The University Of Sheffield.

“When I feel like I can make a difference, it’s amazing”

Using IPA to explore primary school teachers’ experiences of children’s mental health in the United Kingdom.

By Emily Hattersley

A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Educational and Child Psychology

The University of Sheffield School of Education

April 2022

Contents

List of tables

List of appendices

Abstract

Government statistics illustrate that children's mental health problems are rising. Both research and policy recognise that schools provide an ideal environment to promote mental health and therefore, schools are positioned as central to identifying and responding to children's mental health problems. Consequently, teachers are seen to play a crucial role in fostering positive relationships, developing supportive environments and implementing targeted interventions. There are a number of research studies which focus on the teacher role in children's mental health, but few look in detail at the lived experience of primary school teachers to provide deeper exploration of individual teacher perspectives. The aim of my research is to explore how primary teachers in the United Kingdom conceptualise mental health, specifically children's mental health, how they view and make sense of their role in relation to this, and how they approach working with children based on these understandings. In focussing on teachers' specific experiences and exploring individual stories of lived experience, I aim to generate rich understandings as well as more empathic and insightful ways for Educational Psychologists to provide support for teachers. Using Interpretative Phenomenological Analysis (IPA), semi-structured interviews were conducted with four primary school teachers working within the same small geographical region of a large city in the North of England. Four master themes were identified: environmental factors, relational approach, the impact of and on teachers, mental health as a personal and individual experience. The findings highlight the significance of language and labelling of mental health problems as both a risk and a protective factor for children, and the power of meaningful classroom dialogue to discuss mental health with children. Positive, trusting relationships were considered central to creating environments which promote mental health, with teachers discussing the importance of developing nurturing relationships with children based on patience, warmth and understanding. All teachers adopted an ecological perspective when discussing children's mental health, as they explored interconnections between relationships, the school environment and the impact of a child's home context. This demonstrates the need for all school community members to adopt a whole-school relational approach to supporting children's mental health, by working together to develop a sense of connectedness and school belonging. The research illustrates primary school teachers' experiences of complex mental health problems in children and their desire for greater clarity around role boundaries and expectations. Furthermore, the study highlighted teachers' experiences of frustration and 'burnout' due to increasing responsibilities, which left them feeling guilty and overwhelmed by the role. This shows the necessity for teachers to have regular opportunities to experience emotional containment and be given time to explore and share their thoughts, feelings

and responses in a safe, reflective space. Finally, thought is given to how EPs can work with multiple systems surrounding children and families, and look towards becoming increasingly involved with wider community issues. The implications for teachers, schools and EPs are considered, with recommendations including developing support for teachers, creating relational school communities and considering the 'real-world' action EPs could take to work at the 'macrosocial' level.

Chapter 1: Introduction

This chapter provides a brief overview and introduction to the main body of my research. Here, I will outline the interests and experiences which have shaped my positionality as a researcher, and interest in researching primary school teachers' experiences of children's mental health. Within this chapter, I describe some key definitions I will use for the purposes of my research. I close the chapter by discussing the importance of adopting a reflexive stance within qualitative research, and exploring how I endeavoured to do this.

1.1: Introduction

According to national statistics, children's mental health problems are increasing year on year, with rates of probable mental health problems rising from one in nine children in 2017 to one in six in 2020 (NHS, 2020). The media is filled with stories which tell us mental health problems are on the rise in classrooms (Cope, 2017). Such narratives influence collective beliefs, and have perhaps contributed to Brown's (2014) notion of a 'vulnerability zeitgeist', where people increasingly see themselves as being 'at risk' of developing mental health problems. Understandably, mental health features prominently in national and international policies and guidance, such as the World Health Organisation's (WHO) 'Health Promoting Schools' framework, which recommends children's mental health is promoted through a healthy school environment (WHO, 2009). Without exception, schools are recognised in research and policy as the ideal environment to promote mental health (Shute, 2012). Teachers are expected to be knowledgeable of children's mental health problems and intervene early to provide evidence-based support (DoH, 2011).

1.2: Research interest

My interest in mental health as a field of research is related to both my personal and professional experiences.

My experience of mental health during my school years was not overly positive. At times, I struggled with my own mental health, and did not feel I received appropriate support. I believe this fostered my desire to improve the experiences of children who encounter mental health problems.

Whilst working as a primary school teacher, I felt overwhelmed by the number of children who needed support for mental health problems. At times, I felt unskilled, unqualified and uncertain about how best to offer this support. I found I relied on forming positive, trusting relationships with children and creating a safe environment in the classroom to meet their mental health needs. I left teaching in 2017 but thinking back, I feel there was an incredible amount of pressure on teachers to support rising mental health problems as well as fulfil academic responsibilities.

Working as a Trainee Educational Psychologist (TEP), I notice how often teachers discuss children's mental health problems, both as part of formal consultations but also within less formal 'incidental' conversations. I sense that teachers feel children's mental health problems are worsening, resulting in increasing levels of concern. However, I wonder whether growing use of medicalised language around mental health is creating deficit narratives and increased vulnerability, as suggested by Ecclestone (2007).

As I am no longer a teacher, I feel 'out of touch' with the challenges teachers are facing today. When teachers discuss mental health, I feel compelled to unpick this with them, in order to explore their lived experience. I wonder how teachers think, feel and make sense of their role in supporting children's mental health. However, as a TEP, I am often bound by time pressures, meaning there are few opportunities to engage in such conversations. There are studies in this area (Kidger, 2010; Hanley et al., 2017; Mælen et al., 2018;), but few look in detail at the lived experience of primary school teachers to provide deeper exploration of individual teacher perspectives.

1.3: Definitions

For the purposes of this research, I will utilise the following definitions:

1.3.1: Child

The United Nations Convention on the Rights of the Child (UNCRC, 1990) defines a child as everyone under the age of eighteen.

I have chosen to use the term 'child' and not 'pupil' or 'young person' because I believe this is the term primary school teachers would most likely use.

1.3.2: Mental health

The World Health Organisation (WHO) define mental health as 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (WHO, 2013). Despite some sources suggesting children's mental health is conceptually different to adult mental health, due to the complex, multifaceted and unique developmental milestones children experience (Barwick & Urajnik, 2021) there does not currently appear to be a recognised, distinct definition of children's mental health.

The terms 'mental health' and 'wellbeing' are both seen as "vital to our ability to thrive and achieve" (DfE, 2017, p.3). Often, 'mental health' and 'wellbeing' are used interchangeably (Cefai & Camillieri, 2015), which can cause confusion. However, the term 'mental health' has attracted stigma, as it can

be associated with 'illness' and creates a focus on individuals' negative states (Weare & Gray, 2003). This has led many researchers to favour the term 'wellbeing'. Whilst I recognise the medicalised associations, and ambiguity around the terms application, I will use the term 'mental health' throughout, as I believe it is the most familiar to teachers, as it links directly to the phrase 'Social and Emotional Mental Health' (SEMH) from the SEN Code of Practice (2015) (DfE, 2014).

1.3.3: Mental health problems

Difficulties experienced with mental health, resulting in expressions of behaviour seen by others will be referred to as 'mental health problems'.

It is important to note that some degree of 'mental health problems' should be considered normal, as part of the natural highs and lows of life. However, such problems are considered worrying if they become pervasive, and mental health is not regained.

1.3.4: Challenges to mental health

The phrase 'challenges to mental health' will be used to describe environmental factors which contribute to the experience of mental health. This definition locates the cause of any potential problem firmly outside individual explanations.

1.4: The role of reflexivity

When conducting qualitative research, it is crucial that the researcher is constantly critically scrutinising their own subjectivity and considering how this impacts their research. As a way of evaluating and managing our own assumptions and existing understandings, researchers recommend use of iterative and dialectical tools, such as a reflexive diary (Finlay, 2008). As a result, I kept a weekly reflexive diary throughout the research process, which helped me to capture my reflections as I moved through the research process. I have included reflections from this journal throughout my thesis to ensure the research is interpretative and transparent in nature. Furthermore, I will use 'reflective boxes' to draw explicit attention to aspects of research which I believe warrant particular reflexive consideration. In order for me to explore my own positionality and subjectivity, I answered Langdridge's (2009, p.59) reflexive questions before and after conducting my research (See Appendix 14). I made use of regular supervision both from university and placement. During these sessions I was able to share reflections, emotions and challenges in response to my research and consider how my responses may have shaped the research process.

Chapter 2: Literature Review

I will begin this literature review by exploring the current picture around children's mental health, offering an exploration of relevant international and national statistics, research and legislation. I will move onto provide a critical examination of the use of language and dialogue around mental health. The role of teachers in children's mental health will be explored, focussing specifically on teachers' mental health, links to self-efficacy theory and possible avenues of support for teachers. Next, I will consider the role of schools in children's mental health, drawing on the concept of school belongingness and relational communities. Finally, I will examine the potential for Educational Psychologists (EPs) to practice at a community level to support children's and teachers' mental health.

2.1: The international and national picture surrounding children's mental health

The World Health Organisation (WHO) estimates one in five of the World's children have a mental health problem (WHO, 2020). Mental health problems are thought to be a burden to all societies, with research reporting high levels of unmet need across the globe (Patel et al. 2007). Therefore, organisations such as the WHO and UNICEF stress the importance of prevention and universal health coverage, meaning all countries should have access to the health services they need (WHO, 2013). However, it seems unlikely that mental health of children in rich and poor countries can be comparable. Summerfield (2012) argues globalising 'Western' versions of mental health loses focus on cultural diversity and imposes 'Western' ideals upon the world, which risks extinguishing local knowledge and culture (Miller, 2014). Miller (2014) suggests it is important for Western mental health systems to acknowledge and learn from the cultural practices of non-Western countries and develop a framework through which these can be shared.

Prior to the COVID-19 pandemic, evidence suggested children's mental health problems were rising (WHO, 2010; DoH, 2014); with research indicating this is becoming a growing public health concern (Patalay & Gage, 2019). Research suggests the COVID-19 pandemic had a significant impact on children's mental health. Hamoda et al (2021) indicate the prolonged exposure to environmental stress and lack of social and educational opportunities experienced throughout the COVID-19 pandemic will negatively affect children's mental health for years to come. However, this research does not appear to account for probable variations in children's responses, depending on age and social, economic and cultural factors (Nearchou et al., 2020). Nevertheless, studies highlight that social interaction underpins children's mental development (Lacey et al. 2014), suggesting that insufficient social experiences during the COVID-19 pandemic could lead to mental health problems for children (Fontenelle-Tereshchuk, 2020). As yet, there is no longitudinal research which explores

the longer-term impact of the COVID-19 pandemic on children's mental health. However, studies reviewed by Nearchou et al., 2020 reveal the emotional reactions created by the pandemic (such as fear and stress) were linked to negative short-term outcomes such as depression and anxiety.

Reflective box

I was surprised that the impact of COVID-19 on children's mental health was only mentioned very briefly in my research by two of the four teachers. I wondered whether this indicated that my participants did not feel COVID-19 had significantly impacted children's mental health, or whether they were thinking in more general terms, due to the broad focus of my research.

The impact of poverty on children's mental health has been extensively researched, with studies establishing a link between poverty, environmental and social stressors and mental health problems (Huston et al., 1994; Elliott, 2016). Research suggests mental health is influenced by environmental, social and cultural circumstances, with poverty identified as a key determinant in the development of children's mental health (Knifton & Inglis, 2020). Research highlights increased mental health problems in deprived areas of Scotland, with 23% of men and 26% of women reporting levels of mental distress which would indicate a possible psychiatric condition, compared with 12% and 16% of men and women living in the least deprived areas (Knifton & Inglis, 2020). However, it is impossible to infer a causal relationship, as poverty can be both a cause and a consequence of mental health problems. Moreover, there are other factors which affect mental health, meaning it is vital to avoid overemphasising the impact of poverty when attempting to understand children's mental health. Research should adopt an ecological perspective and consider multiple, intersectional factors which influence children's mental health in a variety of contexts (MacKay et al., 2005).

2.2: Legislation

Both research (eg Spratt et al., 2006) and policy (WHO, 2009; DoH, 2014; DfE, 2018) recognise schools as the ideal environment to promote children's mental health. A significant landmark in Special Educational Needs (SEN) legislation came in 2014, with the introduction of the Children and Families Act, and subsequent Code of Practice (2015). This legislation advised greater collaboration between education, health and social services, and the statutory assessment of SEN was replaced by an 'Education, Health and Care Plan' (EHCP), designed to facilitate a multi-disciplinary approach to assessment of needs (DfE, 2014). Importantly, the term social and emotional mental health (SEMH) was introduced, replacing the previous term 'social, emotional and behavioural difficulties' (SEBD). This perhaps reflects the changing approach to views around behaviour; as a possible symptom of

unmet need rather than being a SEN in itself (Nasen, 2014). Furthermore, it highlights the move towards positioning schools as central to identifying and responding to mental health problems. However, researchers such as MacDonald and Winship (2016) have expressed concerns that mental health problems being identified as a specific area of need could lead to labelling, stigmatisation and exclusion of children.

In 2015, a UK government commissioned report concluded a culture shift was required to improve children's mental health (DoH, 2015). The report recommended that mental health problems should not be seen as clinical; children need access to support in non-stigmatising settings. 'Local transformation plans' outlined action plans to improve children's mental health within local authorities, which enabled individualised responses to supporting needs within localised contexts. However, the lack of a national action plan potentially leaves the plans open to variations in quality. Furthermore, the impact of austerity in recent years has reduced funding and cutback mental health services (Danby & Hamilton, 2016), meaning Local Authorities may be limited in the support they can offer to meet mental health needs.

In 2017, the UK government published 'Transforming Young People's Mental Health'. This legislation outlined the importance of early intervention and prevention, and highlighted the pivotal role schools play in supporting children's mental health. Key components of this legislation include: every school to identify a designated mental health lead who oversees mental health provision and funding for mental health support teams which provide early intervention support to schools (DfE, 2017). However, it could be argued that 'early intervention' services have been almost wiped out by the Government's 'austerity' approach to managing the economy, with research indicating budget cuts have affected mental health support available, yet increased deprivation has created more complex mental health problems for children and families (Hanley et al., 2017). Notably, this demonstrates the requirement for schools to be actively involved in supporting the mental health of all children, rather than just those highlighted as having SEN. Furthermore, it hints at increased demands on teachers' knowledge, skills and confidence. Ecclestone and Goodley (2016) propose government definitions of mental health have expanded over time, meaning more children are seen as 'vulnerable' which can suppress aspirations for mental health and reinforce disillusionment. Ecclestone and Goodley (2016) see this 'rise of vulnerability' as having the potential to distract from the conditions in society which created it.

2.3: Language and dialogue around mental health

Monkman (2013) discusses the upsurge of medicalised language within government guidance and subsequent rise of pathologising narratives. This could create 'mental illness discourses', where children are seen as needing treatment or therapeutic intervention. Monkman (2013) outlined three interpretative repertoires which teachers regularly slipped between when discussing and making sense of their role in children's mental health. Within the 'Mental health as illness' repertoire, teachers use psychiatric language and labelling and positioned themselves as hesitant and apprehensive, resulting in mental health problems being 'passed on' to professionals. Within the 'Mental health as wellbeing' repertoire, teachers discussed positive relationships with children and positioned themselves as empowered due to the active role they perceived they could adopt. Within the 'Mental health and behaviour' repertoire, teachers discussed mental health and associated behaviour, which created empathy and enabled teachers to visualise the support they could offer. Monkman (2013) concluded that teachers actively construct a role and identity within children's mental health, which becomes a powerful determinant of the support they feel they can provide. Similar ideas have been discussed by Billington et al (2021), who suggest overly-medialised or diagnostic narratives can cause over-reliance on explanations at the individual-child level, evoking deficit interpretations which can have long-lasting consequences for children. However, contextual changes since Monkman's (2013) research was published, such as new legislation around children's mental health as well as environmental factors such as the COVID-19 pandemic, could lead teachers to draw on different interpretative repertoires in today's climate. Moreover, the participants were a small sample of high school teachers, making the results difficult to generalise, particularly to the primary teachers within my research who teach in a slightly different context.

From a social constructionist perspective, language is seen to precede and shape reality (Tuffin et al., 2001); thoughts, feelings and ideas are made possible by language (Sapir, 1947). From this viewpoint, the language teachers use can actively influence how children understand and use language around mental health. Tuffin et al (2001) suggest language acts as "a powerful change agent" (pp.479) for children. Research indicates regular dialogue around mental health in everyday classroom interactions can serve a normalising purpose which reduces stigma (Mælan et al., 2018). Furthermore, dialogue used by teachers can provide children with linguistic tools to use when they consider and discuss mental health. However, teachers' confidence levels should be accounted for to ensure teachers do not feel pressured to speak about topics which are beyond their comfort zones. Furthermore, teachers should not be seen as solely responsible for providing children with linguistic tools to speak about mental health; the impact of environmental, cultural and societal factors on language use should not be overlooked.

2.4: The role of teachers

Research indicates teachers play a crucial role in children's mental health through developing supportive environments and implementing targeted support and interventions (Roffey, 2008; Stoll & MacLeod, 2020). For many children, the teacher becomes a 'significant other', who they depend on for support and guidance. (Myers and Pianta 2008). Some researchers suggest it may be impossible for teachers to ignore children's mental health problems, as they are linked to behaviour and academic outcomes (Kidger et al., 2010). Teachers work within systems which create multiple, competing demands (Soles et al., 2008). This could become exhausting and frustrating, as teachers are expected to support children's mental health as well as teach a full curriculum and meet national standards (Connelly et al., 2008). Research indicates teachers should adopt an ecological approach, analysing systems around a child and considering problems within multiple contexts whilst considering the impact of local and national policies and practices (Hanley et al., 2017). This however, could create issues around role boundaries, as it may be unclear where the teacher's responsibility ends and other professionals should step in. This is reflected in research by Hanley et al (2017), who suggested teachers feel their role and boundaries when supporting children's mental health are unclear and have shifted over time. This confusion has led to a call from school staff for clearer boundaries and role definitions (Mælen et al., 2018), to create clarity around teacher responsibility.

2.4.1: Teacher mental health

The teaching profession is considered a "high risk profession" (pp.1177) due to high levels of stress and mental fatigue compared to other occupations (Kovess-Masfety et al., 2007; De Heus & Diekstra, 1999). Research studies from across the globe indicate teachers' mental health is deteriorating as a result of competing priorities, increased job demands and lack of time and resources to meet children's needs (Dimitropoulos et al., 2021; Baker et al., 2021). Teachers' capacity to support children's mental health is likely to be linked to their experiences of occupational stress which impact their ability to contain and support children (Kush et al., 2021). Furthermore, stress has been linked to negative consequences for teachers' mental health such as depression, burnout and ultimately, high staff turnover (Herman et al., 2018). Research by Kidger et al (2010) in which fourteen school staff were interviewed about children's mental health revealed that staff felt their mental health was overlooked, leaving them feeling unwilling or unable to consider children's mental health. This led to poorer teacher-child relationships and reduced capacity to contain the emotional needs of children. The researchers concluded that teachers may have unmet emotional needs linked to occupational stress which disrupts their ability to sensitively respond to children's

mental health problems. Significantly, the researchers recommend teachers should experience a school culture which is accepting and encouraging of teachers' need to seek guidance and support for their own mental health in order to increase their capacity to support children. To facilitate this, more time and space is needed for teachers to reflect on the emotionality of their role. As this research was conducted in a secondary school, it is difficult to make generalisations to my own participants who work in primary schools, as secondary staff may experience a school culture which offers different levels of support for their mental health to primary teachers.

Research by Baker et al (2021) explored the impact of the COVID-19 pandemic on teachers' mental health, coping and ability to teach. Using a needs assessment survey at a single point in time, the researchers used teachers' responses to analyse the impact of the COVID-19 pandemic on teachers' mental health, document their needs and use this data to inform the development of policy and resources. The study revealed teachers experienced a range of stressors which impacted their mental health, such as increased job demands, and lack of familiarity with online methods. Complicating factors such as having family to care for at home added to teachers' experience of stress. This led to feelings of inadequacy, uncertainty and worry for many teachers surveyed, which caused many teachers to feel it was "harder to cope" (pp.500). The researchers conclude that teachers have been significantly impacted by the COVID-19 pandemic, with a large number of stressors leading to poorer mental health. Recommendations include supporting mental health through facilitating connection and collaboration between teachers and managing stress and trauma as a whole-school community, with school psychologists identified as best placed to facilitate this support. It is important to note that this research took place in America, meaning teachers' experiences and social stressors are likely to differ from teachers in the UK. Furthermore, the researchers only collected data at a single point in time, which may not reflect teachers' experiences across the duration of the pandemic. Nevertheless, the study highlights the potential impact of EPs to support teacher mental health across the whole school community, although school psychologists in America may have a slightly different role to that of the EP in the UK.

Reflective box

As previously discussed, teachers in my research did not make explicit reference to the impact of the COVID-19 pandemic on their mental health. However, as I reflected on ecological factors which were likely leading to their expressions of frustration, inadequacy and powerlessness, I hypothesised that the COVID-19 pandemic could be subconsciously limiting teachers' capacity to process, manage and respond to their experiences and the impact of these ecological factors.

2.4.2: Self-efficacy

Self-efficacy refers to a person's subjective feeling of competence and their belief that they are capable of exerting control over their environment (Bandura, 1997). Self-efficacy allows teachers to develop a supportive learning environment and form positive relationships (Cooper, 2004) and is a powerful predictor of teachers' attitudes towards providing support for children's mental health (Ransford et al, 2009). Sisask et al (2014) suggested that when teacher mental health is poor, their self-efficacy beliefs around their ability to support children's mental health become diminished. Some evidence suggests that teacher self-efficacy is associated with teachers having more positive attitudes towards supporting children's mental health and being more likely to deliver programmes which support development of children's social and emotional competence (De George-Walker, 2014). Self-efficacy theory may offer some useful directions when considering how to develop experiences aimed at expanding teachers' capacity to support children's mental health and offers practical suggestions for boosting teacher confidence, through strategies such as confidential teacher support systems (Spratt et al., 2006). However, the reliability and validity of self-efficacy must be called into question, as it is recognised that there is no single measure of self-efficacy, as it is a multidimensional construct which is affected by environment and context (Bandura, 2006). Moreover, self-efficacy theory emphasises the agency of individuals to influence their own thoughts and actions (Bandura, 2006) and is illustrative of an individualistic bias in traditional psychology (Orford, 2008). The concept of self-efficacy arises from a view which emphasises autonomy, aptitude and independence, and assumes successes and failures are attributable to the competence or failure of individuals (Orford, 2008). Self-efficacy overlooks the impact of social, economic, cultural and political support, and could lead to excessive responsibility being placed on individuals.

2.4.3: Support for teachers

Teachers are relied upon for early identification and intervention and expected to work with families and other professionals to provide holistic mental health support (Graham et al., 2011). Research suggests teachers can feel unprepared to manage these expectations (Skilbeck & Connell, 2004) and can feel burdened by children's mental health problems as they are faced with little time, support or training in how to respond (Sisack et al., 2014). In a study by Reinke et al (2011), 75% of teachers reported working with students with mental health problems, but only 34% felt they had the skills necessary to provide effective support, highlighting the need for practice to be developed in schools through training, consultation and supervision around children's mental health. The role of school psychologists was again highlighted as playing an important supportive purpose through consultation and supervision, which could develop teachers' confidence to implement support for

children. However, there are limitations to this research, as it uses a sample from one state in America, therefore findings may not be generalisable to the UK. Moreover, the research used survey data, meaning participants were not given the opportunity to communicate nuanced, personalised details of their experiences which could have led to a deeper exploration of the topic.

The concept of containment was developed by Bion (1962) to explore how emotions are received, understood and reflected back by another in a way which allows them to be successfully processed and tolerated, meaning understanding and recognition can be communicated. Research suggests teachers offer containment to allow children to internalise their emotional experiences (French, 1997). Over time, this support will enable children to make sense of these experiences more independently, with less reliance on external support. To prepare, teachers need to learn about emotional aspects of learning and experience being contained by another (French, 1997). Van Hooser (2021) suggests this is even more pertinent given the increased stress levels of teachers during the COVID-19 pandemic. She conducted research into the containing role that art and narrative strategies could play in alleviating teacher tension and stress during the COVID-19 pandemic. She found negative emotions were transformed through facilitating a safe-space and non-judgemental awareness which allowed for internal representations of stress to be embodied through the process of an art-based narrative activity. She suggested teachers should experience art-based interventions as a way of offering emotional containment to reduce job dissatisfaction due to stress. However, this study used a single participant which limits the generalisability of the research. Furthermore, the reduced expressions of stress could be linked to other factors such as the participant's changing ability to adapt to the COVID-19 context, rather than specifically linked the art-based activity.

Support for teachers could be facilitated through work discussion groups (WDGs), which are described as "a systemic discussion of experience of work with small and stable groups of professional workers" (Rustin & Bradley, 2008, p.4). Research indicates that WDGs can support teacher mental health, as they allow teachers to explore the demands of the profession in a safe space which offers containment (Ellis & Wolfe, 2019). Bion's (1962) concept of containment is integral to the facilitation of a WDG, as the power that emotions have on one's capacity to fulfil their role is recognised. The focus of the WDG is to reflect on psychodynamic aspects of emotionality and group processes, rather than simply seeking solutions to problems (Ellis & Wolfe, 2019). Ellis and Wolfe (2019) explored the use of WDGs in specialist settings, facilitated by EPs. Feedback from participants suggested key benefits of using WDGs include: coming together as a group to discuss shared difficulties rather than struggling alone; creating a sense of 'normality' to daily struggles; peer support to facilitate trust and listening; having an 'outsider' facilitate alternative ways of thinking.

The researchers concluded that the value of supportive supervision for school staff must be recognised as a way of managing rumination, stress and burnout. Furthermore, they recommend senior leaders must develop clear policies and guidelines around access to support and supervision for teachers. Whilst this research offers positive and practical suggestions for ways to support teachers, it should be highlighted that the researchers also acted as group facilitators during the research, meaning the subsequent evaluation may not offer an 'objective' view of the WDG process, as experimenter bias or social desirability factors may have impacted the subsequent analysis and discussion.

2.5: The role of schools

Legislation recognises the crucial role schools play in promoting mental health and endorses a whole school approach to offering support (DfE, 2014; NICE, 2008; 2009). A socio-ecological approach to mental health should be favoured (WHO, 2011), focussing on environmental factors that influence growth and development (Bronfenbrenner, 1979, 1986). However, Weare (2004) believes schools often do not see the relevance of mental health promotion and fail to make links to educational outcomes. Moreover, schools can exacerbate mental health problems, through exam pressure and failure to meet individual needs (Weare, 2004). Schools are under increasing pressure to improve academic results each year, with some researchers arguing excessive testing has created an inflexible system where creativity is stifled in favour of 'teaching to the test' (Evans & Lunt, 2002). It is important to reflect upon where school responsibility for mental health starts and ends. Researchers argue if mental health problems are not addressed in schools, young people are likely to face academic challenges and failures (Cefai & Cavioni, 2016). However, Craig (2009) asserts schools are for learning; they are not mental health clinics, and teachers are educators not counsellors. Ecclestone and Brunila (2015) are critical of the national 'rise in therapeutic education'. This belief promotes the idea that educational settings are crucial sites to deliver mental health interventions, creating the view that life events are traumatic, cause damage and cannot be survived without external support. Consequently, children may be viewed as vulnerable, impaired and requiring intervention. Ecclestone (2007) believes education has become flooded with 'wellbeing' discourses. She proposes the concept of 'wellbeing' has become orthodox, despite its wide-ranging and often contradictory definitions, and lack of supporting evidence. Within this argument, she questions the extent to which it is schools' responsibility to address children's mental health problems, as she suggests this could cause children to experience 'emotional vulnerability' which could stay with children throughout their lives (Ecclestone, 2007).

2.5.1: Relational possibilities

Positive relationships in schools foster an environment which enables both children's and teachers' mental health (Hornby & Atkinson, 2003) and allow staff to establish a holistic understanding of children which promotes sensitive, empathic responses to needs (Spratt et al, 2006). Teachers who develop positive relationships with children may be more likely to create caring classroom environments and communicate warmth, compassion and respect (Uslu & Gizir, 2017). Billington et al (2021) recommend establishing relational practices and adopting a relational approach towards children's mental health in schools. In their research, Billington et al (2021) conducted interviews with professionals from across education and health to identify themes which impact on children's mental health. Through the interview process, participants were given the opportunity to share nuanced approaches to supporting children's mental health. The research revealed participants were sharing narratives of "extraordinary commitment" (p.8) to children's mental health, evidenced by their willingness to go above and beyond to offer support. Billington et al (2021) conclude this demonstrates the effectiveness of relational approaches when working with children's mental health. To embed relational approaches in schools, the researchers recommend: acknowledging links between feeling, thinking and the school environment, appreciating the impact of eco-systemic factors on children's mental health, and providing spaces for children to share stories about their own mental health (as well as staff and parents). Unfortunately, this research paper does not contain a detailed account of methodology. Demographics of participants and the data analysis process are not clearly outlined, meaning conclusions about the quality of the research are hard to reach. The research draws interesting conclusions about the development of relational practices but offers no specific recommendations for practice which could be immediately adopted by schools or teachers.

2.5.2: School belongingness

Belongingness is considered a basic human need (Bowlby, 1969) and thought to be a strong motivator of human behaviour (Baumeister & Leary, 1995). School belongingness is defined as "the extent to which students feel personally accepted, respected, included, and supported by others in the school social environment" (Goodenow & Grady, 1993, p. 61). A sense of school belongingness has the potential to make children feel meaningful, valued members of the school community (Arslan & Duru, 2017). Research has demonstrated positive correlations between successful school outcomes, mental health and a sense of school belongingness, but most studies have only been able to report causal inferences (Arslan, 2021). Nevertheless, research indicates that when children feel

they belong to their school community, they experience reduced mental health problems and improved subjective self-reports of mental health (Arslan, 2019).

A considerable body of research indicates that the relationship between teachers and children is a powerful contributor towards a sense of school belongingness (Allen et al., 2021). Relationships are a fundamental human need, and research has demonstrated that early secure relationships between adults and children result in positive outcomes of psychological functioning (Gerhardt, 2015). Allen et al (2021) presented a meta-analysis of research into the impact of teacher-child relationships on school belongingness, and explored research which indicates that children who experience positive relationships with teachers are more likely to report engagement with school (Klem & Connell, 2004). Positive teacher-child relationships are more likely to arise when children experience warmth, nurture and respect from their teachers. The researchers recognised that this is the role of the school community as a whole, rather than placing sole responsibility on individual teachers. The research concludes that teachers should focus on the holistic development of children, through a focus on both academic as well as social and emotional outcomes. It should be noted that establishing strong teacher-child relationships in school could be challenging given the pressure and additional responsibilities on teachers (Allen et al., 2021). Moreover, the impact of relationships with parents and peers must not be overlooked as another contributor to a sense of school belongingness. The construct of school belongingness is multi-dimensional and encompasses many emotional and behavioural components (Allen et al., 2021). Several tools have been developed to measure school belongingness, with the Psychological Sense of School Membership (PSSM) and the School Belongingness Scale (SBS) being examples of two measures used across various academic and cultural contexts. However, measures of school belongingness have been criticised for being over-simplistic when attempting to measure the complex and multifaceted nature of belongingness (Allen et al., 2021). Despite the concept of school belongingness being challenging to measure, Allen et al (2021) recommend that building positive teacher-child relationships is a feasible, accessible and practical strategy to develop belongingness in schools, particularly as there are currently very few strategies which are specifically tailored to develop school belonging.

