishment’. Therefore teachers that experience burnout find it harder to commit emotionally to their role, develop cynicism regarding the children they are teaching, and view their achievements at work more negatively. It stands to reason, therefore that if there is a mismatch between the style in which a teacher hopes and expects to interact with their students and the reality, the teacher is more likely to experience burnout. This could be important to consider when thinking about children with mental health problems and the additional complexities that come with interacting with a child experiencing high anxiety or distress.

The interaction between student and teacher mental health

Evidence has shown that there is a link between the mental health of teachers and that of their students (Harding et al., 2019; Roffey 2008; Sisask et al., 2014). Roffey focuses on the importance of a positive and nurturing school culture on the wellbeing of teachers and students equally. Sisask et al. concluded that teachers struggling with their own mental health feel less confident in their ability to support children with their

mental health. Harding et al.'s study, based on data from 25 secondary schools in the UK, found that there is an association between student wellbeing and teacher wellbeing, both positive and negative. Key findings were that high teacher 'presenteeism', attending work, despite not feeling mentally or physically well enough, was associated with poor student wellbeing, indicating that teachers are unlikely to be able to maintain a positive learning environment if they are underperforming due to poor health. The study also found that better student-teacher relationships are positively associated with student wellbeing and lower student psychological distress. Furthermore, Ekornes (2016) found that stress in teachers is primarily driven by a mismatch between perceived level of responsibility and actually being able to help students with mental health problems.

Kyriacou also notes that studies consistently find that among the main causes of stress for teachers are "teaching pupils who lack motivation" and "maintaining discipline" (2001). Pupils with mental health problems are highly likely to be demonstrating, at the very least, a lack of motivation and some behaviours that challenge. It is important, therefore, that the mental wellbeing of teaching staff is considered when addressing the issue of child mental health. Given the increase in the number of children and young people requiring support for mental health problems and, therefore, an increasing expectation of teaching staff to recognise and address these problems (Departments of Health and Education, 2018), the increase in mental health problems in children might also to some extent explain the increase in mental health problems in the teaching population.

Looking more closely at this connection, Ott et al., (2017) consider the intersection of the mental health policy of Canadian schools with the resiliency of both teachers and students. Highlighting that the dominant narratives around children's

mental health in schools does not include the experiences and the wellbeing of teachers, the review looks at the complex position of teachers as prominent caregivers who are ‘silenced’ as non-experts in mental health. Teachers’ relationships and emotional investment with regards to children is downplayed in much of the education narrative, with teachers feeling inadequate and deskilled when it comes to mental health. Once again there are recommendations for better links with external organisations and adequate resources, but also a closer look at how responsibilities regarding mental health fit with their existing teaching role (Ott et al., 2017).

Previous research on teachers’ experiences of supporting children with mental health difficulties.

There is an abundance of research looking at stress and mental health difficulties in the teaching profession (Ancona & Mendelson, 2014; Blase, 1986; Friedman, 2000; Guzicki et al, 1980, McDonald, 1999), including numerous systematic reviews, most recently García-Carmona et al. (2018), Wang & Hall (2018) and Embse et al (2019), all of which are quantitative reviews.

Similarly, with regards to school-based interventions for mental health, the reviews are almost exclusively quantitative and focus on the experience of the children at the school, and not the teachers carrying out the interventions (Day et al., 2021; Paulus et al. 2016; O’Reilly et al., 2018).

In 2021 the Early Intervention Foundation reported on their survey of 4,504 secondary school teachers in the UK (Clarke et al., 2021). They found that half of teachers did not feel confident supporting students with their mental health, and that 97% felt it was important they receive training on the subject. This survey contributed to a major report drawing on 34 systematic reviews and 97 primary studies looking at

school-based mental health support. Again a whole school approach was identified as one of the most effective ways of addressing young people's emotional needs. Several other, more specific interventions were reviewed and recommendations made accordingly. There were no recommendations regarding the mental health and wellbeing of teachers themselves, highlighting a considerable gap in the literature and thinking around mental health in schools.

Chapter two: Teachers experience of supporting student mental health: A systematic review

Overview

To date it appears there has not been a systematic review of the literature concerning teachers' experiences of supporting children with their mental health. The aim of this review, therefore, was to identify and synthesise the qualitative literature available exploring the experiences and views regarding mental health support within schools for children and young people. The word 'experience' refers broadly to the way in which teachers carry out their role; how feasible and effective they feel they are in relation to mental health, what the challenges and the rewards are, and also the personal, emotional impact of supporting children with their wellbeing.

Design

Given that this review was an exploration of the experiences of teachers supporting children with their mental health, with no assumptions made, a qualitative design was used. PRISMA guidelines were followed while conducting the review to ensure transparency regarding the process.

Search protocol

The following databases were searched: CINAHL, MEDLINE, PsychARTICLE, PsychINFO and ERIC, with only peer reviewed articles, written in English included.

To refine the search, the following SPIDER strategy was implemented (Cooke et al. 2012). SPIDER (Sample, phenomenon of Interest, Design, Evaluation, Research type) was created as an alternative to the popular PICO (Population, Intervention, Comparison, Outcome) strategy, which uses terms more suited to quantitative studies.

S: Teacher* OR “school staff” OR “teaching staff” OR “teaching assistant*” OR “head teacher*”

P of I: Student OR pupil OR children OR child OR young people

P of I: “Mental health” OR “mental illness” OR “emotional health” OR wellbeing OR “emotional needs” OR “mental disorders” OR depression or anxiety OR psychological

D: Interview* OR “case stud*” OR observ* OR "focus group" OR "semi-structure*"

E: view* OR experience* OR attitude OR belie* OR feel* OR perce* OR opinion* OR quality or thoughts

R: "grounded theor*" OR "textual analysis" OR discursive OR ethnograph* OR discourse OR qualitative OR "mixed-method*" OR “thematic analysis” OR “interpretative phenomenological analysis”

These terms proved an effective search strategy for EBSCOhost, the research platform containing all but of the databases apart from ERIC. From the above search, in July 2022, 181 articles were returned. For ERIC, the search terms had to be simplified as too many articles were returned with all the above terms and Boolean operators. The search terms used in the ERIC database were: teacher, mental health, child, pupil, perspective, experience. 652 articles were returned, reduced to 274 when the descriptor ‘mental health’ was selected. Only articles published in the last ten years were deemed appropriate due to the more recent pressures on teachers to address mental health issues in schools. Globally, in 2012, the World Health Organisation (WHO) and the United Nations Children’s Fund (UNICEF), produced a report titled Adolescent Mental Health, describing the need to mainstream mental health throughout the world in all sectors of society, including education. In the UK, at least, it was in 2014 that the Children and Young People’s Mental Health and Wellbeing Taskforce was established,

to significantly improve the provision of care for children with mental health difficulties (Department of Health, 2015). This report, 'Future in mind,' included, for the first time, a specific responsibility for the Department of Education for the mental health of children and young people.

Study selection

Titles and abstracts were screened to ensure studies met the following criteria:

- The studies are primary research
- The teachers or teaching assistants were of school-aged children
- The participants were all teachers or teaching assistants (not mental health professionals within the school, for instance).
- The analysis was purely qualitative, not mixed-methods (unless there was a clear differentiation between the results for the different data).

Articles were rejected if:

- The results were not explicitly shaped by the specific context of the school, ie. religion or culture, war or natural disasters.
- The study focused on the impact of a specific intervention or programme, such as a mindfulness course or a CBT programme.

Seven articles were deemed suitable from CINAHL, MEDLINE, PsychARTICLE,, PsychINFO, and one from ERIC. No additional articles were found through screening the reference lists of the suitable articles. In total, eight articles were considered appropriate for this review. See figure 3 for the PRISMA flowchart illustrating the process.

Final sample

The eight articles that made up the meta-synthesis were published between 2013 and 2022. They are all qualitative studies, with interpretative phenomenological analysis being the most popular approach. Other methods of analysis used were content analysis, thematic analysis and inductive and deductive approaches. The countries of origin are Kenya, China, Sweden, Australia, the USA and three were from the UK, two of which were by the same researchers. The synthesis draws on the experiences of seven teaching assistants and at least 167 teachers (Isakkson et al.'s study does not specify how many teachers took part in their focus groups) from both primary and secondary schools. Altogether teachers from at least 56 schools around the world were consulted (Shelemy et al.'s 2019a study and Deaton et al.'s study do not specify the number of schools included). The synthesis includes pre-schools, primary schools and secondary schools both from the private and public sector, in rural and urban communities. Study sample sizes ranged from 7 to 51. See Table 1 for details of each study.

Quality appraisal

To ensure the articles selected were of an acceptable standard, the Critical Appraisal Skills Programme (CASP) UK (n.d.) checklist was used. There are 10 items on the checklist to confirm the quality of a study (see Table 2). Two out of the eight studies failed to describe how the relationship between participants and researcher had been considered. One study failed to adequately describe the analysis process. Despite this, all studies were deemed of high enough quality to be included in the review.

Figure 3.

PRISMA flow diagram of literature search

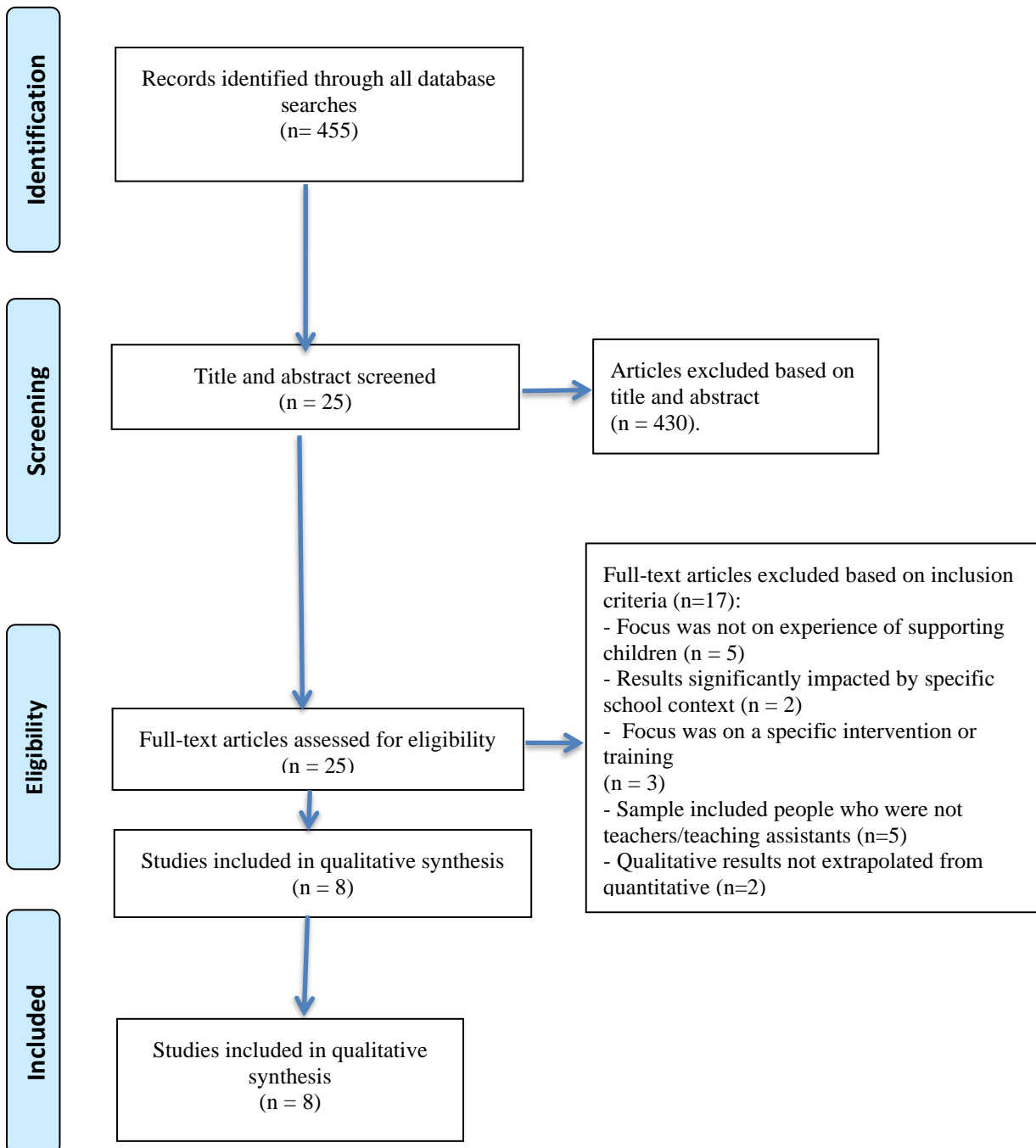


Table 1.*Characteristics of studies*

Article	Country	Setting	Participants	Aim	Qualitative data collection	Methodology
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	UK	7 primary schools	7 teaching assistants	Explore how primary school teaching assistants experience their role in supporting children's mental health	Interviews	IPA
Deaton et al. (2022) Teachers' experiences with K-12 students' mental health	USA	Multiple schools. K-12 (all ages), public and private schools.	12 teachers	Explore teachers' experiences of student mental health concerns	Semi-structured interviews	Consensual qualitative research
Isaksson et al. (2013) Promoting mental health in Swedish preschool - teacher views	Sweden	22 pre-schools (1-5 year olds)	Teachers	Reveal teachers' views of what they do to promote mental health among children	Focus groups	Content analysis
Mazzer and Rickwood (2015) Teachers' role breadth and perceived efficacy in supporting student mental health	Australia	6 schools, private and secondary, teaching 12-18 year olds	21 teachers	Investigate teachers' perceived role in supporting student mental health and how well equipped they feel.	Interviews	Inductive and deductive approaches

Table 1 continued

Article	Country	Setting	Participants	Aim	Qualitative data collection	Methodology
Mbwayo et al. (2019) Mental Health in Kenyan Schools: Teachers' perspectives	Kenya	6 schools, primary and secondary.	51 teachers	To seek teachers' perceptions of mental health concerns in school settings.	Focus groups	Unclear
Shelemy et al. (2019a) Secondary school teachers' experiences of supporting mental health.	UK	Secondary schools	7 teachers	Investigate experiences of supporting the mental health of students.	Semi-structured interviews	IPA
Shelemy et al. (2019b) Supporting students' mental health in schools: what do teachers want and need?	UK	9 secondary school	49 teachers	Identify training needs to enable the adequate support and education of students	Focus groups	Thematic Analysis
Yao et al. (2021). Teachers' perceptions of student mental health in Eastern China: A qualitative study.	China	6 middle schools (ages 12 to 15)	27 teachers	Identify how teachers perceive the mental health of their students, and how they act on their perception.	Semi-structured interviews	Content analysis

Analysis

Using Thomas and Harden's (2008) 'thematic synthesis' approach, a thematic analysis design suitable for secondary data was carried out. Based on Braun and Clarke's (2006) thematic analysis, there is a three-stage approach: line-by-line coding, descriptive themes and analytical themes. The final stage goes beyond simply describing the collection of themes to develop new interpretations from the body of data.

Themes

Having conducted a thematic analysis, four themes were produced: i) Ways to help, ii) Desperate hope, iii) Relationships, and iv) Challenges.

Ways to help

It feels important to note that all the studies showed a desire from teachers to intervene and support with children's mental health. This theme includes four sub-themes; 'Willingness', 'Just tell me what to do', 'Trial and error', and 'Whole school approach'. Teachers talked across articles about having compassion for their students' mental health needs and a sense that it is their responsibility to intervene given the level of interaction and input they have with the children (Conboy 2021; Deaton et al., 2022; Mazzer & Rickwood, 2015; Shelemy et al., 2019a). It was indicated, however, that teachers wanted specific training and guidance telling them exactly what to do to support children. Deaton et al. (2022), for example, talked about teachers finding some of the training they had been provided with ineffective for classroom application and stated that they required training that they could apply proactively to the classroom, and support to identify mental health problems. Other articles went so far as to describe a

need for a crib sheet of indicators and a list of strategies (Shelemy et al., 2019b). This feeling was not limited to the UK, with Yao's 2021 study in China also referencing a need for training that was less theory based. The desire for someone to tell them exactly what to do may come from the experience raised in many of the studies that, in an effort to help, teachers were trying lots of things out (Deaton et al. 2022) on a 'trial and error' basis, insinuating that some of the approaches taken had not been successful. Mbwaiyo's 2019 study talks about treating behavioural difficulties with punishment if they were unable to make sense from a mental health perspective. Shelemy et al. (2019a) talk of relief when something works well, and a reliance on common sense and gut instinct. What works well, according to many of the studies, is a proactive, whole school approach to wellbeing. This was a particular focus of Isakkson's study, based in a Swedish primary school (2013). A positive, calm, nurturing environment is described in detail, where teachers model good team spirit, treating each other with respect and kindness. Children are included in the planning of activities and teachers are encouraged to be reflective of their own attitudes and experiences. This is echoed by other articles in the review, recognising the importance of whole school initiatives (Deaton et al.. 2022; Mazzer & Rickwood, 2015) and a positive and friendly environment (Deaton et al., 2022; Mazzer & Rickwood, 2015; Shelemy et al., 2019a).

Desperate hope

The title of this theme comes from Shelemy's 2019a article that states "some participants described their desperate hope that the mental health of their students would improve" (p. 377). The theme encapsulates three sub-themes related to the emotions evoked in the role: 'I'm not enough', 'Uncertainty' and 'Emotional impact'. Five of the articles referenced that teachers felt limited in what they could do, that they do not have the time or the training to support children with their mental health (Deaton et al. 2022; Mazzer & Rickwood, 2015; Mbwayo et al., 2019; Shelemy et al., 2019a; Yao et al., 2021). There was worry expressed around the uncertainty related to mental health, particularly of saying the wrong thing and making things worse (Conboy 2021; Mazzer & Rickwood 2015; Shelemy et al. 2019a; Shelemy et al., 2019b). These feelings of being overstretched, unsure what to do and underresourced have an emotional impact on the teachers (Conboy 2021; Deaton et al., 2022; Mbwayo et al., 2019 and Shelemy et al., 2019a). Deaton et al., (2022) refer to the difficulties maintaining a work/life balance, and feeling sad that the children are struggling. Shelemy et al. (2019a) pick up on the helplessness teachers feel, the devastation when one feels a strong alliance with a child, and a frustration at the lack of resources and support.

Relationships

There was recognition in all the articles that relationships were key to the success of the support they were providing to children experiencing difficulties.