2.6: The role of EPs

EPs are recognised as 'change agents', as they have the potential to promote optimism, facilitate social and emotional development and encourage culture change, by privileging a whole-school focus on mental health (Roffey, 2008). EPs tend to adopt an ecological perspective, exploring complex reciprocal interactions between individuals and the environment (Wolff, 2014). EPs are well placed to support children's mental health in schools due to their knowledge of psychology, mental

health and school systems, which can be used to facilitate change at many levels (Price, 2017). However, there is a lack of specific guidance around EPs' involvement in children's mental health (Rothi et al., 2008). Furthermore, the broad nature of the role means many EPs feel they do not specialise in mental health, and do not necessarily see themselves as playing a central role (Price, 2017). Despite this, EPs tend to be the first professionals schools turn to when requesting support around children's mental health (Gowers et al., 2004) with more children than ever are being referred to EP services with complex mental health problems (Hanley et al., 2017). Perhaps, as Roffey (2008, p.25) suggests, there are "untapped opportunities" for EPs to provide support to develop school belongingness, promote relational communities and improve teachers' confidence and mental health.

2.6.1: Community psychology

Community psychology aspires "to strengthen the capacity of communities to meet the needs of constituents" (Julian, 2006, p. 68). Community psychology offers a critique of traditional psychology's focus on an individualistic view of people, which it argues has led to the social nature of problems being overlooked. A model of discourse is proposed which emphasises collective understandings and examines culturally adapted ways of life (Orford, 2008). From a community psychology perspective, psychologists need to become conscious of social problems at the 'macro' level, and work preventatively to empower all members of communities (Wolff, 2014). This view is furthered by Khoshkoo (2017) who warns that the profession of educational psychology could begin to stagnate if EPs favour individual and classroom focus over community-level support. However, community psychology has been criticised for being overly academic, and failing to take 'real-world' action to address macrosocial, political problems (Orford, 2008). Critics argue community psychologists speak in 'change rhetoric' but fail to take meaningful action to enable social change (Tseng et al., 2002). Orford (2008) outlines the need for psychologists to create 'second order change', which he defines as "changing the relationships or rules which operate within the system to maintain the status quo" (p.19). He recommends this change should begin by creating opportunities for collaboration and participation by ensuring marginalised voices are sought and heard. Furthermore, all community members should be given the opportunity to contribute to decision making. MacKay (2006) suggests community psychology could address the apparent rise in children's mental health problems. He advises school and community should not be regarded as two separate entities, and suggests the development of 'community schools', in which EPs work as part of a multidisciplinary team to support the needs of local children and families. Taft et al (2020) used an Appreciative Inquiry approach to explore the facilitators and barriers to EPs working at a community

level. The researchers found adopting a systemic perspective and the ability to form and maintain relationships when working as community psychologists were seen as particular facilitators. Barriers to working at a community level included budget cuts, time constraints and increasing segregation of schools from communities. The study concluded that existing EP practices such as consultation and person-centred planning lend themselves to working with wider communities. However, the researchers recognise that motivation for EPs to be involved at a community level may not happen frequently, and tends to only occur as project work following community level critical incidents. The researchers recommend that EP practice should be informed by the following principles: knowledge of the psychology of community cohesion; EP skills and practices; treating schools as communities. However, the research does not generate a clear action plan to outline concrete ways forward. The extent to which EP services across the country are engaging in community level work is unclear and further research is needed to gather a clearer picture of the ways in which EP services are promoting community cohesion and using community psychology in day-to-day practices.

2.7: Research justification

As I navigate a path through this complex landscape, I grow increasingly curious about how teachers perceive and experience the mental health of the children they support. Within my practice, I hear viewpoints ranging from enthusiasm to exasperation. In light of this, I am keen to hear the narratives of teachers and explore their lived experience of mental health within the classroom. I hope to uncover rich, detailed accounts and provide a space for teachers to reflect on their own values around mental health in relation to their teaching practice.

Therefore, I am interested in exploring primary school teachers' lived experiences of children's mental health, which could ultimately lead to a more insightful and empathic way for EPs to support teachers.

Chapter 3: Methodology

In the following chapter, I discuss my philosophical and methodological approach to my research, and how this shaped my decision making and research design. I will explore my positionality and reflexivity within my research and consider why I chose IPA over other methodologies. Principles of phenomenology will be outlined, and IPA will be discussed in detail. Finally, I will explore some ethical considerations and consider relevant quality issues.

3.1: Positionality

Positionality refers to a person's worldview, the position they take towards their research project and the social context in which it takes place (Rowe, 2014). In discussing positionality, the researcher recognises they are embedded within the social world they are researching; they can never be separate or objective (Holmes, 2020). Taking a clear, transparent approach to exploring my positionality will allow me to consider the influence of my social and cultural world on the research process, analysis and outcomes. However, I recognise positionality is not fixed; it is always subject to change as the researcher gains more experience (Holmes, 2020). As previously described, I am an ex-teacher with a keen interest in children's mental health. In many ways, my experience is similar to the participants in my study, meaning I often identify with what was said. Often, this created empathy, which Gair (2012) suggests is essential when attempting to understand the lived experiences of others. I found this 'empathic understanding' helped when employing the double hermeneutic, as I felt I could attempt to 'put myself in their shoes' to consider the sense they were making of their experiences. That said, researchers warn that empathising with participants can silence their voices (as the researcher assumes to know what they mean), or lead to 'over-empathy', where the researcher becomes too emotionally involved in the stories being shared (Watson, 2009; Watson, Irwin, and Michalske, 1991).

To explore my positionality, I considered the extent to which I have insider or outsider status. This refers to whether the researcher is located inside or outside the research group due to group membership, or as a result of their lived experiences (Gair, 2012). As a teacher, I taught children from a socially deprived area of a working-class town, very similar to the area in which I conduced my research. Like the teachers in my study, at times the pressure of providing good quality teaching as well as meeting the mental health needs of the children in my class felt overwhelming. As a trainee educational psychologist, I now assume a different role as an outsider. I 'work alongside' to support teachers as they support children's mental health needs, but feel teachers see me as 'outside' the school system. Some researchers see the insider/outsider dichotomy as over-simplistic, as all researchers are 'insiders' to a certain extent (Breen, 2007; Rowlings, 1999). I feel drawn to

Breen's (2007) notion of 'researcher in the middle', as I occupy both insider and outsider positionings. Here, the insider/outsider dichotomy is seen as over-simplistic. I identify with Ochieng's (2010) exploration of positionality within her research, as she felt she was treated as someone with insider knowledge, meaning at times she could "step into their shoes", but never felt like she was fully "one of them" (p.1731).

An important part of what underpins my thinking about the delivery of educational psychology is the fact that this research was conducted in a Local Authority (LA) that allocates a core offer of Educational Psychology time to each 'cluster' of schools. This is non-traded and therefore the financial cost of the service is located within the LA budget. How educational psychology is delivered in this LA has shaped the thinking about possible implications for my research and EP service delivery.

Reflective box

During the interview stage of my research, I felt compelled to communicate my past experience as a teacher to demonstrate empathy and acknowledgement that I understood the difficulties some participants were describing. During consultations with teachers, I occasionally draw upon my insider positioning to demonstrate that I understand the tensions and pressures of the job, creating rapport which can positively impact the nature of the conversation and outcomes of the meeting. However, during my research, I resisted the urge to share my past experiences as a teacher, as IPA researchers are advised to 'bracket' their own experiences as much as possible in order to become immersed in the world of each participant (Smith et al, 2009). I was also aware that sharing my experiences could 'overshadow' or 'downplay' the idiographic, nuanced experience of each individual teacher which would significantly impact the data I could collect.

3.2: Reflexivity

Reflexivity plays a central role in all qualitative research. This requires the researcher to be involved in an ongoing process of self-appraisal to consider how their experience and positionality shapes the research process (Dowling, 2006). Taking a reflexive approach helps researchers explore and articulate their positionality. Qualitative researchers should embrace the 'self' within their research by working to understand how they have influenced the research process, rather than trying to eliminate the effect (Holmes, 2020). Reflexivity is vital to demonstrate rigor and quality in research; findings become more credible and better understood if contextual relationships between researcher and participants are explored (Dodgson, 2019). Langdridge (2007) advises qualitative researchers to examine their own motivations which could influence the research design, data collection and analysis, and acknowledge their role in the co-construction of participants'

experiences within the interview. For 'novice' researchers such as myself, this is not always an easy thing to do, as it is possible to overlook, miss or deliberately avoid aspects of the self which could influence the research process (Holmes, 2020).

3.3: Aims and research questions

The aim of my research is to explore how teachers conceptualise mental health, specifically children's mental health, how they view their role in relation to this, and how they approach working with children based on these understandings. I interviewed Key Stage Two teachers, as I believe mental health discourse is increasing in primary schools, and wonder how teachers are making sense of this. In focussing on teachers' specific experiences and exploring individual stories of lived experience, I aimed to generate rich understandings as well as a more empathic, insightful, understanding way for Educational Psychologists to provide support for teachers.

Research questions:

- What are teachers' experiences of children's mental health?
- How do teachers make sense of children's mental health?
- What can Educational Psychologists learn from these insights?

3.4: Consideration of alternative methodologies

Onwuegbuzie and Leech (2005) recommend taking the position of 'pragmatic researcher', which involves considering all appropriate methodologies for the research topic before making a well-considered decision about which to choose. I rejected quantitative methodologies as I wanted to gain a deep exploration of teacher experiences and focus on individual perspectives rather than gaining a broad range of generalised information.

In order to clearly justify my reasoning for selecting IPA as the methodology for my research, I will reflect upon the potential use of alternative qualitative methodologies.

Grounded theory: grounded theory involves a process of 'theory generation', where new theories emerge from and are grounded in the data, rather than relying on pre-existing constructs or ideas (Willig, 2008). Grounded theory may have enabled me to generate new theories in my chosen area, but I wanted my research to be exploratory in nature, rather than developing general theory to explain my findings.

Discourse analysis: discourse analysis focusses on how individual perception and reality is socially constructed and conveyed by language and the construction of discourse (Wiggins & Potter, 2008). Whilst I did consider examining teachers' experiences through the lens of language and discourse, I chose not to pursue this, as I did not want to focus my analysis on the minutiae of language to explore teachers' individual experiences.

Narrative research: narrative researchers enable participants to discuss life events in the form of stories and create meaning from these experiences, which gives rise to a deeper understanding (Elliott, 2005). This approach celebrates the complexity of life and can give voice to marginalised groups of people in society (Warham, 2012). Using narrative research would have allowed me to explore the meaning teachers are making from their experiences. However, I chose not to elicit this as a story as I was keen to focus on the way meaning arises from individual experience and the role of the researcher in co-constructing meaning (Langdridge, 2007).

3.5 Phenomenology

Phenomenology is a school of thought rather than a methodology, with contributions over time from many different philosophers. A general way of viewing phenomenology is: a study of human consciousness and how people's perceptions of the world are shaped by their lived experiences (Smith et al., 2009). The subjective experience of the individual is placed at the centre of the research exploration (Mertens, 2009). How an experience appears to the perceiver is more important than what we think we already know about it. Therefore, phenomenology is concerned with individual experiences rather than abstract knowledge of the world (Willig, 2000).

Phenomenology is based on the work of four important philosophers:

Husserl:

Husserl is considered to be the founder of the phenomenological approach (Larkin et al., 2008). Husserl suggested the only knowledge humans can have of the world has to be obtained through consciousness, as this is the only way we experience the world. For Husserl, the question of whether a separate reality from oneself exists is irrelevant; what matters is how we experience reality rather than how reality actually is (Larkin et al., 2008). He believed we are too quick to fit things into our existing experience, and therefore do not see them in their own right. He suggested going 'back to things as themselves', meaning we should attend to what we experience on a conscious level to avoid taking experiences for granted (Smith et al., 2009). According to Husserl, to adopt a

phenomenological attitude, we must explore our perception of the world; towards the essence of experience rather than being consumed by our own assumptions (Smith et al., 2009). To do this, a series of 'reductions' must take place, where the world is 'bracketed off' in order to get to the essence of the phenomenon under scrutiny (Finlay, 2008). Husserl proposed the notion of intentionality: whenever we are conscious, it is always 'of' something (Langdridge, 2007).

Heidegger:

Heidegger argued it is not possible for people to detach themselves from their experience in the way suggested by Husserl, as people are inseparable from their social world. We must instead interpret our experience within our social, cultural and historical contexts (Langdridge, 2007). Heidegger suggested knowledge is not possible outside of interpretation, as knowledge is grounded and constructed within the lived world (Smith et al., 2009). Heidegger saw people as always 'in context'; grounded in the social nature of their existence, which he referred to as 'being-in-the-world' (Larkin et al., 2011). He proposed the term 'intersubjectivity', which describes how we relate to, communicate with and make sense of one another (Larkin et al., 2011).

Merleau-Ponty:

Merleau-Ponty was interested in the contextualised nature of experience and shared Heidegger's notion of 'being-in-the-world' (Finlay 2008). For Merleau-Ponty, our 'being-in-the-world' is embodied, as the body shapes our knowledge and experience of the world (Larkin et al., 2011). Consequently, a person can never know another's experience entirely, even when their experiences are very similar (Smith et al., 2009).

Sartre:

Sartre believed consciousness is something we are constantly creating; it is an ongoing project which is shaped through the process of experience (Smith et al., 2009). Sartre saw people in an ongoing process of sense making and 'becoming' which has no beginning or end, and is constantly shaped through experiences and interactions (Langdridge, 2007).

3.6: Interpretative Phenomenological Analysis (IPA)

IPA is a research method borne out of phenomenology. IPA aims to explore the unique, individual process of sense making by looking in detail at each participants' account of their experience (Brocki & Wearden, 2007) and how they assign meaning to a certain phenomenon (Hood, 2015). The ultimate goal is to explore personal and shared experiences of a small group of participants. This is

done either through collecting data verbally or reading and analysing texts (Smith et al., 2009). Typically, IPA studies utilise the semi-structured interview technique to focus on the experiences of a small number of participants. Data is analysed in detail to create themes for each participant, and then comparisons are made across the group as a whole to offer an interpretation of the experiences of participants (Langdridge, 2007). This is recognised as a dynamic process, where the researcher attempts to get as close to the participants' experiences as possible, whilst appreciating the influence of their own interpretations and positioning as an essential aspect of the analysis stage (Smith et al., 2009). The researcher should aim to select a 'homogenous sample', meaning the participants share similar experiences. This allows the researcher to compare their experiences and draw conclusions which will be meaningful for all participants. However, this also means conclusions are not intended to be generalised across a population, as findings are limited to this particular group. In the case of my research, all participants were key stage two teachers who taught in the same small geographical region of a large city.

3.6.1: Hermeneutics

IPA lays its roots in hermeneutics; the theory and methodology of interpretation. Within phenomenology, this idea was explored by Heidegger, who proposed that understanding involves interpretation (Langdridge, 2007). Smith et al (2009) discuss the use of a 'hermeneutic circle' within research, referring to the reflexive and dynamic process of interpretation the researcher goes through as they engage with the data (Hood, 2015). The analysis process is iterative; "to understand any given part you look to the whole; to understand the whole, you look to the parts" (Smith et al., 2009 p27). Within my research, I will analyse teachers' discussions of their experience, following an iterative cycle to interpret their experiences of children's mental health.

3.6.2: The double hermeneutic

Within IPA, themes are generated through the 'double hermeneutic'. This involves the researcher making sense of the sense making the participant is involved in. The researcher should acknowledge that each individual response is based on the participant's unique interpretations and embodied nature of their experience. This is where the double hermeneutic can be seen: the researcher is making sense of the participant making sense of their experience. The researcher occupies a dual role here; they are similar to the participant in that both are sense making, but they can only access the participant's experience via how they choose to report and make sense of it themselves (Smith et al., 2009). It is important to emphasise that my research adopts a double hermeneutic process of sense making, whereby I discuss my interpretation of teachers' interpretations of their experience.

My analysis should be viewed from this position, rather than being seen as a claim to directly analysing teachers' experiences.

3.6.3: Ideography

IPA is idiographic in nature, meaning participants are seen as individuals who are situated in unique contexts. This involves a detailed exploration of each participants' lived experience. For this reason, each experience is seen as specific to a particular culture and time in history, and is therefore not generalisable (Smith et al., 2009). Consequently, I will not seek to make general claims that the experiences of the participants in my research represent stable 'truths', but rather represent an endeavour to interpret the experiences shared at the time when they were interviewed (Smith et al, 2009).

3.7: Evaluation of IPA

IPA is celebrated as a research methodology which makes phenomenology accessible to novice researchers or those with little prior knowledge of philosophy (Polkinghorne, 1989). Not all researchers agree however; Giorgi (2010) proposed phenomenology has had limited influence over mainstream psychology as its underpinning philosophy is hard to grasp. Whilst IPA is the methodology I feel best fits my research area, it is important to acknowledge and discuss the limitations of IPA as a research method.

IPA relies on language as the means for participants to communicate their experiences, and rests on the assumption that language has 'representational validity' (Willig, 2000). However, social constructionists propose language constructs reality rather than describes it. From this perspective, language adds meaning to an experience, therefore can never be used to directly access the essence of an experience. Language shows us how people speak about an experience rather than the experience itself. However, this criticism may not concern the IPA researcher, who is aware that we do not seek to see the direct experience itself, only an interpretation of it. Heidegger believed the only way we can understand the nature of our experiences is through the language we use to represent these experiences (Heidegger, 1962). Within my research, I analysed how teachers express experiences of children's mental health rather than seeking to engage with the experience itself. I recognise that because IPA makes use of the double hermeneutic, my interpretations of these experiences will be influenced by teacher's use of language, as well as my own understanding.

Willig (2000) notes that IPA research does not attempt to explain or interpret experiences, but relies on descriptive methods to document a person's experience. Without attempting deeper exploration of a phenomena, we may lessen our understanding. To gain a more in-depth explanation and

interpretation of someone's experience, we ought to be aware of the social, historical and cultural contexts which give rise to experiences and interpretations of these. Within my research, I have situated participants within their social, economic and political experiences by demonstrating a reflective awareness throughout the research process.

3.8: Ethics

Throughout my research, I followed guidance from the BPS Code of Ethics and Conduct (2018) and the HCPC Standards of conduct, performance and ethics (2016). Ethical approval was given by The University of Sheffield's School of Education Ethics Panel in May 2021 (Appendix 2).

To ensure participants gave their informed consent, I produced an information sheet which clearly outlined the aims and procedure of my research in accessible language (see Appendix 4). Alongside this, participants were offered the opportunity to ask questions and discuss my research further both before the study via email or telephone and again at the start of the research interview. Prior to taking part, I asked participants to sign a consent form (see Appendix 5) to indicate they had read and understood the information sheet and gave their consent to be involved. As the interviews took place virtually, I read through the consent sheet again with participants at the start of the interview to ensure they continued to give informed consent. Throughout the research, participants were reminded they could withdraw at any point up to 1st August 2021, at which point the data analysis would begin. I asked participants at the end of the virtual interview whether they were happy for the answers they shared to be used in the research.

I was aware that participants were discussing a sensitive area of their practice and may be concerned about the confidentiality of their responses. I assigned participants pseudonyms to create anonymity and minimise the likelihood that their responses were identifiable. Participants were asked to refer to individual children using a pseudonym, to minimise the chance of identification. Participants were reminded of the circumstances under which confidentiality may need to be broken, such as the disclosure of safeguarding concerns.

Due to the potentially sensitive and personal nature of the topic, there was a chance that participants could become upset during interviews. I reminded participants that we could take a break or skip questions if needed, and monitored their body language and responses throughout the interviews. At the start of the interview, I encouraged participants to identify a source of personal support should they feel they needed it afterwards. At the end of the interview, I checked how participants felt and offered a further debrief should they need it.

3.9: Quality of research

My research is qualitative, meaning it takes the epistemological stance that any knowledge we can gather about the world or individuals within it is bound to and guided by our own experiences and interpretations. Therefore, ways of establishing quality and rigor in research which focus on reliability and internal and external validity are inappropriate, as they subscribe to the positivist notion that there is a fixed reality which can be objectively observed and measured.
However, Yardley (2008) recognises the need for some way of establishing the utility and validity of a piece of qualitative research. She proposed a set of guidelines as a way of demonstrating quality in qualitative research. Below, I will explore how I fulfilled each one within my research.

Sensitivity to context: this involves showing a critical awareness of relevant research philosophy, theory and literature, as well as sensitivity to the social, economic, cultural and historical I am gathering data in, and how this might affect both the responses of the participants and the analysis by the researcher. Throughout my research, I aim to be reflective and reflexive about the contexts my participants and myself are working in and influenced by. I offer reflective boxes which explore this in detail, as well as answering Langdridge's (2007) reflective questions pre and post research, and keeping a reflective diary which maintains a focus on the impact of context and relationships (See Appendix 14).

Commitment and rigor: the researcher should be competent and demonstrate a thorough approach to collecting data, conducing analysis and discussing findings. Before beginning my research, I read widely around phenomenological approaches and IPA. I made use of a pilot study to refine my interview schedule and practice my interview technique. During analysis and discussion of findings, I drew on psychological knowledge as well as practical experience from current and previous roles.

Transparency and coherence: every stage of the research process should be clearly written and explained to the reader. The process of data collection and analysis should be transparent and any claims should be clearly justified and rooted in the data. Links to discussions should be logical and presented in a meaningful way. I made effective use of supervision both from my university research supervisor and field work supervisor in order to explore and critique my work to ensure high standards of work. I conducted and reported my analysis and discussion in a methodical, transparent way to my work is coherent and my claims are justified and rooted in the data.

Impact and importance: the research should have value in developing the research area. It should impact how others see the research topic and have clear applications for professional practice. The research topic of children's mental health, and teachers' experiences in this area is highly relevant to professional EP practice. In choosing to use a research method which aims to explore a small number of teachers' experiences in-depth, I hope I am shedding light on the perceived reality of children's mental health and how it feels for the teachers who are working with children on a daily basis. It feels important to hear how those who are 'on the front line' of children's mental health are experiencing and perceiving this role, and consider what professionals can learn from these experiences.

Chapter 4: Procedure

In this chapter, I will describe the design of my research. I will discuss sampling, recruitment and the data collection process. Finally, I will explain the transcription and analysis procedure used.

4.1: Research design

Ontology refers to the nature of reality and existence. Epistemology is the study of knowledge, what knowledge actually is and if/how it can be acquired (Willig, 2008). My research takes a phenomenological approach, assuming that an experience is real to the individual subjectively experiencing it, but is constantly subject to interpretation and re-interpretation both by the self and others. I believe knowledge is subjective and can be found within the constructed reality of individual experiences (Ponterotto, 2005). My research aims to engage in a dynamic process of sense making, whereby participants verbally express their own unique experiences through a subjective lens. This will be highly personal and individual, and will fluctuate depending on social and temporal contexts. It may also be shaped and co-constructed during the process of verbally communicating with others. As a result, I make no claims to truth, rather, I aim to explore different constructions of reality which emerge from the iterative cycle of sense making which occurs between myself and my participants.

4.2: Context of sample

I used the following selection criteria to select and recruit participants:

- All teachers must be currently be working in mainstream primary schools
- All teachers must believe they had experience of children's mental health
- All teachers must be prepared to discuss their experiences of children's mental health at length.

This gave the sample a level of homogeneity, and ensured participants' experiences were similar enough to allow a detailed analysis of patterns of divergence and convergence. All participants taught in the same small geographical 'inner city' region of a larger city. This region is classed as within the 'most deprived decile' on the English Indices of Deprivation (Ministry of Housing, Communities and Local Government, 2019).

4.3: Recruitment

To recruit participants, I sent a flyer to a group of Special Educational Needs Coordinators (SENCOs) in the 'cluster' of schools in which I am completing my training placement (see Appendix 3). I asked these SENCOs to disseminate the flyer to all key stage two teachers in their school. Teachers were

instructed to email me to express their interest and request further information, which was sent in the form of an information sheet and consent form (see Appendix 4 and 5). The first four teachers who responded and completed a consent form were selected, with any further volunteers placed on a 'waiting list' should someone withdraw. Participants were welcomed to contact me for further information via email or telephone throughout the recruitment process. I was able to recruit four participants for my research, which was in line with guidance from Smith et al (2009) who recommend three to six participants as the ideal number for IPA research.

Table 1: Overview of each participant

Pseudonym	Year group taught (June 2021)	Age	Years of teaching
Sam	3/4	30-39	Over 10 years
Tom	3	20-29	2-5 years
Kate	5/6	20-29	2-5 years
Charlie	5/6	50-59	Over 10 years

Reflective box

I decided to recruit teachers from the schools in which I am completing my placement as a trainee EP. As the recruitment took place during the COVID-19 pandemic, I was concerned that I would struggle to recruit teachers, as staffing issues and current pressures may have prevented them from finding time. As I have developed positive working relationships within my own schools, I felt teachers may be more likely to volunteer, which was indeed the case. Initially, six teachers volunteered, but one withdrew and one did not return a consent form. Recruiting from my own schools could have created some challenges around boundaries, as some teachers may have known me as the school EP. It was necessary to draw a clear distinction between my role as the school EP (who may problem solve around individual children and offer follow-up intervention or support) and my role as researcher (who hoped to discuss in-depth an area of practice, with no expectation of problem solving or follow-up work). I made this distinction clear both in my 'Information Sheet' and at the start of the interview. Before beginning my research, I wondered whether my role as the school EP would make teachers hesitant to their experiences of children's mental health. They may see me as an 'insider' within the school system, and could be concerned that their thoughts would not remain anonymous due to my close working relationship with the SENCO. Thinking back to my experience of each interview, I did not feel any teacher appeared hesitant to express their thoughts and feelings in a well-considered, open and honest way. This

could be due to my efforts to build rapport at the beginning of the interviews, coupled with information regarding anonymity being shared several times beforehand. I also believe an open and respectful school ethos contributed to this, as I believe each participant felt safe and comfortable to share their views honestly without fear of repercussions. Furthermore, I wondered whether my role as a psychologist created a sense of trust, as participants positioned me as a professional one speaks openly and candidly to.

4.4: Semi-structured interviews

I conducted semi-structured interviews, which lasted between forty-five minutes and one hour and ten minutes, using audio recording equipment to capture each interview for later transcription. I developed a 'first draft' interview schedule using guidance from Smith et al (2009) around 'good' questions in IPA. The purpose of an interview schedule is to loosely frame the direction of the interview, but the researcher should follow up any interesting topics with further questions if they feel they are relevant to the research questions. This means both the interviewee and the researcher are actively involved in co-constructing the data produced (Smith et al, 2009). During a 'good' semi-structured interview, the researcher should talk infrequently, using open questions to encourage the participant to talk at length whilst being mindful to avoid leading the interviewee or making assumptions based on prior knowledge. The researcher should aim to develop rapport with the interviewee to put them at ease, listen attentively throughout and be prepared to move away from the schedule if the interview is taking an interesting course which is within the remit of the research questions (Smith et al, 2009). To maintain a reflective and reflexive approach, I made reflective notes both during and immediately after each interview containing my thoughts and feelings about what was being said, as well as noting aspects of the interview which appeared particularly sensitive, emotive or important for the interviewee. An example of some interview reflections can be found in Appendix 8.

Reflective box

Initially, I hoped to conduct face-to-face interviews for my research. However, as they were planned to take place in June 2021, COVID-19 restrictions prevented this. I was initially resistant to this, as I felt holding interviews virtually would be challenging. Indeed, I did find it difficult to develop and build an initial rapport, to put participants at ease and encourage them to share their experiences honestly and openly, as a lot of non-verbal aspects of communication are lost in the virtual world. That said, virtual platforms have been widely used for over a year and I felt all my participants were so used to using this form of communication that it was not a barrier to in-

depth exploration of children's mental health. I used the phrase 'conversation with a purpose' (Smith et al, 2009) to reassure participants about the nature of the meeting, as I was mindful that framing it as an 'interview' might give rise to uncomfortable memories of interview experiences in the past. I was also aware connotations of the word 'interview' could make participants feel they are being put on the spot and expected to provide me with 'right answers'. I found the phrase 'conversation with a purpose' useful to avoid this.

4.5: Pilot study

I conducted a semi-structured interview with a volunteer Special Educational Needs Coordinator (SENCo) who is also a class teacher. The purpose of this pilot study was to run through my interview schedule to consider how appropriate the questions are. It also allowed me to practise my interview skills, which are essential when using IPA as a methodology, as the aim is to elicit deep, rich information. Reflections on this interview can be found in Appendix 6.

Reflective box

As a trainee educational psychologist, I am constantly working to develop my skills in consultation, such as active listening, eliciting exceptions and solution finding. Conducing IPA interviews requires a very different skill set which I am much less practiced in. I found the pilot study incredibly helpful to 'try out' and develop my interview technique. Immediately after the interview, I had a short 'reflection session' with the SENCO to discuss how she felt, her perception of the questions and my technique as an interviewer. I also scheduled a follow up meeting for any subsequent reflections which came into her mind afterwards. These conversations were extremely valuable in shaping the final interview schedule and allowing me to refine my interview skills before the data collection began.

A copy of the final interview schedule can be found in Appendix 7.

4.6: Transcription

After completing each interview, I transcribed verbatim. I found this process allowed me to engage with the responses of each participant and start to feel 'immersed' in their lived experiences. Once the process is complete, Smith et al (2009) recommend reading the transcript and listening to the recording as the next step towards familiarisation with the data.

An example of my transcription can be found in Appendix 9.

4.7: IPA analysis procedure

My analysis followed the procedure outlined by Smith et al (2009)

Table 2: Analysis procedure outlined by Smith et al (2009)

Step 1	Reading and re-reading	The researcher immerses themselves in their data by listening to the audio recording and reading the transcript in an attempt to engage with the participant's experiences. During this stage, I made note of any reflections on what was said, what I believed participants were thinking or feeling and my own responses. This helped as I found I was able to consider aspects of experience which I felt were most relevant and emotive to each participant and to myself as a researcher.
Step 2	Initial noting	This involves a close examination of semantic and language content to create a detailed set of notes for the data. Descriptive comments allow the researcher to describe the participant's original experience. Exploratory comments add a layer of interpretation, as the researcher attempts to consider what is said at a conceptual level.
Step 3	Developing emergent themes	The previous stage will create a large amount of data. The next task is for this to be condensed into emergent themes. Exploratory comments are largely used to create themes which reflect and combine the participant's description of the experience with the researcher's interpretation.
Step 4	Searching for connections across emergent themes	The researcher looks to group emergent themes together to create superordinate themes, aiming to demonstrate how emergent themes relate to one another. Smith et al (2009) use the term 'abstraction'; grouping together similar emergent themes.
Step 5	Moving onto the next case	the process is repeated for each participant. As the researcher moves to the next case, they should attempt to 'bracket' the analysis from all previous participant's, in order to treat each case individually and allow new themes to emerge.

Step 6	Seeking patterns across cases	Superordinate themes from each participant are drawn together to identify master themes. Here, the researcher seeks to discover connections between cases and which themes are most relevant to the research questions. As well as exploring similar themes, it is important to note areas of divergence, to represent idiosyncrasies and nuances in the response of each individual participant.

Reflective box

I found the process of analysis initially quite overwhelming due to the depth and amount of data I had gathered. Smith et al (2009) advise there is no one way to do IPA, and recommend a good degree of flexibility withing the analysis procedure. However, as a novice IPA researcher, I was 'stuck' in the notion of 'getting it right' and felt the need to rigidly follow the six-step process they outline. As I moved through each case, I noticed I became more confident during the analysis stage, which led to greater flexibility and reduced the need to use the procedure rigidly as a safety net. I hope this allowed me to engage with cases creatively whilst retaining a thorough, analytic focus.

Chapter 5: Interpretative Phenomenological Analysis

To help familiarise the reader with each participant, I will begin this chapter by offering a 'pen portrait' of each individual. These descriptions are based on my reflections during and after interviews and will allow me to provide context to my data collection and analysis.

I will then present my interpretative phenomenological analysis of the data, which will be both descriptive and interpretative in nature. My interpretations will be developed further in later chapters, when I will make links to the literature review and answer the research questions.

5.1: Pen portraits of participants:

Sam

Sam was the first participant I interviewed. Her interview lasted just under one hour in total. Sam shared very few personal details or reflections; she kept the focus of the interview on her classroom and role as a teacher. I got the impression that Sam had clearly formed beliefs about mental health, as she spoke articulately and confidently throughout. She gave helpful examples to illustrate points she made, which allowed the interview to 'flow' with very few prompts needed from myself. Sam seemed passionate and positive about her role in supporting children's mental health.

Tom:

Tom gave the longest interview, at one hour ten minutes in total. Tom openly shared his own personal experiences with mental health and how these shape his approach to children's mental health. As Tom explored his own lived experience throughout the interview, he appeared to become less clear about his own views. He changed his mind several times, which gave the impression that Tom had not formed clear, rigid views about mental health. At times, it was not easy to follow the point Tom was making, and I found myself asking him to clarify his points on several occasions. Tom seemed to use the interview as an opportunity to voice his concerns around mental health and made reference to dissatisfaction with current education and health systems on numerous occasions.

Kate:

Kate's interview was the shortest, at forty four minutes. To begin with, Kate seemed nervous. She gave short answers and appeared a little flustered. I felt compelled to offer prompts and reassurance in order for her to expand on some points. As the interview progressed, this lessened and she became more relaxed and open. I wondered if Kate's initial hesitance was due to the emotive and personal nature of the topic, as Kate became upset halfway through the interview when she tentatively reflected on personal experiences around mental health.

Charlie:

Charlie's interview lasted for fifty three minutes. She presented clear, unwavering views about factors which affect mental health and how teachers should respond. Charlie referenced her extensive experience as a teacher on several occasions, and I wondered whether she was subconsciously using this to validate or legitimise her answers. During Charlie's interview, I particularly noticed how context shaped her responses, as she discussed the impact of poverty on mental health on a number of occasions.

5.2: Presentation of themes

Ten superordinate themes were identified, which were grouped into four master themes, as shown below:

Table 3: Master themes and Superordinate themes

Master themes	**Superordinate themes**
Environmental factors	The impact of environment and context on children's mental health
	Difficulties children experience
	Language around mental health
Relational approach	Relationships as a protective factor
	There should be a team approach to offering support
	The power and importance of talking
The impact of and on teachers	Teacher ethos, attitude and role in mental health
	The impact on teacher mental health
	Support needed for teachers
Mental health as a personal and individual experience	Mental health as a personal and individual experience

As analysis took place for each participant individually first, superordinate themes for each participant show variation and difference. Because of the nature of the subject area and the methodology used, I grouped these themes to create a convergent analysis, and a shared label was given. It is important to note that another way of appreciating the data is through examining intersectional connections, to explore how different master themes relate to one another. This is something I will explore further in the 'discussion' section.

I will discuss each master theme in turn, considering each participant's individual expression of their lived experience as a way of structuring the analytic account.

Throughout the analysis I will refer to excerpts from transcripts, to underline my interpretations and the experiences of participants, as well as contribute to the validity of the research.

For each superordinate theme, I will discuss what I think are the most relevant quotes. For every participant, there were many other relevant individual expressions identified, but within the restrictions of this thesis there will not be space to present these.

5.3: Master Theme 1: Environmental Factors

I gave this master theme the title of 'environmental factors', as it captures the varied discussions around contextual factors which can protect or harm children's mental health. Throughout the interviews, every participant discussed the complex interaction of societal, economic and cultural factors which impact children's mental health. This did not appear easy for participants to make sense of, as they discussed complex and sometimes conflicting ideas around the impact of environmental factors on mental health.

Table 4: Master theme 1: Environmental Factors

		Individual expressions of superordinate themes			
Master theme	**Superordinate theme**	*Sam*	*Tom*	*Kate*	*Charlie*
Environmental factors	The impact of environment and context on children's mental health	A safe, accepting, inclusive school environment	Taking an ecological perspective: the impact of context	Negative responses of others. The impact of COVID The impact of poverty and disadvantage. The impact of parental mental health	Factors within society and culture which negatively affect mental health Impact of poverty and deprivation on mental health Whole school support for mental health Mental health problems school can create
	Difficulties children experience	Some children need a teacher to step in. Difficulties children face in school (seen by teachers). Issues to be wary of. Some children need more targeted support	"young people need so much more support"		Rising mental health problems Mental health problems teachers see
	Language around mental health	The impact of diagnoses on mental health	"if you put a label on something, it has a negative connotation and people will automatically judge you"		Ambiguous use of language around mental health

5.3.1: The impact of environment and context on children's mental health

All four participants talked about how the context and environments children inhabit can have both a positive and negative impact on mental health.

Sam

Sam only considered the impact of the school environment, which was richly explored and returned to time and time again:

"I think my job is to create that environment where, this is our classroom, and our space, and this is a place where we can be ourselves." (214, 215)

Sam perhaps feels she has control and agency within her classroom; she focusses her energy here as it is the context where she feels she can have a positive influence on children's mental health. She repeats "*our*", and discusses being "*all in it together*" (349) which indicates equality and a shared sense of responsibility between everyone in the classroom. Sam suggested teachers should create a sense of safety to promote mental health, and implied this can be achieved if children feel accepted and able to express themselves authentically:

"I see my role as making sure that children feel safe" (209)

Sam advocated adapting the classroom environment, rather than expecting children to adapt:

"I think by creating that positive environment and communicating that it was ok, that he has stopped presenting behaviour that challenges." (363, 364)

I interpret that Sam feels it is the teacher's responsibility to demonstrate acceptance and create a safe, inclusive classroom environment in order to support children's mental health.

Reflective box

It is interesting that Sam did not discuss other environments which a child inhabits, such as home. She appeared to focus solely on the school environment and what she felt she could do as a teacher. I wondered whether this was due to the 'public' nature of my research, as I had discussed the likelihood that my research could be published in a peer reviewed journal. Perhaps Sam was being cautious, to keep the focus on herself and not speak about or for others.

Tom

Tom considered the impact of children's home environment on their mental health. He indicated his belief that experiences in one environment can manifest as problems in another. He suggested teachers must be mindful of a child's home context as this might be the cause of difficulties seen in school:

"Something I often notice is if I know there is a change going on at home and then a change slips in at school." (209, 210)

Tom suggested parents may not be able to listen when children discuss mental health, which can create a dismissive attitude:

"I imagine lots of parents might have said "well I've got loads of things at the moment, you can't be stressed, look what I have got to do". But they should just take a second and listen to what the child has said to them." (114, 115)

I infer that Tom finds this problematic, as his view seems to imply the impression that parents are not fulfilling their responsibility in supporting mental health. As a result, this places greater responsibility and pressure on teachers, as they are forced to assume additional roles:

"So teachers have to identify what a child is going through and we have to become a therapist. We have to counsel children in understanding it is ok to not be ok." (184,185)

Tom appeared to indicate his frustration at the problems parents can cause for children, which teachers must repair. It seemed somewhat of a contradiction that Tom then went on to discuss his perception of how the school system can cause problems for children's mental health, and considered how overemphasising academic progress can prevent emotionally-based teaching:

"None of it is emotionally based, socially based, erm, none of it is that. It is all academic. Not all children learn, not all children are academics. Some children struggle at school but learn through dance and drama and movement" (425-427)

However, I inferred that Tom feels the current school system, rather than individual teachers, can be restrictive and oppressive for some children who do not experience academic success. The implication of this view suggests a damaging impact on self-esteem and motivation, which contributes to poor mental health.

Reflective Box

I noticed that Tom presented different, somewhat contradictory opinions as he spoke about children's mental health, and seemed to quickly slip between viewpoints. Perhaps this was due to the complex nature of the topic, and the possibility that he was forming and re-forming his positioning as we spoke, using the interview in an attempt to sense make.

Kate

In terms of environmental factors, all Kate's individual expressions fell under the superordinate theme of 'The impact of environment and context on children's mental health'. She specifically discussed the impact of poverty and disadvantage:

"because we are in such a disadvantaged area, the environmental factors have such a big impact on mental health" (183-185)

I inferred that Kate believes children who live in disadvantaged areas encounter environmental stressors which adversely affect mental health. She used words such as *"big" (184)* and *"massive" (201)* to emphasise her perception of the scale of the problem.

Kate discussed the impact of parental mental health on children:

"There are a lot of parental mental health issues that haven't been resolved such as anxiety and depression and that can be really difficult for the children as they tend to mirror behaviours that they see at home." (92-94)

I interpreted that in Kate's experience, parents play a significant role in shaping and developing the mental health of their children. This belief implies that parents 'pass on' mental health problems to their children through modelling coping mechanisms which children mirror. For Kate, this negative cycle will not be broken unless parents and children are taught healthy coping responses to improve their mental health.

Reflective box

Kate's body language and tone of voice gave the impression that she feels overwhelmed by the environmental factors which impact children's mental health. She tended to discuss difficult experiences, and I wondered whether this revealed Kate's understanding of the phrase 'mental health' as something negative and problematic. Additionally, perhaps difficulties came to mind

because she was speaking with a professional who tends to be consulted when there is a problem. Her prior experiences and assumptions of the EP role may have led her to frame the interview as problem-focussed, which shaped her responses to my questions.

Charlie

Charlie spoke at length about aspects of school and home environments which could both promote and impair children's mental health. She talked about the negative impact of poverty on mental health throughout the interview:

"This just creates a chaotic home atmosphere where life is difficult, which is not good for mental health either. So I mean, the kids at my school have more challenges." (98-99)

Due to her experience of teaching in deprived areas, Charlie has assumed an explicit link between poverty and poor mental health. This view seems to imply that poverty is a significant risk factor for children's mental health.

Charlie also discussed aspects of the school environment which can affect children's mental health:

"the amount of testing we do is not good for children, to be honest." (119)

She suggests that testing is done too frequently, which has potential to damage children's self-esteem. However, she believes some testing contributes towards a good education:

"So [pause] we do need to test and we do need to educate them. But [pause] I think we need to be very careful in the way we do it" (123-125)

I interpret that Charlie believes schools must strike a delicate balance between providing a robust education to give children raised in poverty the best chance in life, and putting excessive pressure on children which risks creating a sense of failure. This perhaps indicates at Charlie's assumption that adults hold significant power to promote as well as damage children's mental health.

Reflective box

Although each participant's responses were highly personal and individual, I interpretated a common feeling of exasperation. I conducted my interviews at the end of a difficult year for teachers, due to the ongoing impact of the COVID-19 pandemic both globally and in schools. I

believe these circumstances affected how teachers perceived and discussed mental health, as teachers were no doubt feeling stressed and exhausted.

5.3.2: Difficulties children experience

Sam, Tom and Charlie discussed environmental difficulties some children are faced with which can have a detrimental effect on mental health.

Sam

In Sam's experience, children do not recognise the difficulties they face and require a teacher to identify and provide emotional support:

"I think it's quite difficult for a person themselves to identify that, especially a child, that there's something wrong and they need help" (28-30)

This suggests Sam positions children as vulnerable and helpless without teacher intervention. This view gives the impression that teachers have a great deal of responsibility for children's mental health, as without them, children might be incapable of helping themselves.

Sam believes some children are not able to discuss problems, as they have encountered dismissive teachers who have not been open to hearing their concerns:

"I think in her mind she was just like, they are silly, and I would just be like "oh you're fine don't worry about it" because I think she has had that experience in the past." (246-248)

This view further emphasises the power and responsibility Sam suggests teachers hold to promote or impede children's mental health. Her view appears to imply that an open attitude towards identifying and supporting children's mental health is needed by teachers.

In Sam's experience, externalising challenging behaviours would indicate a mental health problem:

"*So they are producing that behaviour that challenges to essentially communicate "I need help" but without them realising that's what's going on." (60, 61*)

Sam implies that teachers must see beyond challenging behaviour to unpick what the child is communicating. She believes teachers must view behaviour as communication of a mental health need. Her belief suggests failure to do this could result in children being labelled *"naughty" (59)* which could be stigmatising and prevent access to appropriate support.

Tom

Like Sam, Tom suggested that children are reliant on teachers to help them make sense of their feelings:

"We have to ask open questions to help children to help us identify and understand what is going on. Sometimes children might tell us fibs, so it is about knowing when this is happening." (186-188)

When Tom says "*tell us fibs" (188),* this suggests he thinks children are unable to accurately interpret or express their mental health, and therefore misrepresent it to others. This view positions teachers in the role of a powerful 'expert', as they must recognise how each child is feeling and explicitly teach them how to accurately communicate this to others. His view gives the impression that children are unable to manage their own mental health without adult intervention.

Tom discussed aggressive, externalising behaviours as ones which would make him feel concerned about a child's mental health:

"maybe some anger, becoming aggressive towards peers" (208, 209)

It seems in this situation, as Tom talked about the particular child he had in mind, he found the disruptive externalising behaviour he described particularly challenging.

Charlie

Charlie spoke at length throughout her interview about increasingly complex mental health problems in children, which manifest as challenging behaviour in the classroom:

"when I went into teaching, which is quite a while ago now, fourteen years ago, a child would never have said that, it is something that has happened in the last few years." (10-12)

Charlie discussed environmental stressors, linked to poverty and deprivation, which have a significant impact on children's mental health:

"But when children go home, the situations they go home to are completely out of my control and I feel like the good work we do at school gets undone." (240-242)

I interpreted that Charlie feels frustrated and powerless. She feels the positive impact she makes whilst children are at school is futile when children return to deprived home environments. For Charlie, this is a source of considerable tension and worry, as she feels powerless to make a positive impact.

The problematic behaviours Charlie discussed were predominantly challenging, outward expressions which disrupt learning. She discussed interpreting this behaviour as indicative of a mental health need:

"I have got, you know, quite a few children whose behaviours are challenging, those behaviours are showing me the children are experiencing some form of emotion, which is being displayed in the behaviour" (212-214)

I infer that Charlie relies on this interpretation to develop empathy with the children she teaches, as a way of reducing the emotional impact on herself. To see the child as a product of difficult environmental circumstances helps her provide authentic care and not become disheartened by the challenging behaviours they demonstrate.

Reflective Box
As we were beginning the interview, Charlie told me she was feeling tired and overwhelmed, having had a difficult day with her class. This could have led her to disproportionately focus on challenges within her classroom. This seemed to be an emotive issue for her, which she spoke about several times throughout the interview.

5.3.3: Language around mental health

Sam, Tom and Charlie referred to the way language is used around mental health, and considered the potential impact of this.

<u>Sam</u>

Sam touched upon the importance of knowing about a child's diagnoses in order to be aware of any environmental challenges and provide the right support:

"I have got a child in my class who is diagnosed with autism. And he had a really tough time coming into class in September. He found it really difficult; he found the change difficult from his previous class and teacher, he found the whole new environment and routines and rules just mind blowing" (341-343)

I believe Sam holds the view that a diagnostic label is the key to understanding and meeting a child's needs. Her view seems to suggest that diagnoses are positive, as they foster empathy and help the

teacher make sense of the child's individual needs. She is perhaps also implying that without a diagnosis, a child's behaviour may be viewed differently, for example, seen as 'naughty'.

Tom

Tom presented a complex, lengthy discussion of how language and labelling can be both positive and negative. He explored how labels could be used to discriminate and imply deficit:

"here's my thing: people think labels are a bad thing because they can bring a sense of [pause] er, almost less worth or that someone can use that label against you." (99, 100)

From this perspective, he believes those with a label are seen as defective. He implies that people have no control over the labels they are assigned, which creates a sense of powerlessness:

"automatically by saying that label someone is going to judge you for being mentally ill." (107)

However, he went on to consider how labels could be used to normalise mental health problems and encourage people to be honest about their experiences:

"But if people were more honest and more educated, and understood that if at any point in your life you have completely panicked and worried about what is going to happen to you, you have suffered a little bit with anxiety" (108-110)

I interpreted that Tom believes mental health language and labels should be used more openly and frequently, to reduce stigma and negative connotations. His view implies it is a teacher's responsibility to regularly use and model mental health language, to educate and normalise experience.

Tom felt that some teachers avoid talking about mental health, due to the 'taboo' nature of the subject:

"I just feel like it is quite a taboo subject. Some teachers, who are a little bit older, they don't like talking about taboo subjects like mental health." (158, 159).

Tom implies that teachers play a pivotal role in using mental health language in the classroom to overcome negative stigma. However, he feels some teachers avoid talking about mental health as they feel uncomfortable and lack confidence. For Tom, this is problematic, as it perpetuates and reinforces negative stigma around mental health.

Charlie

Charlie expressed her belief that the term 'mental health' is always used to indicate a problem:

"I think it is always used in a negative way. So when people talk about mental health, they mean problems, or issues, I think." (2, 3)

She talked about language being poorly defined, meaning mental health is not well understood:

"I think it is a really, for me, it is a sloppy, inaccurate term which doesn't help anyone" (24)

I interpret that Charlie believes this makes mental health hard to discuss, as everyone holds a different interpretation. She also seems concerned about the prevalence of mental health language in society, and the subsequent impact on how children view their own mental health:

"They might not have thought there is a problem before, but being given a label like anxiety could make them worried." (14-16)

I interpreted that Charlie feels the wide yet poorly defined use of mental health language in society creates vulnerability, as children are exposed to these narratives yet do not fully understand them. This leads children to believe they must have a mental health problem, as it is so widespread and has become 'normalised'. Her view suggests that when a child is given a label, they are seen as vulnerable and in need of adult intervention. Charlie uses the word *"slapped" (28/30)* which indicates an aggressive, forceful, destructive act, which is perhaps how she perceives labelling children with mental health problems. For Charlie, overexposure to mental health language and labelling creates anxiety and develops vulnerability in children.

Reflective box

I found the discussion around the use (or overuse) of mental health language in society a fascinating aspect of some interviews. When I was a teacher, I wanted to educate and equip children to recognise and talk about their mental health. However, I never felt sure where the line was between enough and too much talk. This raised some important questions for me, as it did for my participants around how open we should be about mental health, and how normalised we make 'mental health problems'. Perhaps we have the right to choose to speak about mental health publicly or privately.

5.4: Master Theme 2: A Relational Approach

All participants recognised the fundamental role relationships play as a protective factor for children's mental health. Within all four interviews, participants described implementing a relational approach, based on trust, acceptance and understanding, and utilising the power of talk as a tool to open up discussion to both prevent and address mental health problems.

Table 5: Master theme 2: Relational Approach

		Individual expressions of superordinate themes			
Master theme	**Superordinate theme**	*Sam*	*Tom*	*Kate*	*Charlie*
Relational approach	Relationships as a protective factor	Children's mental health is supported better when the teacher knows the child well. Positive peer relationships are crucial to support mental health. Joined up approach between home and school.		The importance of relationships. Inclusion - support inside or outside the classroom?	Importance of relationships.
	There should be a team approach to offering support	A supportive school team approach. Support from outside professionals.	"there are lots of things we can do to support each other"		Working as a team rather than doing it alone.
	The power and importance of talking	The value and importance of talking.	The value of talking and listening.	Open honest talking supports mental health.	Value of talk as a protective factor.

5.4.1: Relationships as a protective factor

Sam, Kate and Charlie considered the power of positive relationships in protecting children's mental health.

Sam

Sam discussed the protective role teachers play in early identification. She described this in a similar way to Leavey (2008), who suggested teachers are required to fulfil the responsibilities of 'tier one' mental health professionals:

"I think teachers are the first port of call" (145)

She mentioned "*always being available" (151)* and her desire to "*make it better*" *(237)* which could indicate the importance Sam places on being able to solve problems through a quick, dependable response. I interpret that Sam believes it is a teacher's responsibility to communicate equality and acceptance in order to form reliable relationships with children:

"We need to find ways to make him realise he is ok and we are all in it together" (349)

For Sam, facilitating acceptance between peers is crucial to supporting children's mental health:

"because the children have accepted him, he had no friends before, but he has formed friendships, he talks to the children in class." (361-362)

I interpret that she believes teachers should be aware of the power peer relationships have on mental health and take an active role in teaching children appropriate skills.

Sam thinks open communication with parents and carers is crucial. She feels it is her role as a teacher to establish constructive relationships with home to facilitate early identification and support.

"we liaised with parents immediately and now thankfully the child is ok" (110)

I infer that for Sam, developing a community of supportive relationships around the child, both inside and outside school, is a significant protective factor for children's mental health.

Kate

Like Sam, Kate discussed the importance of building trusting relationships based on in-depth knowledge of children in order to identify problems and intervene earlier:

"being able to give that early help, and giving children the help they need, so people in school being able to spot things before they become a problem." (103, 104)

I interpreted that for Kate, developing nurturing relationships with children creates open, honest communication which is fundamental to supporting mental health:

"I think, this is what is so important, it's about knowing the children in your class and when teachers know their pupils and have good relationships with them, those conversations are effective" (247-249)

Kate also considered whether support for children's mental health should be given inside or outside the classroom. She discussed how most targeted interventions happen outside of the classroom:

"We also did a circle of friends where they went out on an afternoon" (277)

But she suggested this was possibly detrimental to the child's mental health:

"It lasted about two weeks and then the child said they missed their friends and wanted to come back into class like before" (274, 275)

I interpreted that Kate was exploring a dilemma facing many teachers: she feels some children need to access targeted mental health support outside of the classroom, but believes this can cause children to feel alienated and excluded. She appeared to conclude that children are best supported through trusting relationships within the classroom.

Reflective box

Kate seemed to attach substantial significance to the relationship she is able to form with children as a powerful protective factor for mental health. I wondered whether she feels the need to adopt a nurturing approach in order to ameliorate the impact of children's adverse home lives. In doing so, she can provide relational experiences in her classroom which children do not get at home. This indicates the scope of Kate's perceived role as a teacher, as she perhaps feels she has to become a surrogate carer for children in order to support their mental health.

<u>Charlie</u>

Charlie also explored relationships between teachers and children as being significant protective factor for mental health. She mentioned many teacher qualities which are essential to facilitate this, such as being approachable, caring and adaptable:

"Teachers should make sure the children know they can come and talk to them" (188)

I interpret that Charlie believes the quality of these relationships is entirely dependent on the teacher's attitude and approach to supporting mental health. Charlie feels teachers must be patient and respond to each child as an individual in order to provide appropriate support:

"but you HAVE to be patient, and give them time" (380)

In a similar way to Kate, I think Charlie is expressing her belief that in deprived areas, relationships between teachers and children are vital in order to counteract some of the risk factors children experience in their home environments. This can also be seen when Charlie discussed teachers being the sole providers of support:

"You realise there are some children, who for them, school probably is the only source of support for their mental health, and they probably don't have any other avenues" (271, 273)

Her view implies the impression that teachers have a responsibility to respond through developing secure relationships with children.

Charlie warned of the problems which can arise if teachers do not adopt a flexible, relational approach based on knowledge of each individual child:

"some teachers, or certainly some senior leaders, would already have given her a red card for not taking her coat off." (377, 387)

I wondered whether Charlie was expressing her frustration at inflexible behaviour systems, which do not promote a relational approach. For her, applying the school behaviour system without regard for individual need is damaging to relationships as children may be seen as 'naughty' and punished inappropriately. This implies that a behaviour system built on relational principles would be more effective to support children's mental health.

5.4.2: There should be a team approach to offering support

Sam, Tom and Charlie considered the value of being surrounded by a supportive team when working with children's mental health.

<u>Sam</u>

Sam explored the importance of working as a team with school colleagues as well as outside professionals. She talked about collaborating as a 'team around the child' to identify and support mental health needs:

"But I think the most important thing was having the support of the SENCO and the outside agency, being able to meet together and figuring out what does he need." (469-471)

Sam utilises ideas and support from the wider school team to develop her own practice:

"taking the ideas from your colleagues within the building, like the SENCO or headteacher, or the key stage lead. They will have different ideas or things you hadn't thought of, so taking advice from your colleagues as well, is so important." (508-510)

I interpret that Sam believes having an open mindset towards working with colleagues and professionals is essential to discover new perspectives which enables her teaching practice to evolve. Sam used the pronoun 'we' throughout the interview, which indicates the importance she places on working collaboratively to support mental health. She advocates for a whole school team response, rather than taking on this responsibility alone. Sam recognises that specialist knowledge is sometimes needed when supporting children's mental health. She appears to acknowledge the limits to her own knowledge and welcomes guidance from professionals.

Tom

Tom described the importance of a supportive classroom community:

"Actually, there are lots of things we can do to support each other, and support our friends, and there is a circle, a community within school where you can come and talk about anything you like." (250, 252)

Tom emphasised that to effectively support mental health, people must be open to hear and understand the experiences of others, which forms the basis of compassionate relationships:

"I think reading, understanding and listening to other people, you need to listen and understand what someone is trying to tell you, because it will help you understand." (277-279)

The language Tom used ("*circle" "community" (251)*) indicates equality. He described the school as a place where everyone is valued as individuals yet feel part of a supportive team. I interpret that this is important to Tom; he feels creating these conditions is essential to support children's mental health. Exposing children to differing viewpoints develops empathy and trust and normalises a range of experiences. For Tom, this is a protective factor for children's mental health.

Charlie

Charlie spoke about relying on other adults within her classroom, such as teaching assistants, to provide initial support for children's mental health:

"it's so lovely if I get the opportunity to actually speak to a child one on one. I feel like a lot of that ends up happening, I think the teaching assistants end up having to deal with a lot of that." (231-233)

I sensed Charlie experiences some guilt here; she feels this should be her responsibility but does not always have the time. Charlie seeks advice from a range of colleagues in school to develop new solutions:

"But then I would get advice from a colleague maybe to see what they think, or the deputy head or headteacher." (309, 310)

This indicates that within Charlie's school, there is an ethos which welcomes peer support between adults as an important way of furthering your own development as a practitioner.

Charlie discussed a range of other professionals she would involve, should further support be needed for a child:

"So we have had involvement from an outside agency, the SENIT team, who support learning and inclusion. Also educational psychology team." (322, 323)

Charlie seems to have created a mental 'hierarchy of support' which allows her to process concerns around children in a logical fashion. She has a clear idea of who she would contact and how she would escalate involvement to other professionals if necessary. I interpret that this offers Charlie a sense of safety and reassures her that she has 'done the right thing' when supporting children's mental health. The implication of this is that teachers worry about their role in children's mental health, and need to feel surrounded by a supportive team whose roles are clearly defined.

Reflective box

As Charlie has been a teacher for over ten years, it could be she has developed an understanding of the support she needs through experience over time. She has perhaps constructed a 'process driven' way of approaching children's mental health problems due to her knowledge of the profession and needs of children. This might serve as a self-preservation technique, to protect herself from feeling overwhelmed or unsure about ways forward. Later on, she discussed her belief that teachers need to find a way of managing the emotional impact of managing children's mental health. Perhaps this is one of the strategies she was referring to.

5.4.3: The power and importance of talking

This superordinate theme was the most heavily weighted. All participants discussed the importance of talk as a protective factor for children's mental health, which is enabled through trusting relationships and a sense of belonging to the classroom community.

Sam

Sam uses talk in her classroom as a preventative strategy. She recognised that talk creates a safe space in the classroom which leads to openness and understanding:

"I think in general, er, talk about it. Just talk, and make it a safe space" (119)

She believes talk has the power to normalise experience and open up dialogue around mental health. She feels when this ethos is embedded within a classroom, children are more able to talk about their feelings:

"I think it has a really positive impact. I think children are more willing to come and talk to you about how they are feeling, erm, regularly" (133, 134)

This suggests that in Sam's experience, most children become confident to talk about mental health when exposed to environments where this happens frequently.

I interpret Sam experiences mental health is a tangible concept which can be broken but also repaired *("how can I make it better?" (237)).* I get the sense that Sam believes teachers have the capacity to use talking to solve problems and 'fix' mental health for the children she works with:

"We can fix this, it can get better." (23, 24)

Reflective box

For Sam, open, honest talking is a protective, universal strategy for supporting mental health which she feels comfortable and confident to embed within her practice. Perhaps the success of this strategy is likely to depend on the child's ability and motivation to talk openly, but this is not something she explored within the interview.

She gave the impression that it is her role as a teacher to make all children's problems disappear. She finds it hard to tolerate the uncomfortableness of knowing a child is experiencing a mental health problem which she is unable to solve, and relies on talking as a panacea. I wonder how realistic this is, given the range of environmental stressors beyond the control of the teacher.

Tom

Tom explored how embedding talk in the classroom allows children to explore their mental health, which can act as a protective factor into adulthood:

"They love having discussions and actually, if we can open up that conversation now about mental health, again it will help them open up when they are an adult." (459, 460)

The implication of this view is that like Sam, he feels that creating an environment which immerses children in open discussions around mental health will develop the skills they need to talk openly about mental health. I interpret that Tom feels teachers can better support mental health if they understand what the child is going through, and this insight is gained through talk. His view gives the impression that using regular, open communication and language around mental health is important within the classroom.

Tom explored his belief that some teachers do not talk enough about mental health:

"Some teachers, who are a little bit older, they don't like talking about taboo subjects like mental health." (158, 159)

This suggests he feels this is damaging to children, as it reinforces a narrative that how you are feeling should be hidden and remain "taboo".

Tom believes talk about mental health in the classroom is superficial and does not give children satisfactory answers:

"But don't just stick on a video about mental health week. Children have questions, they want to know and they want to understand." (166, 167)

I interpret that Tom is advocating for deeper, more meaningful dialogue in the classroom, where children have the opportunity to be actively involved in talking about mental health. This implies he does not feel it is good enough to provide generalised information which may leave children feeling confused and wanting more answers. For Tom, it is important that teachers have the confidence to talk in a more personal way with children, by discussing aspects of mental health which apply to their lives, and being open to answering questions which are pertinent to children.

Kate

Kate considered how open, honest, regular talk about mental health leads to greater understanding. This climate of openness is facilitated by developing secure relationships with adults in school:

"making the children feel confident that you are a trusted adult who they can talk to and who will support them" (144, 145)

The implication of this view suggests the importance of adopting a relational approach to supporting children's mental health.

Kate explored the idea that children need to be taught how to talk about mental health. This view implies she does not believe this skill will naturally develop simply through exposure; additional support and scaffolding is needed from teachers:

"They can speak and we do this thing called 'snake talking' where we go around the circle, and they can pass if they want to, if they don't feel comfortable that's absolutely fine." (351, 353)

She shared her belief that school has the potential to ameliorate the impact of disadvantaged home environments, by being a safe, calm place to talk about mental health:

"in disadvantaged areas, where I teach, it can be like a taboo subject. It isn't talked about at home, or parents don't know how to talk about it" (20-22)

Kate feels that in disadvantaged homes, there is less talk around mental health, suggesting socio-economic status has a direct impact on how open and aware a child is about mental health. Therefore, this view suggests teachers have to use talk as a strategy to encourage open, honest discussion in the classroom, to provide experiences children may have missed. I infer that Kate feels this is a bigger challenge for teachers in areas of high deprivation and is therefore vital they have the skills to model talking openly about mental health to develop these skills in children.