This theme encompasses three sub-themes: 'Relationship with students', 'Parents' and 'Support from others'. With regards to students it is acknowledged that a good rapport with the children, where they feel heard and included in the support offered, is integral

to the success of any intervention, whether that be proactive or reactive (Conboy 2021; Deaton et al., 2022; Isaksson et al., 2013; Shelemy et al., 2019a; Yao et al., 2021). There were multiple references to how difficult it can be to bring parents onboard, and that this represented a significant challenge to supporting young people (Deaton et al., 2022; Mwayo et al., 2019; Shelemy et al., 2019a; Shelemy et al., 2019b; Yao et al., 2021;). With regards to other professionals, it is made clear in the majority of the articles that teachers cannot support children with their mental health alone. Conboy (2021) refers to the importance of peer support from other teachers and an effective multidisciplinary approach within the school; Mazzer and Rickwood (2015) highlight teachers' preference to share the responsibility of mental health with other professionals; and Shelemy et al., (2019b) found that teachers sought out acknowledgement and reassurance from specialist members of staff.

Challenges

Supporting children with their mental health is perceived as a challenge, on top of the teaching role. The challenges presented are categorised into three subthemes: 'On the front line', 'It's not my role', and 'Systemic barriers'. Teachers talked of feeling 'on the front line' as the people most likely to be the first to identify a problem (Deaton et al., 2022). Shelemy et al (2019a) found that teachers felt forced to support children with their mental health because there is not enough support elsewhere. Shelemy et al., (2019b) picked up on a perception that society expects teachers to take care of children, with several of the articles acknowledging either that there are a large number of children in schools experiencing mental health problems, or that there has been a marked increase in mental health issues in young people (Deaton et al., 2022; Mazzer & Rickwood, 2015; Mwayo et al., 2019; Yao et al., 2021). How much of the

responsibility regarding mental health sits within a teacher's role presented a challenge for many participants. Teachers talked about feeling as if they are being expected to take on the roles of other professionals (Conboy 2021; Mazzer & Rickwood, 2015; Shelemy et al., 2019a, and Shelemy et al., 2019b). Other articles referenced that participants felt that addressing the mental health of students was in conflict with their teaching role or relationship (Deaton et al., 2022; Mazzer & Rickwood, 2015; Shelemy et al., 2019a, Shelemy et al., 2019b). 'Systemic barriers' refers to a frustration shared across articles that there was not adequate support elsewhere, within or outside of school, leaving teachers unable to help as they wished or with additional challenges. Some articles highlighted the challenging circumstances children were living in, which make simply attending school and accessing education difficult, let alone maintaining positive mental wellbeing (Deaton et al., 2022 and Shelemy et al., 2019a). Others raised the issue of external agencies like mental health services being difficult to refer to and communicate with (Deaton et al., 2022; Shelemy et al., 2019a; Shelemy et al., 2019b; Yao et al., 2021). Within the school system frustrations were raised about a lack of specialist support within schools and a lack of training or a lack of support from senior leadership.

Summary

This meta-synthesis reviewed the experiences of teachers supporting children with their mental health. The synthesis produced four themes that highlight the way in which teachers approach mental health support, their attitude towards supporting children and the challenges that come with the role. Teachers included in this synthesis confirm that they are 'on the front line' with regards to children's mental health. The emotional impact highlighted in the review echoes the large body of quantitative

research suggesting that those in the teaching profession are particularly at risk of burnout (Cole & Walker, 1989; Guglielmi & Tatrow, 1998; Kyriacou & Sutcliffe, 1977; Vandenberghe & Huberman, 1999). Echoing Ott. et al.'s (2017) observation that teachers are left feeling silenced and deskilled with regards to supporting children's emotional development is the identification that teachers want clear guidelines of 'what to do' and additional training to feel more 'expert' in this field.

In line with Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner & Ceci 1994) the synthesis highlights the importance of relationships; within the microsystem between teacher and student, student and parent, and teacher and parent and the macrosystem, reflecting the systemic barriers raised regarding external services. This particular challenge was recognised in the British Psychological Society's 2017 review and is further evidenced by this synthesis of literature.

Strengths and limitations

Given how recent the majority of the articles are in this synthesis, this review is thought to be the first of its kind looking specifically at the experience of teachers in their role addressing mental health. The recent increase in awareness of this issue is thought to be due to a rise in global concern for the mental health of children and adolescents (United Nation's Children's Fund, 2021; World Health Organisation, 2012). This review supports the premise that teachers are coming across serious mental health difficulties and are being expected to intervene. It highlights a training need or at least a request for guidance. It also suggests there is an emotional impact to the role supporting children in this way.

The studies were conducted across different countries. There were some shared experiences, despite the cultural contexts differing vastly in some cases, however there

were also stark differences that could not be synthesised. For example, Yao et al.'s 2019 study based in China, raises very different considerations around the conceptualisation of mental health problems. Anxiety, for example, is perceived by the teachers in the study as a natural reaction to the high workload and not a mental health problem. Whereas in the British studies anxiety was seen as the most common mental health problem. With rapid economic growth there has been a recognised increase in mental health problems amongst children in China, put down to high parental expectation (UNICEF, 2020). The prevalence of non-suicidal self-harm in young people is approximately 27.4% in China, compared with 19.5% across the world (Lim et al., 2019). Much like the British government in 2017, the Chinese government also combined departments to produce a joint action plan specifically to address the mental health of children (National Health Commission of the People's Republic of China, 2019). The targets for the report include provision of psychological support in schools. Given Yao et al.'s article was only published in 2019 it can be assumed that teachers' understanding of mental health and their capacity to provide support is likely to be limited in comparison to teachers in the UK.

Mbwayo et al.'s 2019 study, based in Kenya focuses more on the lack of resources for children with additional learning needs and a propensity for senior leaders in schools to expel children who were struggling with their mental health. This, again, is not something that came up in the European studies. The development of mental health services for children is in its infancy in Kenya, with only two specialist child and adolescent mental health clinics in existence in 2017 and no dedicated policy to child mental health (Kamau et al., 2017). As a result, teachers in Kenya are likely to feel more responsible and helpless with regards to children's mental health than teachers in countries where there is a service they can refer to.

It is a limitation that this review was not registered on PROSPERO, an online platform used to collate systematic reviews. Listing the review on PROSPERO would have increased transparency and decreased researcher bias.

The experience of a teacher is going to be shaped significantly by the education system and the wider society they are operating under and that will be specific to the country and the period of time in which the study takes place.

It is a strength of the review that all except two of the studies took place within the last four years as they reflect this particular time period, increasing its relevance to this thesis project. It is worth noting, however, that two of the studies are by the same researchers and therefore are likely to raise similar outcomes by the nature of the subjective interpretations.

Problem statement

Most of the articles included were published in the last three years, highlighting a particular increase in interest, making this topic relevant and timely. It is becoming evident that in order to support children adequately with their mental health, teachers' needs must also be considered. Exploring teachers' practical and emotional experience is key to establishing what is needed for teachers and children to thrive in schools. There are very few studies focusing on the experience of primary school teachers. Given that the onset of mental health problems tends to be before the age of 14 (Solmi et al., 2022) it seems an apposite population to explore further. It is primary school teachers who tend to raise concerns regarding a child's development, whether that is regarding a neurological developmental problem or an emotional and/or behavioural difficulty. In the UK, the gap between the need for treatment and the availability of mental health services for children is increasing, with thresholds for referrals to services

rising (Health and Social Care Committee, 2021). If a referral is accepted, the median wait time for intervention in 2019 was two months (Health and Social Care Committee, 2021).

In addition to government reports there has been an increase in media interest in the topic, with alarming headlines such as ‘Camhs deaths expose child mental health unit pressures’ (Eley, 2022), ‘NHS mental health services are turning children away when they need us most’ (Porter, 2022), and ‘CRISIS POINT: Warning as 1 in 6 kids plagued by mental health issues – the 5 signs you must not ignore...’ (O’Reilly, 2022). As a result there is increasing awareness in society of a mental health ‘crisis’, in which children are at risk, and additional pressure put on teachers, parents and other care providers to ‘fix’ the situation.

Part of the government’s response to the lack of services is to channel mental health provision into the school setting, increasing the expectation with regards to this role on teachers (Department for Education, 2018; Department for Health & Department for Education, 2017 and Department for Health & NHS England, 2015). High levels of burnout in the teaching profession are well documented in academic literature (Ancona & Mendelson, 2014; Blase, 1986; Education Support, 2021; Friedman, 2000; Guzicki et al, 1980 and McDonald, 1999) and the media, with headlines such as ‘Teacher sick days soar as poor conditions take a toll on mental health’ (Savage, 2022), ‘Former teacher says colleagues ‘couldn’t get out of bed’ due to stress’ (Rigg, 2022) and ‘Teacher ‘burnout’ warning over pandemic overtime rise’ (Martin, 2022a), yet there is little exploration of the impact this increasing responsibility and accountability is having on teachers. The aim of this study is to bring these important issues together; the efficacy of the interventions in place in schools to support children with increasingly complex and serious mental health problems, the provision of wellbeing support for

teachers, and the impact the additional responsibilities regarding mental health are having on them.

Aims and objectives

The current study will aim to address the following questions:

Primary question:

How do teachers experience supporting pupils with their mental health?

Secondary questions:

How is their own emotional wellbeing affected when supporting children's mental health?

How do they think things could be improved?

Chapter three: Method

Chapter Summary

This chapter outlines the epistemological stance of the researcher, the methodology selected and the procedure, including an explanation for the choices made. Ethical considerations will be discussed in detail. Dissemination will also be outlined.

Epistemology

Reflexivity

I have a strong interest in the psychology of children and adolescents, and years of experience working in the school environment. Over the course of the doctorate I have become much more focused on the systemic perspective. Having worked for many years with children who have autism and/or a learning disability, I have collaborated on all cases with teachers, and found that having good working relationships with school staff was imperative when working with young people and their families. During this work, I became increasingly aware of the numerous pressures placed on teachers, the emotional demands of the job and the long hours that teachers work. I also have several friends and acquaintances in the teaching profession, some of whom have experienced a level of burnout. This strengthens my interest in the psychological experience of teachers.

More subconsciously I feel some alignment with teachers. From a young age I knew I wanted to work with young people; I enjoyed various roles supporting children, but consistently felt that not only did I not want to be a teacher, I felt I would struggle in that role. I have been mindful of this bias when approaching this research; that I hold

preconceived ideas about teaching being a difficult job that I myself would find challenging to fulfil.

I also have a particular interest in reflective practice and I hoped to be able to create a space that was safe enough for the teachers to explore connections between events and feelings, to speculate and pick apart experiences in the hope that a deeper understanding could be acquired. This approach was fundamental to the purpose of this study, as the majority of previous research into teacher mental health has been quantitative with little scope to explore experiences in depth. I do not believe that there is one single objective truth but I am aiming to provide a richer, subjective truth.

Critical Realism

Critical realism was developed by the philosopher Bhaskar, who found the, then dominant, positivist approach, that there is one single truth that can be derived from empirical data, problematic (Bhaskar, 2008). Similarly, he critiqued the constructivist position that reality is entirely derived from knowledge and discourse (Fletcher, 2016). Critical realism recognises the existence of different levels of reality, ranging from an external world, the experience of it, human interpretation and socially determined knowledge about reality. Each level has the power to have a causal effect, and therefore can provide explanations within the remit of social science (Danermark et al., 2001).

Pragmatism

The researcher has taken a pragmatic approach regarding this research question. Pragmatism is described by Morgan (2007) as a more flexible approach that allows for appreciation of both quantitative and qualitative methodology. It also takes into consideration reflexivity; that it is impossible to carry out a study without the

researcher's values and experiences impacting on the findings and interpretations. The expansive volume of quantitative research that has come before informs this study, therefore there is naturally a belief in the transferability of the quantitative findings. Rather than having to switch belief systems when reviewing previous quantitative data and then applying a qualitative methodology to the current study, the pragmatic approach allows for a more flexible philosophy. Pragmatism stems from John Dewey's work, in 1933, on the nature of experience. He conceptualised enquiry as a 'back-and-forth' process of reflecting on beliefs to inform actions and vice versa. This approach is in line with the aims of the research; to provide an opportunity for teachers to be more reflective about their experiences, their social context and ethical stances, to express a higher level of understanding of their experiences, in relation to supporting pupil mental health. Morgan (2014) explains that one cannot disregard the researcher's values and experiences when approaching a study because all researchers will have an emotional attachment to their subject and a hope to find information to support, change and impact a group of people, one way or another.

Keeping a reflective diary throughout the study helped to ensure thoughts, biases, judgements and reactions were always being considered.

Research Design

Qualitative research

There have been numerous studies into teachers' mental health, how it impacts on student mental health and evaluations of interventions to support teacher and student wellbeing. However, the large majority have been quantitative. Whilst these studies provide a good overview of the difficulties faced by teachers, and some of the reasons

for these, a common limitation cited in the research is that there is no further understanding of 'why' or 'how' certain results have come about (Bermejo-Toro et al., 2015, Huk et al., 2019). Qualitative research aims to provide an understanding of how participants have come to certain conclusions and the contextual information that is key to understanding somebody's circumstance (Roberts, 2014). Qualitative interviews, therefore, allow the researcher to explore the information that comes up in the conversation, embracing the complexities of real life, taking into account the other roles the participant may have and the individuality of experiences that cannot be captured through a standardised measure. Providing teachers with the time and space for reflection, which it is hypothesised that they do not currently have, in order for them to be able to more accurately appraise their experiences, it was hoped that more complex ideas could be explored beyond the well-established findings. For example, it is well established that one of the main reasons for stress in teachers is caused by a high workload (Education Support, 2021). Using a qualitative, exploratory interview, it is possible to explore this factor further. Another example is that teachers tend not to talk to one another about their difficulties (Kidger et al., 2016). A qualitative researcher can explore this finding in more detail, potentially moving closer to resolving this problem.

More broadly, quantitative measures are presumptuous by their nature, anticipating areas of difficulty and experiences of phenomena.

Thematic Analysis

The interviews were transcribed and analysed using thematic analysis. Thematic analysis is widely used in psychological research due to its theoretical and methodological flexibility (Braun and Clarke, 2006). Thematic analysis involves searching for repeated 'codes', or important pieces of information, that can be collated

to form ‘themes’, or interpretations of clusters of codes, that capture a richer description of the phenomenon being studied.

This approach suits this study because teachers are often studied en masse and thought of as a particularly homogenous group, as they are carrying out the same job, mostly under the same education system. Also, there is already an understanding that they, as a group, are struggling to manage the demands of their job. This is particularly striking in the consistency of data collected over many decades and across all parts of the world, in spite of the fact that school systems, political systems, society and culture differ vastly across time and settings. This study hopes to capture more of the subjective experience in order to obtain a richer understanding of the difficulties faced by teachers in relation to supporting young people with mental health problems in the current English context.

Thematic analysis has been chosen over other qualitative forms of analysis, as it is not confined to a particular epistemological position. This flexibility compliments the pragmatic approach and allows for analysis from a critical realist perspective, acknowledging both the individual experience of the teachers as well as the wider social context (Braun & Clarke, 2006). This suits the aim of this study, which is to capture the individual, subjective, emotional impact of supporting pupils with mental health problems whilst also acknowledging the socio-political context and systemic structures that teachers are all working and living within and shaped by.

Thematic analysis also allows for reflexivity, which, as highlighted above, is important, based on my relative proximity and own feelings about the topic. Accounting for reflexivity recognises that researchers are not operating in a vacuum, separate from the participants; they are working in the same socio-political context and, in this case, navigating many of the same systemic structures.

Alternative methodologies considered

Including discussion of alternative qualitative methodologies further clarifies the decision to choose reflexive thematic analysis.

Grounded Theory, developed by Glaser and Strauss (1967), aims to generate a new theory. This method was not appropriate as the purpose of this study is to look at teachers' experiences of a particular role they are placed in, not to develop a new theoretical framework.

Interpretative Phenomenological Analysis developed by Smith (1996) looks at the experience of an individual. Themes are drawn once each interview is coded separately. Given that teachers are a relatively homogenous group, doing the same job in the same country and education system, it makes sense to look at their experience as a group, and not individually.

Summary of the chosen design

For this study a qualitative research design has been chosen to enrich the current understanding and experience of mental health problems in the teaching profession. Thematic analysis has been chosen because it is a more flexible approach not bound by a particular specific epistemological position. There is also a comprehensive process outlined by Braun and Clarke (2006) to systematically analyse the data collected.

Measure

Interviews

The interviews were all conducted over the internet from my home in a room where I was uninterrupted. The participants were also based in their own homes. At the beginning of the interview the participants were made aware of the limits of confidentiality and it was reiterated that they could stop the interview at any time. They were invited to ask any further questions. The consent form (Appendix A) and the demographics form (Appendix B) were sent and completed prior to the interview.

Interviews were semi-structured, allowing for flexibility depending on the participants' answers. It was important that issues could be explored in depth with no restrictions, using the interview schedule as a loose framework. The interviews lasted between 34 and 106 minutes. The average length of interview was 72 minutes.

Studies looking at the mental health of teachers are not typically carried out by clinical therapists. It is hoped that therapeutic skills, which include rapport building, active listening, Socratic questioning and an ability to sit with silence, were helpful with regards to obtaining rich data (Pietkiewicz & Smith, 2012).

The interviews were transcribed verbatim by me, to ensure that I was as familiar with the data as possible.

The interview questions predominantly covered the following topics:

Motivation to pursue teaching as a career. Pines (2002) suggests that we need to look closely at the sort of person who becomes a teacher, at their beliefs and values and their expectations of the role. He takes a psychodynamic perspective that career choice is something that is largely unconscious, potentially affected by childhood experiences, family occupation history and/or a higher order need that is unfulfilled. Whilst this line of enquiry does not directly answer the research question, the reasons why people become teachers are likely to impact on their experience of the role and

what they value as part of their position as a teacher. It is hoped that prompting participants to think about how they came to be in the teaching profession, and their previous expectations of the role, will facilitate a more reflective conversation about their positioning now in relation to pupil mental health.

The role of a teacher in pupil mental health. The researcher felt it was important to establish what teachers perceive their responsibilities to be regarding pupil mental health. It was also important to explore teachers' feelings about their role in supporting pupil mental health and whether they feel it is an appropriate level of responsibility and in keeping with their job as a teacher.