<u>Charlie</u>

Charlie felt an important aspect of her practice involves explicitly teaching skills to develop emotional literacy, which act as a protective factor for mental health:

"I mean learning how to talk to people about your emotions, having the vocabulary to do this and skills to recognise emotions" (202, 203)

"I think lessons like PSHE are important because it gives children the opportunity to explore what good mental health is" (129, 130)

I interpret that Charlie does not think all children naturally learn to talk about mental health; teachers must teach and model specific skills. Charlie shared that in her experience, some children need to be shown alternative ways of expressing themselves, as they find talking difficult:

"put a worry box in the classroom so children can write stuff down and do it that way." (189)

I interpret that Charlie is saying teachers must adapt their expectations and support to meet a variety of needs. Her view implies teachers should not assume every child in their classroom is able or willing to talk about mental health, and must take a proactive approach to helping children share their voice.

5.5: Master Theme 3: The Impact of and on Teachers

All four participants talked at length about the impact of mental health problems. They explored the impact that teachers can have on children's mental health, through the range of support they should provide, as well as their attitude and ethos to mental health. They also considered the emotional impact this can have on themselves and the pressures they face as teachers when supporting mental health. This was linked to areas of support teachers should be given, such as training and coaching, to improve confidence.

Table 6: Master theme 3: The impact of and on teachers

		Individual expressions of superordinate themes			
Master theme	**Superordinate theme**	*Sam*	*Tom*	*Kate*	*Charlie*
The impact of and on teachers	Teacher ethos, attitude and role in mental health	Teacher ethos and attitude.	"my role as a teacher is so important"	Acceptance. Teacher experiences influence their attitude and motivation.	The vast scope of the teacher role.
	The impact on teacher mental health	The emotional impact on teachers. The difficulties teachers face, and the overwhelming nature of the role.	Challenges for teachers.	Emotional impact on teachers. Pressures on teachers.	The demanding nature of the teacher role. Emotional impact on teachers.
	Support needed for teachers		"teachers don't get offered anything like that"	Feeling unqualified: a lack of training and support.	Teacher needs and development.

5.5.1: Teacher ethos, attitude and role in mental health

All four participants discussed the impact of teacher ethos and attitude towards mental health on the support children receive, as the way teachers view their role in supporting children's mental health shapes their classroom practice.

Sam

Sam focussed on teachers' understanding of mental health and how this impacts the support they provide:

"I very quickly had to realise that these children need other things other than me teaching them how to read and write" (73-75)

I interpret that Sam believes teachers must recognise and value mental health as an intrinsic aspect of their role. She appeared to suggest that some teachers focus too heavily on academic needs at the expense of supporting mental health.

Sam discussed the importance of being reflective and aware of her own areas for development:

"I think for me, it was that I needed help. I didn't feel like I could do it alone, I didn't know what to do, but I needed to do something." (482, 483)

Sam seems to be saying that her ability to recognise the limits to her own skills and reflect on her need for support allowed her to seek help from others. She draws attention to not doing this alone, which makes me wonder whether Sam sometimes does feel alone as a teacher.

Sam believes teachers should always be open to learning and developing, as narratives around mental health change:

"And one way you have used for years that might have helped some children might not help a brand new child that has come to your class and I think it is so important to be willing to evolve and being able to take on those new ideas." (390-392)

Here, I believe Sam is highlighting the need for teachers to actively explore new strategies to support mental health, which involves being open to fresh ideas and reflecting on her own practice. This view implies teacher attitude is important, as seeking help must be seen as empowering rather than failing.

Reflective box

I noticed that Sam spoke confidently about a range of strategies she uses to support mental health. I wondered whether she felt obliged to present this demeanour, as she was speaking with a psychological professional. Perhaps she felt the need to demonstrate how capable she is by illustrating how much she does to support mental health. 'Demand characteristics' could have subconsciously caused her to present this attitude in response to her interpretation of the purpose of the interview and perception of what I might want her to say.

Tom

Tom discussed how teachers should appreciate the importance of mental health and adopt an attitude which prioritises support:

"So I think my focus and prioritising of mental health helped me." (367, 368)

For Tom, teachers have a responsibility to communicate the importance of mental health to children through their attitude and ethos. A crucial aspect of this is demonstrating empathy and an individualised response based on knowledge of the child:

"I think that's how I opened it up with her actually. I said "you don't look yourself at the moment, you don't look like you are feeling yourself" (358-359)

I infer that for Tom, this is largely dependent on the quality relationships he has formed with children in his class. Tom perhaps feels quality relationships give an insight into each individual child's world, and enable him to recognise or infer when there might be a problem.

Tom listed a number of teacher responsibilities around children's mental health:

"So teachers have to identify what a child is going through and we have to become a therapist. We have to counsel children in understanding it is ok to not be ok. Erm, and these are the things you can do to feel better. We have to ask open questions to help children to help us identity and understand what is going on" (184-187)

He repeats *"have" (184-186)* to indicate these responsibilities are non-negotiable; they are a fundamental aspect of the teacher role. The value Tom attaches to mental health support, coupled with his confident, open attitude, mean he feels comfortable to adopt roles such as "*therapist" (184),* which are perhaps above and beyond current expectations placed on teachers.

Kate

Kate described an attitude of acceptance which teachers must communicate when supporting children's mental health:

"it's ok to express emotions, even the negative ones like anger or upset, but it's about being able to deal with those effectively" (32-34).

Through demonstrating acceptance, Kate perhaps believes teachers can 'contain' children's emotional experiences, which helps children independently manage their own mental health.

Kate explored how her own experiences with mental health shape the support she offers to children:

"I think sometimes when you go through it yourself, it opens your eyes to it a bit more. I think it is so sad, when I had mental health difficulties I was in my twenties." (171-173)

She feels teachers who have personal experiences of mental health problems become more empathic, which motivates them to support others. She perhaps also feels more confident to offer support, as she is able to talk about mental health openly as a result of her experiences.

Kate said teachers have to be interested in mental health and curious to learn and develop through doing their own research:

"I think I will never fully understand because it's such a massive subject [laughs]. There are so many different parts of mental health, I will continue to learn and develop. There will be situations I come across which I haven't experienced before and I need support with." (375-378)

I interpret that Kate's attitude towards mental health motivates her to continue to learn and challenge herself to discover new ideas and develop her ability to provide support for children's mental health.

Charlie

Throughout the interview, Charlie referenced the vast range of responsibilities teachers have towards children's mental health:

"It's about flagging things up with our learning support or leadership team if we need to. My role is to give the children strategies to manage their own mental health" (196, 197)

She was clear that she believes her role involves identifying need and offering universal support within the classroom. She does not see providing specialist support as part of her role; she would

pass these concerns on to colleagues rather than tackling herself. She sees the teacher role as ensuring whole class ethos and support is in place to promote mental health.

Charlie mentioned a caring attitude is essential to creating conditions which promote mental health:

"I just think, in order to be a teacher, you have to care and have the children's best interests at heart. I don't see how you can do the job if you don't." (348-350)

I infer that Charlie thinks teacher attitude towards mental health determines the quality of support they are able to offer. This view implies teachers' understanding of the link between mental health, behaviour and learning is crucial; they must provide emotional support before learning can take place. She feels teachers can make their lives easier by seeing all behaviour as communication, and take time to unpick what the child's behaviour is actually saying.

Reflective box

All teachers I interviewed presented an open, accepting attitude towards mental health, and clearly placed a great deal of value on their role in supporting children's mental health in the classroom. I wonder the extent to which this is representative of teachers generally, or whether there is more variation in teacher attitude than my research would suggest. Perhaps some teachers do not feel mental health should be supported in the classroom, or do not feel confident in their ability to provide support. My research involved a self-selecting sample, which I assume attracted teachers who feel passionate about mental health and keen to discuss their role within this. Those teachers who do not feel so strongly in all likelihood, would not have been interested in taking part. I am therefore aware that a greater range of attitudes towards the teacher role in mental health exist and are not represented in this research.

5.5.2: The impact on teacher mental health

All four participants spoke at length about the emotional impact on teacher mental health, as well as challenges and pressures which teachers experience.

Sam

Sam discussed the impact on teachers when supporting children's mental health:

"I think I care too much sometimes! And not in an awful way, but in terms of, I want to make sure everyone is ok all of the time. And sometimes that's at the detriment of me being alright all of the time." (264-266)

This suggests that teachers feel consumed by the role, and unable to 'switch off'. Sam uses the word *"need"* (257) to convey how dependent she believes children in her class are on her. The emotional impact of this for her seems overwhelming. She perhaps feels it is her responsibility to solve children's mental health problems, which is a mammoth task that could lead to emotional burn out. Sam recognises she does this, but feels she does not have a choice, as it is an accepted aspect of the teacher role:

"some people say "well it's just the profession" [laughs] but it is some of that, but I think I am worse in trying to switch myself off. I need to think 'everything is ok, you have done everything you can. You are helping, you are doing what you can'." (266-268)

I interpret that Sam's understanding of her role as a teacher is that she needs to worry about children in her class in order to demonstrate she is doing her job properly. Sam laughed about this, which indicates that she finds the idea absurd, yet accepts it nonetheless. This suggests Sam is normalising a difficult experience in order to reduce the uncomfortableness it creates, and accepts the belief that she is not being a good teacher unless she worries. She seemingly appreciates the consequences this has for her own mental health, as this is what a good teacher must do, and is able to stand back and appreciate the absurdity. Consequently, Sam perhaps prioritises children's mental health at the expense of her own.

Sam discussed feeling torn between responsibilities; there is not always time to address mental health problems due to other priorities in the classroom:

"sometimes, because, you know, you are rushed off your feet and you are like "I will get to you" and you can see their reaction is sort of frustrated and they might sigh or get mad or upset." (224, 225)

This implies that Sam feels teachers are not always able to fulfil their role in mental health due to other demands on their time. For her, this creates an uncomfortable tension, as this means she cannot always be there for children when they need her. This view implies that due to the busy nature of the teacher role, Sam cannot always fulfil the expectations she places on herself. This perhaps creates tension between the support she would like to provide and the support she is able to provide, which has an impact on her mental health.

Tom

Tom communicated feeling apprehensive and unsure when recognising mental health needs:

"You know, I am not a doctor, I can't diagnose what is wrong with them." (212)

"Yeah, I just think sometimes it is a lack of confidence in my own judgement." (382)

I interpret that Tom feels he does not have enough knowledge or understanding to fulfil the role he believes he plays in recognising children's mental health problems. He contrasts his knowledge with that of a doctor, which suggests he is illustrating his feelings of inexperience and uncertainty.

Tom talked about the frustrating, time-consuming nature of supporting mental health:

"I have got a child, erm, in my class who gets really panicky when we are doing times tables. To the point where it can be really frustrating for me." (318, 319)

I get the impression that Tom finds dealing with mental health problems takes time away from teaching and learning, which can be frustrating and detrimental to teacher mental health. He implied primary teachers have a challenging job as they have to teach every subject and be responsible for the emotional needs of thirty children. I interpret that this puts a lot of pressure on Tom, as he is aware that he has to support children's emotional needs, but also must demonstrate that children are making academic progress.

Kate

Kate recognised the impact that supporting children's mental health has on her own emotions:

"You do come home and worry about them, in school holidays you do worry and think "I hope so and so is ok" and this does impact your mental health" (220-222)

This hints at the difficulty she experiences drawing a line between school and home life. This implies that Kate is struggling to contain her own anxieties relating to children's mental health. Providing emotional support for children may create emotional labour for Kate, which means she needs containment of her own emotions.

Kate feels academic pressure can interfere with the amount of time she has to provide support for mental health:

"You know, I have thirty children in my class and some others have more, and there is the academic pressure and I personally feel that I cannot give a child the support they need on an individual basis all of the time." (147-149)

This indicates that Kate believes her role as a teacher is unmanageable; she experiences pressure to fulfil too many responsibilities which impact how successful she feels she can be. I interpret that Kate thinks the teacher role is becoming overwhelming; there are increasing expectations placed on teachers to fulfil a variety of demands. This view implies a negative impact on teacher's mental health as they may be aware of difficulties in fulfilling their role.

Additionally, Kate discussed the pressure teachers feel to appear strong and resilient:

"I think it is because you are supposed to be a pillar of strength for your pupils. You are supposed to be there to support them and, sort of, be their second parent. And I think when you say "actually I am struggling", for me, I feel as if people think "well you shouldn't be struggling"." (225-227)

Kate perceives that it is not acceptable for teachers to say they are struggling. Her view suggests there is pressure on teachers to appear strong, as the role demands resilience, reliability and dependability. For Kate, this pressure to always appear steady, combined with difficulties in being boundaried and the competing demands of the teacher role are perhaps impacting her own mental health. Therefore, this view implies the pressure Kate experiences to be reliable and strong is actually counterproductive.

Reflective box
During the interview with Kate, I sensed a sadness from her that children should not have to cope with mental health problems. She seemed to indicate that this should be an 'adult' problem, and children should not have to manage these experiences. I felt Kate is significantly affected by the mental health problems she sees children dealing with.

<u>Charlie</u>

Charlie talked about the demanding and time-consuming nature of the teacher role, which leaves little time to support children's mental health:

"the thing is with teaching, you do as much as you can, but you know, my god it is a busy job" (183. 184)

This suggests the quality of mental health support children receive depends on the amount of time teachers have available. This could be difficult for teachers, as they may feel they are letting children down due to the competing demands on their time.

Like Kate, Charlie talked about the teacher role becoming unmanageable and how this can impact the way teachers view themselves and the support they provide:

"Like you might be tired or don't have enough time to give them because you are seeing to other issues in the classroom. And sometimes a child might not respond in the way you thought they would, if you do provide support. So there are times when it really does feel like quite a lot to deal with all at once. But this doesn't mean I don't want to, but it just means [pause] honestly, the easiest thing would be a smaller class and more time [sigh]. Literally just because of workload. I definitely feel like I don't do my job for children and their mental health as well as I could. I don't mean I don't do it, I just mean there is only so much I can do, all at once [laughs]." (277-284)

I infer that Charlie feels stretched beyond her means as she is trying to support children's mental health needs and other aspects of her role. I interpret that this is very demotivating for Charlie; she appears despondent about her ability to support children's mental health. Her view implies that she does not feel in control of many aspects of her role which is perhaps creating a sense of exasperation or resentment.

In Charlie's experience, the emotional impact of supporting mental health is greater on younger teachers:

"I think it's probably easier for me because I have been teaching for a while, but for younger teachers, it's probably really tough on them." (397, 398)

I interpret that Charlie believes she has developed an increasingly tough attitude as her experience as a teacher has grown. She suggests she has been able to develop boundaries over the years which allow her to protect her own mental health:

"You have to develop a kind of, fake toughness I would say." (444, 445)

Despite outlining the emotional impact of supporting children's mental health, Charlie appears to have developed a way of separating herself from these as a form of self-protection. She calls this a *"fake toughness"* (445) which suggests this is not how she really feels; it is perhaps a defence mechanism to reduce the potential impact on her own mental health. This view implies Charlie has had to develop this over time, through experience, perhaps as she has encountered an increasing number of difficult situations. She may also be becoming more emotionally hardened to children's

mental health, which she believes allows her to provide better support as she is able to distance herself and respond objectively to problems.

Reflective box

There is an interesting contrast between Charlie's seemingly fixed boundaries and Kate and Sam, who find it harder to establish boundaries and separate themselves from children's mental health problems. I wonder what the implications of this might be for teacher retention. Perhaps some teachers find this impossible, which is a significant factor in their decision to leave the profession, as they find the emotional impact on themselves is too great. Charlie's hypothesis suggests teachers must persevere and develop a hard exterior in order to retain their mental health. Perhaps it is about finding the right balance; being aware of but not overtaken by the mental health problems of children.

5.5.3: Support needed for teachers

Tom, Kate and Charlie discussed their perceived lack of emotional support and validation for teachers, as well as training needs to improve teacher skills and confidence.

Tom

Tom proposed there is not enough support for teachers when speaking to children about mental health:

"hairdressers are being trained in mental health services because when they speak to adults, that is the one time that they get hours to pour their feelings out. So hairdressers are being trained in how to cope with that, which is great. I don't struggle with that, but I think teachers don't get offered anything like that." (374-377)

He compared teachers to hairdressers, which I believe was to suggest that teachers have a more challenging role in mental health, but do not receive the same level of support or training.

He explored the idea that teachers require training to respond dynamically to individual needs:

"They should give you training to actually talk about mental health and the skill set such as questioning and vocabulary and session based conversations erm, which you can have in your classroom but that is just the teacher doing their own research and from their own knowledge of stuff." (388-391)

This gives the impression that Tom thinks training and support for teachers should be tailored to meet the situations they face every day, and should be delivered as 'coaching' rather than generic training. He perhaps feels generic mental health training does not prepare teachers for the real-life situations they experience, and is therefore not useful. Tom indicates that coaching teachers to have difficult conversations with children through improving questioning skills and vocabulary will boost their confidence improve the support they are able to offer.

Kate

Kate discussed that teachers feel unqualified to offer mental health support to children:

"in my opinion that isn't enough. Just because surely you can't fully support a child and feel confident to do this just after a morning of online training. But it was the best we could do for that child at the time and mum was quite happy with that." (271-273)

I interpret that she feels teachers do not get enough support or training to tackle some of the mental health problems they are seeing in children. Her view suggests this could lead to uncomfortable feelings, as teachers are aware that they lack skills and confidence. This perhaps creates dissonance, as teachers are aware of the support they 'should' be able to offer, but do not feel competent to do so.

Kate talked about the emotional support and containment she feels teachers require to fulfil their responsibility around children's mental health:

"Sometimes we can almost take the world of their shoulders and put it on our own. Erm, so sort of, sharing is key to help with that" (379, 380)

I interpret that Kate experiences an emotional impact when 'containing' the emotions of children, and values opportunities to offload this through support from others.

Kate mentioned needing more specific training and qualifications to support the growing and differing mental health problems teachers are seeing in their classrooms:

"I think everybody working in a school should have mental health training, on general issues but also specific ones such as bereavement" (300, 301)

I interpret that for Kate, training for teachers should be bespoke and matched to their own specific classroom context. She suggests training should provide information about specific mental health problems which allow teachers to feel confident in the support they offer. She also indicates that

support should be less formal in nature, and offer teachers the opportunity to share and offload their experiences with colleagues in order to return to a steady emotional state themselves. I infer there could be something normalising and cathartic in this process for Kate; she perhaps requires feelings of safety and confidence that formal training brings but also craves the experience of feeling not alone, that other teachers in school are also feeling the same as her in response to supporting children's mental health. This perhaps links to Kate's previous expression of need for emotional containment, as support and supervision could ameliorate some of the emotional labour she experiences and allow her to draw a line between school and home life.

Charlie

Charlie highlighted positive validation as a way of improving teacher confidence:

"And I don't think she had a great deal of support [pause] well, I don't think she had any support. Even just someone telling her she was doing really well would probably have helped." (479-481)

She indicated that sometimes teachers are not given any support when containing children's mental health, and require recognition to maintain their own mental health at times. This suggests that she feels teachers are not given enough praise and acknowledgement, which can have a negative impact on their mental health. Charlie seems to imply that this can lead to teachers to experience demotivation and dissatisfaction.

Charlie suggested mental health training offered to teachers should be proactive and practical around issues they face with children's mental health:

"Training needs to talk more about what to do, how to manage mental health in the moment, if a child is upset or distressed, what to say or do to help them and keep them regulated. Also strategies to [pause] help children manage their own emotions and mental health would be really helpful for teachers. Teachers, I think [pause] we need more training." (491-495)

This is similar to Tom's proposition that training should be bespoke and relevant to the setting, to allow teachers to process and respond dynamically to mental health in the moment. She suggests this would serve a preventative purpose; if teachers receive coaching, they will be able to intervene before problems become unmanageable for children. She perhaps feels teachers should be able to practice how they would respond in the safety of a coaching situation in order to improve their day-to-day practice and confidence.

Reflective box

I was very aware of the context and time in which I was conducting my research. The COVID-19 pandemic has made the situation in schools overwhelming for children and all school staff. From my involvement as a trainee EP, I know that schools are faced with high rates of absence which are affecting morale, as well as pressure for children to meet academic targets and 'catch up' on missed learning. This is taking a big toll on mental health of school staff, which may have led participants to consider and discuss pressures and demands extensively.

5.6: Master Theme 4: Mental Health as a Personal and Individual Experience

This master theme is the 'thinnest', with just one superordinate theme which was expressed by three of the four participants. This superordinate theme does not neatly fit into the other master themes, and as a result, I did consider discarding it. However, it was explored so significantly by participants throughout their interviews that I felt it was too relevant to lose. Participants shared individual expressions around the personal and individual nature of mental health, both in terms of how it is understood as well as how it is experienced. This perhaps reflects the way in which they are grappling with the idea of mental health as a social phenomenon, and how it manifests in the classroom both for themselves and the children they teach. The complex way in which participants discussed the personal and individual experience of mental health indicates the elusive nature of the concept. Mental health cannot be objectively known or understood; teachers can see signs of how mental health presents in themselves and others, but have a different capacity to be aware of their own mental health problems than they might have for the children they support. This indicates that mental health is a significant construct for all participants, but they describe their own personal journey when asked to speak about it. Teachers make sense of mental health through their own lens and own experiences, and talking about children's mental health triggered their own interpretations. Teachers have their own unique stories and associations around mental health which are reflected within this master theme.

Table 7: Master theme 4: Mental health as a personal and individual experience

		Individual expressions of superordinate themes			
Master theme	**Superordinate theme**	*Sam*	*Tom*	*Kate*	*Charlie*
Mental health as a personal and individual experience	Mental health as a personal and individual experience	Mental health is personal and different for everyone	Mental health as a complex and personal experience	Mental health impacts everyone, but is personal and individual	

Sam

Sam discussed mental health experiences as being personal and different for everyone:

"I think, well the difficulties can be different for every person really." (82)

As a result, all children have different needs and experiences which shape their mental health:

"so the difficulties can be different for every child depending on what's going on." (91, 92)

She seemed to take an accepting attitude towards mental health. She communicated the vast scope of mental health, which I interpreted as her saying it is impossible to ever know or understand the experience of another person. This view suggests the concept of mental health is unique and depends on the individual, their context and how they interpret their experiences. For Sam, it is important that she sees everyone's experiences as different, and does not assume to know what someone else is going through.

Sam believes teachers must treat every child as an individual and respond dynamically to their mental health needs:

"I understand that every child is different. Every child's mental health can change. It's not going to be the case that a child has good mental health and will always have good mental health. Or that a child who is struggling with their mental health will always struggle with their mental health." (544-547)

I interpret that Sam sees mental health as fluctuating and non-static. She appeared open and accepting of the ups and downs of mental health and takes a non-stigmatising view of children's experiences. Sam's views and beliefs about mental health have a significant impact on how she supports children; she does not impose her own values or experiences on them but is instead led by the view that mental health is personal and individual, and therefore requires a personal and individual response from the teacher.

Tom

Tom discussed the universality of mental health:

"but I do think that everyone at some point will suffer with mental health in some way, shape or form." (29, 30)

I interpret that Tom believes that whilst everyone has a different experience or perception of mental health, suffering at some point is inescapable. He suggests this is part of the human condition which binds and links everyone; it is a common experience despite the many different and individual ways in which it is expressed. He used the word "*suffer" (29*) which suggests this universal experience is unpleasant and difficult. I wondered whether Tom is projecting his own personal experiences, and attempting to normalise this to make it easier to deal with. Perhaps assuming suffering is universal helps Tom when he is struggling. This may influence how Tom approaches mental health in his classroom; perhaps he is more likely to assume a child is experiencing a difficulty.

He described mental health as a complex, personal and fluctuating experience:

"I think everyone has their own personal journey." (72)

"what mental health means to me is, understanding the ideology that it is a spectrum. That someone can have poor mental health and they can have good mental health" (2, 3)

In Tom's experience, the concept of mental health is a complex combination of both good and bad. He uses the word "*spectrum" (2)* to indicate a range of possible personal experiences. His use of the word "*journey" (72)* suggests mental health is not a destination one can arrive at, but rather an ongoing, intimate experience. For Tom, mental health is something we can only know and understand from our own perspective and through the lens of our own experiences.

Reflection box

Throughout the interview, Tom often referenced his own personal mental health experiences. I wondered whether for him, the nature of my role as a psychologist encouraged him to open up about himself, as in his experience, speaking to psychologists typically involves sharing personal experiences. Tom mentioned he had spoken to a counsellor about his mental health, which made me wonder if he was used to doing this and found it easy to open up, as his past experiences led him to view the interaction between us in that way.

Kate

Kate talked about the personal and individual nature of mental health, as well as the importance of being widely understood:

"I genuinely think it is something that needs more understanding by everyone; the government and schools. It is definitely something that is vital and important, it needs to be understood by everybody." (383-385)

Kate seemed to be normalising mental health problems, as she talked about the large range of experiences which can create problems. I interpreted that Kate feels many different situations and contexts can contribute to the individual experience of mental health. She sees mental health as being able to recognise, manage and control your emotions, to ensure they do not impact those around you.

Kate also discussed the personal choices people have when it comes to mental health:

"well mental health to me is sort of, the wellbeing of children erm, not just children, everyone. But the way that people decide to look after their brain." (2, 3)

She used the word "*decide" (3)* which implies a choice; that people are in control of how they experience and manage their mental health. This perhaps overlooks the complexities of context and the impact of situations which are beyond an individual's control. In this view, the root of a problem lies within the individual, and responsibility is placed on individuals to solve their own difficulties.

From the way participants communicated their experiences and understanding of mental health, it seems to be a concept which is so personal and individual that it cannot easily be described or conceptualised. It has such diverse meanings for different people, yet teachers are expected to support and teach children about mental health from an objective, factual standpoint, which I imagine must be difficult.

Chapter 6: Discussion of findings

In this chapter, I will discuss the findings of my research in relation to the research questions and with specific reference to relevant research and literature.

Within this section, I will address the following three research questions:

- What are teachers' experiences of children's mental health?
- How do teachers make sense of children's mental health?
- What can Educational Psychologists learn from these insights?

Due to the nature of IPA as a methodology, I presented my analysis as an exploration of each master theme in turn. However, another way of considering my findings is to discuss intersectional connections and explore how superordinate themes from across my research relate to one another and offer insights in the research questions which organise this thesis, which I aim to do in the following chapter. I will predominantly draw upon research discussed within the literature review. However, different ways of thinking emerged through the process of analysis which have been followed through into the discussion, and therefore some literature introduced here may be new.

6.1: Research Question 1 & 2:

What are teachers' experiences of children's mental health?

How do teachers make sense of children's mental health?

I discovered all my participants shared common experiences and feelings about children's mental health, but their responses and sense making was personal and divergent. I interpreted that for all participants, talking about mental health triggered thoughts, feelings and associations related to their own personal experiences, which shapes their own stories and consequently, steered their discussions in different directions.

All teachers in my research suggested that immersing children in open, honest dialogue about mental health enables both children and teachers to talk openly, which facilitates understanding and creates a safe, supportive classroom environment. This fits with research by Tuffin et al (2001), who discussed the vital role that teacher talk plays in shaping children's knowledge and attitudes towards mental health. However, Kate and Charlie felt that open, honest talk does not come naturally to all children; some require more structured teaching, which they suggested is most effective through trusting relationships in a supportive classroom environment. This highlights the interdependent

relationship between a safe classroom environment, secure relationships and open talk around mental health. Sam, Tom and Charlie explored how the language used around mental health can affect their own understanding. They appeared to use diagnostic labels such as 'autism' to make sense of children's mental health needs, suggesting labels create empathy and allow teachers to offer appropriate support. They advocated for regular, open use of mental health language in the classroom to reduce stigma and improve understanding. Research highlights the positive functions of labels, such as greater empathy and less negativity towards children with mental health problems (Hickinbotham & Soni, 2021). Here, it is useful to draw on previously explored ideas by Tuffin et al (2001) who discussed how language around mental health shapes understanding. This was reflected by my participants, as they suggested that use of non-stigmatising language serves a normalising purpose which creates an open, honest attitude towards mental health. Both Tom and Charlie also considered the power of language and labels to create deficit narratives and perceptions of vulnerability. Research highlights the term 'mental health' has negative connotations associated with illness (Weare & Gray, 2003; Murphy, 2014), which suggests discussing mental health could automatically create deficit narratives. Labelling children can create pathologising discourses which lead to problems being located within the child, as environmental factors are ignored (Gillman et al, 2000; Lauchlan and Boyle, 2007). Participants in my research appeared to suggest that 'mental health as illness' repertoires can easily be adopted (Monkman, 2013), and proposed teachers must use language and labelling sensitively to ensure it is used to educate and support rather than stigmatise. This is interesting to consider in light of Ecclestone's critical position around the overuse of mental health language, which can cause 'vulnerability narratives' (Ecclestone, 2004; Ecclestone & Brunila, 2015). Charlie in particular seemed concerned that exposing children to excessive, poorly defined language around mental health can create false assumptions of deficit, leading some children to experience 'emotional deficiency' (Ecclestone, 2007). My participants highlighted the power of mental health discourses in the classroom, both on teacher perceptions of children, as well as children's self-perceptions and their concept of the world around them.

Relationships are central to creating an environment which fosters mental health as they allow teachers to develop a holistic understanding of children and demonstrate sensitive responses to behaviour (Hornby & Atkinson, 2003; Spratt et al, 2006). For all participants in my research, an exploration of the importance of relationships was interwoven throughout their discussions. They shared numerous ways in which they communicate acceptance and promote inclusion, to develop secure relationships which enable teachers to employ effective preventative strategies as well as support the early identification of mental health problems. Here, it is useful to draw upon research that recognises the necessity of relationships as a core human need (Allen et al, 2021), which I feel

reflects the stance teachers in my research were aligned with. Research suggests children who feel supported by teachers experience better mental health (Kidger et al, 2012). Research suggests teachers should appear warm, caring and approachable in order to develop a supportive classroom climate where cooperation is enhanced and conflict is reduced (Ma, 2003). This fits with responses from my participants, who discussed the importance of developing nurturing relationships with children based on patience, warmth and understanding. Furthermore, they suggested that trusting relationships and a safe classroom environment are both essential, interdependent factors which promote children's mental health. This is reminiscent of Bronfenbrenner's (1979) eco-systemic view of human development, which asserts the most important influence on development is the interactions at the 'micro-level' between people in a child's immediate world. I suspect my participants were also making this assertion, indicating that positive interactions between themselves and the children they teach are vital to develop open, supportive environments and form nurturing relationships. Participant accounts in my research indicate the pivotal role that relationships play in mental health, for both children and teachers.

I believe my participants adopted an ecological perspective when discussing children's mental health, as they explored interconnections between relationships, the school environment and the impact of a child's home context. They advocated for a proactive whole school approach to mental health, highlighting the need for positive relationships between all staff to create a sense of a safe school community. Evidence suggests reciprocal relationships between ecological systems interact to affect quality of relationships (Fredrikson & Rhodes, 2004) and impact child development (Bronfenbrenner, 1979). I interpret teachers in my research used this idea to make sense of children's mental health, drawing particular links between poverty and poor mental health, and the potential impact of this. Evidence highlights that poverty creates an environment that is harmful to mental health (Elliott, 2016), as families living in poverty are exposed to more environmental stressors, such as poor health, inadequate housing and unsupportive neighbourhoods (Huston et al, 1994). My participants presented the generalised opinion that children living in poverty are exposed to more environmental stressors which create chaotic home lives, leading to feelings of anxiety and depression and poor behaviour in the classroom. Charlie and Kate seemed most prone to making this generalisation but Tom was also susceptible at times. This is likely to contribute to the expressions of frustration and powerlessness I interpreted, as teachers perhaps feel overwhelmed, inadequate and de-skilled. I wonder if the consequence of feeling stressed and under pressure led teachers in my research to slip into this rather generalised way of conceptualising the impact of poverty on mental health. Interestingly, I was unable to find research which explores this proposed link any further. I feel this is suggestive of the complexity of the links between poverty and mental

health. Teachers in my research may have lost the capacity to hold onto this complexity, due to their experiences of feeling powerlessness and deskilled. I believe this suggests that when teachers feel under pressure, they may be prone to making sweeping generalisations which influence how they make sense of their classroom experiences.

Here, it is important to draw on psychological research around the concept of 'belongingness'. As outlined in the literature review, studies indicate that positive interactions between children and teachers create connections which foster secure relationships and contribute to heightened sense of school belonging (Klem & Connell, 2004; Allen et al., 2021). Importantly, a sense of school belongingness is positively associated with greater emotional wellbeing and fewer mental health problems (Allen et al, 2021; Arslan, 2018a). Participants in my research emphasised the importance of acceptance, respect and inclusion in the school environment, and suggested children's mental health is best supported inside the classroom, by adults with whom they have secure, trusting relationships. One interpretation of this is that participants felt creating a sense of school belongingness can enhance children's mental health, and suggested relationships and inclusion are fundamental contributing factors which shape a culture of belongingness in schools.

Weare (2004) suggests schools can struggle to see the importance of mental health promotion and create environments which damage mental health, through academic pressure, target setting and failure to recognise individual needs. This view was reflected by some teachers in my research, who discussed aspects of school which can become risk factors for children's mental health. Both Tom and Charlie explored the potential negative impact on children's self-esteem and motivation when they experience academic failure. Charlie appeared frustrated at inflexible behaviour systems in schools which can cause problems, as teachers are expected to issue punishments which damage relationships. This resonates with the "tensions" Spratt et al (2006) discuss "in reconciling an individualized approach to the difficulties of particular pupils, with the structures and expectations of a typical school" (pp.16). In their paper, Spratt et al (2006) call for schools "to fundamentally re-examine how their structures and culture affected the well-being of pupils" (pp.16). I believe my participants shared these concerns, as they all explored the potential damage the school system can cause to children's mental health, and the need to utilise a relational approach to ameliorate this.

Mirroring research findings (MHF, 2016; Young Minds, 2017), my participants explored their experiences of managing rapidly rising and increasingly complex mental health problems in children, which manifest as outward expressions of mental health needs. My participants' responses highlight the perceived magnitude of teachers' responsibilities towards children's mental health. They spoke of the pressure they experience to appear confident and able to educate children about mental

health and the challenges they encounter, as they feel apprehensive and unsure about the boundaries of their role. This fits with research by Reinke et al (2011), who suggest teachers have low levels of confidence when supporting students with mental health problems. Moreover, research by Ekornes (2016) found over half the teachers interviewed felt a sense of helplessness and were concerned about making situations worse when speaking with children about mental health. My participants discussed experiencing frustration and 'burnout' due to increasing responsibilities, which left them feeling guilty and consumed by the role. This is consistent with research from Dimitropoulos et al (2021), who suggested competing priorities, as well as a lack of time and resources were major concerns for teachers. Studies indicate this leaves little room for preventative mental health support which fosters positive classroom relationships and allows children to experience nurture and care (Fredrikson & Rhodes, 2004).

All of my participants shared the impact of children's mental health needs on their own mental health. They described feelings of incompetence and doubt which led to anxiety and vulnerability. This is problematic, as Sisask et al (2014) suggested poor mental health impedes teacher's beliefs around their ability to support children's emotional difficulties. It is useful to draw upon the concept of 'self-efficacy' here, to explore how participants were making sense of their experiences. I believe teachers in my research may have been suggesting they experience low self-efficacy towards promoting children's mental health, leading to feelings of frustration, helplessness and 'burnout'. They need opportunities to experience success and competence, but these were lacking in the narratives they chose to share. However, as suggested in the literature review, caution should be exercised when applying the concept of self-efficacy to teachers' experiences of children's mental health, as it is vital that the agency of individuals is not overemphasised. Instead, ways in which teachers' self-efficacy can be improved through support within the school or wider community should be explored and utilised.

Teachers are involved with promoting children's mental health on a daily basis, yet often have no specialist training. Research emphasises the limited access teachers have to support or supervision when managing challenges to children's mental health (Sharpe et al. 2016). Additionally, when teachers do not receive training, they may have low confidence to recognise and support mental health problems (Moor et al. 2007; Cohall et al. 2007), which can lead to feelings of helplessness (Kidger et al. 2010; Shelemy, Harvey, & Waite, 2019). Teachers in my research highlighted their desire for bespoke and dynamic training tailored to the distinct problems they experience their own settings. They expressed a preference for ongoing support and supervision which would help them create an inclusive classroom environment and improve their confidence.

Throughout my research, I felt participants were attempting to make sense of their role and boundaries. As outlined in the literature review, teachers are considered crucial in supporting children's mental health (Roffey, 2008; Stoll & MacLeod, 2020), with some researchers suggesting that teachers must become a 'significant other', who children depend on for support and guidance. (Myers and Pianta 2008). This may be particularly relevant for primary school teachers, who typically spend their entire teaching time with one class of children. Furthermore, primary school children tend to be more reliant on adult support than secondary school children, due to their age and developmental needs. Sam in particular, discussed finding it hard to 'switch off' from children's mental health problems, and described adopting many additional responsibilities in order to offer bespoke support. Tom and Charlie appeared more boundaried, indicating they do not feel they should become 'therapists' and described their role in early intervention and signposting, rather than providing specialist support. This resonates with research findings in this area, which describe teachers feeling their role should involve early identification and intervention, but often find themselves supporting more complex mental health needs, leaving them feeling overwhelmed and unprepared (Skilbeck & Connell, 2004; Graham et al., 2011; Sisack et al., 2014). However, children with more complex mental health needs, who require specialist intervention from outside agencies, do continue to require universal support from teachers. This could be contributing to the expressions of feeling overwhelmed and frustrated, and perhaps indicates the role of the EP in offering containment for teachers when discussing and exploring these feelings. Teachers in research by Mælan et al (2018) were able to draw a clear distinction between their role as a teacher, which they described as involving relating to children through listening and compassion, and the role of therapist, which involves more specialist support. I do not feel the teachers in my research were able to do this; at times they expressed confusion around role boundaries, expectations and responsibilities. Schools in poor communities are identified as ideal places to support the mental health of children and families (Cappella, 2008), which adds breadth to the teacher role and possibly creates further confusion about boundaries. This echoes discussions in my research, as participants noted additional responsibilities due to greater mental health needs in the areas of disadvantage in which they teach. Whilst they described managing increasingly complex mental health problems, they did not position themselves as 'experts'. They argued it is impossible for teachers to clearly define their role in children's mental health problems, as they become so emotionally invested in the lives of the children they teach.

Across all interviews, I noticed teachers' difficulties when attempting to define and make sense of the term 'mental health'. They agreed that mental health is a universal experience, yet appreciated the individual, unique nature of the concept and the complex relationship between biological and

social factors which impact mental health. They explored the impossibility of being able to truly comprehend the mental health experiences of others. At times, they appeared to fluctuate between a medical understanding of mental health, through their discussions about the utility of diagnostic labels, and a social constructionist stance, as they considered the power of language to shape knowledge and experience. This fits with previously introduced research by Monkman (2013), who suggested the language teachers use to conceptualise and discuss mental health has a powerful impact on how they position themselves and make sense of their role in supporting children's mental health.

6.2: Research Question 3: What can Educational Psychologists learn from these insights?

6.2.1: Language and talk around mental health

Billington et al (2021) propose that using a diagnostic or medical model of mental health problems when speaking with or of children can invoke deficit narratives which locate problems solely within the individual child, which can overshadow the impact of context and environment. This was challenged by participants in my research, who presented language and labelling around mental health problems as both a risk and a protective factor for children. They recognised the value of using medicalised language and diagnoses to develop empathy and understanding of needs which allows them to provide individualised support, yet this did not detract from their recognition of the impact of contextual factors. This suggests medical language supports teachers to process and meet needs, but should not come at the detriment of also exploring ecological considerations. Chandra and Minkovitz (2007) discuss the benefits reported by children who feel they have the opportunity to talk openly with adults about their mental health. This was echoed by participants in my study, who use structured teaching time and 'ad hoc' conversations to develop knowledge and confidence in children when speaking about mental health. Teachers desired more opportunities to engage in meaningful dialogue in the classroom, where children can be actively involved in talking about how they feel. It is important that teachers are confident to discuss mental health in a personalised way with children, through discussing challenges to mental health that can sometimes lead to mental health problems. Teachers should be supported to avoid presenting an overly medicalised approach when discussing mental health and instead encourage conversations with children which explore the natural 'ups and downs' of life. Furthermore, teachers should be made aware of colleagues in school who they can signpost children to for more support, such as the SENCO or mental health lead.

6.2.2: Scope of the teaching role in promoting children's mental health

This research study highlights the need for greater clarity about the teacher role in promoting children's mental health and recognising possible causes for concern. I interpreted that all teachers reported feelings of confusion around role boundaries and reported instances of being involved with children's mental health problems which they felt were beyond their level of knowledge, training or comfort. Yet, they discussed being emotionally invested in the lives of the children they teach, and as such are not in a position to stand by and do nothing. I believe my participants echoed research findings by Mælen et al (2018), who found teachers require clearer role definitions and boundaries to develop clarity around their responsibilities.

6.2.3: Developing a relational whole school community

Positive interactions can shape children's emotional development and create relationships which could be healing for children in challenging circumstances such as poverty and family breakdown (Dowling & Elliott, 2012). Research outlines the importance of nurturing relationships in promoting inclusion, developing a sense of belonging and creating secure attachments in school (Crouch et al, 2014). In my research, I felt teachers were describing how they use humanistic principles such as warmth, respect and authentic care to adopt a relational approach which supports children's mental health. Billington et al., (2021) use the term 'relational' as a way of moving away from individual descriptions of children's mental health problems, and towards understandings which involve schools, homes and communities. I believe teachers in my research were adopting a similar stance, as they discussed children's mental health being shaped by relationships within and between ecological systems rather than being considered in isolation and disconnected from context. Adopting a relational approach is the foundation of the approach to supporting children's mental health. They explored the importance of taking a whole-school approach to developing an inclusive relational community, built on principles of respect, authenticity and genuine care in order to develop connectedness and a sense of school belonging. Whole-school relational approaches regard schools as communities, where the quality of interpersonal relationships allow for the development of shared values and pursuit of meaningful goals (Sergiovanni, 1994). My participants suggested this is not the responsibility of the individual teacher alone, but requires a whole-school commitment by staff, children, families and the local community. This is reminiscent of Billington et al's (2021) research, where participants recognised that children's mental health relies on positive relational bonds between all members of the school community. Indeed, Rothi et al (2008) indicate relational quality is the best form of intervention to prevent and protect against mental health problems.

Teachers should be encouraged to take ownership of implementing a relational approach with children, families and the school community, and appreciate the interconnected nature of these relationships as well as the potential impact on children's mental health. Schools could helpfully recognise they are the driving force in establishing relational communities which prioritise and develop relational networks and incorporate awareness of the cultural, economic and environmental stressors within which their children and families are situated.

6.2.4: Teacher mental health, support and development

Links between teachers' and children's mental health are highlighted in research, indicating teachers who experience frustration and 'burn out' are less able to contain emotional needs (Kidger et al, 2010) or develop secure, trusting relationships with children (Kidger et al, 2010). Furthermore, poor mental health impairs teachers' beliefs around their ability to support children's emotional difficulties (Sisask et al, 2014), suggesting a link between stress and self-efficacy (Jennings & Greenberg, 2009). In my research, teachers described feelings of frustration and burn out, which created a vicious cycle of stress and guilt, ultimately affecting their perceived ability to form relationships with children. This is reminiscent of the 'burnout cascade' described by Jennings and Greenberg (2009), where teachers who experience higher levels of stress and negative emotions experience lower self-efficacy, leading to exhaustion and de-motivation. This impacts the care and attention teachers feel able to give to children and makes it difficult to maintain healthy relationships. Clearly, supporting teachers' mental health is vital to ensure they have the capacity and availability to support children's mental health. Participants in my research believed that at times, their mental health is neglected and forgotten, which I interpreted was contributing to their feelings of frustration and burnout. Kidger et al (2010) indicate the importance of showing teachers they are valued and appreciated, to promote wellbeing and enhance self-efficacy. Indeed, supporting teacher mental health should be treated as an equal priority to children's mental health.

Teachers in my research recognised the need for ongoing support to respond to the dynamic nature of children's mental health problems. They require opportunities to discuss and practise hypothetical responses and feel support should be bespoke and tailored to classroom situations they experience. Here, I think is it useful to again draw on the psychoanalytic concept of 'containment' to explore teachers' confidence and competence when supporting children's mental health. I believe teachers in my research were expressing their desire for emotional containment, as they described the need for support to process and manage their own emotions. They felt this is essential to support teachers' mental health, but the busy, demanding nature of the teacher role often prevents

such opportunities. Teachers in my research described needing time and space to explore and share their thoughts, feelings and responses in a safe environment which encourages reflection. Kate in particular suggested teachers can feel overwhelmed by the emotionality of supporting children's mental health. EPs are well positioned to offer teachers containment, as they have awareness of school systems and the pressures teachers face, which can enable teachers to feel understood and supported when thinking about the children they have responsibility for. If teachers experience this process with EPs, they may feel able to offer similar opportunities to children in the classroom. Having a professional listen and empathise may have therapeutic value for teachers, particularly if they feel the role is becoming overwhelming. It is important that senior management recognise the value of offering teachers emotional containment and dedicate EP time to offering this support, whilst also recognising their own role in more practical day-to-day support for teachers. As outlined in the literature review, work discussion groups (WDGs) could provide teachers with the opportunity to reflect in small groups upon the demands of the role in a safe, containing space (Ellis & Wolfe, 2019). Research indicates the benefits of teachers being part of a process such as WDGs include sharing and normalising difficulties as a group, enabling peer support and facilitating alternative ways of conceptualising and approaching situations (Ellis & Wolfe, 2019). Teachers require regular, protected opportunities to reflect on and experience containment around the emotional responses which arise as part of their role. WDGs have the potential to help teachers feel listened to, valued and supported, which could have a positive impact on their mental health and beliefs about the support they can provide for children's mental health. The development and implementation of WDGs is something which could be supported and facilitated by EPs, given their skills in active listening, knowledge of psychological processes in group settings and ability to offer organisational support.

6.2.5: Adopting a community psychology approach

As outlined in the literature review, EPs have the skills to build capacity in schools and encourage whole-school focus to promote culture change (Roffey, 2008). As EPs work with multiple systems surrounding children and families, they typically take an ecological perspective, seeing behaviour as an interaction of the person and their environment (Lewin, 1936) and exploring the impact of the interaction between systems on children's mental health. I propose EPs should look towards becoming increasingly involved with wider community issues, in line with research which highlights the need for psychologists to become conscious of social problems and work preventatively to overcome these through empowerment of community members (Wolff, 2014). EPs should begin to

consider the 'real-world' action they hope to take to work at the 'macrosocial' level, rather than focussing on individuals and their immediate social environments (Wolff, 2014). It is important that EPs transform change rhetoric into action at a community level, by seeking to hear marginalised voices and considering how to enhance participation of all community members. Some community psychology researchers recommend efforts must be made to change existing structures and policies in order to disrupt the 'status-quo' (Orford, 2008). In the context of my research, this could involve EPs advocating changes to children's mental health policies and seeking the voices of children and teachers in order to make this more fit for purpose. EPs should advocate for updated guidance which clearly outlines the teacher role and expectations around children's mental health. Furthermore, EPs should press for enhanced support for teacher mental health and regular opportunities to engage teachers in opportunities which offer containment and reflection. EPs should consider how 'community schools' could be developed, where provision is planned, developed and co-ordinated as part of multidisciplinary teams which support the needs of the children and families in the local area (MacKay, 2006). However, working at a community level is not typically seen as part of the EP role. It may be unrealistic to expect a pressured and stretched profession to expand to incorporate such a vast new approach, and some EPs might find the suggestion of working at a community level overwhelming and unattainable. Furthermore, statutory time pressures could leave little space for community level practice (Boyle and Lauchlan, 2009). For EPs to make a difference to both children's and teachers' mental health, working as multidisciplinary teams which engage with communities to strengthen and empower families and schools may be an effective way to progress.

Chapter 7: conclusions, recommendations, limitations and further research

In this chapter, I will outline my conclusions, describe my reflections around the strengths and limitations of my research, and share some reflections on possible future research. I will finish by proposing some recommendations for practice.

7.1: Conclusions

This research aimed to explore primary school teachers' lived experiences of children's mental health. The phenomenon of mental health is personal, complex and hard to conceptualise and define. It affects children and teachers in different ways, depending on past experiences, current environment and context, relational quality and individual factors such as self-efficacy and responses to challenging situations.

Four master themes emerged from the data: environmental factors, a relational approach, the impact of and on teachers and mental health as a personal and individual experience. However, teachers' discussions illuminated the complex connections and intersections between themes. Teachers felt open, honest dialogue develops children's mental health knowledge, normalises difficulties and creates a safe classroom environment. Yet they recommended caution around the overuse of mental health language and labelling, which they suggested can lead to negative connotations and deficit narratives. They saw forming positive relationships as a fundamental aspect of supporting children's mental health, and highlighted the sense of connectedness and school belongingness which positive relationships can create. Teachers viewed children's mental health through an ecological lens, recognising the impact of interconnected relationships within and between ecological systems. They discussed the benefits of a positive, proactive school community which has the potential to ameliorate the impact of difficulties outside of school. However, they also recognised circumstances where aspects of the school environment can be damaging to children's mental health.

Pressure to support children's increasingly complex mental health problems, linked to environmental stressors, is contributing to poor mental health in teachers. The teaching role was described as unmanageable and overwhelming, with inadequate time available to support children's mental health. This has a detrimental impact on relationships and potentially affects teachers' feelings of competence and self-efficacy beliefs. Teachers felt they do not receive sufficient

emotional containment or bespoke training and guidance around children's mental health, causing them to feel unskilled and lacking confidence. They discussed the need for greater emotional support, bespoke training and clarity around the expectations and boundaries of the teacher role in children's mental health.

7.2: Strengths and limitations of the research

To reflect on the strengths and limitations of this research, I have used Yardley's (2008) research quality guidelines introduced in Chapter 3.

7.2.1: Sensitivity to context

Throughout my research, I remained grounded in the philosophy of IPA. I considered the social context in which I conducted my research, including my relationship to my participants as the school EP. I recognised the sensitive nature of the subject area and the potential impact of this on my participants. Furthermore, I highlighted the interactional nature of my data collection, and my role as a researcher in shaping participants' discussions. I feel I was able to use psychological skills to develop rapport which put participants at ease and allowed them to share personal experiences about mental health.

Conducting interviews online potentially affected the rapport I was able to develop with my participants. Although I do not feel this affected how they were able to share their experiences, it may have been possible to convey more warmth and empathy in face-to-face interviews. Furthermore, my position as the school EP may have influenced the experiences participants chose to share. Whilst I did not have prior relationships with any of the teachers, they may have seen my role as 'problem holder', due to preconceived notions of the EP role, and therefore felt more inclined to share problematic situations.

7.2.2: Commitment and rigor

I feel I adopted a consistent epistemological position throughout my research. I read extensively about IPA to ensure I was immersed in the research and able to conduct an in-depth analysis of the data, as recommended by Smith et al (2009). I was clear about my positionality throughout the research, and selected a sample which was consistent with my research aims and questions. I feel

my immersion in the data allowed me to develop a nuanced, idiographic analysis which reflected each individual participant and their lived experience.

I used opportunity sampling, which meant I was not able to access a varied participant sample, as all my participants were selected from a small, deprived area of a larger city. Whilst IPA does not seek to generalise experiences, I do feel my research could have been improved by exploring a more diverse range of voices. Furthermore, teachers' participation was voluntary. Consequently, my participants may have an existing interest in and knowledge of the research topic.

7.2.3: Transparency and coherence

Throughout my research, I have aimed to provide a clear exploration of my rationale, decision making and findings. I have outlined challenges as the research progressed through regular use of reflective boxes, and have included references to relevant literature and theory throughout. I have maintained commitment to full reflexivity by noting reflections both during and after each interview as well as keeping a weekly reflexive diary, which I used to inform my writing. An example of this is given in Appendix 13, which helps to promote transparency about my approach to engaging with my data.

7.2.4: Impact and importance

In light of extensive research which highlights the rise in children's mental health problems (eg. WHO, 2020), I believe the topic of my research is timely and relevant. The topic feels increasingly significant given the impact of the COVID-19 pandemic, and emerging research which indicates the impact on both children's and teachers' mental health (Pressley, 2021). To share the importance of my research, I will discuss my findings with schools in the geographical location where the research was conducted, as well as with my EP service.

7.3: Further research

After reflecting on my research process and findings, I propose the following as suggestions for possible future research:

- Further IPA research using purposive sampling of primary school teachers in different geographical regions, such as more affluent areas.

- Participatory research with primary-aged children to understand their experiences and views around mental health.
- Action research which explores the development of relational school communities and how EPs might be best placed to offer support.
- Further exploration of teacher mental health. It may be useful to conduct individual interviews or focus groups with teachers to explore barriers and facilitators of mental health. An action research project examining the use of supervision, group consultation or coaching as a way of supporting teachers' mental health could be particularly interesting.
- Cross-cultural studies comparing the teacher role and perceived mental health across cultures which utilise a different approach to teaching and supporting children's mental health.
- Further exploration around EPs working as part of community teams. For example, questionnaires which establish existing working practices in this area and gather qualitative feedback on attitudes towards community support as well as facilitators and barriers to EPs working in this way.

7.4: Recommendations for practice:

Whilst I do not aim to generalise the experiences of my participants, I do make the following recommendations for educational professionals and EPs:

7.4.1: Language, labels and dialogue:

Within this research, diagnostic labelling was considered a vital source of information which can help teachers understand and meet mental health needs, creating empathy rather than deficit narratives. However, medicalised language and labels were also recognised as potentially evoking problem narratives which can lead to narrow, within-child explanations. Monkman (2013) recommended care needs to be taken to avoid overly-medicalised discourses within policy, guidance and day-to-day interactions which could serve to disempower teachers and distance them from their role in children's mental health. Educational Psychology should emphasise the complexity of children's mental health problems through practice which utilises a social model of understanding, and steers educational practitioners away from overly-medicalised conceptualisations of children's mental health. EPs should be sensitive to the use of medicalised language and labelling of mental health problems and encourage others to move away from within-child explanations of need. When

working with educational professionals, they should explore relational and environmental factors and move towards eco-systemic considerations of need. However, EPs should recognise the value of diagnostic labels when needs are considered 'specialist', and support practitioners to understand the potential meaning and impact of diagnoses on mental health. EPs must recognise the key role they play in supporting teachers to interpret mental health discourses and make sense of the teacher role in children's mental health (Monkman, 2013). Teachers may benefit from regular opportunities to discuss the use of mental health language and labels to reflect on classroom implications (for example, how this affects perceptions of the child and understanding of appropriate support) (Hickinbotham & Soni, 2021). This should form part of whole-school considerations and policies and the use of mental health discourse (Dimitrellou & Hurry, 2018). Teachers identified a lack of confidence when talking about mental health in the classroom. It is important that teachers receive support to open up meaningful dialogue so children feel they can ask questions and apply learning to their own experiences. Tuffin et al (2001) highlight the need to reduce teacher nervousness and apprehension around talking to children about mental health, in order to develop strategies for identification and referral.

7.4.2: Support for teachers:

Askell-Williams et al., (2009) recommend initial teacher training should include in-depth guidance and support around mental health promotion. Furthermore, they suggest that existing teachers require further education to understand children's mental health. I believe it is important that there is a focus on identification, early intervention and guidance around children's mental health within initial teacher training courses. Teachers in my research reported ambiguity about the teacher role and expectations as well as boundaries around what is within their professional remit. EPs should support senior leaders to develop clear guidance outlining expectations around universal and targeted mental health support, which allows teachers to identify when and to whom they need to escalate concerns.

Teachers expressed a desire for more support for their own mental health. Sunley and Locke (2012) suggest teachers should access reflective supervision as part of their continued professional development, to develop awareness of their boundaries and own mental health. Supervision is routinely offered to professionals who support children's complex mental health needs, such as EPs, yet is rarely given to teachers. Providing teachers with reflective supervision could offer containment and validation and have positive implications for teachers' mental health as well as the children they support (Willis & Baines, 2018). Commitment to protecting this time should be communicated

through a whole-school ethos, which prioritises teacher mental health and recognises the value of protected time to contain teachers' emotional needs. However, teachers in my research noted time pressures which could impact the likelihood of engagement with reflective supervision spaces. Time could be offered through protected staff meetings to avoid this concern. Peer supervision may be welcomed, as teachers may feel safer to authentically share thoughts and feelings with colleagues than members of senior leadership. Here, there is a clear role for EPs, who can support the implementation of supervision systems and structures in schools and facilitate reflective and restorative practice in a way that is containing, supportive and empowering for educational professionals (Pettit, 2012). In particular, the implementation of WDGs should be considered as a method of offering regular, protected opportunities for teachers to reflect in small groups upon the demands of the role and experience emotional containment from a supportive group of peers. As previously discussed, WDGs have the potential to help teachers feel listened to, valued and supported, which could have a positive impact on their mental health. Again, EPs are well placed to discuss the benefits of WDGs with schools, as well as implement and facilitate WDGs as a method of emotional support and containment for teachers.

Overall, it is crucial that relationships are developed and supported across the whole school community. For this to happen, prioritising teacher mental health must become ingrained within the entire culture of the school community (Dabrowski, 2020).

7.4.3: Developing relational school communities

Rutter (1991) describes schools as powerful institutions which shape social and emotional development. As my research demonstrates, adopting a relational approach is vital to supporting both children's and teachers' mental health. Teachers should be given time to explore hypotheses around behaviour and formulate caring, relational responses and interventions. Teachers need specific training to develop nurturing relationships and develop their role as secondary attachment figures who can create a sense of belonging in the classroom (Geddes 2014). This could be effectively delivered by EPs, who are aware of individual contexts and local communities and could offer training tailored to the mental health needs of the school. School leaders should develop clear guidance, policies and structures which support the implementation of a whole-school relational approach. Again, this could be supported by EPs, who can raise the profile of relational approaches and demonstrate the value to the school community, which Billington et al (2021) suggest is the key to supporting children's mental health.

7.4.4: EPs supporting wider communities

To develop relational practice, cultural, environmental and economic factors which shape community relationships must be acknowledged and supported (Billington et al, 2021). Wolff (2014) recommends EPs should shift their focus way from individuals and towards working with wider communities to support prevention, empowerment and social justice. EPs should be willing to embrace, explore and implement ecological perspectives, systemic change and social justice. This arises from willingness to learn from other practitioners and local community members and work collaboratively as part of a multi-agency teams (Wolff, 2014).

One way to ensure EPs are able to adopt a community psychology approach to supporting wider communities is for Educational Psychology Teams to allocate a 'senior practitioner' role specifically to community work. EPs are well-placed to support and collaborate with staff from schools and local communities to develop mental health initiatives. Weist et al (2006) explain the success of this relies on interdisciplinary collaboration, where professionals work together to plan and implement initiatives which are consistent with the goals of the school and the local community. I suggest EPs must lead this, drawing together education staff and community mental health teams to develop best practice in children's mental health. This may involve amalgamating funds and redesigning policies and practices to enable effective collaboration which targets mental health needs within wider communities (MacKay, 2006). This could take the form of a 'cluster model', where mental health support and interventions are developed across local 'clusters' of schools. Rather than being a separate entity, it is possible that in the future, EP Teams could be located alongside other community mental health services.

References

Allen, K. A., Kern, M., McInerney, D., Rozec, C., and Slavich, G. (2021). *Belonging: A Review of Conceptual Issues, an Integrative Framework, and Directions for Future Research*. Australian Journal of Psychology, Vol 73(1), pp. 87-102.

Arslan, G. (2018a). *Exploring the association between school belonging and emotional health among adolescents.* International Journal of Educational Psychology, Vol 7(1), pp.21–41.

Arslan, G. (2019). *School belonging in adolescents: Exploring the associations with school achievement and internalising and externalising problems*. Educational and Child Psychology, Vol 36(4), pp. 22-33.

Arslan, G. (2021). S*chool belongingness, well-being, and mental health among adolescents: exploring the role of loneliness*. Australian Journal of Psychology, Vol 73(1), pp. 70-80.

Arslan, G., and Duru, E. (2017). *Initial development and validation of the school belongingness scale.* Child Indicators Research, Vol 10(4), pp. 1043–1058.

Askell-Williams, H., Lawson, M., and Slee, P. T. (2009). *Venturing into schools: Locating mental health initiatives in complex environments*. The International Journal of Emotional Education, Vol 1(2), pp. 14-33.

Baker, C.N., Peele, H., Daniels, M., Saybe, M., Whalen, K., and Overstreet, S. (2021). *The Experience of COVID-19 and Its Impact on Teachers' Mental Health, Coping, and Teaching.* School Psychology Review, Vol 50(4), pp. 491-504.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* W H Freeman/Times Books/ Henry Holt & Co.

Bandura, A. (2006). *Toward a Psychology of Human Agency*. Perspectives on Psychological Science, Vol 1, pp.164-180.

Barwick, M., and Urajnik, D. (2021). *Child Mental Health*. Encyclopedia Britannica. Available at: https://www.britannica.com/topic/child-mental-health. Accessed on: 25 February 2022.

Bauer, J., Stamm, A., Virnich, K., Wissing, K., Muller, U., Wirsching, M., and Schaarschmidt, U. (2006). *Correlation between burnout syndrome and psychological and psychosomatic symptoms among teachers*. International Archives of Occupational and Environmental Health, Vol 79(3), pp. 199–204.

Baumeister, R.F., and Leary, M.R. (1995). *The need to belong: Desire for interpersonal attachments as a fundamental human motivation*. *Psychological Bulletin, Vol 117*(3), pp.497–529.

Billington, T., Gibson, S., Fogg, P., Lahmar, J., and Cameron, H. (2021). *Conditions for mental health in education: Towards relational practice.* British Educational Research Journal.

Bion, W.R. (1962). *Learning from Experience*. London: Karnac Books.

Blower, C. (2014). *Teachers and workload*. National Union of Teachers.

Bowlby, J. (1969). *Attachment and Loss, Vol. 1: Attachment*. Attachment and Loss. New York: Basic Books.

Breen, L. (2007). *The researcher "in the middle": Negotiating the insider/outsider dichotomy.* Australian Community Psychologist, Vol 19, Issue 1), pp. 163-174.