Emotional impact of supporting pupils' mental health. Student-teacher relationships and student mental health are consistently linked (Jennings & Greenberg, 2009; Kidger et al., 2016; Raver, 2004), which is likely to indicate a correlation between teacher mental health and student mental health, given the impact that stress and poor mental health are reported to have on social functioning and compassion (Maslach & Leiter, 2016). Indeed, most recently, Harding et al. (2019) reported an association between teacher and student wellbeing, and teacher depression and student wellbeing. Therefore, in order for teachers to effectively support children with mental health needs, their own mental health needs must be prioritised. With extensive research indicating high levels of stress in the teaching population (Bowers, 2004; Education Support, 2021; Kyriacou 2001) this needs to be considered.

Unique to this study is the exploration of the connection between the teachers' role supporting the mental health needs of children, and teachers' own mental health. The interview, therefore, included questions about teachers' individual experience of

their responsibility regarding pupil mental health. Rothi et al. (2008) explored teachers' requirements for supporting students' mental health needs using focus groups. They found that whilst teachers accept they have a responsibility regarding student mental health, the researchers were concerned about the pressure placed on teachers and the feelings of disempowerment and neglect that teachers were describing. This highlights a need to explore how the current educational climate is affecting teachers' own mental health to gain a better understanding of the risks involved with the continual expansion of the teacher role.

Analysis

Braun and Clarke (2006) describe a set six-phase process that thematic analysis takes which was carried out as follows:

Becoming familiar with the data

Braun and Clarke recommend repeatedly reading the data, whilst searching for meanings and patterns. They highlight the importance of full immersion in the data set so that deeper insights can be drawn, and reflexive notes can be made regarding the researcher's interaction with, and influence on, the data. I kept a reflective diary throughout the data collection and analysis period. I put aside time straight after each interview to write initial reflections, whilst the thoughts and feelings I was left with were most prominent in my mind. I found this practice most useful for addressing my own biases towards the data and the topic, and how they did or did not fit with, or influence, the findings.

Generating initial codes

The process of coding essentially refers to the initial labelling of data points that have been identified during the initial phase. Codes can describe any level of analysis from descriptive (a direct label for the extract) to interpretative (an inference that the researcher has made from the extract). Microsoft Excel was used to tabulate the transcriptions and each participant's interview was coded with a different colour (see Appendix C for an example of coding). Colour coding the interviews meant that when building themes it was clear which interview had generated which codes.

Generating themes

Once the data was coded, codes could then be clustered to create themes, concepts that capture a higher level of understanding. A theme "captures something important about the data in relation to the research question" (Braun & Clarke, 2006, p. 82). Themes, at this stage, were grouped together to give an overall 'story' about what is going on.

Reviewing themes

Once themes had been identified, I then went back over the data to ensure that the themes were an accurate representation of the data set. It was also important at this stage to ensure that the themes were of good quality and are not better described as codes or were too broad to be counted as one theme. This stage involved re-reading all the data to confirm that the final themes captured the important findings of the set and that no themes are overlooked. This was an iterative process of moving codes and sub-themes around and checking back on the original data to ensure the code accurately reflected the theme it had been allocated to. Themes, and their sub-themes, were also reviewed with the researcher's supervisor to further ensure that they adequately

reflected the codes they categorised. The research supervisor was also able to assist in confirming that the resulting themes sufficiently related to the research questions. See Appendix D for an example of theme generation.

Naming themes

Themes were defined and summarised, with the intention of accurately describing key findings. Each theme should describe a single focus that addresses the research question. At this point the analysis deepened and the themes were carefully shaped, using quotes from the data set and interpretations and connections made to the other themes and previous literature.

Reporting

The themes were then written up as an analysis within this report. Themes need to be reported in a logical order that presents a clear narrative of the findings, using corresponding extracts from the data set. The resulting themes and write-up should present a feasible and coherent argument in response to the research questions.

Participants

Inclusion and exclusion criteria

The participants were teachers and teaching assistants based in four English schools, teaching primary school-aged (five to eleven years old) children.

School staff whose role did not involve direct class teaching (such as Special Educational Needs Coordinators, lunchtime supervisors or pastoral care staff) were excluded from the study as this study is focused on the vocation of teaching and how teachers feel about supporting children with their mental health having undergone training specific to teaching and how they manage their role, which comes with a particular set of pressures and responsibilities. Head teachers were also excluded from the study as they generally do not carry out direct class teaching. Deputy head teachers, however, were included as they often have an allocated class and still teach for some of the week alongside their management duties.

Teaching assistants do not have the same level of workload, and in some ways are not as accountable to targets and directives, as a qualified teacher. However, they were included in the study as they often cover the class teaching for the teacher, when the teacher has planning, preparation and assessment time, for example. They are also the staff members who work most closely with the children who are finding it difficult to access education and are therefore highly involved in the support of children who are having problems with their mental health.

Recruitment

The participants were recruited using snowball sampling. Originally participants were going to be recruited from two or three schools in East Anglia through contact with head teachers. However, just as the recruitment process was beginning the country went into lockdown due to the Covid-19 pandemic. As a result all interviews had to take place remotely online. Head teachers were in the midst of moving all their

schooling online and so were not in the position to take on the task of facilitating recruitment for this study. Consequently personal contacts were used to find participants, who in turn referred their own suitable contacts, by way of a snowball sample.

In order to consider diversity in recruitment of participants the latest 'Teacher Wellbeing Index' report compiled by Education Support (2021) was consulted. The report does not show any significant difference between scores on the Warwick-Edinburgh Mental Wellbeing Scale (Stewart-Brown & Janmohamed, 2008) between different demographic groups, including phase of education, region, gender, ethnicity or job role. It can be assumed, therefore, that there is no significant difference in the wellbeing scores of teachers in different regions. For this reason it was not felt necessary to recruit teachers from different or particular locations or any other particular demographic variables. However, had the recruitment for the study been oversubscribed, efforts would have been made to ensure diversity of the sample so that all demographic groups were represented where possible.

It is widely considered, particularly within a homogenous group such as teachers, that any more participants than 15 will lead to saturation, which means that additional data is unlikely to provide any more information (Guest et al., 2006). I am of the view that the concept of 'saturation' is flawed, given that one can only know if they have sufficient data once it is analysed, which can only happen once the data collection is finalised. However, given the time constraints for a clinical doctorate thesis and the aim to elicit rich details from each individual case, the researcher aimed to interview between 10 to 15 participants.

Prior to confirming the interview, those interested in taking part were sent a participant information sheet (see Appendix E) and a consent form. Participants were

also given the option to view the interview guide beforehand (see Appendix F), only one participant accepted this offer.

Demographics

Twelve teaching staff were interviewed, from four different primary schools in England. Whilst most of the reflections were drawn from their most recent experience in their current setting, participants also drew from previous experiences, particularly teachers who had been teaching for several years, who had held positions in many different schools, and teachers who had only recently started at their current school. For this reason, and for reasons of confidentiality, it did not feel necessary to give details of the schools in which they are based.

Of the twelve participants, only one was male, and only two did not identify as 'White British'. Although there is no prior evidence to suggest that there is a discrepancy between the experiences of teachers who are male or female, or of different ethnic groups, it would have been more representative to have more diversity in the sample.

The range of teaching experiences spanned from 2 to 25 years. This is worth noting as teacher training, and the role of a teacher, is likely to have changed considerably in 20 years. Having said that, teachers are continuously undergoing professional development, which include updated trends in training.

In order to protect anonymity, each participant has been allocated a pseudonym. All interviews were carried out over video call apart from one, which was conducted over the phone. Demographics for the participants are presented in Table 3.

Procedures

Ethical approval was sought from the University of Essex Research Ethics Committee and the recruitment and data collection proceeded in line with the British Psychological Society (BPS) Code of Human Research Ethics (Oates et al., 2021). Both the ethics application and the risk assessment had to be reviewed prior to interviewing to account for the change in circumstances due to Covid-19, with all interviews moving online, rather than face-to-face (See Appendices G and H).

Written consent was required from the participants to take part in the study, as well as for the interviews to be audio recorded. Prior to requesting consent, participants received a participant information sheet outlining the purpose of the study, the expectations of them as participants and the dedication of the researcher to protect their privacy and autonomy. This ensured their consent was informed.

Table 3 *Sample characteristics*

Participant pseudonym	Gender	Age	Ethnicity	Occupation	Additional roles	Years of teaching
Hayley	Female	35	White British	Deputy Head Teacher	Phase leader Subject lead	13
Ava	Female	25	White British	Class Teacher	Subject lead	2
Marion	Female	54	White British	Class Teacher		13
Tanya	Female	46	White British	Class Teacher	Safeguarding and Welfare Officer	25
Emma	Female	37	White British	Higher Learning Teaching Assistant	Intervention for Lexia and Language	4
Jessica	Female	31	White British	Class Teacher	Subject lead	8
Amber	Female	29	White British	Class Teacher	Phase leader	3
Jack	Male	31	White British	Class Teacher	Subject lead	12
Christine	Female	34	Chinese British	Class Teacher	Phase leader Subject lead	10
Carlina	Female	36	African British	Deputy Head Teacher		12
Hazel	Female	32	White British	Class Teacher	Teaching and learning lead	8
Fiona	Female	30	White British	Class Teacher	EAL coordinator Subject lead	7

Note: EAL = English as Additional Language

Ethical implications

Impact on participants

Although not considered a ‘vulnerable’, or a clinical population, the interview did contain sensitive questions that had the potential to cause the respondents to feel uncomfortable or concerned about the consequences. The line of questioning is also designed to elicit reflections from the participants that they may not have considered before, possibly giving rise to new, unexpected emotions that they would then have had to manage. The impact of these questions may have arisen during the interview, immediately following the interview, or several days after. Psychological distress was monitored throughout the interviews using clinical judgement. If a participant became upset during the interview, a break was offered. In line with the BPS’s Code of Human Research Ethics (Oates et al., 2021), efforts were made to ensure that any decline in mood caused by the interview, would be addressed before the participant and I parted ways. If the interview appeared to cause sadness for the participant, I debriefed with them to ensure their mood had lifted and/or provided information regarding advice and support to help them. All participants were provided with information signposting them to local mental-health services and charities post-interview (see Appendix I).

Confidentiality

The study conformed with the Data Protection Act (2018). Due to the sensitive nature of the study, participants’ participation in the study was treated with discretion, and was not communicated to their colleagues.

Participants had the right to withdraw their consent to participate at any time during the study and their data will be deleted once the thesis has been finalised.

The interviews were transcribed and analysed by me alone and the contents were, therefore, not shared with anyone else. Consent forms, demographic information, transcriptions and recordings are held in a password-protected folder on a university drive, inaccessible to anyone other than the researcher and research supervisor. A unique participant ID was allocated to each participant so that there was no identifiable information.

All but one interview was recorded on Zoom, a videoconferencing platform. The audio was recorded and saved securely on the Zoom cloud. The interview that was conducted over the telephone was recorded using a password protected Dictaphone. At the earliest opportunity, the recordings were downloaded onto the university server. They will be kept for 12 months before being destroyed. The University of Essex will store interview transcriptions securely for five years before being destroyed.

Confidentiality will be ensured throughout the process for the participants and the institutions taking part. The written study includes pseudonyms for the participants and any additional identifying information has been omitted or disguised.

Safeguarding

The participants were informed that should any information arise during the interview that was concerning, with regards to risk of harm to themselves or anyone else, the necessary steps would be taken to ensure the safety of those involved. The participant would have been fully informed, where possible, regarding the process had a safeguarding issue arisen. No safeguarding issues arose during the interviews.

If a participant had presented with experiences in line with an acute mental health problem, such as high levels of anxiety, severe low mood or experiences of psychosis, then they would have been encouraged to seek support via their general practitioner at the earliest opportunity, who would then arrange the necessary mental health support.

Researcher safety

The interviews took place over the internet or over the telephone therefore physical safety was not compromised.

I received supervision from university staff who are also clinical psychologists therefore support was available should the interviews cause me any distress.

Research Quality

Lincoln and Guba (1985) provided the most commonly cited criteria for assessing the quality of a qualitative study. They recognised that, just as quantitative studies were judged on their reliability and validity, so too should there be some judgement of qualitative studies if they were to be valued in the same way as quantitative studies. They suggest criteria to establish “trustworthiness”: credibility, transferability, dependability, confirmability and reflexivity. Below is a description of each, explaining how this study meets the criterion.

Credibility

Credibility refers to the accuracy of the conclusions drawn from the original data, the equivalent of internal validity in quantitative designs. This is based on the assumption, however, that there is a single ‘truth’ or a single interpretation of the participants’ views. This does not fit with the more pragmatic philosophy that the knowledge gained is always going to be contextualised to the particular social experience of the interview and will unavoidably impact on the interpretation. For example, member checking (feeding back the findings to the participants to see if they feel the themes accurately reflect their views) is often recommended. However, the very process of member checking would be an extension of the social experience of the interview therefore it would not provide any more objective ‘truth’. What’s more, in reflexive thematic analysis the position of the researcher, and the researcher’s interpretation of

the data, summarising a collective of experiences is key to the outcome. Therefore, it does not make sense to ask an individual participant to confirm the researcher's findings, which may not fit with their particular feelings or perspective.

Whilst the findings are the researcher's individual interpretations, and can only be a subjective truth, the findings are based solely on verbatim responses from the teachers who took part in the study, increasing 'credibility'. Interview questions were also worded in a way that was neutral to reduce the risk of bias.

Transferability

Transferability refers to the ability to recreate the study elsewhere and generalise the findings to other settings, the equivalent of external validity in quantitative designs. This issue has been addressed elsewhere in this chapter, and the researcher has taken various measures to increase the transferability of this study. Details of the procedure, the interview schedule, process of analysis and the criteria for the recruitment of participants, including their demographic details have all been provided in this write-up. Having these contexts available would make it possible for somebody to recreate the project.

Dependability

Dependability refers to the stability of findings over time, or the reliability of the study in quantitative terms. Whilst school systems and structures change over time due to changes in government, previous literature on teacher mental health has provided consistent themes, despite decades passing between them. That said the study is unavoidably based in a particular socio-political context, even more so given that the interviews took place during the time of Covid-19. Covid-19, as well as other prominent events and discourses taking place at the time

of the study had a significant impact on the world of education, and need to be taken into account when reviewing the findings of the study.

Confirmability

Confirmability refers to evidence that the findings are derived from the data. Extracts from the transcripts have been provided with examples of codes and emerging themes in the appendix so that there is evidence of the analysis.

Reflexivity

Reflexivity is key to this study due to the researcher's epistemological stance and chosen methodology. As a result, researcher bias, reflections and the relationship with the interviewee have been considered throughout.

Dissemination

The study has been written up as a thesis, making up part of a Doctorate in Clinical Psychology at the University of Essex. The conclusions will be disseminated to the teachers who have taken part. It is also possible that the study will be published as a journal article and will therefore be amended to fit the requirements of an academic journal such as the journals of 'Education Research', 'Social Psychology of Education' or 'School Psychology'. The findings could also be presented at relevant conferences relating to education.

Chapter four: Results

Chapter overview

This chapter outlines the findings created by the analysis, providing insight into the experience of teachers with regards to child mental health. Six main themes were produced: ‘Current climate’, ‘What works’, ‘In school we get society’, ‘The impossible job’, ‘Sleepless nights’ and ‘We need help’. These six themes and their respective sub-themes are presented using direct quotes from the participants.

Overview of the main themes.

So much has happened in the UK over the past few years to shape the world of education and the world of mental health and society in general. There has been a pandemic that meant that children could not attend school for six months, a growing awareness of mental health as a topic, and a well publicised increase in mental health problems in children, including very young children. By and large the teachers interviewed were keen to express their willingness and dedication to supporting children with their mental health. Numerous interventions, directives and programmes were passionately described by all participants. However, whilst there was a lot of reference to ‘what works’ there were also a myriad of challenges described, making the job as a teacher supporting children with complex mental health needs seem untenable. Teachers feel that they are being expected to carry out the roles of other professionals, either because the waiting lists for those professionals is too long, or because they feel held accountable. There are elements of their role, particularly around mental health that they feel they were not trained for, or had not signed up for. There was also a concern that they could be doing more harm than good having to balance the complex needs of many. Teachers describe exhaustion, anxiety and heartbreak as they try to support increasing numbers

of children struggling significantly with their mental health, dealing with systemic inequalities and traumatic home lives, at a time that has been challenging for everyone, not just the children.

Table 4 outlines the themes and 22 corresponding sub-themes.

Table 4

Themes and sub-themes produced from the participants' data

Themes	Sub-themes
Current climate	Covid complicates things Hot topic They'll grow out of it
What works	It's part and parcel of what I'm doing Support in schools I'm happy to do it Chocolate fairies Message from above Save your sanity
In school we get society	Broken little communities Children need to feel safe
The impossible job	Can't fix everything Something's got to give I'm not a.... The other 29 Making it up as you go along Another brick in the wall
Sleepless nights	It's a scary responsibility Heartbreak
We need help	It falls back on teachers We've been forgotten about Teacher bashing

Theme one: Current Climate

It is important that schools and teachers are not seen in a vacuum. Instead this analysis needs to be contextualised in the current socio-political climate. Interviews were carried out

during the summer of 2020, coming towards the end of the first lockdown of the Covid-19 pandemic, just as children were heading back to school, and two interviews in November 2021 when schools were open and most restrictions lifted, yet there were still high rates of Covid-19 and there were lots of absences due to isolation protocols. There was a sense that Covid had amplified an already growing awareness of mental health difficulties, both in the general population but also specifically amongst children. However, there was a concern that this awareness did not stretch to primary school children and that their mental health was also deteriorating without the same level of scrutiny or concern.

Covid complicates things. The Covid-19 pandemic has brought about a lot of rapid change for a system that, as participants remarked, does not typically change very fast. Some of these changes were viewed as positive: “So this has just been set up and it's been set up in response to recognising the need for more emotional support within school and mental health support. So they have set up an emotional wellbeing team”

Whilst the initial lockdown was incredibly stressful for teachers; “We were like hamsters in wheels when lockdown happened” (Hazel), the shift from working the way they had always done allowed some scope for reflection and re-evaluation. In short, this period signified a time for change. As Amber explains, “I think it's fascinating, though, like, because I feel like teachers have had the chance to step back and really look at what they're doing.”