British Psychological Society (BPS) (2018). *Code of Ethics and Conduct*. Published by the Ethics Committee of the British Psychological Society. London: BPS.

Brocki, J.M., and Wearden, A.J., (2007). *A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology*. Psychology and Health. Vol 21, Issue 1.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press, London.

Bronfenbrenner, U. (1986). *Ecology of the family as a context for human development: research perspectives.* Developmental Psychology, Vol. 22 No. 6, pp. 723-742.

Brown, K. (2014). *Beyond protection: 'The vulnerable' in the age of austerity.* In M. Harrison & T. Sanders (Eds.), *Social policies and social control: New perspectives on the not-so-big* society (pp. 39–52). London: Policy Press.

Cappella, E., Frazier, S.L., Atkins, M.S., Schoenwald, S.K., and Glisson, C. (2008). *Enhancing School's Capacity to Support Children in Poverty: An Ecological Model of School-Based Mental Health Services*. ADM Policy Mental Health, Vol 35(5), pp. 395-405.

Cefai, C., and Camillieri, L. (2015). *A healthy start: promoting mental health and well-being in the early primary school years.* Emotional and Behavioural Difficulties, Vol 20(2), pp. 133-152.

Cefai, C., and Cavioni, V. (2016). *Beyond PISA: Schools as Contexts for the Promotion of Children's Mental Health and Well-Being*. Contemporary School Psychology, Vol 19, pp. 233–242.

Chandra, A., and Minkovitz, C.S. (2007). *Factors that Influence Mental Health Stigma Among 8th Grade Adolescents*. Youth Adolescence, Vol 36, pp. 763-774.

Charmaz, K., and Henwood, K (2011). *Grounded Theory*. In: *The Sage Handbook of Qualitative Research in Psychology.* Sage Publications Ltd: London.

Chwalisz, K., Altmaier, E. M., and Russell, D. W. (1992). *Causal attributions, self-efficacy cognitions, and coping with stress*. Journal of Social and Clinical Psychology, Vol 11, pp. 377– 400.

Cohall, A.T., Cohall, R., Dye, B., Dini, S., Vaughan, R.D., and Coots, S. (2007). *Overheard in the Halls: What Adolescents Are Saying, and What Teachers Are Hearing, about Health Issues*. The Journal of School Health, Vol 77(7), pp. 344– 50.

Connelly, G., Lockhart, E., Wilson, P., et al. (2008). *Teachers' responses to the emotional needs of children and young people*. Results from the Scottish Needs Assessment Programme, Emotional and Behavioural Difficulties, Vol 13:1, pp.7-19.

Connor, M. (2003). *Pupil Stress and Standard Assessment Tasks (SATs).* Emotional and Behavioural Difficulties, Vol 8 2), pp. 101–7.

Cooper, B. (2004). *Empathy, interaction and caring: Teachers' roles in a constrained environment.* Pastoral Care in Education, 4, 12–21.

Cope, A. (2017). Children's Mental Health: it's time to put wellbeing on the curriculum [online]. The Guardian, published 25/08/2017. Available at: https://www.theguardian.com/teacher-network/2017/aug/25/childrens-mental-health-its-time-to-put-wellbeing-on-the-curriculum. Accessed on: 09/09/2021.

Cornelius-White, J. (2007). *Learner centred teacher-student relationships are effective: A Meta Analysis*. Review of Educational Research, Vol 77(1), pp. 113-143.

Craig, C. (2009). *Well-being in schools: the curious case of the tail wagging the dog.* Glasgow: Centre for Confidence and Well-being.

Crouch, R. , Keys, C.B., and McMahon, S.D. (2014). *Student–Teacher Relationships Matter for School Inclusion: School Belonging, Disability, and School Transitions*. Journal of Prevention & Intervention in the Community, Vol 42:1, pp. 20-30.

Dabrowski, A. (2020). *Teacher Wellbeing During a Pandemic: Surviving or Thriving?* Social Education Research, Vol 2(1), pp. 35-40.

Danby, G., and Hamilton, P. (2016). *Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being.* Pastoral Care in Education, Vol 34:2, pp.90-103.

Daniels, A. and Williams, H. (2000). *Reducing the Need for Exclusions and Statements for Behaviour: Framework for Intervention. Part I*. Educational Psychology in Practice, Vol 15 (4), pp. 220–7.

De George-Walker, L. (2014). *Self-handicapping, perfectionism, locus of control and self-efficacy: A path model*. *Personality and Individual Differences, Vol 66,* pp.160–164.

De Heus, P., and Diekstra, R. F. W. (1999). *Do teachers burn out more easily? A comparison of teachers with other social professions on work stress and burnout symptoms*. In R. Vandenberghe and A. M. Huberman (Eds.), *Understanding and preventing teacher burnout: A sourcebook of international research and practice*.

Department for Education (DfE). (2014). *Special educational needs and disability code of practice: 0 to 25 years statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities.* London: The Stationery Office Limited. Available at: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25. Accessed 18/04/2020.

Department for Education (DfE). (2017). *Transforming children and young people's mental health provision: a green paper.* London: DfE. Available at: https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper. Accessed 04/04/2020.

Department for Education (DfE) (2018). *Mental Health and Behaviour in Schools*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf. Accessed 10/01/2022/.

Department of Health. (2011). *No health without mental health: A cross-government mental health outcomes strategy for people of all ages.* UK: Department of Health.

Department of Health. (2014). *Wellbeing and health policy. Wellbeing and why it matters to health.* Available at: https://www.gov.uk/government/publications/wellbeing-and-health-policy. Accessed 26.10.2020.

Department of Health. (2015). *Promoting, protecting and improving our children and young people's mental health and wellbeing.* Future in Mind. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf. Accessed on 18.08.2020.

Dimitrellou, E., and Hurry, J. (2018). *Assessing the inclusivity of three mainstream secondary schools in England: challenges and dilemmas*. International Journal of Inclusive Education, Vol 24(10), pp. 1097-1113.

Dimitropoulos, G., Cullen, E., Cullen, O., Pawluk, C., McLuckie, A., Patten, S., Bulloch, A., Wilcox, G., Arnold, P.D. (2021). *"Teachers Often See the Red Flags First": Perceptions of School Staff Regarding Their Roles in Supporting Students with Mental Health Concerns.* School Mental Health (2021).

Dodgson, J.E (2019). *Reflexivity in Qualitative Research*. Journal of Human Lactation 2019, Vol. 35, Issue 2, pp. 220–222.

Dowling, M. (2006). *Approaches to Reflexivity in Qualitative Research*. Nurse Researcher. Vol 13, Issue 3.

Dowling, E, & Elliott, D. (2012). *Promoting positive outcomes for children experiencing change in family relationships*. In S. Roffey (Ed.), *Positive Relationships: Evidence Based Practice across the World* (pp.109–126). Springer.

Dunnett, C., and Jones, S. (2020). *Guidance for Developing Relational Practice and Policy.* Babcock Partners in Education ltd.

Ecclestone, K. (2007). *Resisting images of the 'diminished self': the implications of emotional well-being and emotional engagement in education policy.* Journal of Education Policy, Vol 22:4, pp. 455-470.

Ecclestone, K. and Brunila, K. (2015). *Governing emotionally vulnerable subjects and 'therapisation' of social justice.* Pedagogy, Culture & Society, Vol 23:4, pp.485-506.

Ecclestone, K. and Goodley, D. (2016). *Political and educational springboard or straitjacket? Theorising post/human subjects in an age of vulnerability.* Discourse: Studies in the Cultural Politics of Education, Vol 37:2, pp. 175-188.

Ekornes, S. (2016). *Teacher Stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems*. Scandinavian journal of educational research, pp. 1–21.

Elliott. J. (2005). *Using Narrative in Social Research. Qualitative and Quantitative Approaches.* Sage Publishing, London.

Elliott, I. (2016). *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. London: Mental Health Foundation.

Ellis, G., and Wolfe, V. (2019). *Facilitating Work Discussion Groups with Staff in Complex Educational Provisions.* Open Journal of Educational Psychology, Vol 4.

Evans, J. and Lunt, I. (2002). *Inclusive education: Are there limits?* European Journal of Special Needs Education, Vol 17(1), pp.1–14.

Finlay, L. (2008). *A dance between the reduction and reflexivity: Explicating the "phenomenological psychological attitude*". *Journal of Phenomenological Psychology. Vol 39,* Issue 1, pp. 1–32.

Fontenelle-Tereshchuk, D. (2020). *Mental Health and the COVID-19 Crisis: The Hopes and Concerns for Children as Schools Re-open*. Interchange, Vol 52, pp. 1-16.

Fredrikson, K., and Rhodes, J. (2004). *The role of teacher relationships in the lives of students.* New Directions for Youth Development, Vol 103, pp. 1-11.

French, R. (1997). *The Teacher as Container of Anxiety: Psychoanalysis and the Role of Teacher.* Journal of Management Education, Vol 21(4), pp. 483-495.

Gabriella, F. (2014). *Some reflections on the phenomenological method*. Dialogues in Philosophy, Mental and Neuro Sciences. Vol 7, Issue 2, pp. 50-62.

Gair, S. (2012). *Feeling Their Stories: Contemplating Empathy, Insider/Outsider Positionings, and Enriching Qualitative Research*. Qualitative Health Research, Vol 22, Issue 1, pp. 134- 143.

Geddes, H. (2006) *Attachment in the classroom: the links between children's early experience, emotional well-being and performance in school*. London: Worth.

Gerhardt, S. (2015). *Why Love Matters: How affection shapes a baby's brain*. Routledge.

Gillman, M., Heyman. B., and J. Swain. (2000). *What's in a Name? The Implications of Diagnosis for People with Learning Difficulties and Their Family Carers*. Disability & Society, Vol15(3), pp.389–409.

Giorgi, A. (2010). *Phenomenology and the Practice of Science*. Existential Analysis. Vol 21, Issue 1), pp. 3- 22.

Glickman, C. D., and Tamashiro, R. T. (1982). *A comparison of first-year, fifth-year, and former teachers on efficacy, ego-development, and problem-solving.* Psychology in the Schools, Vol 19, pp. 558 –562.

Goodenow, C., and Grady, K. E. (1993). *The relationship of school belonging and friends' values to academic motivation among urban adolescent students.* Journal of Experimental Education, Vol 62(1), pp. 60–71.

Gowers, S., Thomas, S., and Deeley, S. (2004). *Can Primary Schools Contribute Effectively to Tier I Child Mental Health Services?* Clinical Child Psychology and Psychiatry, Vol 9(3), pp. 419-425.

Graham, A., Phelps, R., Maddison, C. and Fitzgerald, R. (2011). *Supporting children's mental health in schools: teacher views*. Teachers and Teaching. Vol 17:4, 479-496.

Hagenauer, G., Hascher, T. and Volet, S.E. (2015). *Teacher emotions in the classroom: associations with students' engagement, classroom discipline and the interpersonal teacher-student relationship*. European journal of psychology of education, Vol 30(4), pp.385-403.

Hamoda, H.M. et al., (2021). *Addressing the Consequences of the COVID-19 Lockdown for Children's Mental Health: Investing in School Mental Health Programs*. Psychiatric Services, Vol 72(6), pp. 729-721.

Hanley, T., Winter, L.A., and Burrell, K. (2017). *Supporting Emotional Wellbeing in Schools in the Context of Austerity*. University of Manchester.

Health and Care Professions Council (HCPC) (2016). *Standards of conduct, performance and ethics.* London: HCPC. Accessed on 04/03/21: https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf.

Heidegger, M. (1962). *On Time and Being*. In Moran, D., and Mooney, T. (Eds) (2002). *The Phenomenology Reader*. London: Routledge.

Herman, K. C., Hickmon-Rosa, J., and Reinke, W. M. (2018). *Empirically derived profiles of teacher stress, burnout, self-efficacy, and coping and associated student outcomes.* Journal of Positive Behavior Interventions, Vol 20(2), pp.90–100.

Hickinbotham, L., and Soni, A. (2021). *A systematic literature review exploring the views and experiences of children and young people of the label*. Social, Emotional and Mental Health (SEMH), Emotional and Behavioural Difficulties, Vol 26:2, pp. 135-150.

Holmes, A.G.D. (2020). *Researcher Positionality - A Consideration of Its Influence and Place in Qualitative Research - A New Researcher Guide*. International journal of education. Volume 8 issue 4.

Hood, R. (2015). *Combining Phenomenological and Critical Methodologies in Qualitative Research*. Qualitative Social Work. Vol 15, Issue 2.

Hornby, G., and Atkinson, M. (2003). *A Framework for Promoting Mental Health in School*. Pastoral Care in Education, Vol 21(2), pp. 3-9.

Huston, A.C., McLoyd, V.C., and Coll, C.G. (1994). *Children and Poverty: Issues in Contemporary Research.* Child Development, Vol 65 (2), pp. 275-282.

Jennings, P., and Greenberg, M. (2009). *The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes*. Review of Educational Research, Vol 79(1), pp. 491.

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., and Millet, C. (2005). *The experience of work-related stress across occupations*. Journal of Managerial Psychology, Vol 20(2), pp. 178-187.

Joyce, B., and Showers, B. (1982). *The coaching of teaching*. Educational Leadership, Vol 40(4), pp.8-10.

Julian, D. A. (2006). *Defining community psychology practice: Meeting the needs and realizing the dreams of the community*. The Community Psychologist, Vol 39(4), pp. 66–69.

Khoshkoo, M. (2017). *Some reflections on educational psychology practice.* In: Williams, A., Billington, T., Goodley, D., and Corcoran, T. (2017) *Critical Educational Psychology*. Wiley Blackwell.

Kidger J., Gunnell D., Biddle L., et al. (2010). *Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being.* British Educational Research Journal, Vol 36, pp. 919–35.

Kidger, J., Araya, R., Donovan, J., and Gunnell, D. (2012). *The effect of the school environment on the emotional health of adolescents: A systematic review*. *Pediatrics, Vol 129(5), pp. 925–949*

Knifton, L., and Inglis, G. (2020). *Poverty and Mental Health: Policy, Practice and Research Implications.* British Journal of Psychology Bulletin, Vol 44(5), pp. 193-196.

Klem, A.M., and Connell, J.P. (2004). *Relationships Matter: Linking teacher support to student engagement and achievement*. Journal of School Health, Vol 74, pp. 262-273.

Kovess-Masfety, V., Rios-Seidel, C., and Sevilla-Dedeiu, C. (2007). *Teachers' Mental Health and Teaching Levels.* Teaching and Teacher Education, Vol 23(7), pp. 1177-1192.

Kush, J.M., Badillo-Giocoechea, E., Musci, R.J., Stuart, E.A. (2021). *Teacher Mental Health During the COVID-19 Pandemic: Informing Policies to Support Teacher Well-being and Effective Teaching Practices*. John Hopkins School of Public Health.

Lacey, R. E., Kumari, M., and Bartley, M. (2014). *Social isolation in childhood and adult inflammation: Evidence from the National Child Development Study*. Psychoneuroendocrinology, Vol 50, pp.85–94.

Langdridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method.* London: Pearson Education Limited.

Larkin, M., Watts, S., and Clifton, E. (2008). *Giving voice and making sense in interpretative phenomenological analysis*. Qualitative Research in Psychology. Vol 3, Issue 2.

Larkin, M., Eatough, V., and Osborn, M., (2011). *Interpretative phenomenological analysis and embodied, active, situated cognition*. Theory and Psychology. Vol 21, Issue 3.

Lauchlan, F., and Boyle. C. (2007). *Is the Use of Labels in Special Education Helpful?* Support for Learning, Vol 22(1), pp.36–42.

Leggio, J., and Terras, K. (2019). *An investigation of the qualities, knowledge, and skills of effective teachers for students with emotional/behavioural disorders: The teachers' perspective*. The Journal of Special Education Apprenticeship, Vol 8(10), pp. 1–15.

Lewin, K. (1936). *Principles of Topological Psychology*. New York: McGraw-Hill.

Mælan, E.N., Tjomsland, H.E., Baklien, B., and Samdal, O. (2018). Supporting pupils' mental health through everyday practices: a qualitative study of teachers and head teachers. Pastoral Care in Education, Vol 38(1).

Ma, X. (2003). *Sense of belonging to school: Can schools make a difference?* Journal of Educational Research, Vol 96(3), pp. 340–349.

MacDonald, S., and Winship, G. (2016). T*he primary school as a therapeutic community.* Therapeutic Communities: The International Journal of Therapeutic Communities, Vol. 37(1), pp. 18-26.

MacKay, T. (2006). *The educational psychologist as community psychologist: Holistic child psychology across home, school and community*. Child and Educational Psychology, Vol 23(1), pp. 7-15.

MacKay, M.M., Lynn., C.J., Bannon., W.M. (2005). *Understanding Inner City Child Mental Health Need and Trauma Exposure: Implications for Preparing Urban Service Providers*. American Journal of Orthopsychiatry, Vol 75(2), pp. 201-210.

Mental Health Foundation. (2016). *Fundamental Facts about Mental Health.* London: Mental Health Foundation.

Mertens, D. M. (2009). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. Sage publications.

Miller, G. (2014). *Is the agenda for global mental health a form of cultural imperialism?* Med Humanit 2014, Vol 40, pp.131–134.

Ministry of Housing, Communities and Local Government (2019). *English Indices of Deprivation, 2019*. Available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019. Accessed on 27/10/2021.

Mintz, J. et al. (2015) *Towards a New Reality for Teacher Education for SEND – DfE SEND in ITT Project Report and Roadmap for SEND*. London: UCL Institute of Education.

Monkman, H. (2013). T*he teachers' role in supporting student mental health and wellbeing – A discursive study*. Unpublished research thesis submitted in part requirement for the Doctor of Education, Department of Educational Studies, University of Sheffield.

Moor, S., Maguire, A., McQueen, H., Wells, E.J., Robert, E., Wrate, R., and Blair, C. (2007). *Improving the Recognition of Depression in Adolescence: Can We Teach the Teachers?* Journal of Adolescence, Vol 30(1), pp.81–95.

Myers, S.S., and Pianta, R.C. (2008). *Developmental Commentary: Individual and Contextual Influences on Student–Teacher Relationships and Children's Early Problem Behaviors*. Journal of Clinical Child and Adolescent Psychology, Vol 37(3), pp. 600-608.

Murphy, D. (2014). *Validity, realism, and normativity*. In P. Zachar, D. St. Stoyanov, M. Aragona, and A. Jablensky. (2014). *Alternative Perspectives on Psychiatric Validation: DSM, IDC, RDoC, and Beyond.* Oxford University Press.

NASEN. (2014). *The SEN Code of Practice: 0-25 Years*. NASEN, Staffordshire.

Nearchou, F., Flinn, C., Niland, R., Subramaniam, S.S., and Hennessy, E. (2020). *Exploring the Impact of COVID-19 on Mental Health Outcomes in Children and Adolescents: A Systematic Review.* International Journal of Environmental Research and Public Health, Vol 17, pp. 1-19.

NHS. (2020). *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up. Accessed on 12/01/2022.

NICE. (2008). *Social and emotional wellbeing in primary education*. London: National Institute for Health and Care Excellence.

NICE. (2009). *Social and emotional wellbeing in secondary education*. London: National Institute for Health and Care Excellence.

O'Reilly, M., Adams, S., Whiteman, N., Hughes, J., Reilly, P., and Dogra, N. (2018). *Whose Responsibility is Adolescent's Mental Health in the UK? Perspectives of Key Stakeholders*. School Mental Health, Vol 10, pp. 450-461.

Ochieng, B. (2010). '*You know what I mean': The ethical and methodological dilemmas and challenges for Black researchers interviewing Black families.* Qualitative Health Research. Vol 20, pp. 1725-1735.

Okonafua, J.A., and Eberhardt, J. (2015). *Two Strikes: Race and the Disciplining of Young Students.* Psychological Science, Vol 26(5), pp. 617-624.

Onwuegbuzie, A. J., and Leech, N. L. (2005). *On becoming a pragmatic researcher: The importance of combining quantitative and qualitative research methodologies*. International Journal of Social Research Methodology, Vol 8, Issue 5, pp.375-387.

Orford, J. (2008). *Community Psychology: Challenges, Controversies and Emerging Consensus*. Wiley & Sons, Ltd.

Patalay, P. and Gage, S.H. (2019) *Changes in millennial adolescent mental health and health-related behaviours over 10 years: a population cohort comparison study.* International Journal of Epidemiology, Vol 48(5), pp. 1650–1664.

Patel, V., Fletcher A.J., Hetrick, S., and McGorry, P. (2007). *Mental health of young people: a global public-health challenge.* Lancet 2007, Vol. 369: 1302–13.

Pérez-Parreño, M., and Paulo Padilla-Petry, P. (2018). *Mental health and inclusion seen from the children's and teachers' perspectives: A case study in Spain*. Educational Research and Reviews, Vol 13(6), pp. 188-196.

Pettit, N (2012). *An IPA study exploring SENCOs' experiences of a support group using a reflecting team approach.* Unpublished Doctoral Thesis.

Polkinghorne, D.E. (1989). *Phenomenological research methods.* In Valle, R.S., and Halling, S., (1989) *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience*. Springer US.

Ponterotto, J.G. (2005). *Qualitative Research in Counseling Psychology: A Primer on Research Paradigms and Philosophy of Science*. Journal of Counseling Psychology. Vol. 52, No. 2, pp.126–136.

Pressley, T. (2021). *Factors Contributing to Teacher Burnout During COVID-19.* Educational Researcher, Vol. 50 No. 5, pp. 325–327.

Price, R. (2017). *The Role of the Educational Psychologist in Children and Young People's Mental Health: An Explorative Study in Wales.* Doctoral Thesis, University of Cardiff. Cardiff.

Ransford, C., Greenberg, M., Domitrovich, C., Small, M., and Jacobson, L. (2009). *The role of teachers' psychological experiences and perceptions of curriculum supports on the implementation of a social and emotional learning curriculum*. School Psychology Review, Vol 38(4), pp. 510-532.

Reinke, W.M, Stormont, M., and Herman, K. (2011). S*upporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers.* School Psychology Quarterly, Vol 26 (1), pp. 1-13.

Roffey, S. (2008). *Becoming an agent of change for student and school wellbeing. E*ducational and Child Psychology, Vol 32 (1).

Rothi, D.M., Leavey, G., Best, R., (2008). *Recognising and managing pupils with mental health difficulties: teachers' views and experiences on working with educational psychologists in schools.* Pastoral Care in Education, Vol 26:3, pp.127-142.

Rowe, W.E. (2014). *Positionality*. In: *The Sage Encyclopaedia of Action Research.* Sage Publications Ltd.

Rowling, L. (2009). *Strengthening "school" in school mental health promotion.* Health Education, Vol 109(4), pp.357-368.

Rowlings, L. (1999*). Being in, being out, being with: Affect and the role of the qualitative researcher in loss and grief research.* Morality. Vol 4, Issue 2, pp. 167-181.

Rustin, M (2008*). Work Discussion: Implications for research and policy.* In Rustin, M., and Bradley, J (ed). Work Discussion: Professional Practice with Children and Families. Karmac Books.

Rutter, M. (1991). *Pathways to and from childhood to adult life: The role of schooling.* Pastoral Care in Education, Vol 9(3), pp. 3–10.

Sapir, E. (1947). *Selected writings in language, culture and personality*. Los Angeles: University of California Press.

Sergiovanni, T. J. (1994). *Building community in schools*. San Francisco: Jossey-Bass.

Sharpe, H., Ford, T., Suzet, T.L., Owen, C., Viner, R.M., and Wolpert, M. (2016). *Survey of Schools' Work with Child and Adolescent Mental Health across England: A System in Need of Support*. Child and Adolescent Mental Health, Vol 21(3), pp. 148–53.

Shelemy, L., Harvey, K. and Waite, P. (2019). *Supporting students' mental health in schools: what do teachers want and need?* Emotional and Behavioural Difficulties, Vol 24(1), pp. 100- 116.

Shute, R. (2012). *Promoting Mental Health Through Schools*. The Psychologist: BPS. Available at: https://thepsychologist.bps.org.uk/archive. Accessed on 17/09/2021.

Sisask, M., Varnik, P., Varnik, A., Apter, A., Balazs, J., Balint, M. (2014). *Teacher satisfaction with school and psychological wellbeing affects their readiness to help children with mental health problems*. Health Education Journal, Vol 73(4), pp. 125-137.

Skilbeck, M., and Connell, H. (2004). *Teachers for the Future: The Changing Nature of Society and Related Issues for the Teaching Workforce.* A Report to the Teacher Quality and Educational Leadership Taskforce of the Ministerial Council for Education, Employment Training and Youth Affairs.

Smith, J., Flower, P., and Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research.* London: Sage Publications Limited.

Soles, T., Bloom, E.L., Heath, N.L., Karagiannakis., A. (2008). *An exploration of teachers' current perceptions of children with emotional and behavioural difficulties.* Emotional and Behavioural Difficulties, Vol 13:4, pp. 275-290.

Spratt, J., Shucksmith, J., Philip, K., and Watson, C. (2006). *Part of Who we are as a School Should Include Responsibility for Well-Being': Links between the School Environment, Mental Health and Behaviour.* Pastoral Care in Education, Vol 24:3, pp.14-21

Stallard, P. (2013*). School-based interventions for depression and anxiety in children and adolescents*. Evidence Based Mental Health, Vol 16, pp. 60–61.

Stoll, M., and McLeod, J. (2020). *Guidance teachers' and support staff's experience of working with pupils with mental health difficulties in two secondary schools: an IPA study.* British Journal of Guidance & Counselling.

Summerfield, D. (2012). *Afterward: Against "Global Mental Health".* Transcultural Psychiatry, 49 (3–4) 519–530.

Sunley. R., and Locke. R. (2012). *Educational professionals' values: Voices from secondary schools in England*. Educational Research, Vol 54(3(, pp. 285-307.

Taft, L.J., Woods, K., and Ford, A. (2020). *Educational psychology service contribution to community cohesion: an appreciative inquiry.* Educational Psychology in Practice, Vol 36(1), pp.1-16.

Tseng, .V., Chesir-Teran, D., Becker-Klein, R., Duran, V., Roberts, A. (2002). *Promotion of Social Change: a conceptual framework*. American Journal of Community Psychology, Vol 30, pp. 401-427.

Tuffin, A., Tuffin, K., and Watson, S. (2001). *Frontline Talk: Teachers' Linguistic Resources when talking about Mental Health and Illness*. Qualitative Health Research, Vol 11(4), pp. 477-490.

UNICEF. (2007). *Child poverty in perspective. An overview of child well-being in rich countries* (Report Card 7). Florence: UNICEF Innocenti Research Centre.

UNICEF. (2011). *Child poverty in perspective. An overview of child well-being in rich countries* (Report Card 11). Florence: UNICEF Innocenti Research Centre.

United Nations (1990). *Conventions on the Rights of the Child*. CRC/C/GC/12, United Nations, Geneva.

Uslu, F., and Gizir, S. (2017). *School belonging of adolescents: The role of teacher–student relationships, peer relationships and family involvement*. *Educational Sciences: Theory & Practice, Vol 17*(1), pp. 63–82.

Van Hooser, J.L. (2021). *Catharsis in Containment: Transforming Teacher Stress into Meaningful Expression through Ceramic Shadow Box Construction*. A Thesis Submitted in Partial Fulfillment of the Requirements for the Master of Arts in Art Therapy Degree.

Veenman, S., and Denessen, E. (2001.) *The Coaching of Teachers: Results of Five Training Studies*. Educational Research and Evaluation, Vol 7(4), pp. 385-417.

Warham, K. (2012). *Engaging with young people through narrative co-construction: Beyond categorisation.* Educational and Child Psychology. Vol 29(2), pp.77-86.

Watson, C. (2009). *The impossible vanity: Uses and abuses of empathy in qualitative inquiry*. Qualitative Research. Vol 9, Issue 1, pp.105-117.

Watson, L., Irwin, J., & Michalske, S. (1991*). Researcher as friend: Methods of the interviewer in a longitudinal study*. Qualitative Health Research. Vol 1, pp. 497-513.

Weare, K. (2004). *The International Alliance for Child and Adolescent Mental Health and Schools (INTERCAMHS).* Health Education, Vol 104 (2), pp. 65–7.

Weare, K., and Gray, G (2003). *What Works in Developing Children's Emotional and Social Competence and Wellbeing?* London, UK. Department for Education and Skills.

Weist, M.D., Ambrose, M.G., and Lewis, C.P. (2006). *Expanded School Mental Health: A Collaborative Community-School Example*. Children & Schools, Vol 28(1), pp. 45-50.

Wiggins, S., and Potter, J. (2008). *Discursive Psychology*. In: *The Sage Handbook of Qualitative Research in Psychology*. Sage Publications Ltd: London.

Willig, C. (2000). *Introducing Qualitative Research Methods in Psychology.* Maidenhead: McGraw-Hill Open University Press.

Willig, C. (2008). *Introducing qualitative research in psychology: adventures in theory and method (2nd ed).* Maidenhead: McGraw-Hill Open University Press.

Willis, J., and Baines, E. (2018). *The perceived benefits and difficulties in introducing and maintaining supervision groups in a SEMH special school*. Educational Review, Vol 70(3), pp. 1-21.

Wolff, T. (2014). *Community psychology practice: Expanding the impact of psychology's work.* Journal of Community Psychology, 36(5), 609–625.

Wong, M. D., Dosanjh, K. K., Jackson, N. J., Rünger, D., and Dudovitz, R. N. (2021). *The longitudinal relationship of school climate with adolescent social and emotional health*. BMC Public Health, Vol 21(1), pp. 1–8.

World Health Organisation. (2009). *Global Standards for Health Promoting Schools.* Available at: file:///C:/Users/ehatt/Downloads/global-standards-for-health-promoting-schools-who-unesco.pdf. Accessed 30.09.2020.

World Health Organisation. (2013). *Mental Health Action Plan 2013-2020*. Available at: https://www.who.int/mental_health/publications/action_plan/en/. Accessed on 13.08.2020.

World Health Organisation. (2020). *Mental Health.* Available at: https://www.who.int/news-room/facts-in-pictures/detail/mental-health. Accessed on 29.10.2020.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. Smith (Ed.), Qualitative Psychology: A Practical Guide to Research Methods, 3rd Edition (pp. 257 – 272). London: SAGE.

Appendix 1 – ethical approval

Downloaded: 11/05/2021

Approved: 11/05/2021

Emily Hattersley

Registration number: 190117687

School of Education Programme: DEdCPsy - Professional Training in Educational Psychology

Dear Emily

PROJECT TITLE: Teachers' experiences of children's mental health

APPLICATION: Reference Number 039039

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 11/05/2021 the above-named project was approved on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 039039 (form submission date: 23/04/2021); (expected project end date: 30/08/2022).
- Participant information sheet 1089417 version 2 (23/04/2021).
- Participant consent form 1089418 version 1 (30/03/2021).

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely David Hyatt Ethics Administrator School of Education

Please note the following responsibilities of the researcher in delivering the research project: The project must abide by the University's Research Ethics Policy: https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval- procedure The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation. The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data. The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix 2 – recruitment flyer

KS2 teachers needed!

I am a Trainee Educational Psychologist (TEP) studying at the University of Sheffield.

I am hoping to speak to KS2 teachers about their experiences of pupils' mental health.

This would involve a 1:1 interview, which would last between 45 minutes and 1 and a half hours. This will either be in person, or online, depending on current COVID-19 restrictions. As part of this, you would be expected to answer questions about your experiences of children's mental health.