However, with change always comes discomfort and Covid-19 undoubtedly added complexity to the management of schools and classrooms that had not been there before. Fiona stated, “Covid raised the workload beyond measure”. Interviewed 20 months after the pandemic started, Fiona described the concern about the impact the long break from school and the collective trauma of a deadly pandemic had on the children:

“Ok, so I think very high levels of anxiety in general. And I think, sort of, particularly.... I've noticed it sort of during and post pandemic probably more than ever. I think for us

in Foundation as well, obviously we have many children who start school and some of them who start school when they've only just turned four. And I think there's kind of, this year I've noticed, a lot of, kind of, attachment issues with parents.... obviously a lot of missed nursery sessions, potentially.... probably less so than the previous year, I'd say, because nursery wasn't as affected as erm as this, during the first lockdown, but I think some parents who have been quite anxious about sending children to nursery who have then pulled them out. So, sort of huge gaps, in their learning and their understanding, and actually, kind of seeing that that does have quite a negative impact on their confidence.”

Hot topic. Teachers showed acute awareness that mental health as a subject was at the forefront of people’s minds like never before. There was a sense that it was their role to support children’s emotional wellbeing and that they also needed to be mindful of their own wellbeing.

Ava noted,

“...when we were at school mental health wasn't a thing. You know, we didn't have these people that were there to talk to. It was just sort of, “get on with it”. But at least we are aware of it. Now we are normalising it and, you know, we're addressing the issues when they arise.”

and, as Jessica explained, this is a shift in thinking as a teacher:

“I mean obviously mental health is quite a hot topic at the moment, you know, it's come more... more and more to the forefront, especially with children as well. Like... I think when I first started teaching I don't really ever remember discussing children's mental health in a way. “

They’ll grow out of it. It was felt that despite the general increase in awareness of the mental health of young people, the mental health of younger children had not been taken into account as much. This is despite teachers noticing a rise in mental health difficulties in younger children:

“I think, you know, we're seeing mental health issues at a younger and younger age. As the cohorts come up there does seem to be a greater number of children that are struggling. With the younger ones it mainly seems to be sort of like anxiety and low self-esteem as opposed to any other mental health problems. But it is quite surprising. I find it really surprising. You know, I think a four-year-old shouldn't have to worry about anything other than who they're going to play with that day and what they're going to eat, let alone, everything else.” (Ava)

and from Christine who has been teaching for ten years,

“There's a lot of, I would say, behaviour issues... so anger issues coming from very young children. Surprisingly young children. There may be a lack of support, neglect, whether it's emotional or physical. And the numbers are much, much higher than I've seen before.”

Here, both teachers talk of their ‘surprise’, even as professionals who are familiar with children of a younger age, that young children are struggling with their mental health. They give some impressions of the sort of things the children are struggling with. Three of the teachers talked about the impact of technology on children. Hayley, for example, talks about social media,

“You know what, I think the internet has got a lot to answer for at the moment. I think there's a few, few children who have come, come in and out of my class where they have got issues to do with how they're perceived, how they feel about themselves, due to WhatsApp messages that have gone back and forward or WhatsApp groups that they're not involved in or things like that.”

In spite of this increase, clearly noticed by the teachers, several participants also raised concerns that mental health in young children is not taken as seriously;

“Whereas with adults, I think people feel a lot more confident to discuss previous issues or any current issues and things with mental health. I think with children it's a little bit, “Oh, you know, they're still little children, they'll grow out of it.” And I think it's not taken quite as seriously as it should be.” (Jessica)

Theme 2: What works

In spite of many challenges, which will be outlined in detail in other themes, all teaching staff interviewed talked about their dedication to supporting children with their mental health and provided examples of the many ways that a positive, proactive approach to wellbeing across the staff and pupils is embedded in their schools. The importance of having supportive colleagues was raised by all but one participant. Practical support from management was cited as effective in reducing work-related stress.

It's part and parcel of what I'm doing. The idea of wellbeing and mental health being embedded in the ethos of the school was of paramount importance to the teachers interviewed.

It was suggested that any training or directives would be ineffective unless the culture of the school was one where the wellbeing of staff and children was prioritised. Without emotional wellbeing forming an integral part of the school ethos, any mental health or wellbeing incentives or strategies were considered “piecemeal” (Jack) or “tokenistic” (a word used by several participants). Amber noted, “I feel like just having like a proactive, whole school approach, even if it's, like, just discussions in class, like circle times and things like that, just make sure everyone's covering, like, the basics.”

And Hayley stated,

“We've got the grass roots sorted. And I think, you know, I will say that the loving, caring environment where children feel valued, we have... and, and children feel they're listened to. I think we have that in our school”

Several teachers warned against special ‘wellbeing days’ that might send the message that self care and thinking about mental health is reserved for specific times. Fiona explained,

”But I think, for me, personally, rather than having it as a theme day, it does really need to be embedded in the timetable and to increase that consistency of making sure that everybody does it. I think there really needs to be a bit of a top-down approach with it”

Support in schools. Teachers talked about the multitude of programmes, initiatives, strategies and policies in the school geared towards children’s, and in some cases staff, wellbeing. Forest school, play therapy, wellbeing walks and yoga to name a few. Staff members are in place whose specific role it is to support children’s wellbeing: mental health first aiders, SENCOs and ELSAs (Emotional Literacy Support Assistants), teaching assistants trained to deliver programmes to meet emotional needs. Ava spoke positively about the systems at school; “we're quite lucky at our school, we have quite a lot of systems in place to support children with low mental health and anxiety.” Some of the teachers also talked about their management buying in counselling services from the third sector, such as Place2Be and

community-based organisations that provide extra curricular activities for children who are struggling socially and/or emotionally.

I'm happy to do it. The passion, care and the drive to support children with their mental health was clear from all participants. Almost all the participants, bar two, expressed a love for their job and hope for the future of mental health in schools, in spite of significant challenges. As Fiona explained, when thinking about the future of mental health in schools,

“I think that I feel a lot more confident with making that a key part of what I do each day, and I feel like I can justify that there's so much value in it and I've seen myself that it's measurable in the, you know, the general atmosphere in my classroom and the mental health of my children”

There was also an awareness that they are key adults in children's lives and that, therefore, they held a responsibility as first port of call for children. Jessica very much saw that as her role and this sentiment was not unusual,

“I feel very strongly that that's part of my role. That part of my job is, I want to be there to help, you know. Obviously I've got these things to teach them but actually to be, to let them know that, you're there as part of a support network for them as well, I think is really important.”

Marion explained that, in spite of the additional workload, she was dedicated to supporting children with different needs in her class, “...I mean, I'm happy to do it because it's my job and my passion, but, you know, people don't realize the amount of effort that goes into planning....”.

Hazel reflected that schools might not need to buy in packages of support if teachers had some more general training to support the children more proactively with mental health problems in their class:

“But if teachers were actually equipped to deal with some of the more low-level mental health needs that there is then I think there wouldn't be such a need for those huge, interventive programmes to be in place because we could just nip it, you know, not nip it in the bud, but would address it all the time.”

Chocolate fairies. There was a clear appreciation for the support from colleagues, and that having a “supportive working community” helped teachers to cope with the stress of their job. Tanya summarised the importance of this, “So if we can deal with this stuff together as a group, as a community, where we can support each other and maybe, sort of, alleviate some of the stresses and strains for a little while.”

Often the support that was valued the most were little gestures of kindness and acknowledgement. Jessica highlighted the importance of the ‘chocolate fairy’; “If someone has a bad day, what we call the chocolate fairy will come to visit in the morning, there’ll be a bar of chocolate on your desk.” and “I think if anyone was having a bad day, somebody will probably come running at you with a kit kat and a cup of tea, you know, we’re, we’re quite good like that really.”

Marion also explained how important the supportive team were,

“I mean, we are a very, sort of, close-knit, friendly group. I mean, we all bounce off each other, you know, and we’re very supportive of one another. And we have a great sense of humour as well. So, you know, people will have a moan, in a professional way. The others are there to support them, you know, we’re quite generous with our support and kindness and, you know, people’s doors are always open.”

Whilst all teachers interviewed were aware of external support by way of helplines and the employee assistance programme, these were not valued nearly as much as the support of their colleagues.

Message from above. As well as support from fellow teachers, participants also highlighted the importance of clear and supportive communication from the SLT (senior leadership team). It was felt that any training or initiatives around pupil or staff wellbeing would only be effective if there was some follow through from SLT about how to make it purposeful and consistent throughout school. As Christine explained,

“she's very hot on teacher training and making sure that it's purposeful. For example, the zones of regulation, very interesting. But actually, on top of that, that's going to be a part of our behaviour policy. So the language will be consistent throughout the school and it's going to be useful to us because we will be using it on a daily basis. So that's definitely a good positive change. You know we hope that we can use it.”

Small but significant gestures from SLT around workload balancing and discouraging ‘presenteeism’ (coming into work unwell), were appreciated and enabled staff to feel listened to. As Hayley, a deputy head teacher explained,

“it's our job as SLT to try and make sure that, you know, our staff have a good life, wellbeing and have a good work-life balance. And I think the main problem of that is workload, which we try very hard to minimize where we can.”

Save your sanity. As well as support from colleagues and managers, participants talked about the ways in which they take care of themselves. All but one participant named ways in which they managed their stress levels in order to continue doing their job. Participants talked about making sure that they are able to ‘switch off’ from work and put their own families first,

“And that's something that I try now, with my maturer head on, when I do my inductions and stuff is to say that you do need a work-life balance. And that things do come before teaching, like your family... they should do!” (Tanya)

In this extract Tanya had been reflecting that in the past she felt she had put school before her family. It was striking that Tanya felt this was the responsibility of the individual to put boundaries in around home and work life, and that managers, therefore, would not be expected to encourage that. Hayley, spoke similarly to this,

“I guess you have to just train yourself to switch off and to say, right, do you know what, actually I've done my job. I've done what I can, I've signposted this. Now, it's time where it's the weekend and I am allowed, I am actually allowed to have time where I'm not worried or stressed about school.”

Other participants talked about reflection and being aware of one's own mental health as a means to regulate and manage their feelings. Carlina talked about her faith providing her with the mindset to manage difficult situations; “it's my world perspective that supports me to manage what I see in the classroom. I bring my faith, as Christian, into this scenario and I think

that helps me to manage in a way that others might not.“ Hazel also talked about the importance of having insight into one’s own emotions, in relation to supporting children with their mental health:

“if you can't recognise your own, it’s the thing of putting on your own life jacket first, if you can't recognise that actually Covid has been really traumatic for you as an individual, how can you support or recognise that in your own learners?”

Theme 3:” In school we get society”

A major stressor and cause of distress for the teachers interviewed was the level of neglect and abuse the children in their care are experiencing at home and the lack of support for children and families outside of school. The helplessness of trying to teach a child who is experiencing trauma was communicated by a number of participants. Aside from safeguarding concerns, more generally, a difficulty communicating with parents about children’s mental health was cited as a barrier to supporting children. Many participants reflected that the parents of the children in their care were also experiencing mental health problems and the impact of these was clear to see in the classroom. Although the participants had experience of schools in different areas, experiencing different levels of deprivation and different challenges, from very rural communities to more diverse, inner-city areas, nearly all participants talked about the local culture and community affecting what happens in school. As Jack put it, “if people are fighting next to you you’re not present, you're not, you’re not playing the same game as those kids in the, in the fancy schools.” Carlina also talked about the impact of the socio-political climate on school life,

“ I think the wider picture is where society is going because in school we get society, we get a reflection of what’s going on in society. So it’s where the community is going, is gonna tell us what the state of school is gonna be like because wherever society is, that’s what we’re gonna have to deal with when they come to school.”

Broken little communities. Marion reflected on how parental mental health can affect children’s mental health,

“sort of, you know, almost brainwashing their children with their own negativity, you know, and so yeah, maybe... I mean I'm not quite sure what's in place at the moment but I definitely think communities have to think about that, about maybe filling the gaps and bolstering up the parents' confidence.”

And Tanya noted how problems in families are often projected onto the child, which the parents then expect the school to manage,

“We see that a lot so there'll be a problem in the family, and it just gets placed in the child because that's easier to do, is put the problem in that child, and then someone else can deal with it.”

More commonly participants talked about the difficulties getting parents on board when a child is struggling. There was a sense that either parents struggled to take responsibility or were in denial that their child was struggling. This proved to be a big obstacle for teachers. Fiona reflected on the effort and time it takes to build rapport with parents to overcome this barrier,

“I think sometimes parents maybe worry about being a bit judged or, you know, particularly for example, if parents are separating. I think that's always an area where two or three times I've found out quite late because they were really apprehensive about letting school know. And almost that there could be some negative repercussions of school knowing almost and it takes, I think it takes a lot of reassurance with parents that actually I'm not doing it to be nosy or because I want to pry, it's so that I know how best to support your child at school. And if they're having a bit of a tough day or if they want to talk about it or if they mention something, I'm just so much more well equipped to be able to kind of talk to them about that.”

There was a strong thread of helplessness running through this theme; that without the support of parents, with the gravity of difficulties that children were facing outside of school, there was little that teachers could do to help the children. As Jack explained, “If that's how....If that's how broken those little communities are, if that's how damaged those individuals are it's hardly surprising that the kids are fighting and all this stuff.”

Children need to feel safe. The teachers interviewed were acutely aware that children who had experienced, or were experiencing trauma, were not mentally capable of focusing on

academic tasks. Jack noted, “they’ve got bigger stuff to deal with than me trying to teach them to find the angles in a triangle. They don’t care.”

It was a priority for almost all teachers interviewed that school represented a safe, warm and caring environment to foster as much trust as possible that children could learn effectively and feel supported. Carlina was reflecting on how children are not necessarily coming into school ready to learn; “the reality of that is that actually they’re not ready to learn, most of them, and you’re actually needing to develop or foster an environment that children can learn in and that’s to do with their mental wellbeing, trust, relationship.” Hayley saw that as a key responsibility of schools and felt that that was where the focus for schools should be, rather than more mental health initiatives:

“Maybe we get bogged down with trying too many different things that, actually, we just need to actually strip everything back and do what we do best, which is just to provide an environment where children feel happy and safe and, you know, if that is all we are doing and all we’re asked to do, I think every teacher could do that, you know, absolutely brilliantly every single time.”

Theme 4: The impossible job

The theme with the most subthemes, there was an overwhelming sense that several elements of the teaching role made the position untenable, that it was practically impossible to do all that was expected of them. As Jack explains,

“No, we, we are, we take on everything. To the point that it, it undermines what we’re trying to do. So we make allowances that are unsustainable or unhelpful for the, for the masses, to cater for the needs of the few and if we do this... every kid’s created equal, but some seem to be created more equal than others in terms of the time that they’re given and it’s... obviously it’s, it’s horrific the stuff that some of the kids have been through, and it’s not fair. But I have no way of fixing it. And that’s, I think that’s where a lot of the stress for teachers comes from - is if you’re in a job, often if you, if you don’t like someone you can avoid them. I’m not saying I don’t like the kids. I care about them. But some of the things that they do is devastating if you spent your whole weekend planning lessons and then the kid starts throwing stuff around the room during, while you’re being watched by your boss, it’s not a good feeling.”

Can't fix everything. Nine of the twelve participants talked about how hard it is to feel so responsible and so attached to children in their care, yet not be able to change the circumstances they are in. Carlina said "Some things you can't do anything about and that's hard", and Hayley reflected that "we are responsible for things we have no control over". Ava shared, "It is really hard. Knowing what they've been through, and that you can't change that."

Something's got to give. All participants referenced the increasing level of responsibility in terms of competing demands, and the impossibility of meeting them all. Hayley expressed frustration at this pressure, "of course I want everyone in my care to be happy and healthy but there's only so much that we can do in the in the 24 hours a day that we have." Carlina also talked about the limitations due to workload and the risk that any input around mental health ends up being superficial:

"telling us to do zones of regulation, at the same time they're telling us to do a bit of Joe Wicks and exercise in the day, and telling us to push our curriculum and so sometimes that juggling act of so many initiatives going on in a school can be quite a challenge and so actually prioritising what's the most important right now and making sure that it's not just implemented, it's actually embedded".

Fiona felt strongly that, if managers or the government feel that mental health needs prioritising, then other directives needed to be put aside so that teachers could focus on mental health,

"I think that's what would what would really help, is there being, you know, very explicit guidance given to schools of, this is what we're going to do to really focus and prioritise the mental health of the staff and the children, probably separately initially, and in recognition of this, this is what is going to come out or take a backseat".

Half the participants touched on the work ethic of primary teachers impacting on how they respond to the challenges of supporting children with mental health problems. Tanya went so far as to describe teachers as a 'race',

"I think sometimes that, you know, that does come to us as a as a race to, you know, teachers, that, you know, there are, some times you just have to say "no, I can't do that", you know, that is, that is not, we're not very good at saying no."

Hazel reflected, “teachers sit there working till 9:00 or 10:00 at night planning lessons, marking like doing, going above and beyond.” And Carlina talked specifically about teachers that might struggle with their own mental health as a result,

“if you’re a high achiever personality type you’re constantly on the go, the next thing, the next challenge, and not realise actually that’s not supporting your wellbeing. Yes the drive is great and maybe how you’re going about it might cause you mental health issues in the long run.”

I’m not a.... Half the participants used the phrase, ‘I’m not a.... [health or social care professional]’ or directly referenced that they felt they had to be doing the jobs of health or social care professionals, and, in some cases, the role of parents. Others noted that they felt unskilled or that they were expected, as Carlina put it, to be “everything to everyone”. All in all, there was a sense of inadequacy and frustration that they couldn’t focus on doing the job of a teacher, and, for some, a sense that they were being coerced into a role they hadn’t chosen. Hayley explained,

“if this becomes what teaching is, and actually that we have to be, kind of, mental health professionals, then you know, for me, I would have to seriously consider whether it was a role for me because that isn’t what I signed up for.”

Having such a multifaceted role felt confusing to some, that the boundaries were blurred and that felt un-containing. Emma shared,

“all we can do is offer the best we can do as probably like me as a parent or.... but I’m not, I’m not a specialist. You know, I can only go on what I think I’m doing best. But whether that’s the right thing or the wrong thing, I don’t know. You’re sort of going on what you think’s right aren’t you rather than a specialist getting involved?”

Marion who has been in teaching for 13 years described how things have changed,

“I mean, traditionally teaching the children was supposed to be the school’s main focus, but that has got very blurred and a lot of time, effort and money, I suppose, has gone into really nurturing families, not just the children that come to school.”

The other 29. Eight of the twelve participants directly referenced the difficulty of balancing the needs of one child who requires support for their mental wellbeing, with the needs of the rest of the class. Christine described the dilemma,

“what happens a lot, unfortunately, is that you're catering to the masses and this poor child here or there is just being left behind. They can't keep up with the class and there's nowhere else for them to go. And then if you take your time to spend 10, 15 minutes with him and then you're checking on him that is time, that's also been taken away from 29 other children. So it's a balance.”

Jack described the emotional toll that constant balancing act takes,

“every time you devote a big chunk of your day to try and help that one problem kid through the day, you're neglecting the others who need you just as much, if not more. And that gets hard. You're always trying to make reasonable adjustments to accommodate everyone's capacity to learn and everyone's emotional wobbles. And that's difficult. Because it means you're never just being consistent or teaching. Most of your energy is not spent on teaching and it's quite draining.”

Making it up as you go along. Ten of the participants made reference to their training course not preparing them for the role they have been required to undertake with regards to mental health. As a result, teachers talked about feeling ill-equipped and unknowledgeable:

“like I say you're trying to do your best. However, whether that's the right thing that you're doing or not it's trial and error, which, really, should we be having trial and error at this stage? You know, should be somebody that knows what they're doing. Perhaps it would get dealt with quicker if that was the case.” (Emma).

A deputy head teacher, Carlina, explains how, as management, they feel they need to provide new teachers with additional training,

“going into management we are now almost retraining to a degree for the PGCE students, not to take away what happens at uni but there's a level of training that has to be done on site which is always quite taxing as well because, bless them, they come in and they're like “kids don't listen and this one's just walked out of my classroom” and they don't know how to respond, you know.”

Another brick in the wall. With the workload increasing, competing, and sometimes conflicting, directives and initiatives from above, and data-driven targets to meet, several teachers talked about the ethics of their role and a lack of autonomy. Participants described

acting against their moral judgement, feeling that their actions were not always in the best interests of the children:

“There's a huge emphasis on data and what we should be doing as opposed to what would be best for the children and, which is unfortunate... it's to tick boxes and it's to fulfil things for outside agencies, government, you know, data, Ofsted, you know, it's for things that aren't necessarily the, what's best for the children and, and I think any, any trainee teacher goes into it, thinking “Oh I can do this, I can do that, I can do this”, actually, when you go into it, you know, it's not really your decision. You've got to, you've got to follow school policy. And everything surrounded in that.” (Ava).

Hazel described how children would come into her class hungry, and that, if she didn't address that directly then she would spend the day managing behavioural and emotional difficulties that were more easily solved by making sure the children had been fed,

“I found it difficult that there were rules and regulations for rules' or regulations' sake. I didn't ask anyone to pay for those cereal bars. I wasn't worried about just popping them in my shop and making sure that everyone had breakfast. Because actually, I think that's like a fundamental human right and it's definitely a children's right, so, I didn't get on with that bit and I did really worry about them and that was quite hard.”

And Jack talked about feeling ineffective, despite his best efforts,

“[it's a] hopeless, scattergun, piecemeal approach to wellbeing. Where you do half an hour PHSCE, so half an hour, which is personal health, social and community education and then 15 minutes at some other point for circle time so, which is, what is that? 30 seconds per kid.”

‘Another brick in the wall’ suggests that teachers may be doing more harm than good, in reference to the Pink Floyd song. Whilst the teachers did not talk about causing additional harm to the children, they did talk about feeling ineffective and that children's wellbeing was not always prioritised and whilst this does not directly harm the children necessarily, it certainly harms the teachers who feel they are not working to their values.

Theme 5: Sleepless nights

This theme looks specifically at the emotional impact caring for children with mental health difficulties has on teachers. Whilst a small number of participants disclosed that they

had been so severely affected they had sought professional help for their difficulties, the majority spoke about low-level anxiety, sleepless nights, questioning themselves and fear of missing something important. Another dominant theme was the distress teachers felt at the situations some of the children in their care were facing.

It's a scary responsibility. Several participants talked about the anxiety caused by the responsibility for the welfare of a class of children. Almost all participants talked about worrying about the children outside of work hours, many mentioning sleepless nights. Not only was this the case for the teachers interviewed, some participants talked about it being a well known, general theme amongst peers,

“Coz I'm like, I haven't done this, I haven't done that. I don't know if this is a normal thing but in our school it seems to be that the day before we go back to school, no one sleeps well, like no one. It's bad, because we're all just so nervous and worried.”
(Amber)

Emma also talked about it being difficult to ‘switch off’,

“And then you have that responsibility to that child and you take that responsibility, you take those issues home and that's a massive thing for many of us, because you don't clock off. When you finish work, you go home worrying about those children.”

Heartbreak. As well as the anxiety brought about by supporting children with their emotional needs, teachers talked about the distress caused by the information shared by children, children they freely admit to being emotionally attached to, given that they see them every day of the week:

“You get so emotionally attached because you're with these children all day every day. They see you as a trusted adult, they come and tell you things that are just honestly heartbreaking. And you're just like, because you, as a teacher have to have such strong emotional intelligence that you can build resilience to it very, very quickly. But then you almost don't, like I almost don't wanna, I don't wanna be cold.” (Amber)

Ava talked similarly about not wanting to be emotionally shut off from the children, but finding it more upsetting as a result, “Teachers are compassionate and we all have hearts

and if you didn't go home affected by that, then you'd have to question what you were doing and why you're doing it. Because it is heartbreaking.”

Theme 6: We need help

Participants talked about a lack of support from the government, external agencies and society as a whole. Most of the teachers interviewed expressed that schools cannot hold accountability for children’s mental wellbeing alone; that it requires input from the whole community, as a collective endeavour. Hayley, explained,

“teachers are good people largely, and you know, we don't want to do the wrong thing and we want to support children, but we need to be shown and we need....with the....with this multifaceted umbrella that we call mental health, we need a bit of help with it, I think. More so than we’re getting.”

It seems here Hayley is expressing a concern that teachers might be seen to be unconcerned about the mental health needs of children when it is in fact the opposite. Her description of the “multifaceted umbrella” conveys a sense that mental health is a complex and broad set of difficulties that require a multi-disciplinary approach.

It falls back on teachers. All participants talked about struggling to get support from external agencies. Whilst there were differing experiences of the quality of help provided by mental health services or social care, all were in agreement that referral processes were lengthy, waiting lists were long and that they often felt they had to manage alone with, as Carlina described, an “escalating situation”. There was a recognition that external services are struggling themselves to meet children’s mental health needs,

“We do as much as we can do as a school and as teachers, but we're not medical professionals and we do find that we signpost families to their doctors and they sort of get signposted back to us. Which isn't always helpful but you know everyone's trying to do what they can in this sort of society.” (Ava).

Similar to Hayley's quote above, Ava is describing a drive from teachers to do the best they can, but acknowledging that it is not possible for them to meet complex mental health needs without support. She describes that support being difficult to access with referrals being bounced back. Similarly, Amber described referring to children's mental health services as a "very confusing process and very long-winded."

Christine explained that although she found external expertise helpful, the guidance from them was sometimes added pressure on teaching staff,

"Yeah, they're always super helpful when you meet them and it's just, like, the time to implement exactly what they want, because sometimes like dictation of what they want you to implement and things that you find realistic, especially if you don't have the support in school. So if you have... if your TAs are stretched, they [the child] don't have one to ones and you're supposed to have a one to one session three times a week for half an hour and you're just not going to be able to do that. And we had, we had this other boy who, his was a mobility thing. So not dyspraxia but something along that that line.... so, you know, you have to like throw and catch a ball with him, but I'm teaching top set maths. So when am I supposed to be doing that in my class?"

Although Christine's example is a physical intervention, there were other more mental health focused interventions described by others, including bespoke timetables, frequent movement breaks outside the classroom and token boards, that were also deemed unrealistic in the face of other teaching demands.

For balance it is important to mention that Carlina also described how sometimes having to wait for interventions from external sources allowed teachers to use their creativity to find their own solutions:

"but sometimes to some degree it does bring out the creativity of a school to actually achieve- "oh this isn't working, what else can we do?" and schools have found quite bespoke ways of managing in that waiting period. I can think of a number of different strategies to support children before agencies got in because we were waiting and actually we couldn't afford to wait and we found things to work."

We've been forgotten about. Nine participants spoke about how they felt the government were not acknowledging the level of stress they were under and the amount of

work they were taking on. Amber clearly expressed this: “I just think like, in terms of mental health for teachers, the government has completely forgotten”. She went on to explain,

“Because like, yeah so, the focus is on children, like that is why we are in this role. However, I think predicted, it was something like 30,000 teachers will quit this year due to teacher burnout, and that was before Coronavirus. Like, it's just a bit of a joke. Because yes, they've decided to give everyone in the public sector a pay rise but that's not addressing the problem”

Amber’s statement is one of teachers not being listened to, or not being cared about by the government. Along the same lines, participants talked about a lack of guidance. Here is Carlina’s description of the pressures teachers face and the lack of clarity from the top regarding expectations:

“I think to a degree the expectation’s not clear, like, in the respect, in the sense that yes, we need to acknowledge children’s wellbeing but to what degree is it ours and to what degree is it the other agencies’? If you hear any teacher, it would be time, they would say they don’t have enough time. That is the biggest issue. So the responsibility may be right but the time in the day is the difficulty, and how schools function and operate doesn’t foster all these things happening to the degree that it’s expected to happen. So, the task to deliver a curriculum, task to spend time with individual children within that day or week, but still got to cater for 30 or, you know, the 28 other children that I also need to move forward. So, school in that context is quite challenging, particularly if what is required is quite bespoke to an individual. So, having a model of what it looks like is helpful.”

Other participants focused on a lack of funding when talking about feeling unsupported by the government. Jack talks here about the school not having enough money for teaching assistants in the class,

“There's no money.... the Tories have slashed school funding. The last I saw was seven billion that they’ve cut. So we are now running on lower budgets than they were ten years ago. Certainly schools have less money now than when I started working in which is mad. But expected to cater for more and more of the needs of services that are cut elsewhere.”

Teacher bashing. Nine of the participants spoke about a lack of respect of teachers generally, whether that be from the media, the parents, children or society generally. Half the

participants mentioned the narrative that teachers get a lot of free time: “lots of the headlines ‘oh teachers get the holidays and teachers get this’ ” (Hazel), and from Hayley,

“I think, actually, for me, I would like to be respected more by the general community, not “oh haha, you're going off at three o'clock, oh all these long summer holidays”, it's very much in culture that teachers are, have an easy ride, and like have an easy job.”

And from Jessica, “I think people hear teacher and they think, oh, you know, nine till three o'clock then you bugger off home. And you get weekends off, you get all these other weeks off in the year.”

Jack talked about people’s perception being shaped by their own childhood experiences of school,

“But a lot of people project their experience as a student onto what the life of a teacher is, as if they turn up and everything's magically done. The idea that the teaching... that the student-facing side of it is maybe a third of my work week.”

Jack also, when talking about the increasing responsibility of schools to become a “kind of one stop shop”, sarcastically joked, “It's okay, because I get to leave at 3:30 and I get long holidays. [laugh].”

The juxtaposition between the challenging, work-dense, skilful and dedicated role that participants described and the societal narrative that teachers get more holidays than other working people and don’t work as hard was stark and clearly affected the teachers interviewed. One participant mentioned “that horrible saying that those who can do, those who can't teach” and Jack also talked about having to be “oddly deferential to experts” that come into the school. Teachers interviewed, therefore, gave the impression that they felt less valued by society than other professionals.

Reflections on the analysis process

The process of analysing the data was very interesting and at times enjoyable, but anxiety provoking. I questioned my abilities as a very inexperienced researcher to collate and sort so many hours of data from 12 different people, whose careers had been varied and their school settings varying in lots of ways. As I found myself going back and forth with themes, moving codes around, merging themes and adding new ones, I had to hold in mind what I have frequently heard and read about research; that the analysis is an 'iterative process'. What had once seemed maybe frustratingly obvious had now become highly reassuring as I could then acknowledge that I wasn't making mistakes, or 'missing the point', that hopefully I was just getting to know my data better and fine tuning my analysis and that this was part of the process. Having said that, I think I will always wonder if I have accurately captured the thoughts and feelings conveyed to me so passionately by the participants, and there is a weight to that responsibility that has stayed with me throughout.

Chapter 4: Discussion

Chapter Overview

This chapter will provide a summary of the findings, with a direct response to the research questions. There will be an appraisal of the study, considering its limitations. Implications of the findings and possibilities for future research will also be considered. The results will be discussed in light of the psychological theory upon which this research is based. A reflexive statement will conclude this thesis, sharing my personal experience of completing this research. I hope to add further context, and reflect on any tensions I experienced, contemplating my position in relation to the outcomes of this study.

Comparison with the literature review

The findings echo the themes from the literature review, often expanding and exploring them in more depth. The theme ‘Ways to help’ in the literature review is complimented by the theme ‘What works’. Both analyses consider the importance of a ‘whole school’ approach and a general willingness to support children with their mental health.

‘Desperate hope’ from the literature review touches on elements of the themes ‘The impossible job’ and ‘sleepless nights’ in the project. However, ‘The impossible job’ draws on the specific factors that cause teachers to feel like they are not able to do enough. These include the pressure to take on the roles of other professionals, the competing demands and there simply not being enough time to complete them all. It also looks at the challenge trying to meet the requirements of all the children in their class, not just the ones who are struggling with their mental health. ‘Sleepless nights’ in this study speaks to the nature of the emotional impact touched on in the literature review. It clarifies that the emotional impact consists of an overwhelming sense of responsibility for the children, leading to anxiety about their welfare, and the distress caused having to bear witness to children in traumatic situations.

‘Relationships’ in the literature review is corroborated by some of the subthemes spanning the main themes that look at the more systemic aspects of the role: ‘support in schools’ from ‘What works’ and ‘Broken little communities’ from ‘In school we get society’. The literature review highlights difficulties bringing parents on board and the sub-themes ‘it falls back on teachers’ and ‘teacher bashing’ in this study highlights societal attitudes towards teachers that might explain some of the struggles regarding parental engagement. It also includes support from colleagues, which is explored in more detail in this project.

The theme ‘Challenges’ from the literature review, again, whilst highlighting lack of support and systemic barriers, it did not go into as much detail as was possible in this study. Focusing on a particular sector of education in one country at a particular point in time, one that presented with unique challenges with regards to Covid and austerity, hopefully provides a richer, more intricate picture of the experiences of teachers, shedding light on the complexity of the role.

Summary of findings

The key findings of this study are as follows:

- In order to carry out the role, and hold the responsibility of supporting children with their mental health, teachers need space and supervision to reflect and acknowledge the distress and trauma that children are facing, rather than more training on mental health and interventions.
- Teachers need more support, and cannot be expected to manage children’s mental health alone. Their primary role is as educators and not mental health professionals. Communication and support from the relevant services is essential.
- Typically, the education system operates using a deficit-focused model. A strengths-based approach, focusing on the un-tapped skills and individual attributes of teachers,

pupils and peer groups will build a more positive school culture, improving outcomes for everyone.

Analysis of the data generated six themes and 22 sub-themes using the transcribed interviews of 12 participants. The sample of participants was made up of deputy head teachers, class teachers and teaching assistants. The interviews aimed to answer the following research questions:

- What do teachers report on supporting children with mental health problems?
- How do they feel about the level of responsibility they hold with regards to children's mental health?
- In what way do teachers report the effect on their own wellbeing when supporting children's emotional needs?

These research questions sought to provide an understanding of the experience of teachers when they are involved in supporting children with mental health challenges in the school setting. Teachers provided an account of what happens when they support children with mental health problems, the effectiveness as they saw it, and the lasting impact; the feelings and thoughts brought up for teachers in the process.

What do teachers report on supporting children with mental health problems?

The main research question of this study was broad: 'what is it like to support children with mental health problems when you're a primary school teacher?' This question makes the assumption that primary school teachers are in fact supporting children with their mental health. This assumption is made due to the increasing expectation, guidance and directives from the government, local authorities and school leaders around this very topic. However, drawing on responses from the theme 'the impossible job', perhaps part of the answer to this

question is “I’m not”. Sub-themes ‘another brick in the wall’ and ‘I can’t fix everything’ particularly reference this sentiment. Certainly in lots of cases the answer was “I don’t know how to” (in reference to sub-theme ‘making it up as you go along’) and, in every case, “I’m doing my best” (from the ‘what works’ theme, particularly the sub-theme ‘I’m happy to do it’).

It is pertinent that the two themes with the most sub-themes are ‘what works’ and ‘the impossible job’. This possibly indicates that these themes are the richest and most multi-dimensional. An interpretation could be that, against all the odds, teachers are sometimes managing to support children well because they are seeing that some of what they are doing ‘works’. Therefore, the presumption this question makes is right, teachers are supporting children with mental health problems. It could be that sometimes, however, supporting children with mental health problems comes at the expense of other areas of their role (‘the impossible job’), or that sometimes they don’t achieve what they set out to with regards to children’s wellbeing or otherwise. It might be suggested that there is an element of unsustainability; that at some point teachers cannot carry on and are likely to burn out, or more will be required of them until they cannot fit any more into their day. Some of the participants in this study described this happening. This is almost an extension of the theme from the literature review ‘I’m not enough’, exploring further the sense of unsustainability experienced by teachers, highlighting the risk of burnout.

Workload has long been cited as a particular difficulty for teachers (Barmby, 2006; Bridges & Searle, 2011; Kyriakou, 2001; Perryman & Calvert, 2020). Finney, in 2006, hypothesised that teachers were stretched within their educational role, without additional mental health-related responsibilities. 15 years ago, Rothi et al. (2008) found that teachers felt ill-equipped and unsupported in their increasing responsibilities regarding mental health. Workload is still frequently cited as a problem and is now considered a core reason for teachers leaving the profession (Hilton, 2017). Hilton explains, holding the government accountable,

“Despite promises made by government to look into the problem, little has been done, and the constant changes to the curriculum, assessment processes and demands for constant data gathering are making the job of a teacher impossible and unattractive.” (p. 83). Most recently, Spicksley’s 2022 discourse analysis of government rhetoric regarding the work of teachers highlights the emphasis on ‘hard work’ pairing positively with pupil success, and how this might be contributing to the reluctance of managers to meaningfully reduce workload.

The issue regarding workload has been further exacerbated by the Covid-19 global pandemic, with participants referencing sudden changes in ways of working and new initiatives around supporting children and staff with their mental health, as well as having to manage the safe return to schools whilst the risk to health remained high.