Therefore, volunteers who take part should feel they have experience of children's mental health and feel able to discuss these at length.

The first four volunteers who express an interest and complete a consent form will be selected to take part. Others who express an interest will be placed on a 'reserve list' and may be selected to take part should anyone drop out.

If you would like more information, please contact me using the phone number or email address below.

If you are interested in taking part in the research, please contact me by email or phone by Monday 24th May 2021:

ehattersley2@sheffield.ac.uk

07xxxxxxxxx

Thank you!

Emily Hattersley

Appendix 3 – Information sheet

Exploring KS2 teachers' experiences of children's mental health

Information for teachers

My name is Emily Hattersley and I am a Trainee Educational Psychologist studying at the University of Sheffield. I am currently on placement in Leeds Local Authority, in the Educational Psychology Service.

You are being invited to take part in research which explores KS2 teachers experiences of children's mental health.

Before you decide whether you would like to take part, please read the following information which explains more about the research project, why is it being conducted, what your participation will look like and your rights as a participant.

If you have any questions after reading the information, please contact me using the details at the end of the document.

What is the research about?

Mental health is high on the agenda in schools. Organisations such as the World Health Organisation (WHO) are telling us there is an 'epidemic' of mental illness, with one in five children in the world having a diagnosable mental health disorder (WHO 2005, 2012). In the UK, there are a growing number of policies and guidance documents which direct schools and teachers to play an increasingly significant role in children's mental health. On top of this, I also notice how regularly SENCOs and teachers discuss their concerns about children's' mental health, which has engaged my curiosity. I am keen to take a more 'bottom up' approach, by listening to individual teachers' views about mental health, and the experiences they have in relation to children's mental health. I will interpret the information teachers share as part of my research project, and use my interpretations to inform Educational Psychologists and other professionals who support teachers around children's mental health.

Why am I being invited to take part?

You are being invited to take part as you registered an initial interest in my research.

I hope to interview four KS2 teachers about their experiences of children's mental health. I will select the first four respondents who complete and return the consent form to myself. If more than four people return the consent form, they will be placed on a 'reserve list', should anyone withdraw from the research.

Do I have to take part?

Taking part in this research is entirely voluntary. You are free to withdraw at any point up to 1st August 2021, when I will start to analyse the data. You will not have to give any reason for your withdrawal, and there will be no negative consequences. If you do not wish to answer any questions during the interview, you are free to decline.

What will happen if I decide to take part?

If you decide to take part, you will be expected to participate in one semi-structured interview, lasting around one hour. This will be during the summer term, at a time and place most suitable and comfortable for you. If you are selected to participate, I will contact you to discuss this further.

I will ask set of open questions to enable you to talk at length about your experiences of children's mental health. The questions will seek to explore what you understand about children's mental health, your perceptions of your role in children's mental health, examples of positive and negative experiences of children's mental health and what you believe support for children's mental health might look like. I hope you will feel able to share your ideas at length, but it is vital you do not name any individual children you choose to discuss. Please refer to children as 'a child/child X' or give them a pseudonym so they are not identifiable. As I am your school Educational Psychologist, I may have previously been involved with supporting a child or children in your class. If this is the case, please refrain from discussing these during the interview, as this may mean I am able to identify them. As the purpose of the interview is to explore and interpret your experiences of children's mental health, there will be no intervention which takes place as a result of experiences you choose to discuss. If anything is discussed which is of a safeguarding concern (such as criminal activity, or if someone is identified as being a risk to themselves or others), we will follow school and local authority safeguarding procedures.

The interview will be audio recorded, to ensure I can capture everything that is said, which will then be transcribed and analysed. No one from outside the project will be allowed access to the audio recordings.

Are there any benefits to taking part?

By taking part in the research, you will get time and space to reflect upon and consider your experiences about children's mental health. You may find vocalising your experiences in this way offers some therapeutic value, although this is not an aim of the research. Taking part in the research could contribute to a greater understanding of teacher perceptions of their role in children's mental health, and shape

recommendations for other professionals such as Educational Psychologists around how teachers could be supported in this role.

Are there any risks to taking part?

Sharing experiences about this aspect of your practice could be highly emotive, as you may choose to discuss examples which you felt were challenging or upsetting. This could lead to feelings of upset when talking about them during the interview. It is up to you what you decide to share during the interview.

Confidentiality

All information about you will be strictly confidential and only accessible by members of the research team. The information you share will be anonymous; you will be given a participant number and pseudonym to allow researchers to identify the experiences you share. The pseudonym will be used in reports or publications which arise from this research, which will mean your involvement remains anonymous. However, full confidentiality can never be guaranteed, as there is a small chance you may be identifiable from what you say during the interview.

What will happen to the information I share?

Your consent form and audio file of your interview will be saved on Google drive and personal laptop, both of which are password protected. Interviews will be transcribed on a personal laptop and saved on a password protected drive until the research is passed and complete. At this time, all forms, transcriptions and audio files will be destroyed.

I will use my findings to write recommendations for Educational Psychologists and other professionals who support teachers around children's mental health. These findings will be shared with yourselves, your school and other Educational Psychologists. My findings will also be published as part of my doctoral thesis, and available at https://ethos.bl.uk/Home.do once I have passed. You will not be identifiable at any time during the dissemination of the research. Once my thesis is passed and published, contents of interview and consent form will be destroyed.

What if something goes wrong?

If you are dissatisfied with any aspect of the research, and wish to make a complaint, please contact Dr Antony Williams in the first instance, using the contact details at the

end of this document. If you feel your complaint has not been handled in a satisfactory way, you can contact R Lawthom, using the contact details at the end of this document. If the complaint relates to how your personal data has been handled, you can find information about how to raise a complaint in the University's Privacy Notice: *https://www.sheffield.ac.uk/govern/data-protection/privacy/general.*

What happens next?

If you decide you would like to take part, please respond to myself (Emily) using the email address below. You will be sent a consent form, which you should sign and return by email, by Wednesday 9th June 2021 the latest.

If you would not like to take part, you do not need to do anything more, or give a reason why.

Contact for further information

Emily Hattersley (Trainee Educational Psychologist)

ehattersley2@sheffield.ac.uk

07xxxxxxxxxxxx

Antony Williams (research supervisor)

anthony.williams@sheffield.ac.uk

R Lawthom (Head of Department)

r.lawthom@sheffield.ac.uk

Thank you for taking the time to read this information. Please contact me by email or phone if you would like more details.

Appendix 4 – Consent form

Participant consent form

Title of the research project: Exploring KS2 teachers' experiences of pupil mental health

Name of researcher: Emily Hattersley (Trainee Educational Psychologist)
ehattersley2@sheffield.ac.uk

Name of research supervisor: Antony Williams
anthony.williams@sheffield.ac.uk

Participant identification number of this project:

Please initial each box….

I confirm I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask any questions.	
I understand that my participation is voluntary and that I am free to withdraw at any point up to the data being analysed without giving reason and without there being any negative consequences. If I do not wish to answer any questions during the interview, I am free to decline.	
I give my permission for interviews to be audio recorded. I understand audio recordings will be stored in a safe location until the research is completed. After this point, the material will be destroyed.	
I give my permission for members of the research team to have access to the audio recordings of all interviews.	
I give permission for a pseudonym to be used in all printed reports connected to the research.	
I understand my name will not be linked to the research, and my responses will be anonymised. I will not be identified or identifiable in any reports that result from the research. I give permission for the researcher to access my anonymised responses.	
I agree to take part in the above research project.	

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice https://www.sheffield.ac.uk/govern/data-protection/privacy/general

Due to the nature of this research, it is very likely that other researchers may find the data collected to be useful in answering future research questions. We will ask for your explicit consent for your data to be shared in this way.

The data will be managed in line with data protection principles. The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.

This project has been ethically approved via the University of Sheffield's Ethics Review Procedure, as administered by the education department.

The audio recordings of your activities made during this research will be used only for analysis and for illustration in conference presentations and lectures. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

Name (participant) ……..

Signed ……..

Date ……..

Name (lead researcher) ……..

Signed ……..

Date ……

Appendix 5 – Pilot study reflections

Role of school and role of teachers was hard as she talked about both during the role of school question. Maybe say is there anything else you want to add about the role of teachers which you haven't mentioned?

Same with your role as a teacher question – the how do you feel bit was ok but your role she had already discussed.

Make clear distinction between how do you feel about children's MH and how does your involvement make you feel.

Struggled with how do you make sense of this questions – what do you mean by this?

Initial give eg question was an example of a concern. The examples of a concern question which followed on was asking the same thing as before.

I asked how do you make sense of your experiences regarding children's MH?

Do you get any support?

What makes it easier/more difficult?

She struggled with last question – hard to answer, I don't know

Prompts were really useful

Having different coloured card with Qs on was really useful – make these for the real ones

Talked about physical health a lot and physical/chemical nature of MH. The two are linked. Mentioned science a lot and her understanding of science behind emotions. Made it seem like she believes this is the only cause of emotions.

Contrasted with emotional wellbeing – science and emotional wellbeing at the same time. Holding these two views simultaneously.

Tools to cope – talked about this a lot. Her having tools, giving children tools to cope. Gave examples when asked.

Lots of dichotomies – right/wrong decisions, good/bad teacher, control/no control

Home school dichotomy – I have control over children's MH at school, but they go home to places where we have no control and it often isn't positive. School are the only source of MH support for children. Mentioned the SES and area where she teachers and recognised the impact of this on her thinking and answers.

Us and them – they are deficient (with poor MH), "whereas I am able to….." "they can't"

Ethos, nurture, caring. Either like this or not as a teacher. It is embedded.

Government, teacher training, we are told we have to. We have a responsibility

All examples were negative, but was able to think of positives when asked.

Not sure about where to go for further support

She answered a lot of the questions without me needing to ask them. Need to respond dynamically when this happens, not ask the same question again.

Participant initial thoughts immediately after the discussion:

- Tell people going off on tangents is ok and the value of this to the research.
- Tell people they can ask me to repeat the question
- Tell people there is no right or wrong

Participant reflections:

- It helped that she knows me – we have had a few meetings already.
- A lot of people are used to zoom
- It might have an impact but they might be more detached and feel less pressured
- The divide might make it easier to open up
- Don't feel it was negative – felt fine afterward
- Was nice to talk about things especially tricky things.
- Doing a proper interview – going off on a tangent isn't good. But this is ok. Let people know the distinctions
- Reassure people waffling is ok
- Found role of schools and teachers Q very similar
- Found tricky to not talk about specific children in the examples of question – worried about me maybe knowing who it is which closed down the question a bit. Overly conscious that I might recognise them.
- If this raises any issues you would like some EP involvement with, speak to your SENCO. Say this at the end. You can chat the issues further with your SENCO.
- Felt ok afterwards, not surprised about what I shared.

My reflections from listening to the recording:

- Not sure how much of a reciprocal conversation it was, I was maybe asking more questions and being more open, letting her talk more. Is this ok? Am I supposed to get involved more and create the conversation (and data) together?
- Maybe I could have picked up on a few more things and explored them in more depth, such as the science idea she discussed at the start
- Too mechanical, not enough flow to it. I don't feel it was like a conversation enough.
- I was sticking too much to a script and trying to get through the questions.
- I wanted to be objective and not steer or lead, but on reflection, it is a co-construction, so is it ok to shape the conversation together?
- Explore more tangents
- Be more involved and curious – do not be so bound to the script

Appendix 6 – Final interview schedule

What does MH mean to you?

- What does good MH look like?
- What do you understand about the difficulties people sometimes experience with MH?

Could you describe what you think about the role of the education system in children's mental health?

Could you describe what you think about the role of teachers generally in children's mental health?

What sort of things might you see that might make you feel concerned about a child's mental health? What might you think/feel? What would you do? What might happen then?

How do you feel about children's mental health and your role as a teacher in it? How important is it to you? How does your involvement in children's mental health make you feel? How do you make sense of this? What is the impact on you?

Could you give an example of when you have been involved with a child/children where the focus was MH?

Could you think of a positive experience regarding children's mental health? Have you worked to promote mental health? or created positive change?

What are your experiences of a child/children whose MH you became concerned about? How did you think and feel and find a way through it? What happened? How did you make sense of your feelings? Did you get any support?

Given what we have discussed today, can you tell me what you understand about children's mental health?

Prompts:

- Can you provide an example?
- Can you tell me more about that?
- How would you describe…..?
- Has this changed over time?
- What do you mean by…….?
- What was that like?
- What is involved in……?
- What makes you think that? What do you think…..?
- How did you feel?
- What effect(s) did that have?
- How might …….affect……..?
- Did anyone else notice?
- Did anyone see things differently?
- Were there any exceptions?
- What might …..(different person)…….think about…….?
- What are the main differences/similarities?
- What is important for/to……?

- What did you find easier/more difficult?
- What helped?
- What hindered/got in the way?
- What were the frustrations?

Appendix 7 – Example interview reflections

Initial reflections (Charlie – Participant 4)

- Came late, continued her conversation with someone else, put me on mute, took a long time to finish, left me sitting waiting. Didn't give the best impression to begin – was quite weird!
- She was very firm and serious, she didn't seem warm at all
- Very matter of fact responses
- Seemed quite challenging at times
- Reminded me of a family member which was interesting, as it is not someone I particularly get along with
- Had interesting views at the beginning about how much mental health is talked about and how it may be too much/feeding anxiety
- Positioned herself as superior to younger/inexperienced teachers. Talked about her experience a lot.
- I found her hard work, she didn't give me much, felt like I wanted more from her but she didn't go there and I couldn't probe too much
- She told me she was tired and it had been a long term – maybe contributed to the above?
- She was the most interesting in some of the things she said perhaps? The Ecclestone-type ideas she touched upon were different to other participants.
- Her style during the 'interview' was different to afterwards – she was very warm, supportive, laughed a lot during the debrief. Maybe she was anxious? She was very firm and serious during the interview

Later reflections

- I found her quite intimidating!
- Contrast between participant 3 getting upset and her attitude – very different.
- She doesn't rush into her answers – is ok with using pauses to think. I feel her answers were thoughtful and not rushed.
- Comment about special children – what do I think of that?!
- Very black and white – poverty = bad/poor MH, wealth/middle class = good MH. I know for a fact this isn't true! I come from a very poor working class family, and we were happy. My mum was a headteacher (middle class) didn't change anything. I understand what she is saying to a degree, but when I think about the council estate my grandparents lived on, it was the happiest time of my life, everyone was lovely and happy (in my memory – rose tinted glasses?!) and there was a real sense of community. My cousin works at a middle/upper class girls high school and their MH issues are challenging – self-harm, suicide etc due to pressure from parents to achieve mainly.
- Poverty is a real theme for her
- I really agree with a lot of what she says, listening to it back. At the time I didn't feel so aligned with her but I do more now. I think because her style was so short and matter of fact, I didn't feel much rapport or get much friendliness from her, which perhaps made me feel far away from her in the moment. Now that doesn't matter so much, I feel I like her more!
- Experience vs younger teachers
- She has some good ideas – supervision for teachers, reflective spaces.

Appendix 8 – Participant 4 transcript

Emily: to begin, I am interested in what mental health means to you

Charlie: [pause] I think it is always used in a negative way. So when people talk about mental health, they mean problems, or issues, I think. So [pause] I think there are a really wide spectrum of issues in schools at the moment, and there are lots of issues [pause] but mental health seems to be the catch all phrase to refer to children who are experiencing difficulties with some aspect of their mental health.

Emily: hmm, can you say more about what you mean by a 'catch all' phrase and who you feel uses it?

Charlie: the media, [pause] children themselves, parents. You get a lot of things like children will say "oh it's my anxiety" [shakes head] which is not, you know, when I went into teaching, which is quite a while ago now, fourteen years ago, a child would never have said that, it is something that has happened in the last few years.

Emily: yeah [pause]

Charlie: [pause] so I think there is a lot more self-labelling done by children and that brings its own issues, because that makes children worried. They might not have thought there is a problem before, but being given a label like anxiety could make them worried.

Emily: where do you think this comes from?

Charlie: I think people [pause] it's hard to say [pause] the media, and social media. Mental health has become more of a high profile issue anyway, if you think about celebrities such as prince Harry talking about it

[2 mins]

Charlie: and plenty of sports people talk about mental health [pause] more than they used to, which is great as there needs to be conversations to support people who are struggling with their mental health. [pause] but [pause] I think it is a really, for me, it is a sloppy, inaccurate term which doesn't help anyone. It leaves a child feeling worried and labelled. If you say "I have got mental health problems", what does that actually mean? I'm not sure, and I don't think children are either. It might mean that you are insecure, or feel unhappy, or be anxious and depressed. There are lots of things it might be, but it feels like a label that is slapped on things and then everyone has to go "oh back off, it's mental health". It is not always helpful, as people start to think there is something wrong with them and they can't cope. But if this label wasn't slapped on them, they might be able to find ways through it and manage.

Emily: you mentioned social media, could you say more about this?

Charlie: [pause] oh it's appalling. It causes, it makes children really anxious. So they expose themselves to posting things on social media, when they are too young to be on it anyway, and then their friends don't like it and they feel really upset and fragile about it but they shouldn't be in that situation to start off with anyway.

[4 mins]

Charlie: or they fall out over games or online gaming. There are loads and loads of ways that it is negative for them. Sometimes they are in massive whatsapp groups with people they don't know

and someone has added someone's sister or cousin from secondary school and they say something inappropriate and it really upsets them. Often their parents don't know how to deal with it so come into school to ask teachers to deal with it, which isn't our job as it is happening at home and they shouldn't be on it anyway. I really don't think I have anything positive to say about social media.

Emily: what do you think good mental health looks like?

Charlie: Being mentally healthy, I think, would be being calm and stable and resilient, and able to cope with minor knockbacks and issues [pause]. So I think how you measure being mentally healthy is to do with being able to concentrate for periods of time, being happy in yourself and having decent self-esteem.

Emily: what do you understand about the difficulties people sometimes face with their mental health?

Charlie: there are some children who are constantly care seeking in lessons. So it might be they have a sore finger, or their pencil needs sharpening, or they need a drink of water, and it is likely these behaviours are care seeking and they are lacking in attention, from home generally. Generally, in deprived areas like where this school is, there are quite a lot of children like that in any class you might teach. There might be children who are anxious about doing new things, and seem insecure and worried about [pause] trying something in a lesson or doing something different.

[6 mins]

Charlie: some children are upset and anxious for no apparent reason. One boy I teach at the moment bursts into tears, and doesn't know why, he is clearly really anxious and upset but just can't work out why. It is heart breaking actually [pause] because he can't articulate it, he can't tell you what you can do to help him [pause] I mean, he feels overwhelmed. I think lockdown has made things much worse, it has really stressed children out. It has been so hard to, if their families are nice, they have had a lovely safe time at home and have become insular and anxious about getting out and doing things again. If their families are troubled, that has created tension because they have been at home in difficult situations which has meant they come back to school upset or angry or worried. I mean, I am sure this is something which has made life difficult for this child. Then you have all the talk, in the media, about children needing to catch up, which is nonsense. I mean, it's just ridiculous, who are they catching up?

Emily: hmm

Charlie: no one is ahead of them, everyone has missed out. So we are just getting on, and we will fill in the gaps as we go along [laughs] it's fine. [pause] all of these things kind of become [pause] kind of stack up for children I think, and make things difficult.

Emily: you talked about being in a deprived area, can you tell me more about that?

Charlie: yeah so I mean, I have always worked in schools in deprived areas. So I worked in London for a long time [pause] eleven years in London [pause] and now where I am, which is significantly deprived.

[8 mins]

Charlie: and I think [pause] I don't think people realise, well, politicians, that poverty actually makes people anxious

Emily: ok

Charlie: they know their parents are poor and have to use foodbanks, and that is bad for mental health [laughs], of course, because it creates insecurity, you don't know if you are going to be alright. I mean, that is a huge issue. And I do think social media, YouTube, all that sort of stuff, [sighs] nowadays, makes it harder to be poor than ten or twenty years ago. When I first went into teaching in 2004, people weren't looking at each other's lives. Now, there are children in my class, I don't know if you know about it, they watch this thing on YouTube, it's for little children or special children really, called Spy Ninjas, have you heard of it?

Emily: no

Charlie: well it's set in America, in California, and you see their house and it is massive and beautiful, and they have a huge swimming pool. Or they watch these unboxing videos, where people open presents or expensive things they have bought. It's wrong, it's sick [laughs]. If you are poor, and your parents can't afford anything, how does that make you feel every day, seeing all this stuff you can't afford?

Emily: yeah

Charlie: it's really not good, you know, the poverty, which of course leads on to stress [pause]. There are parents at my school with substance problems, with alcohol problems, lots of transient relationships, where men come in and out of mother's lives; new partners and things, and siblings by different parents. This just creates a chaotic home atmosphere where life is difficult, which is not good for mental health either. So I mean, the kids at my school have more challenges. I mean, I live in York, which is middle class, and you see these level children, who just aren't on this mad rollercoaster which some of the kids in my class are. I mean, they have mum and dad, live in a nice house with a garden, go for walks every day and you know, it's just easier for them isn't it. Their parent probably don't allow them to have phones [laughs]

[10 mins]

Emily: hmm. So that leads quite nicely into my next question. I am interested in what you think good mental health looks like

Charlie: [pause] a child with good mental health would probably have the capacity to have a sense of humour, would not fall out readily with others, they would share easily. If they made a mistake in their learning they would be able to get over it and learn from it, and assimilate it. [pause] they would be able to, children with poor mental health are not able to learn, how can you learn if you have so much else going on? If your mental health isn't there, you can't learn because you are too anxious and occupied with everything else. So [pause] calm, probably not attention seeking, erm [pause] relaxed. If I think, there is a child in my class who has obviously got really good mental health. There are good relationships at home, she feels supported, she just gets on with things and doesn't stand out. Whereas almost the entire rest of the class really stands out because of their bad behaviour [laughs].

Emily: thankyou. Could you describe what you think the role of the education system is, generally, in children's mental health?

Charlie: [pause] the amount of testing we do is not good for children, to be honest. [pause]

[12 mins]

Charlie: I don't think it is necessarily bad, I mean, [pause] you can have a school that [pause] obviously children need a good education system, you know, and children in my school and other

poor areas need it desperately, as we want to raise them out of poverty. So [pause] we do need to test and we do need to educate them. But [pause] I think we need to be very careful in the way we do it, so they feel supported and they feel they can succeed, rather than feeling they have failed. It shouldn't feel like a pressure.

Emily: yeah

Charlie: and there are ways to do that. I do think schools need to be careful about testing and to do it in a supportive way to avoid a sense of failure. [pause] I think lessons like PSHE are important because it gives children the opportunity to explore what good mental health is, and just talking about [pause] it's quite possible to have an eight year old who is going to be gay, and it is so important that you have those lessons where they find out that that is fine. You know, you do have incidents with things like race and discrimination and it is so important they learn that those things are not ok. All of those things [pause] ethos and values, I mean, I think I am in a school which is great for that, our ethos is fantastic. You know, the ethos shows children that they are cared for and nurtured at our school, I think my school does that well.

[14 mins]

Charlie: I think it is important that children learn, but they don't feel pressured to, or that they are failing. [pause] I think school can, in a more structured way, can identify children who might need extra help, so they might need [pause] CAMHs or counselling in school, so they can have that kind of tiered approach. If a child is really struggling with their mental health, they should be provided with a mentor in school, who could be someone on the senior leadership team or someone like a phase leader, so that might be the first level. Then the next level might be that they have counselling in school, or that they have sessions, like we have drop-in sessions where they can go to the pastoral team and they can get things sorted out or talk about things. Then if something is bigger than that, we might do a CAMHS referral. I think that tiered approach is best, and you are conscious and aware that children might need help sometimes. We do work with parents as well, so the pastoral team does work helping parents to improve their parenting skills. I think having that strong ethos running through everything helps in itself.

Emily: you mentioned providing a nurturing environment, could you tell me what that might look like?

Charlie: so for example, we have lots of children who are on pupil premium, and there are certain children who never bring a snack in at play time because they just can't afford it, or they come to school without any breakfast.

[16 mins]

Charlie: so we keep cereal bars and fruit in the cupboards and kind of, subtly give it to them. You know, pupil premium is used in this school to really look after children. We have bought beds for kids before, and shoes because we really know that family and we know they can't afford stuff. I think nurturing in other ways as well, you know, they might have only heard cross words at home in the morning but they walk into the classroom and the teacher says "morning" with a smile and is friendly and kind and nice. The children know all the staff in this school care about them. I mean, nurturing can be that they feel safe in the sense that, they know if someone is unkind to them they will be punished for it. Having structure and rules makes it safe, so provides nurture. We do lots of lovely events at this school, much more than any I have ever taught in before, like we have end of term events, you know, stuff like that, you know, extra-curricular stuff, special days, non-uniform

days, to make school fun and nicer. There are kids in my class who regularly say that they love school.

Emily: yeah. You just mentioned identifying children who might need extra help, what might that look like?

Charlie: well anyone can make a referral, so we have cause for concern forms and we have emotional referral forms. So there was a child in my class who showed signs of distress with his mental health, so I did an emotional referral form.

[18 mins]

Charlie: and he got counselling.

Emily: what were the signs? What did you see?

Charlie: so in one child I did one for, he was banging his head on the table, going under the table, completely uncontrollable. He would walk to the back of the classroom during lessons and bang his head on the wall, shouting out all the time, rolling around on the floor, completely mad. Other children I might refer are ones who might be withdraw and quiet and anxious [pause] I have one child who obsessively colours everything black. There are lots of ways that my concern might manifest.

Emily: can you describe what you think the role of teachers is, generally, in children's mental health?

Charlie: [pause] the thing is with teaching, you do as much as you can, but you know, my god it is a busy job. [pause] so I think, it is a lot about noticing that a child might not be the same as they are usually, or showing signs of distress, or a facial expression. You would have a quiet word with them, or talk to them separately to the rest of the class. Making sure you have time to do that is really difficult, if you, you know, when do you do that?! I mean, do don't have any time when you are not with them. Teachers should make sure the children know they can come and talk to them whenever, or put a worry box in the classroom so children can write stuff down and do it that way.

[20 mins]

Charlie: teachers can do a huge amount just by being kind and looking out for kids.

Emily: what you do think is your role as a teacher in children's mental health?

Charlie: I mean, I am responsible for delivering the curriculum, so PSHE lessons and circle time, which isn't necessarily PSHE but there are still chances to talk. I am there for them, and I notice when they are not their usual selves. I take them aside to talk when I have got time, [pause] I wish I had more time [laughs]. It's about flagging things up with our learning support or leadership team if we need to. My role is to give the children strategies to manage their own mental health, particularly because children in my school are coming from quite a deprived background. I think there are quite a lot of issues they will have experienced and they haven't got the support at home to teach them those skills. So I would definitely say part of my role is to give them those tools.

Emily: could you think of any examples of what you mean by that?

Charlie [pause] again, I mean learning how to talk to people about your emotions, having the vocabulary to do this and skills to recognise emotions. Also knowing that all emotions are ok, it's ok to experience different emotions. Learning about relationships and how to have good friendships, and about what to do if things go wrong.

[22 mins]

Charlie: also talking about how exercise can help with mental health and trying to get that into as much of the school day as possible, to get them more active.

Emily: how important is children's mental health to you?

Charlie: very, I would say. Very. I mean the thing is, for all that you, obviously you have to focus on getting the children learning, if you want them to have good learning behaviours and a calm, happy classroom, you have to focus on the mental health. Because, a lot of the behaviours, in a classroom where I have got, you know, quite a few children whose behaviours are challenging, those behaviours are showing me the children are experiencing some form of emotion, which is being displayed in the behaviour. So, if I don't focus on their emotional wellbeing and being able to talk to them about their problems and how their behaviour is affecting how they feel and how I can support them, then my classroom doesn't end up being a place for good learning. So, it is crucial to the role, really.

Emily: could you think of some examples of the behaviours you are talking about?

Charlie: so I have a lot of children who struggle to concentrate and get distracted easily. They might decide to start having a conversation across the classroom in the middle of a lesson. These children, you know, are perfectly capable of accessing the learning, it's just because they struggle with settling. They come in from home having had a bad morning and they come into the classroom feeling really upset. You know, someone has shouted at them at home or they have got out of bed late or haven't eaten breakfast, and then they refuse to work in school because they are still thinking about whatever happened.

[24 mins]

Charlie: whatever conflict they have had they haven't dealt with and still haven't come down from it. They haven't had chance to process it, come out the other side and be ready to learn. If I have got the time, I am able to take a child to one side and have a proper chat with them and talk through how they might be feeling, and it's so lovely if I get the opportunity to actually speak to a child one on one. I feel like a lot of that ends up happening, I think the teaching assistants end up having to deal with a lot of that. Having that relationship with a child and them knowing you want what's best for them, means a lot to me. I like it when we have built the relationship to a point where they know they can trust me. It's a very big responsibility, though [pause] when [pause] I realise how much of that can be undone by home situations, or situations outside of my control, like I talked about before. When I feel like I can make a difference, it's amazing. And I'm sure I do make a difference, but it can sometimes feel like I don't have time to take on the responsibility or I don't know how to deal with things. I mean, while the children are at school, I can help them, by giving them boundaries and structure and a positive, trusting relationship. But when children go home, the situations they go home to are completely out of my control and I feel like the good work we do at school gets undone. You know, we put things in place which help but when they go home to unstable or unsafe environments, it is really not good for their mental health. Home should be a loving, supportive place but unfortunately it isn't for a lot of our children.

Emily: you mentioned sometimes not knowing how to deal with things, could you tell me a bit more about what you meant there?

[26 mins]

Charlie: [pause] so [pause] obviously as a teacher, you have got various tools to use, such as praise, erm, processing time when you ask them to do something, all the things you learn how to do as you go along and a lot of them you do without thinking about it once you have been in the role long enough. But there are times when you just don't know how to deal with a situation. Not [sigh] I don't mean a huge problem has happened, I just mean sometimes, a child's behaviour has got to the point where they are still continuing, even though you have gone through the behaviour system and used consequences. This can sometimes be a big issue, because the rest of the class are there. If they weren't there, you could give them time to get it out of their system, for instance, yesterday [pause] I had to give a child a consequence, which was a red card. I really wanted to talk to him at the end of the day to just go through what had happened but he refused because he didn't want to talk to me because I had given him a red card, so I couldn't deal with it. So then I had to take him and speak to him today, but you haven't always got that option when you have got the whole rest of the class that you need to teach. I suppose that is the time when you can get a bit stuck; you need to sort out the behaviour or be there for a child and their mental health, but you have the responsibility of the rest of the class, so what do you do? You can get a bit stuck. Sometimes you have one child who starts with a problem and another child spots it, and they start to think they are getting away with it so they start as well. Those situations can feel all a bit much, you know you aren't teaching a good lesson because this and that is happening. I do have to say, I always try to analyse it myself and think how I could have done things differently, and I do think that tends to be towards the end of a week or the end of a term, when you are stressed.

[28 mins]

Charlie: so I am not emotionally ready to deal with it, so I don't handle it as well as I could.

Emily: yeah. What do you feel is the impact on you of being involved with children's mental health?