Alongside an increasing awareness and activation around mental health generally, participants noted that, in fact, the mental health of young people was not always treated with the same urgency, leaving teachers sometimes feeling that they weren’t being taken seriously. This attitude could be reflective of the government’s repeated neglect of long-term, sustainable funding of children’s mental health services (Mental Health Network, 2021). This is in spite of a widespread understanding that early intervention during childhood promotes mental health before serious disorders manifest and saves public money in the long term (Hester et al., 2003; Membride, 2016; Wakschlag et al., 2019)

Contrary to many challenges raised by the participants, they referenced a number of areas of note whereby they felt their work supporting children with mental health was going well. This more positive aspect was not acknowledged in the literature review. These areas were encapsulated in the theme ‘what works’. Where mental health and wellbeing were culturally embedded in the school ethos, driven by the senior leadership team, teachers felt comfortable prioritising it and more confident in the knowledge that their colleagues had the same focus. Most participants talked positively of the pastoral and wellbeing support that exists

in the schools they work in. This support includes a wide range of interventions, including counselling services from the third sector, such as Place2Be, play therapy and forest school, mindfulness and yoga sessions, and colleagues whose sole job is to support children who are struggling; SENCOs, welfare officers, counsellors and ELSAs, for example. Evaluating the impact of these interventions is a challenge due to the multiplicity of input and varied application. However, studies are broadly positive in their evaluation of school-based mental health support (Greenberg, 2010; Hayes et al., 2019; McDonald et al., 2019).

How do they feel about the level of responsibility they hold with regards to children's MH?

Although this question was answered in various ways by many of the themes, one or two themes particularly stood out. 'It's a scary responsibility' is one of these. The anxiety brought on by the responsibility for the mental health and wellbeing of 30 children is enough to cause sleepless nights and intrusive thoughts. The perpetual feelings of uncertainty and abandonment are inherently anxiety provoking and the themes 'the impossible job' and 'we need help' provided an explanation for the fear experienced by the teachers interviewed. The theme 'heartbreak' speaks to the heightened emotion experienced in their role, hearing the hardships of the children they work closely with.

A cognitive dissonance can be interpreted between the desire to know more and do more and the reality of not actually having the time or capacity for further training or intervention. In addition, for some teachers interviewed, they felt that there were limits to their role and that they should not be expected to have the same level of understanding or input as a mental health professional. In some cases both positions were held by an individual teacher; Amber for example, talked extensively about how schools should be doing more, that teachers should have more mental health training. Yet she was equally as emphatic about the pressures

of the workload and the lack of time available for anything other than what they are currently doing.

This incongruity is in line with recent data from the National Education Union (NEU), who surveyed 1,788 teachers in March 2022, finding that over a third of teachers have not received any mental health training (NEU, 2022). In the same survey 90% of the teachers questioned claim that poor mental health has become more prevalent than it was before the pandemic. A teacher is quoted as stating, “There is a mental health crisis emerging among primary school children. There is almost no support from outside/government services and children are left unsupported and teachers have nowhere to turn.” This quote corresponds with this study’s findings, most closely relating to the theme “we need help” which looks at the lack of support from external services.

Since the dissemination of these findings from the NEU, however, teachers have responded, maintaining that they should not be expected to solve this problem (Martin, 2022b). In Martin’s article, Michael Tidd, a head teacher explains that teachers are always willing to complete additional training if it is deemed valuable but that they also want and need to prioritise their teaching role and not be filling the roles of other services. This echoes this study’s themes of “I’m happy to do it” but also “I’m not a...”

The increase in demand alongside a lack of support could be a potential precipitating factor of the reported high levels of burnout in teachers. Simon Tucker, a consultant for head teachers, discusses this dissonance in the context of teachers seeing any failure at work to be defended against by working harder, even when they are aware that it is not realistic (Tucker, 2015). He talks of teachers driven by a wider anxiety being pushed beyond their limits, with no space to make sense of their emotions and look at their situation without judgement. The Job Demands-Resources (JD-R) model cites continual high demand alongside lack of resources as a key predictor of burnout (Demerouti et al., 2001). Researchers Arnold Bakker and

Evangelia Demerouti developed this model of employee wellbeing that they hoped could be generalised to all sectors and industries. They wanted to illustrate that it is possible to have a highly demanding job and low work stress, if the resources are provided. The model argues that individuals respond to stressors such as workload and time pressure with either physiological activation of stress responses (such as increase in heart rate and pupil dilation), and/or an increase in personal effort. The prolonged effect of both of these responses leads to exhaustion. However, the model accounts for those that work under stress and do not burnout, those that have 'resources'. These resources consist of physical, psychological, social or organisational features of the job that can be helpful in achieving goals, reducing demand and enabling personal growth and development. Without these resources people tend to then disengage from work. Exhaustion and disengagement lead to burnout (Demerouti et al., 2001). See figure 4 for the model.

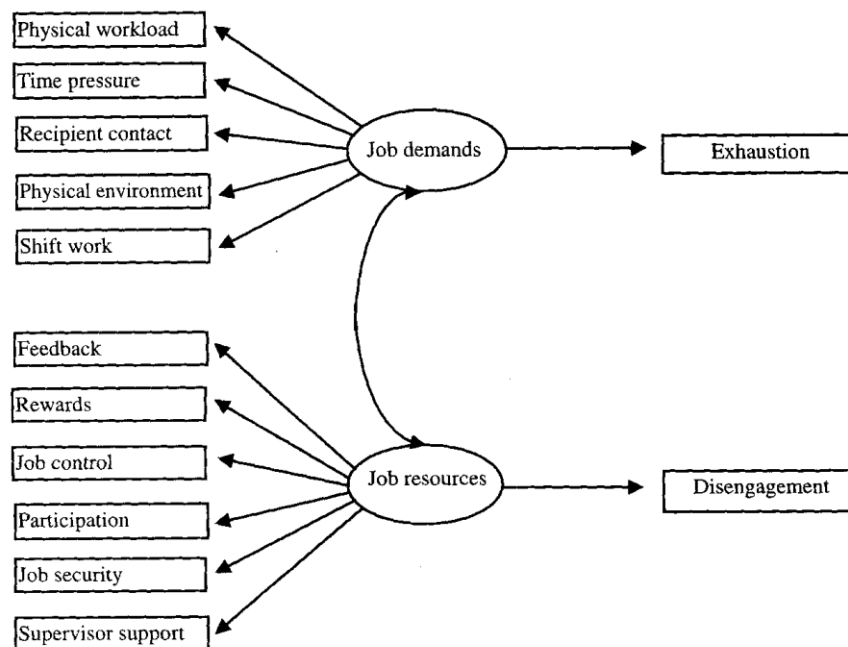


Figure 4. *The job demands-resources model (Demerouti et al., 2001)*

In anticipation of difficulties returning to school following lockdown the government ran the Wellbeing for education return/recovery programme in August 2020 (Department for Education, 2022). Local authorities were allocated funding to provide emergency, temporary support for the mental health challenges arising from the pandemic. One of the most positive outcomes reported by teachers from the programme was the improved joint working and local collaboration, as schools were supported to navigate local provision. This support was for the pupils, and not the staff, however, and it required teachers to undertake more training, potentially adding to their workload. However, it is this sort of support that is necessary on a long-term basis, and not just in an emergency, to prevent teachers from burning out.

Teachers talked of feeling powerless up against the systemic inequalities the children they work with are subjected to. This sentiment is reflected in the theme ‘In school we get society’. Those taking part in the study had sufficient knowledge of mental health and the impact of stress and anxiety on the brain to understand that children who are experiencing deprivation, domestic abuse and chaotic home lives will find it almost impossible to engage in academic learning. This creates a sense of helplessness and an inability to complete their jobs as teachers, no matter what support was provided at school.

Bronfenbrenner’s Ecological Systems Theory (1986) has been criticised for a lack of evidence for the relevance of the ‘mesosystem’; the connections between a child’s microsystems, such as the parents, teachers, siblings and community (Leventhal & Brooks-Gunn, 2000). The participants in this study talked of the importance of those relationships. Interactions with parents were frequently referenced, particularly in terms of building rapport with parents to establish good communication regarding the child’s experiences at home and at school. Several participants referenced difficulties with those interactions and the subsequent impact on their ability to support children within the school environment. One participant even suggested that they should receive training on having difficult conversations with parents as

she felt so unprepared for such interactions. Leventhal and Brooks-Gunn's (2000) review particularly emphasised the lack of evidence in Bronfenbrenner's theory for the effects of neighbourhood on children's wellbeing. Participants in this study gave several examples of ways in which the children's social background affected their experience of school, contributing to the theme 'In school we get society'. Participants talked about trust between teachers and parents, lack of affordable activities in the community, isolated families, an absence of social support for parents and a need to understand the "full picture" of children's lives.

In a later iteration of the Bioecological model, Bronfenbrenner expands on the process of the interactions between the systems, particularly over time (Bronfenbrenner, 1994). Termed, 'proximal processes', these vital interactions between child and caregiver or between peers, mobilise, what Bronfenbrenner refers to as "genetic potentials"; intelligence, social, communication and emotional skills. For these proximal processes to be successful they need to take place regularly and over time. Outside of dyadic interactions, the model accounts for the need for "opportunity structures"; the resources and information available to facilitate development, and the range of possibilities for the environment to be arranged around the needs of the child. Here, Bronfenbrenner is highlighting the importance of environment; that the same quality of proximal processes in a disadvantaged, unstable environment will not be as successful as those in a well-resourced, more advantaged setting. He states;

"Moreover, the ultimate sources of such instability are often stressful conditions originating in domains outside the family, such as the world of work, the neighbourhood or the society at large. Under such circumstances, the power of proximal processes to enhance effective psychological development can be significantly undermined." (p. 576 Bronfenbrenner, 1994).

If Bronfenbrenner were to revise his model again, it is likely that he would include the influence of the digital environment, as highlighted by participants in this study, as these interactions are increasingly influential, both positively and negatively.

In what way do teachers report the effect on their own wellbeing when supporting children's emotional needs?

The theme 'sleepless nights' addresses the emotional impact of supporting children with their mental health. The sub-theme 'it's a scary responsibility' draws on the anxiety experienced, whereas the sub-theme 'heartbreak' reflects the distress caused by seeing and hearing the children experience hardship. Teachers are aware that with burnout comes depersonalisation (Maslach, 1976), and they are at pains not to lose that level of compassion that brought them to teaching in the first place. That, in itself, is a fear – that if they harden themselves to the disclosures of children in their care, as a means of coping with the distress, they will lose their sense of compassion. Not only would that be detrimental to the welfare of the children in their care, it would be undermining teachers' sense of purpose and identity. Teachers and other helping professionals choose to undertake their roles based on a passion or compassion for helping the population they serve. Maslach, who first operationalised 'burnout', describes it as an "occupational hazard" for those in helping professions and highlights the cultural value among such workforces of putting others first and overworking (Maslach & Leiter, 2016). This creates an almost inevitability that burnout will occur.

Teachers interviewed emphasised the importance of kindness from their colleagues (sub-theme 'chocolate fairies') and kindness to themselves (sub-theme 'save your sanity'). In line with the view held by all participants that there needs to be a positive approach to wellbeing embedded in the ethos of the school, taking care of one another and oneself is considered part of that, and was cited as more valuable than an external helpline, access to counselling or wellbeing strategies or events. The benefits of supportive colleagues and self-care are obvious enough. In terms of the literature, regarding stress-reduction interventions for teaching staff, it is interesting to note that relational and self-care factors are noted as significant to their success.

For example, in Gold's 2009 investigation into a mindfulness programme for teachers, being non-judgmental and accepting of oneself was highlighted as a key factor. Leung et al. (2010) evaluated an online support forum for teachers. The reported success of the forum included being able to share feelings and experiences with other teachers, and the flexible, ad-hoc nature of an online forum, mimicking the general supportive 'work family' described by the participants in this study. More recently, Reiser et al. (2018) reported on a group mindfulness programme for teachers citing the success of that programme down to an increase in personal emotional regulation and the benefits of participating alongside colleagues, increasing group cohesion.

Conclusion of findings

In summary, teachers report being dedicated to their role in addressing the mental health needs of their pupils, they see why they are in the best position to support, and they care passionately about the children. However, they don't always know how or have the capacity to address these needs, alongside their highly demanding teaching role. This can have an effect on their own mental health. The impact on teacher mental health results from not only the stories they hear and the close relationship with the pupils, it also stems from the helplessness and the frustration with not being able to do what appears to be expected of them or what they see as their role.

Critique of methodology

Lincoln and Guba's evaluation criteria (1985) were outlined in the Methods chapter to consider the quality assurance of this study. Those criteria will be referenced here to frame this critique.

Credibility

The findings outlined in the Results chapter are solely based on the information given by the participants. All interview participants were asked the same core questions. Direct quotes from the participants are provided to illustrate the findings.

Each theme contained multiple codes from at least half of the 12 participants; the majority of themes included codes from nine to eleven of them. The participants, on the whole, reflected remarkably similar views, in spite of differing levels of experience, working in different areas of the country and in different social contexts.

In hindsight, if I were to conduct this study again, I would provide all participants with a description from the Department of Education of the expectations of schools with regards to children's mental health. I feel it would have provided more of a baseline for discussing their appraisal of that responsibility. I would also have consulted with teachers or researchers in educational psychology prior to undertaking this study, again in an effort to ensure I was capturing the concerns and interests of the teaching population.

Transferability

The recruitment for this study was delayed by the onset of the Covid-19 pandemic. Whilst the original plan had been to interview teachers face-to-face in their schools, all interviews had to take place over the internet instead.

An advantage of conducting interviews face-to-face would have been an increased sense of connection to the participants. A lack of synchrony due to the slight delay of online communication, and the inability to view the whole body makes it more difficult to recognise social cues and interpret non-verbal language (Wiederhold, 2020; Sabesan et al., 2022). As this study uses a methodology specifically based on reflexivity I feel that meeting face to face would have enhanced the sense of connection and the feelings each interview left me with,

providing a richer sense of the impact the topic has on the participants, and the dynamic between us as interviewer and interviewee, and clinical psychologist and teacher.

For some of the participants there were family members or pets around who had the potential to divert attention away from the interview. Whilst there were few interruptions, I know from personal experience, that just the presence of a dependent in the same building can be distracting. That being said, there was also potential for participants to feel distracted and side-tracked in their place of work, potentially even more so as it was the setting for the experiences they were reporting.

There were also benefits to interviewing on the internet from our respective homes. It was more convenient and comfortable, possibly making recruitment easier. Not being restricted to the local area also improved scope for recruitment. Furthermore, having demonstrated that findings were mirrored across a wide range of contexts increases the transferability of this study to different settings.

In a qualitative study such as this it is impossible to truly capture the balanced view of the population being studied as the sampling was not strictly random. Those that volunteered to take part in this study will, firstly, feel they have time and capacity to take part. They are also likely to have some vested interest in the topic of mental health, whether that is a concern for and desire to help children with mental health problems, or a strong sense of dissatisfaction regarding the position of a teacher with regard to mental health. This eliminates primary school teachers in the population who are so stressed and busy with their work and personal lives that they could not consider spending an hour of their time talking to a doctorate student about their job. There will also, no doubt, be teachers who are completely ambivalent about the topic, who feel that things are going fine for them and the children that they teach, who also, therefore, would be less likely to partake in such a study. As a result, the findings are likely to be, to a certain extent, biased.

Dependability

Ideally all the interviews would have taken place consecutively, but in fact there was a gap of almost a year between two interviews and the other ten, due to my maternity leave. This means that two of the interviews took place when the context the teachers were working in had changed significantly. The majority of interviews took place towards the end of the summer holidays in 2020, and the start of the summer term. Schools were just opening up following the initial lockdown of six months. There was an introduction of ‘bubbles’; groups of staff and children that would be isolated together to reduce risk of infection. If one person in the bubble contracted the virus, then everyone in the bubble would have to stay at home, moving to online learning, for ten days. No doubt this increased uncertainty and anxiety for teachers, parents and pupils alike. Bagnall et al. (2022) surveyed parents, children and primary school teachers in England around the same time. Their study focused on the perceptions and experiences of transitioning from primary school to secondary school. They found that parents, children and teachers found the uncertainty caused additional stress and anxiety. Participants also expressed concerns about the change to environment on return to school; teachers finding it harder to support children due to social distancing measures, and parents worried that their children would not be able to integrate as well due to class bubbles and restricted movement around the school. Similar apprehension was reported by Lockyer et al. (2020), who interviewed primary school children and their parents during the same period.

The final two interviews took place in November 2021, over a year later. The majority of people in England had received at least two doses of the Covid-19 vaccine, and most legal limits on social contact had been removed. Schools were no longer operating a ‘bubble’ system. There was still a requirement to isolate, however, if an individual, or a close contact of an individual, contracted the virus, and teachers were required to test for the virus on a regular basis. There was concern that the National Health Service would not manage over the winter

months when the virus was expected to peak and shortly after the interviews 'Plan B' was implemented, reinstating some of the social distancing measures.

An Ofsted report from Autumn 2021 investigating education recovery found that schools were still experiencing significant disruption due to staff and pupil absences and staff training being postponed (Ofsted, 2021). The report also highlighted the challenges the latest intake of primary school pupils posed as children had missed out on nursery provision, leaving gaps in their socialisation and school readiness preparation. Schools reported that the Covid-19 pandemic continued to affect the mental health and wellbeing of pupils highlighting a general reduction in emotional resilience.

For this reason the study might not be considered transferable in the more concrete positivist sense, but it does offer valuable insight that could be considered useful for teachers across the country at this time and potentially in the future. Whilst the study took place during an unusual period in history the effects are likely to be long lasting and therefore relevant and necessary to address for years to come. This is worth considering when appraising using Lincoln and Guba's criteria of dependability; looking at the stability of findings over time (1985).

Confirmability

Braun and Clarke's method of analysis (2006) was used to interpret the data, and evidence of that process is included in the appendices. I developed a reflexive journal, in keeping with both Braun and Clarke's method of reflexive thematic analysis, and according to Lincoln and Guba's quality assurance techniques (see appendix J for an example of reflexive journaling). This was of huge benefit as there was a gap of a year between some of the interviews.

Due to the limits of a doctoral thesis, analyst triangulation was not a possibility. However, given the reflexive nature of this study, it may not have been necessary or of value to have another analyst, who had not been part of the whole research process, fully examine the raw data.

Implications and recommendations of the study

There are a number of inferences and recommendations that can be extrapolated from the findings in this study. These relate to policy, resourcing, school culture and the role of clinical psychology.

“We need help”

The findings in this study indicate that teachers require more support in their role supporting children with mental health problems. The Government green paper (Department of Health & Department of Education, 2017) proposed several ways in which they planned to address children’s mental health. The main change to the system was to create Mental Health Support Teams (MHSTs), employed by the NHS, who would directly support schools, reducing waiting times to access services and offer early intervention. At least one of the teachers in this study made positive reference to this plan. These teams are being rolled out in waves, the first of these waves launched in 2018. Birmingham University reviewed the first wave, known as the ‘Trailblazers’, in 2021 (Ellins et al., 2021). Broadly the feedback from schools, children and parents was positive. One of the principles of the MHSTs was that they would be flexible enough to tailor their support to the needs of the area they were serving. This adaptable model enabled the teams to respond quickly and effectively to the challenges of Covid-19. It was also encouraging that the teams have frequently been credited with improving the connections between schools and external services, a difficulty cited by participants in this

study and extensively in the literature. The report specifically highlights the following improvements:

... “more timely access to support; positive feedback from the children and young people who had been supported by the MHST; better signposting to external mental health services; staff feeling more knowledgeable and comfortable talking to pupils about mental health issues; and development of a more proactive and positive culture around mental health and wellbeing in their setting.” (page 8, Ellins et al., 2021)

This is hopeful as these are all factors that the participants in this study raised as important.

There have been some challenges, however, that will need to be addressed. There are gaps in support for children whose difficulties are more serious than ‘mild to moderate’ yet do not meet the criteria for more specialist services. These children are still kept waiting on long waiting lists without effective support (Ellins et al., 2021).

Another concern is that the standard, manualised, CBT-informed therapy, that is most usually provided by the MHSTs, is often not suitable for younger children, children with additional educational needs or vulnerable and disadvantaged children (Ellins et al., 2021). These children are likely to require a more bespoke, more systemic intervention.

A similar concern was raised by the British Association for Counselling and Psychotherapy (2018), in their response to the original Green Paper, proposing the MHSTs. They argued that the paper focused on depression and anxiety, and not the more prevalent issues of anger, low self-esteem and family issues. Furthermore, concerns were raised that current in-house counsellors and psychotherapists, who potentially held more skills in these areas, would have their positions terminated and replaced by the MHSTs.

On the whole, however, the support teams look to be a positive step forward in terms of assisting children with their mental health and bridging the gaps between schools and the much-needed external services dedicated to supporting children with mental health difficulties. It is planned that the final wave will be rolled out by 2025. However, this will only capture

around two thirds of schools in England. What's more, the Trailblazer sites were chosen due to characteristics that made it likely that there would be "rapid progress and learning" (Ellins et al., 2021). Ellins et al.'s report highlights the importance of a model that can meet the pervasive inequalities in the mental health care of children. This study, along with the widely publicised concern for children's mental health, confirms the urgency of such support.

School Culture

As part of a 'whole school approach to wellbeing' teachers are often offered counselling, helplines and self-care recommendations. With increasing media coverage of burnout in the teaching profession, articles have started to appear with mental health tips for teachers. In the Tes magazine, for example, there is an article titled "5 thinking habits teachers need to banish", with five common thinking traps often challenged in the cognitive behavioural model (Steer, 2020). Whilst for some this might be helpful, it could also be experienced as 'gas lighting' or 'toxic positivity'; it insinuates that if the teachers manage their stress and sense of overwhelm more effectively, then they will cope better, and presumably perform better. This is unlikely to be the case long-term when the problems lie externally in the system and the unrealistic expectations of the role.

Outside of face-to-face teaching, participants talked about the extensive administration involved in their job; of marking, lesson planning and data collection. There was a sense that teachers always felt behind and that there was always a backlog of work. It is understandable, therefore, that teachers find themselves in a state of hypervigilance in the classroom, juggling so many demands, constantly ruminating on the unfinished tasks and feeling anxious and overwhelmed about the days ahead. Grounding themselves to the present moment and accepting the situation they find themselves in (in other words, achieving a state of mindfulness) is not addressing the reality of the stress and pressure they are under, and could

lead them to believe there is something ‘wrong’ with them as individuals if their stress management strategies do not work.

Dr Shirley Van Nuland, a professor who spent 20 years working as a teacher, is particularly interested in the ethics of teaching (Van Nuland, 2022). She notes that schools are significantly affected by external government agendas, which come with a largely negative narrative, based on a deficit-focused model; a focus on what teachers or pupils can not do, rather than what they can (Rose, 2006). Schools tend to focus more on reducing risk than building up strengths (Renkly & Bertolini, 2018). An assets-based model focuses on the strengths and skills, sometimes untapped, of students and teachers. It is based on the premise that everyone has strengths and skills, which if recognised will increase motivation. Everyone has the capacity to learn and failure to use skills or strength is not down to a deficit, more that somebody needs time, more experience or opportunity (Climie & Henley, 2016). Evidence shows that this strengths-based model when applied to students impacts the rest of the network, improving partnerships with parents and the rest of the community (Scales, 1999) An example of a successful strengths-based initiative used in schools is Celebrating Strengths, a programme that has been running in the UK and Australia for 18 years. It is a ‘whole-school’ approach emphasising connection, consistency and intentionality (Fox-Eades, 2017). The atmosphere of a classroom is prioritised, focusing on calming children who have chaotic home lives. A dominant feature of this programme is storytelling and celebrating festivals. This maintains consistency across the year, acknowledges and celebrates cultural difference and emphasises enjoyment in the school, for pupils and teachers alike. Jenny Fox-Eades who developed the Celebrating Strengths programme believes it takes three years to embed a positive psychology culture into a school (Fox-Eades & Gray, 2017). Given that most mental health initiatives in schools are short-term due to limited funding, changes in government and policy change, it seems important to note that there is no quick fix for real change and that to change the culture

of a school takes time. Furthermore, it has been suggested that the high levels of “managerialism” in schools, in other words, continual changes to policies, agendas, directives, leads teachers to feel less committed to their role, a lack of professional identity and self-confidence (Skinner et al., 2019).

Finney in 2006, having worked in both education and the mental health sector, reflected that there are fundamental differences in the culture of both settings that make it challenging to implement mental health strategies in schools. Complimenting the theme ‘I’m not a....’ could have been a similar theme of ‘this is not a.... clinic/care setting/ hospital’. Finney explains that schools are focused on the management of a large group of people as opposed to the analysis of an individual. Schools have specific aims to measure success, as described above, often more deficit focused, whereas mental health services look at individualised, holistic outcomes. He goes further to consider cultures of care vs. cultures of control. Whilst he is not stating that teachers do not care, he highlights long held cultural narratives about teachers being seen as the promoters of discipline and punishment, rather than seen as one of the ‘caring professions’. Mental health workers however are seen as ‘caring professionals’.

It is worth considering the differences in these professions and that what makes a good teacher or a good school is not necessarily what makes a good mental health worker or a good mental health service. Teachers are skilled at keeping themselves and their class on task, leading the group, sticking to the plan and focusing on the lesson goals. Mental health workers are expected to be more child-led, flexible, empathetic and able to react to changing circumstances.

Finding Agency

Reflective of the sub-theme ‘Another brick the wall’, Van Nuland (2022) raises the issue of reduced teacher agency; that often teachers do not feel autonomous and able to make decisions based on the bespoke needs of their pupils.

The philosopher John Dewey wrote in 1916 ‘Nothing has brought pedagogical theory into greater disrepute than the belief that is identified with handing out to teachers recipes and models to be followed in teaching’ (Dewey, 1916, p.95). Much later, John Beck wrote on the continual political systematic discrediting of teachers across parties, in keeping with their own agendas (2008). The Office for Standards in Education, Children’s Services and Skills (Ofsted), the body responsible for inspecting all schools in England, was introduced in 1992. Teachers have long held a lack of trust that Ofsted is independent of political agenda (Beck, 2008). Chris Keates, the general secretary of the National Union of Schoolmasters/Union of Women Teachers, said in 2007 that “Punitive inspection breeds conformity and restricts teachers’ confidence to use their own professional judgement... Teachers are not against accountability, but we believe that the current system is past its ‘sell by date’ “. (Macleod, 2007). Sachs (2015) also blames ‘performance cultures’ on the de-professionalising of teaching staff. She argues that teachers are required to demonstrably improve student learning through high quality teaching, using highly specific and selective indicators of progress. This level of scrutiny implies a low level of trust in the teaching profession.

Nuland, in her lecture for the General Teaching Council for Scotland, on ethics and the teaching profession (2022), proposed that there needs to be a decrease in standardised, micro-management from more powerful structures in order to make more considered, independent and contextual decisions. Furthermore, a dedicated space needs to be provided for teachers to reflect; to think about their own personal professionalism, their ethical stance and their teaching

values. There should be opportunities to hypothesise, collaborate and create, so that teachers can act more independently and feel more empowered in their job.

A reflective practice group, peer reflective supervision or one-to-one reflective supervision may enable teachers to foster individual, as well as collective, professional identity and values. Reflective practice is defined by Finlay (2008) as a “process of learning through and from experience”, which involves “examining assumptions of everyday practice” (p. 1). Larrivee writes more specifically about teachers, warning that, “Unless teachers develop the practice of critical reflection, they stay trapped in unexamined judgments, interpretations, assumptions, and expectations. Approaching teaching as a reflective practitioner involves fusing personal beliefs and values into a professional identity” (Larrivee, 2000, p. 293). This may be more beneficial than providing counselling support or mindfulness sessions, as it again comes from a strengths-based model that utilises the resources, skills and understanding of the teachers themselves. Like counselling, reflective practice provides a space for teachers to think and talk about their feelings, to understand themselves and think about the emotional impact of their job. However, it also provides a forum to think about professional decision-making and classroom and staffroom dynamics. Rather than a teacher having to seek therapy to manage the stress of their demanding job, there would be a regular space available for all teachers, stressed or not, to look at their practice, consider their judgements and make more informed, more deliberate decisions. This feels all the more important when one considers that the majority of teachers have circled back to school from their childhood, with no experience in another institution; they went to school, then to university, then back to a school, intensifying their identification with their role and increasing the likelihood of an emotional impact (Tucker, 2015).

In light of concern raised about senior leaders in schools in particular feeling isolated, it might be that peer supervision would be useful. Reflective peer supervision for head teachers is something now made more feasible by the facility to meet remotely.

Moral Panic

With increasing pessimism in the media and government narrative about the mental health of young people and the services designed to support them, there is an emerging message around the notion of a ‘moral panic’; that society may be amplifying any data that supports the idea that there is a mental health crisis, and ignoring any information that says otherwise. Consequently, teachers and parents are put on high alert for mental health problems. In an effort to de-stigmatise and address mental health problems early, children might be being over-diagnosed, pathologised and ‘treated’ unnecessarily. The medicalisation of emotional struggles via diagnosis, medication and specialist intervention leaves teachers feeling unable to intervene as they do not have the ‘specialist’ skills or the training (Timimi & Timimi 2022). This is reflective in the literature review in the introduction that refers to teachers wanting to be told ‘what to do’. There was a strong desire reported for teachers to be given explicit guidance on how to react to children with mental health problems. It also echoes Ott et al.’s 2017 study, discussed in the introductory chapter, regarding teachers feeling ‘silenced’ due to government paperwork neglecting to acknowledge their relationship and expertise with their students. Themes from this study contribute to this notion, such as ‘I’m not a....’ and ‘scary responsibility’. ‘I’m happy to do it’ and ‘support in schools’ highlighted the numerous interventions and packages available for teachers to draw on and their motivation around this idea that there is a problem that is their responsibility to solve.

Bell et al. (2019) interviewed students, teachers and professionals to look critically at the various factors associated with the increase in mental health problems. They concluded that

there are complications in the conceptualisation of mental health problems. For example, they noted an increasing acceptance amongst young people of mental health difficulties and a lack of stigma, which may be contributing to the increase in referrals to mental health services. They suggest that mental health issues have been integrated into people's identities in a way that may not have been so common in the past. It could be, therefore that children are no less happy than they were in the past, but there is just a higher rate of identification.

Timimi and Timimi (2022) discuss this concern in their paper outlining the “dangers of mental health promotion in schools”. They noted that although teachers could identify common, everyday causes of stress and anxiety in children, they referred to a need for ‘experts’ to treat the problem.

With the lack of a reflective space, described in an earlier section, teachers do not necessarily have the capacity and tolerance to simply ‘sit with’ suffering and emotional discomfort, and instead seek to find a way of fixing it, either themselves or by referring to specialists. This is an understandable reaction when there is a culture of blame and potentially a moral panic across society that children are thought to be succumbing to an epidemic of mental illness.

Rather than providing additional practical training for mental health interventions and guidance on signposting to various specialists, teachers would benefit from having a space to consider if the child they are concerned about is in fact simply experiencing a natural emotional reaction to their circumstance. Ott et al. (2017) came to a similar conclusion, that rather than further mental health training so that they can ‘teach’ children to be well, teachers need the resiliency and capacity to notice that children are struggling, talk to them and talk to their families. They describe teachers as not feeling they had any knowledge about student and staff mental health and wellbeing. However, when a space was provided for them to think and reflect

together several creative ideas and thoughts manifested and a positive energy was created in a group that had previously presented as stressed and overstretched (Ott et al., 2017).

Clinical Psychology

There are a number of factors derived from this study that may influence best practice for clinical psychologists working with children and families who present to mental health services. That is not to say these approaches are not being used by clinical psychologists already, more to emphasise their importance in the context of this research.

This study has advocated for a strengths-based approach to the mental health and wellbeing of young people. When working with children and their networks of support, it is important to be cognisant of the problem-focused narrative that often builds up, particularly where there is risk concerned and when people feel they have exhausted other options and have been waiting for support for a long time. Whilst validating these concerns and difficulties, it is also important to identify and draw on the strengths and the attributes of the child and those involved in their care. Empowering the child and the system around them will enable them all to find long-term solutions for themselves and deflect from 'problematising' the child. Systemic theorists such as White pay particular attention to problem-focused narratives and support families to identify elements of survival and strength in their stories of vulnerability and difficulty (White, 2004).

Connections between different parts of children's lives were also valued in this study. Kelly and Coughlan's model on youth mental health recovery highlights the importance of social connections and interconnectivity for children's wellbeing, between health professionals, school, parents and other children (2018). Kelly and Coughlan also note that each child's recovery process is unique and non-linear, important factors to bear in mind when working with families and schools, and remaining hopeful when there are setbacks.

More generally, when working with teaching staff, it is important not to overburden teachers with recommendations or interventions, recognising each teacher's or school's unique capacity to take on additional tasks. Holding in mind and acknowledging the context of a classroom and the needs of the other pupils is likely to improve the working relationship between clinician and school.

Future research

Drawing on earlier discussion around the failings of the traditional, more deficit-focused education system, additional research could focus on the effectiveness of 'democratic schools' that operate using a more strengths-based model, providing an alternative approach to education. These schools provide children with more autonomy and they are supported to learn at their own pace. They tend to be independent, fee-paying schools because they are able to function outside of the boundaries of a standardised, government-imposed curriculum. Any non-fee paying schools operating with an alternative approach to education are likely to be special schools for children with either a learning difficulty or disability, or an emotional and/or behavioural difficulties. The difficulty with looking at research from either of these settings is that these are catering for exceptional children. Either the children are in private education and therefore, to quote one of the participants in this study, "playing a different game" to the children in mainstream schools, or they are children who all have a particular educational or emotional need. Any findings extrapolated, therefore, would not necessarily be generalisable to the mainstream population.

If teachers are going to continue to be expected to deliver mental health support to children then research needs to be carried out looking at the effectiveness of the current interventions schools are implementing, much as mental health services are. It is vital, however, that teachers are not delegated the responsibility of quantifying or collating data on

mental health. There needs to be a way of evaluating the current support that is in place without placing additional demands on teaching staff.

Self-reflexivity

Covid-19

I have been writing this thesis in the early months of 2022. Covid restrictions have eased gradually over the past year and, as a society, we have adjusted to life with Covid and new ways of working and communicating. For that reason it can sometimes be hard to remember what it was like in 2020; the uncertainty, the fear of the virus as there was no vaccine, the isolation, as there were still restrictions on socialising. For that reason I have been reading articles and listening to podcasts from that period of time to remind myself of the stress that was experienced, in an effort to contextualise the interviews. I have also relied on my reflexive journal entries from that time.

As an NHS worker, who worked from home during the worst of the pandemic, having shielded carefully as I was pregnant at the time, I felt some discomfort at the fact that I could potentially benefit from various discount schemes and special treatment during the pandemic, as an automatic 'NHS Hero'. I felt that even more so when I thought about the teachers I was interviewing, who were not furnished with the 'hero' status of NHS staff, yet were most likely facing higher levels of stress than myself. I recall a participant I felt especially aligned with as she was also pregnant at this strange time, crying as she talked about not knowing how the children in her care were doing. Her school was not conducting lessons over video so whilst she could telephone families she could not see the pupils and this caused her great distress. I

was moved by her investment in these children's lives and the emotional attachment she had to them, having been used to seeing them every day, five days a week.

What's more, my clinical placement at the time of the interviews was in a mental health service for children and adolescents and I could see how underfunded and overstretched the service was, and how long the waiting lists were. I held this all in mind whilst interviewing teachers who frequently referenced the difficulties they had accessing children's mental health services.

Further reflections

I was struck by the dedication and the commitment of the teaching staff interviewed to understanding more about child mental health. I found the number of programmes, strategies, directives in place to support children with their mental health overwhelming and I wondered if the staff and children felt similarly. Some of the participants talked as if they ought to be able to identify and address complex mental health difficulties and I consider this to be as a result of all the input being provided in the schools those teachers were placed in. In some of the cases described, I noted that I, as a trainee mental health professional, trained to formulate and intervene with mental health problems, would find supporting and making sense of those cases challenging. I also recognised that I held the privileged position in a mental health service of not being obliged to support all individuals referred to me; that I had the option to decide that someone was 'not ready for therapy' or that safeguarding concerns needed to be addressed first before therapy could be considered. Teachers, on the other hand, have to manage the needs of the children in their care, regardless of the circumstances.

I have considered whether the findings might have been different if I had been a teacher or a student studying education. This is the second project I have completed whereby I have interviewed fellow professionals about an area that, in theory, I may be more familiar with. In

neither case did I feel that I was the ‘expert’ but was careful not to take an ‘expert position’ nevertheless. I mitigated this by avoiding jargon, not correcting them if they used inaccurate terminology regarding mental health, and I made sure to clarify acronyms and school-based language or procedures that I was unfamiliar with.

I was pregnant while I was interviewing the first ten participants, and I had just finished my maternity leave when I interviewed the last two. I recall a heightened sensitivity to the needs of children, as well as an increase in anxiety, particularly around my own return to ‘school’ following maternity leave. In just a few years time, my own daughter will enter the world of education. It is essential for me that the school environment is a safe, containing, happy and productive environment for both teachers and children, where emotional literacy, social communication skills, inclusivity and kindness lead the way.

Conclusion

The aim of this study was to investigate the experiences of primary school teachers supporting children with their mental health, using reflexive thematic analysis. It contributes to the existing literature, both quantitative and qualitative, on stress in teachers, mental health interventions for children and teachers in schools, and the experiences of teachers and children during Covid-19. There is very little literature available looking at the unique experience of primary school teachers in this way or bringing these varying elements of the issue together. Overall, teachers describe feeling very passionate about child mental health and in agreement that they have an important role to play in the mental wellbeing of their pupils. However, what is expected of them is sometimes unclear and often unsustainable in addition to the other aspects of their role. Whilst recognising that they have limited capacity to do much more than they’re already doing, there is a desire for more training and more guidance to ‘fix’ the mental health problems they are witnessing. This is perhaps indicative of an intolerable feeling of

uncertainty with what they're doing and a deficit-focused cultural narrative within the education system around blame and accountability. This may be further fuelled by a 'moral panic' in society regarding the mental health of children.

In terms of emotional impact, the job is not only stressful, it causes anxiety and distress, impacting teachers' personal lives, with some requiring support from mental health services. Whilst the wellbeing of teachers needs to be explicitly addressed in schools, it is important that it is addressed at a systemic level, rather than teachers feeling that they need to 'build resilience' or change their thinking in order to cope with a role in which they report to be under-resourced, under-informed and with often conflicting demands.

Constantly changing agendas and different directives being prioritised leads to instability in a school. Changes need to be long lasting and given sufficient time to embed. An over-reliance on schools to meet all the varying needs of children was starkly highlighted by the Covid-19 pandemic, and confirmed by the teachers in this study. The roll out of the Mental Health Support Teams looks positive. It will be important that this is a long lasting, well-funded approach to mental health in schools and that the teams will be given the time to make a difference. Recognising that schools and mental health clinics are fundamentally different places, and that teachers and mental health workers do fundamentally different jobs, is also important. What they should have in common is that children feel safe and protected there, interactions should be positive, and communication and boundaries should be clear. Both settings should be able to work collaboratively with the parents/caregivers and staff within those settings should have effective methods of communicating and sharing information with one another.

Reflective practice opportunities ought to be considered as important, if not more important, than 'mental health training' for teachers. Given that improvement in mental health is often non-linear, it feels necessary to have a space to think with colleagues about what

progress looks like for individual children, and where difficulties might stem from. Having the resources available to support a child through a difficult time in their lives, without rushing to fix, diagnose or refer to external sources, would be a fundamental shift in the conceptualisation of a teachers' role in those situations. Having an opportunity to share feelings of uncertainty, helplessness, overwhelm and sadness is key if teachers are to be ports of call for children in distress. This is something that the field of clinical psychology could play a crucial role in.

In terms of further research, alternative, more strengths-based models of education should be examined to see if there are practices that can be applied to the mainstream system. The education landscape changes frequently therefore it is important that similar studies are repeated regularly, and that both children's and teachers' wellbeing and mental health are reviewed in equal measure.

I have chosen to finish on a lasting comment from Hayley, a deputy head teacher, who holds hope for the future of children's mental health in schools,

“At the core of trying to look after all these children are largely very enthusiastic, very kind-hearted, very loving, loyal, committed teachers and it would be a shame to have the trend of less and less teachers coming in or staying in the profession to continue because, you know, that is happening..... and actually, there needs to be questions asked as to why that is. Because children are joyful to work with overall and so it can't, it can't be the children. People go into teaching *for* the children. So it has to be all the other things surrounding, and all the other things that we're asked to do... and I hope that more research is done into that and to kind of understand why is it that teachers are leaving the profession? Because it should be a profession that's fantastic. And you know, I feel privileged that I get to not go to an office and sit at a computer all day, but I get to hopefully enhance the lives of the children in my class and it is a privilege and it is important. And if we can help some children who have got all sorts of difficulties, backgrounds, upbringings, everything, enjoy school, then that's amazing.”

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Appendices

Appendix A: Consent form

Name of Researcher: **Chloe Jacobs**

Title of study: **Managing pupils with mental health problems: the experience of primary school teachers**

Please read and complete this form carefully. If you are willing to participate in this study, ring the appropriate responses and sign and date the declaration at the end. If you do not understand anything and would like more information, please ask.

- ◆ I have had the research satisfactorily explained to me in verbal and / or written form by the researcher.

YES / NO

- ◆ I understand that the research will involve: *undertaking an interview that will be audio recorded on a password-protected voice recorder for approximately 60 minutes*

YES / NO

- ◆ I understand that I may withdraw from this study at any time without having to give an explanation. This will not affect my future care or treatment.

YES / NO

- ◆ I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study.

YES / NO

- ◆ I understand that any audiotape material of me will be used solely for research purposes and will be destroyed on completion of your research.

YES / NO

- ◆ I understand that you will be discussing the progress of your research with other colleagues and supervisors at The University of Essex.

YES / NO

I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Signature:

Date:

Appendix B: Demographic form

Name of Researcher: **Chloe Jacobs**

Title of study: **Supporting pupils with mental health problems: the primary school teachers**

experience of

Demographic Information

Name: _____

Age: _____

How would you define your gender?

Choose (cross) one option that best describes your gender

Female	
Male	
Non-binary	
Prefer not to say	

What is your ethnic group?

Choose (cross) one option that best describes your ethnic group or background

White	
English/Scottish/Northern Irish/Welsh/British	
Irish	
Gypsy or Irish Traveller	
Any other white background, please described:	
Mixed/Multiple ethnic groups	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other Mixed/Multiple ethnic background, please describe:	
Asian/Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background, please describe:	
Black/African/Caribbean/Black British	
African	
Caribbean	
Any other Black/African/Caribbean background, please describe	
Other ethnic group	
Arab	
Any other ethnic group, please describe	

Regarding your teaching career, please answer the following questions:

Type in the boxes below

Current Job title:	
Any additional roles/responsibilities as part of your job:	
Name of current school(s) you work in:	
Ages of the children you typically teach currently:	
Length of service in current school:	
Number of years teaching experience:	
Qualifications and/or stage of training:	

Appendix C: Example of coding

<p>And, you know, whilst there is it's sort of in vogue at the minute all the wellbeing, especially with covid. I think there's been a bit more of a push on mental wellbeing.</p>	<p>Well being is en vogue at the moment</p>
<p></p>	<p></p>
<p>But and and there are lots of places that you can, you know, we're given all the telephone numbers. We have all the posters around school we know who to contact if we need to. If we're feeling ourselves low with our mental health we have some mental health and wellbeing champions in the school. So if any of the members of staff feel like you know they're they're overwhelmed, they can talk to. But in terms of the children, I do think that it cannot be the school sole responsibility to be responsible for the mental health and wellbeing of a child in our care. Now, of course, we take safeguarding extremely seriously and and it is our role to, you know, call out any safeguarding issues that we see. But I think sometimes the parents possibly don't know what to do, don't know how to support their child, but they just think it's our responsibility to sort out the mental health and wellbeing of their children. Now, it isn't solely our responsibility. It has to be a team effort.</p>	<p>We're given all the phone numbers if we're feeling low</p>
<p>And it has to be that, of course at schools we care about the children deeply in our care and we want the best for every child that comes through our school and into our classrooms, but to be asked to fulfill a role which I am not trained to do. I'm not a psychologist, I'm not a doctor.</p>	<p>I'm not trained to do this/this is not my role</p>
<p>And to be able to spot all of these things and to understand them is a huge add-on to what teachers already have to do, which is to deal with 30 children, day in, day out with their learning, with all the other issues that teaching brings. I think it is, I think it is difficult.</p>	<p>It cannot be the school's sole responsibility Having to deal with 30 children</p>
<p></p>	<p></p>

Appendix D: Example of theme generation

The other 29	I'm not a....	How SLT can help
Meeting 30 children's needs	We don't have the expertise	time management to stop staff overworking
Balancing the needs of the whole class	We have to be the source of everything	tightening up systems so there's no unnecessary work
Balancing the needs of all the children	Having to be everything for everybody	Managers have to decide how much to share
You've got 30 children	You're constantly told your skills aren't enough	Need the right type of leadership and mentoring
You've got all the other children to look after	We're many jobs	Training only works if SLT follow through with it
Difficult when you have 32 children	60% of my job has been MH care	We don't have the bodies
Having to deal with 30 children	We become the psychiatrist	Training in response to 'trends' in the school
Neglecting the other children	Half your job is wellbeing rather than teaching	Closing school early doesn't work
Meeting everyone's big complex needs	teachers weren't trained to be psychiatrists	email not the best communication
Neglecting the other children when you can't help the one	I'm not a MH specialist	If a child is dysregulated it was the teacher's fault
Machiavellian thing	There are issues at school we shouldn't be dealing with like violence	If you can't cope with the child it's your fault
neglecting the other children	Making it up as you go along	We leave an hour early on fridays so we can recuperate
Disruptive if children don't have support	They didn't teach me this at uni!	encouraged and supported to pursue own ambitions

Appendix E: Participant information sheet

Participant Information Sheet

School of Health and Social Care
University of Essex
Colchester
Essex CO4 3SQ
01206 873910

Title of the study: Supporting pupils with mental health problems: the experience of primary school teachers

My name is Chloe Jacobs and I am a trainee clinical psychologist in the School of Health and Social Care at the University of Essex. This study forms part of my doctorate. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study?

My supervisor, Dr Frances Blumenfeld, and I are investigating the impact supporting children with mental health difficulties has on teachers' own wellbeing and, more generally, how equipped teachers feel able to identify and address mental health problems in pupils. It is hoped this will contribute to a greater understanding of the experience of teachers. This initial study might also highlight areas for further research.

Why have I been invited to participate?

You are a teacher or a teaching assistant from the primary schools selected for the study. We are hoping to interview approximately 15 people.

Do I have to take part?

It is up to you to decide whether or not you wish to take part in this research study. Your decision to participate or not will have no impact on your current or future employment at the school.

If you do decide to take part you will be asked to provide written consent. You are free to withdraw at any time before the interview. You can ask to withdraw your data up until two weeks after being interviewed, by contacting the researcher using the contact details below. After this time, your answers will have been analysed and it will not be possible to remove them from the study. You do not have to give a reason why you wish to withdraw and your recorded answers will be deleted.

What will happen to me if I take part?

If you volunteer to take part, participation in the study would require 45-60 minutes of your time, being interviewed by me, over the online platform, Zoom. Interviews will take place between August and October 2020. The interviews will be recorded on a password-encrypted recorder and kept securely, deleted once transcribed. No identifying information about the school, the staff or pupils will be published.

What are the potential advantages or disadvantages of taking part?

Currently there is a lack of research into primary school teachers' perspectives on the mental health of children and how it should be addressed. Statistics suggest that a high number of teachers are struggling with mental health problems in the UK. I am interested in teachers' experience of supporting children with mental health problems, the impact on their own mental health and how equipped they feel to carry out their ever widening role. The study will, therefore, be contributing to a better understanding of this topic. We hope this research will inform the future support and provision for teachers and pupils.

You will also receive a summary of the findings, which you might find interesting. You will need to give up around an hour of your time to complete the interview. You might find sharing your experiences beneficial, but you might also find some of the topics difficult to talk about. You can see the questions I plan to ask you before taking part, so you can let us know if there are any you are uncomfortable answering. You can also decline to answer any particular questions during the interview or stop at any point. If, when answering the questions you feel you need extra support, please let the researcher know or speak to your GP. Information regarding support available will be provided to all who wish to take part.

What information will be collected?

The interview questions will broadly cover the following topics: your motivation to pursue teaching as a career, the role of a teacher, as you see it, regarding pupil mental health and the emotional impact of supporting pupils with mental health difficulties.

Will my information be kept confidential?

The interviews will be recorded on a password protected voice recorder. The answers will be typed into a document and any identifying information removed so that you, your pupils and the school cannot be identified. The recordings will then be deleted. Any information that identifies you, your pupils or the school will be separated from your interview document. At all times the information you provide will be treated in accordance with the Data Protection Act.

The data from this study might be published in an academic journal (or elsewhere) and presented at conferences. Although direct quotes may be used in a paper or report, you will remain entirely anonymous and a pseudonym (a fictitious name) will be used. The data collected will only be accessible to those working on the study (my two supervisors and me). The data will be retained until the doctoral research project has been approved.

All GDPR guidance will be followed, including the acquisition of consent from participants and the processing and storage of data.

The Data Controller will be the University of Essex and the contact will be Sara Stock, University Information Assurance Manager.

Who has reviewed the study?

The University of Essex Ethics Committee have reviewed and approved the ethics application for this study.

Concerns and Complaints

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Chloe Jacobs, using the contact details below. If you are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, please contact the investigator's supervisor, Dr Frances Blumenfeld (e-mail fblume@essex.ac.uk). If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail sarahm@essex.ac.uk). Please include the ERAMS reference, which can be found at the foot of this page.

We would be very grateful for your participation in this study. If you would consider taking part please contact me, the researcher, using my email address, cs18748@essex.ac.uk.

You are welcome to ask questions at any point.

Yours,

Chloe Jacobs
Trainee Clinical Psychologist

Appendix F: Topic guide for participants

Name of Researcher: **Chloe Jacobs**

Title of study: **Supporting pupils with mental health problems: the primary school teachers**

experience of

Interview topic guide

1. *Introduction*

Welcome, introduction of researcher and reminder of the process.

2. *General*

Current role

Career path to date

Motivation to pursue teaching

How does the reality of teaching fit with previous expectations?

3. *Child mental health*

What are the main mental health issues that present in the school if any?

Experience of supporting children with mental health problems

What do you see as the role of schools/the education system regarding child mental health?

What do you see as your own role regarding mental health?

Have you noticed any changes over the course of your career?

4. *Support and guidance*

What policies or guidance or training is there available?

How do you find liaising with external agencies?

Who/where do you go to if you need support with a child?

Barriers and facilitators to supporting child mental health

Impact/experience of a whole school approach to mental wellbeing

Impact/experience of an individualised approach to mental wellbeing

What would you like to see that is not currently provided?

5. *The needs of the teacher*

What is in place to promote good mental health of teachers in the school?

What is in place to promote good mental health of teachers outside of the school?

Is there an emotional impact of supporting children with mental health issues?

Have you yourself experienced any mental health issues with regards to their role at school?

Is there anything that you would like to see that is not currently provided?

6. *Final comments*

How do you see and feel about the future with regards to child mental health in schools and the role of teachers re. child mental health?

Do you plan to stay in teaching?

Appendix G: Ethics approval from the University of Essex Ethics Committee

17/06/2020

Miss Chloe Savage

Health and Social Care

University of Essex

Dear Chloe,

Ethics Committee Decision

I am writing to advise you that your research proposal entitled "Supporting pupils with mental health problems: the experience of primary school teachers" has been reviewed by the Science and Health Ethics Sub Committee.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

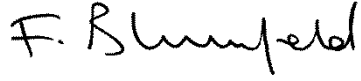

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

Dr Camille Cronin

Appendix H: Risk assessment

Risk assessment

Description of activity / area being assessed	This study focuses on primary school teachers' experiences of supporting children with their mental health. Data collection method will be in-depth interviews.		Location	Online (given current Covid-19 crisis) via Zoom or telephone.
Manager responsible	Dr Frances Blumenfeld	Signature & date	 9.6.20	
Assessed by (name & role)	Chloe Jacobs, Trainee Clinical Psychologist	Signature & assessment date	 05/06/20	

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R	Additional controls needed to reduce risk	Residual risk LxC=R	Target Date	Date achieved
Health and safety risks (psychological harm)	Those interviewed	Participants will be asked to speak about their difficulties in relation to supporting children with mental health problems. As interviewees reflect on these issues, some psychological distress may be experienced. Such distress will be monitored throughout the interview, and interviewees will be advised that they can stop or take a break at	Minor x Fairly likely = Low and Moderate x				

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R	Additional controls needed to reduce risk	Residual risk LxC=R	Target Date	Date achieved
		any point. Participants will be forewarned of potential distress before consenting to participation and will be debriefed after the interview. To conclude each interview time for debriefing will be offered to participants along with a signposting information sheet for further support and advice.	Unlikely = Low				
Health and safety risks (psychological harm)	Researchers	The study can also have an impact on the researcher, or even on the research team. To mitigate impact on the researcher, reflective log, and supervision will be used.	Minor x unlikely = Low				
Health and safety risks (psychological harm)	Potential participants who are not selected for an interview	If individuals are not selected to partake in the study, they will receive the signposting information sheet and will be able to opt in for a copy of the report.	Minor x Very unlikely = Very Low				

Add more rows if needed

Periodic Review

Review date:					
---------------------	--	--	--	--	--

Review by:					
-------------------	--	--	--	--	--

Appendix I: Participant support information

Participant Support

Thank you for taking part in this study.

Discussing sensitive topics can bring up strong emotions, especially if it is the first time you have had these conversations.

If our interview today has left you feeling like you need to speak to someone about your own mental health then please consider the following support:

1. **Education Support Partnership** is a charity dedicated to supporting the mental health and wellbeing of teaching staff. They have a free, confidential, 24 hour helpline (08000 562 561) and a website (educationsupport.org.uk)
2. **Your GP** who can advise you further.
3. **Improving Access to Psychological Therapies (IAPT)** – <https://www.nhs.uk/service-search/find-a-psychological-therapies-service/> to search for your local IAPT service. You can refer yourself to IAPT who can provide individual therapy.
4. **The Samaritans** work with people who are struggling to cope. They have a website (Samaritans.org) and can be contacted on a free 24 hour helpline – 116 123

Appendix J: Reflexive journal entry

Thesis Interviews

① H. (dep. head) - SLT
 was longer than I expected &
 went better than I expected.
 one question is too broad but
 otherwise well structured & planned
 well. I was surprised & pleased
 with how reflective she was, I
 liked to watch her make
 connections & share honestly.
 Amazed at how much is available
 in ^{the} schools & how well resourced
 they are but appreciate the stress
 that they can't fix everything -
 lovely reflections about that!
 good teachers do not
 make good therapists? Different st
 thing to point - poems
 create problems.