Charlie: I mean, I have kind of touched on this a little already, as it is a lot of responsibility. You realise there are some children, who for them, school probably is the only source of support for their mental health, and they probably don't have any other avenues. So that can feel like [pause] quite an onus on us [pause] but I suppose the other side of things is just the [sigh] sometimes a child's behaviour happens because you know they are trying to communicate how they are feeling, and you are trying to put everything in place to support them with that, but there are times when [pause] we are human, so I might not respond in the best way. Like you might be tired or don't have enough time to give them because you are seeing to other issues in the classroom. And sometimes a child might not respond in the way you thought they would, if you do provide support. So there are times when it really does feel like quite a lot to deal with all at once. But this doesn't mean I don't want to, but it just means [pause] honestly, the easiest thing would be a smaller class and more time [sigh]. Literally just because of workload. I definitely feel like I don't do my job for children and their mental health as well as I could. I don't mean I don't do it, I just mean there is only so much I can do, all at once [laughs]. It's absolutely exhausting! I mean, teachers aren't robots, we have feelings and empathy too, so of course we are going to become upset if something is going wrong for the children we teach.

Emily: what sort of things might you see that might make you feel concerned about a child's mental health?

[30 mins]

Charlie: well [pause] like I said before, the biggest thing is a change in behaviour, I would say. I mean, in this school we do see extreme behaviours, so violence towards others, trashing classrooms, self-

harm, but these are reactions to really bad situations at home, you know, foster placements breaking down, parents taking drugs, you know, really sad stuff.

Emily: yeah

Charlie: generally [pause] the kind of negative behaviours I see in the classroom, so things like, a child might put their head down on the desk refusing to do their work, when everyone else comes in and just gets on with it. So [pause] a child coming in, just, if they are coming in on a daily basis not happy. If I don't tend to see a smile from them. There is a child in my class who doesn't smile ever, and I think to myself, well that's just not normal. What is going on in that child's life for them to never smile? It's those kind of things. Or [pause] physically attacking people, or responding to situations aggressively as the go to behaviour. This makes me think, you don't have good mental health, you don't know how to manage your feelings. I was telling a child this morning that it's ok to be angry, but I need to give you the tools to be able to deal with that and express it in a way that isn't dangerous, so that you can be happy and you can do good learning. It's [pause] when you can see that they are not happy, that worries me.

[32 mins]

Emily: if you did become concerned about a child's mental health, what might you do?

Charlie: I suppose I would talk to them first and try to work out where the problems lie, so what is the cause of their anger or upset. But then I would get advice from a colleague maybe to see what they think, or the deputy head or headteacher. We have also got the learning support worker who is really experienced and knows the families, so I might talk to them as well, she knows the families really well so has that extra insight. Following on from that, the next port of call, I do find it tricky because the system for, you know if you think they need more help for their mental health than just talking to someone in school, it needs some kind of intervention externally from [pause] I mean I know we can go to educational psychologists, and I know that CAMHS can get involved, but I would have no idea where to go with that. It would be the family support worker who would sort that so I am not entirely sure where to go, but I think the SENCO would help. I think we would tend to go to the SENCO who would help think about further support from outside school.

Emily: thank you. Could you give an example of when you have been involved with a child or children where the focus was mental health?

Charlie: [pause] so there is a family in school where domestic violence is an issue and the children are having to cope with that, so we have had involvement from an outside agency, the SENIT team, who support learning and inclusion. Also educational psychology team. But because we have an awareness of what is going on at home the headteacher is also involved and organised an early help plan around the family. There are aspects of this I am not involved in as I am not responsible for child protection in school so it comes under the remit of the head and not me. [pause] but in those situations, I think the main things I have done is seeking support to find out strategies to help the children deal with the situation and help them process it and how they are feeling and the emotional trauma they are experiencing.

[34 mins]

Emily: what has that been like for you?

Charlie: [pause] I think because, it wasn't so emotional because the child in my class hasn't been affected so much. But the staff who are working with the younger siblings, it has definitely affected

them, [pause] so it really had an impact. It was daily they were having to deal with the strong emotions from the children and they were really upset and worried. It can seem like a battle, but it is more about the daily [pause] trying to help the children and making them feel safe and secure in school, can be quite tiring and draining. You can feel like you are failing them, I think this is what they felt. I tried to say to colleagues, I think all good teachers feel that way sometimes. If you care, and you care about doing the best for them and looking after the children and helping them get through whatever they are facing, you, [pause] there are times when you feel like you have failed because you think about what you could have done differently to make that situation better. And when you are dealing with that day in day out it can be quite [pause] emotionally draining and upsetting.

[36 mins]

Charlie: for me personally, because I felt more removed from it, it didn't affect me as much.

Emily: I noticed you said "all good teachers". Do you think you could consider what you meant by this?

Charlie: [laughs] oh did I? Maybe I shouldn't have said that! That sounds terrible. [pause] I just think, in order to be a teacher, you have to care and have the children's best interests at heart. I don't see how you can do the job if you don't. This role is impossible without being emotionally invested in it. But that might just be because that is my personal viewpoint. I honestly don't see how you can do the job just teaching and learning every day and that is it, that's the outcome. If you care, you are always thinking about what you could have done differently, or better. Being a good teacher is being reflective.

Emily: can you think of a time when you have promoted mental health or created positive change for a child or children's mental health?

Charlie: [pause] well yesterday, for example, a child came into school and [pause] it was a weird situation because one class in school had to be split between two others because one was out on a trip. So during the splitting, a girl went completely missing.

Emily: right

[38 mins]

Charlie: but I knew she was in school so I had to find her. So I left someone with the class, went downstairs, and she had locked herself in the toilet and it took ages to get her out. I got her out by, she said she can't tell me what's wrong, so I asked her to write it down. So she wrote down 'it's too embarrassing'. She had her coat on and her hood up, which is often a sign that something is wrong, you know, refusal to remove coats or putting hoods up. I asked her to try in class for a bit and if she was still struggling I would come back and talk to her again. She went back to class but she was an absolute nightmare; shouting out and really badly behaved. The teacher who was covering sent a note to me and I came and got her. I thought 'if I keep nagging her, she is not going to talk about the problem'. I think one of my big strategies is just being quiet and leaving it a while and eventually, and being alongside them. So I did that for a while, and was getting on with something else, moderating books I think, [pause] and she sat with her hood up, and then started to relax a little bit. So I started chatting to her a bit and she took her hood down, and then eventually she, it became evident that mum had plaited her hair at the back and she was embarrassed about it.

Emily: right ok

Charlie: so I asked her if she could just take it out and do it your way, that you like, and she shook her head. So, and the thing is [pause] that some teachers, or certainly some senior leaders, would already have given her a red card for not taking her coat off.

[40 mins]

Charlie: but you HAVE to be patient, and give them time. So I asked if I should phone her mum and speak to her about it, but she didn't want me to do that because she thought her mum would be angry, and I know what her mum is like and it could well have been a big issue when she got home. So I said "what if I phone your mum?" and I phoned her mum and did the whole being nice to her first, and mum said it was fine. So she took it down and sat there for a bit longer, and then told me she was ready to go back to class, and off she went [laughs]. But she is not an easy child at all, and in a different teacher's hands that would definitely have turned into an exclusion or something in the behaviour system.

Emily: yeah

Charlie: it really would, because she would have got angry, or refused, and nothing would have brought her round. So, it's so important to be patient and give them time, which is difficult in school because I have got thirty one kids in my class, so giving them all time and space to express what it troubling them, if they can, is hard! I think that can be draining, I mean, there is no acknowledgement or understanding of how hard it can be for teachers dealing with this every day, to be honest. I mean, social workers get supervision, but I mean, there is nowhere that we can go to vent about how hard it is, at all. Or you could, but you don't have time because you have to mark books and go to meetings. But having said that, if support was available I wouldn't take it because I wouldn't want to talk to people about my private stuff. I think it's probably easier for me because I have been teaching for a while, but for younger teachers, it's probably really tough on them.

[42 mins]

Charlie: I do think for younger teachers maybe, but then you don't want another meeting, we have a lot of meetings, everyone is pushed [pause] but some kind of [pause] I think what would help is less tasks for teachers to do, it's so task driven. There are too many things to do and absolutely no time to reflect [pause] so I think space and time to reflect would be really helpful, or just time to sit with colleagues and talk about how the kids are getting on this week, you know. Or talking about concerns and sharing ideas.

Emily: you've touched upon this idea of experience and younger teachers not having this. I am interested to hear what you feel the impact of experience is?

Charlie: [pause] I think the job is so much easier for me than it is for people who are younger [laughs]. Because [pause] say the first five years of teaching, you are encountering all these new issues and you don't know how to deal with this, what your reaction should be. Sometimes, for example, a child might tell you something that has happened at home and you don't know what to say or do. I remember in a school I worked in in London, the first year there, with my first class was so difficult [pause] they were [pause] oh gosh [pause] loads of them were in counselling, it was in a really deprived area of South London. And [pause] I remember telling a little boy off and saying, it got really out of hand actually because I was new and I didn't know what I was doing [laughs].

[44 mins]

Charlie: I told this little lad off and I said “you are going to have to go to detention for that” and he started balling his eyes out and saying “my dad is going to hit me” and the thing is, his dad probably did hit him, but there was no way he was going to hit him for that detention because he wasn’t going to tell him. I was really upset and worried and I went to see safeguarding and all of that and nowadays, I would know he wasn’t going to tell him to I wouldn’t worry about it [laughs]. There was also a little girl who came into school with a long iron burn across her stomach and it was from [pause] a lot of African families, the kids do loads of housework, and she had been ironing her school shirt

Emily: right

Charlie: which is wrong, but it’s not abuse. But again, I was really stressed and worried about it, and I passed it on to safeguarding. I think things like that, you get more upset about when you are a younger teacher because you haven’t seen it all before. Whereas there are still things [pause] I mean my god, since I have worked at this school you know, I have seen it all, but this school is something else [laughs]. You know, the stuff that happens to kids here is not like anything I have seen before, it’s so upsetting, it’s awful. I go home and talk to my partner, but I don’t tell him names, and you know, he is so shocked and doesn’t know how I do it. He doesn’t know how I cope with it, but that’s me [pause] and I have kind of [pause] lots of experience and have lived through it already with the kids. But these twenty one year olds who are straight out of university, it must be so hard for them.

[46 mins]

Emily: how do you make sense of that?

Charlie: I mean [pause] I think the thing is [pause] you do the best you can for the child in that moment, and you follow all the right procedures, and some of it [pause] you just know [pause] like if there is drugs or alcohol at home, or violence, I know it is heart-breaking, but there is nothing I can do about it. You have to [pause] let go, and do everything you can to, in your capacity, and when the child is in school, try to make that part of their life as good as you possibly can. But you have to let go because otherwise you would just have a breakdown [laughs]. You can’t take it home too much, you have to develop some kind of way of distancing yourself from it. You can’t be someone who cries in the corner all day, what is the point of that? You’re not helping them. You have to develop a kind of, fake toughness I would say.

Emily: could you try to tell me about an experience you have had with a child or children where you have become concerned about their mental health?

Charlie: oh there’s been loads [laughs]. It’s so hard to think of one, there have been so many times. Well, I mentioned a child earlier who was banging his head, that was a bad one we already talked about. [pause] I think, just thinking about a child I taught last year, I mean, there were so many issues there. The main thing was, he lost his grandad about four years ago but he was still grieving really badly. And [pause] because his grandad was a major carer in his life, his mum was very [pause] troubled, had substance problems.

[48 mins]

Charlie: so losing his grandad for him was horrendous. He still had absences because of it, sometimes he just had to go and cry, it was heart-breaking. He had already had counselling, so we did as much [pause] I used to let him go and sit in a shared area outside of the classroom and he would make cards for his grandad and we would talk about it. I didn’t get him counselling again though, you know, what more can you do about it? We felt the other children had more needs, but I

was really worried about his mental health, but I didn't feel there was anything more I could do, because it was grief and he just needed time. Another child in that class actually, was very disruptive, physically disruptive. He would glue his hands, draw on himself, you know, like a six year old might. He ended up going to alternative provision. I mean, he was in that state partly because of his home situation. He went between two households and they were really inconsistent with parenting, you know, he would be able to do things and get away with a lot more in one house than the other. I think there was a lot of drink involved as well actually, and he saw things he shouldn't be seeing, but he was really wild and very unhappy as well. [pause] I mean, it tends to be if there is, I mean, there always is a pastoral team in schools now, you would make a referral.

[50 mins]

Emily: did you get any support when working with children's mental health?

Charlie: [pause] I think [pause] more could be done.

Emily: could you say more about that?

Charlie: [pause] well, something like, what we said about supervision. For example, I know of a colleague, several colleagues actually [laughs] who have children in their class [pause]. In the autumn term, this child was taken away from the family, it was a really awful story, and he was so deeply unhappy, it was heart-breaking, he was in a real state, and his teacher didn't know what to do. He was so unhappy and became very disruptive in the classroom, you know, very violent and verbally aggressive. As a community, we did everything we could, and she did everything she could, but it was very very difficult. And I don't think she had a great deal of support [pause] well, I don't think she had any support. Even just someone telling her she was doing really well would probably have helped.

Emily: yeah

Charlie: I think [pause] we have to just figure these things out ourselves. I mean, we give them time and we listen to them, but there is no training. I mean, we are taught to fill in forms, for safeguarding to report it, but that's not training is it?

[52 mins]

Charlie: I mean, we have had behaviour management training but I feel that is really talking about negatives and responding to bad behaviour we see in the classroom, but not getting to the root of the issue or teaching us how to talk about mental health or support children with their mental health. That sort of training is just telling us the child is naughty, and that's not what it is, like that child I talked about with the hood up in the toilets. She wasn't naughty, she was upset. Training needs to talk more about what to do, how to manage mental health in the moment, if a child is upset or distressed, what to say or do to help them and keep them regulated. Also strategies to [pause] help children manage their own emotions and mental health would be really helpful for teachers. Teachers, I think [pause] we need more training.

Emily: given everything we have talked about today, can you tell me what you understand about children's mental health?

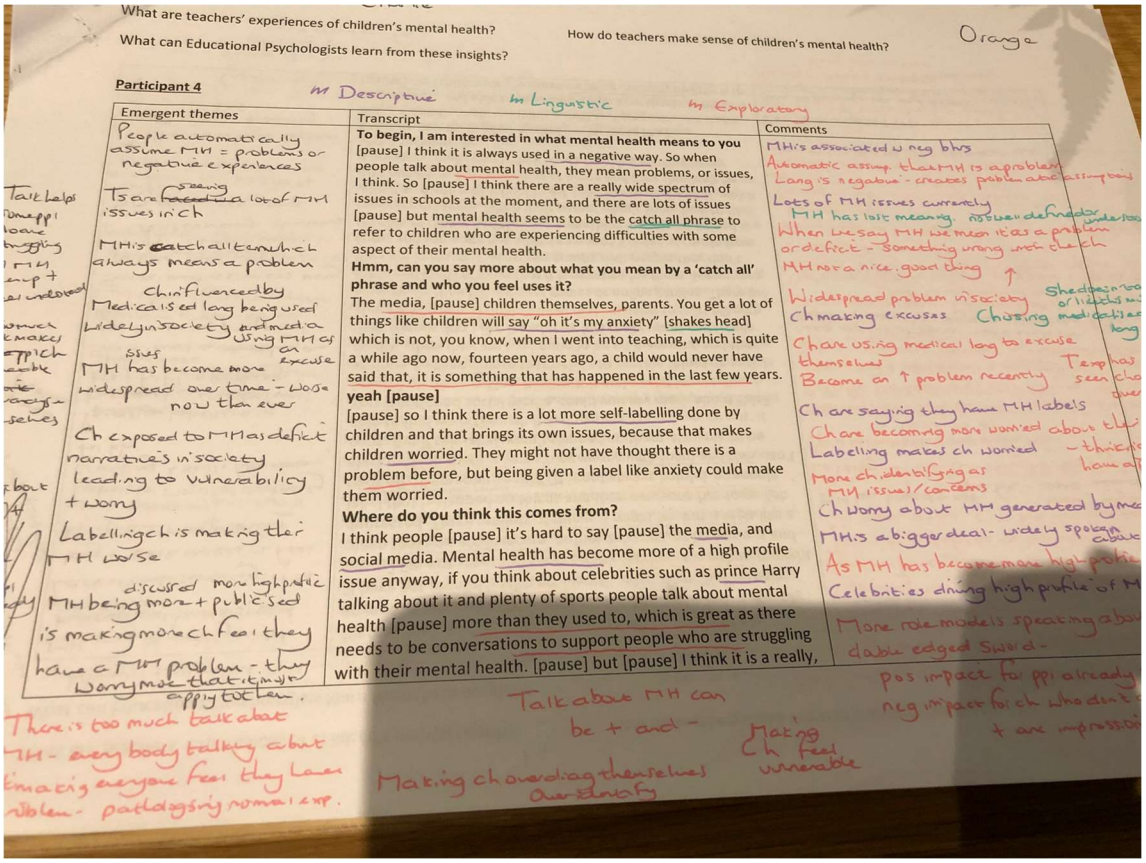
Charlie: [pause] I think, although schools are supposed to be places where children come to learn, it is also a community. It is so important, if children don't feel safe and nurtured, they can't learn, so a school can't fulfil its primary function. [pause] it is vital, that professionals in school feel that they

can support children's mental health. That it is given a kind of [pause] central place, that we acknowledge it is really important.

[54 mins]

Appendix 9 – Transcription example with exploratory comments

Charlie (Participant 4)



What are teachers' experiences of children's mental health?

What can Educational Psychologists learn from these insights?

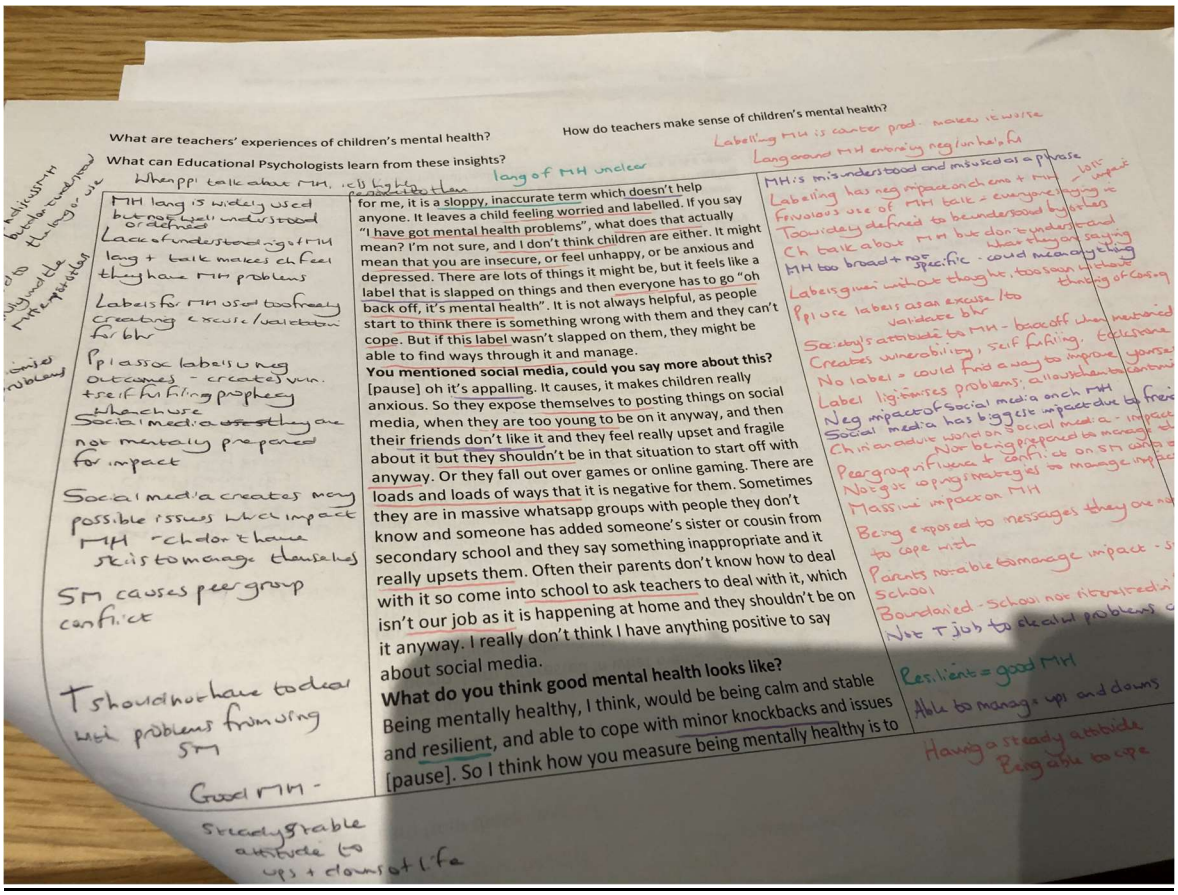
How do teachers make sense of children's mental health?

Orange

Participant 4

Descriptive Linguistic Exploratory

Emergent themes	Transcript	Comments
People automatically assume MH = problems or negative experiences Ts are seeing a lot of MH issues in ch MH is catch all term which always means a problem Ch influenced by Medicalised lang being used widely in society and media using MH as an excuse MH has become more widespread over time - more now than ever Ch exposed to MH as deficit narrative in society leading to vulnerability + worry Labelling ch is making their MH worse MH being more + published discussed more high profile is making more ch feel they have a MH problem - they worry more that it may apply to them. There is too much talk about MH - everybody talking about it making everyone feel they have problem - pathologising normal exp.	**To begin, I am interested in what mental health means to you** [pause] I think it is always used in a negative way. So when people talk about mental health, they mean problems, or issues, I think. So [pause] I think there are a really wide spectrum of issues in schools at the moment, and there are lots of issues [pause] but mental health seems to be the catch all phrase to refer to children who are experiencing difficulties with some aspect of their mental health. **Hmm, can you say more about what you mean by a 'catch all' phrase and who you feel uses it?** The media, [pause] children themselves, parents. You get a lot of things like children will say "oh it's my anxiety" [shakes head] which is not, you know, when I went into teaching, which is quite a while ago now, fourteen years ago, a child would never have said that, it is something that has happened in the last few years. **yeah [pause]** [pause] so I think there is a lot more self-labelling done by children and that brings its own issues, because that makes children worried. They might not have thought there is a problem before, but being given a label like anxiety could make them worried. **Where do you think this comes from?** I think people [pause] it's hard to say [pause] the media, and social media. Mental health has become more of a high profile issue anyway, if you think about celebrities such as prince Harry talking about it and plenty of sports people talk about mental health [pause] more than they used to, which is great as there needs to be conversations to support people who are struggling with their mental health. [pause] but [pause] I think it is a really,	MH is associated w neg bhvs Automatic assump that MH is a problem Lang is 'negative' - creates problem abt symptoms Lots of MH issues currently MH has lost meaning. Now 'default' understood When we say MH we mean it as a problem or deficit - something wrong with the ch MH not a nice, good thing Widespread problem in society Ch making excuses Using medicalised lang Ch are using medical lang to excuse themselves Become an ↑ problem recently Ch are saying they have MH labels Ch are becoming more worried about this Labelling makes ch worried More ch identifying as MH issues/concerns Ch worry about MH generated by media MH is a bigger deal - widely spoken about As MH has become more high profile Celebrities driving high profile of MH More role models speaking about double edged sword - Talk about MH can be + and - Making Ch feel vulnerable Making ch overdiagnose themselves Pos impact for ppl already neg impact for ch who don't + are impressio



What are teachers' experiences of children's mental health?

What can Educational Psychologists learn from these insights?

How do teachers make sense of children's mental health?

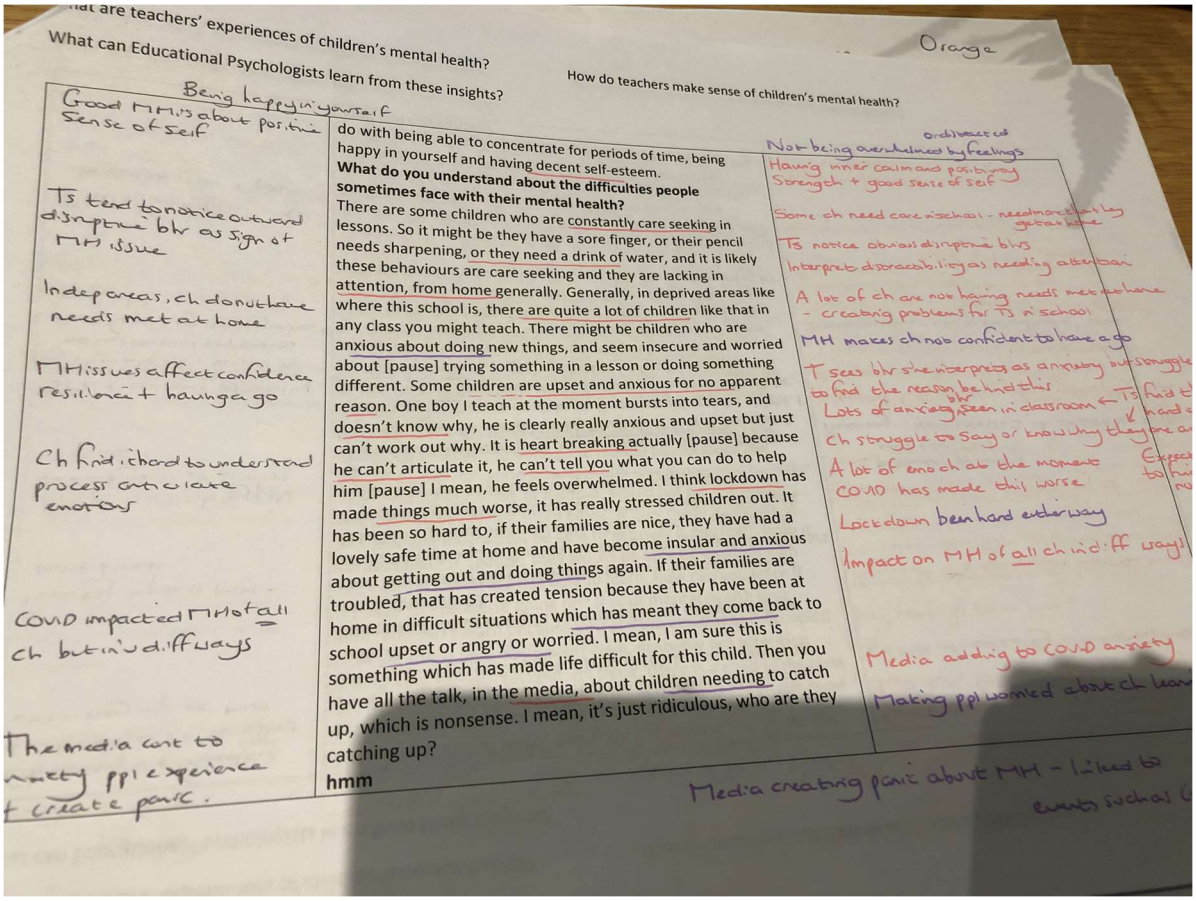
for me, it is a sloppy, inaccurate term which doesn't help anyone. It leaves a child feeling worried and labelled. If you say "I have got mental health problems", what does that actually mean? I'm not sure, and I don't think children are either. It might mean that you are insecure, or feel unhappy, or be anxious and depressed. There are lots of things it might be, but it feels like a label that is slapped on things and then everyone has to go "oh back off, it's mental health". It is not always helpful, as people start to think there is something wrong with them and they can't cope. But if this label wasn't slapped on them, they might be able to find ways through it and manage.

You mentioned social media, could you say more about this?

[pause] oh it's appalling. It causes, it makes children really anxious. So they expose themselves to posting things on social media, when they are too young to be on it anyway, and then their friends don't like it and they feel really upset and fragile about it but they shouldn't be in that situation to start off with anyway. Or they fall out over games or online gaming. There are loads and loads of ways that it is negative for them. Sometimes they are in massive whatsapp groups with people they don't know and someone has added someone's sister or cousin from secondary school and they say something inappropriate and it really upsets them. Often their parents don't know how to deal with it so come into school to ask teachers to deal with it, which isn't our job as it is happening at home and they shouldn't be on it anyway. I really don't think I have anything positive to say about social media.

What do you think good mental health looks like?

Being mentally healthy, I think, would be being calm and stable and resilient, and able to cope with minor knockbacks and issues [pause]. So I think how you measure being mentally healthy is to



What are teachers' experiences of children's mental health?

What can Educational Psychologists learn from these insights?

How do teachers make sense of children's mental health?

do with being able to concentrate for periods of time, being happy in yourself and having decent self-esteem.

What do you understand about the difficulties people sometimes face with their mental health?

There are some children who are constantly care seeking in lessons. So it might be they have a sore finger, or their pencil needs sharpening, or they need a drink of water, and it is likely these behaviours are care seeking and they are lacking in attention, from home generally. Generally, in deprived areas like where this school is, there are quite a lot of children like that in any class you might teach. There might be children who are anxious about doing new things, and seem insecure and worried about [pause] trying something in a lesson or doing something different. Some children are upset and anxious for no apparent reason. One boy I teach at the moment bursts into tears, and doesn't know why, he is clearly really anxious and upset but just can't work out why. It is heart breaking actually [pause] because he can't articulate it, he can't tell you what you can do to help him [pause] I mean, he feels overwhelmed. I think lockdown has made things much worse, it has really stressed children out. It has been so hard to, if their families are nice, they have had a lovely safe time at home and have become insular and anxious about getting out and doing things again. If their families are troubled, that has created tension because they have been at home in difficult situations which has meant they come back to school upset or angry or worried. I mean, I am sure this is something which has made life difficult for this child. Then you have all the talk, in the media, about children needing to catch up, which is nonsense. I mean, it's just ridiculous, who are they catching up?

hmm

Appendix 10 – Example of superordinate themes

Charlie (Participant 4)

Superordinate theme	Emergent themes
Rising mental health problems "Mental health has become more of a high profile issue"	Teachers are seeing increasingly complex behaviour which they are not sure how to manage. Mental health issues are increasing and teachers are seeing more concerns in children than ever before. Teachers are dealing with a lot of wide-ranging mental health issues in children.
Ambiguous use of language around mental health "mental health seems to be the catch all phrase"	People associate mental health language with problems or negative implications. Mental health is not well defined but often associated with problems. Medicalised mental health language is widely used in society and influences how children view themselves and their mental health. Mental health language is being over used to excuse problematic behaviour. Mental health as deficit narratives in society are causing anxiety and vulnerability to mental health problems in children. Labelling children with mental health problems is happening too much and making mental health worse. Children use mental health language too freely but do not fully understand what they are saying.
Factors within society and culture which negatively impact mental health	The media create anxiety and panic which affects mental health. Social media is creating scenarios which children cannot handle and has a detrimental effect on mental health. Too much talk can make people feel vulnerable to mental health problems. COVID negatively impacted mental health of all children, but teachers saw this expressed in many different ways.
What good mental health looks like "Being mentally healthy, I think, would be being calm and stable and resilient"	Good mental health means you have a steady, stable attitude to the ups and downs of life. Good mental health involves a positive sense of self and outlook on life. Children with good mental health are well adapted and display prosocial behaviours. Children with good mental health do not cause a problem in the classroom.
Value of talk as a protective factor "I would talk to them first and try to work out where the problems lie"	Have to teach children to talk about their mental health. Children need to be regularly exposed to positive accepting talk about mental health. Talking about mental health creates emotional literacy which is a protective factor for mental health. Talk is the first strategy used by teachers when there is a mental health concern. Children need to be given alternative ways of expressing themselves if they are not able to talk.

	Listening to children is the most important tool teachers have. Talk helps people who are struggling with their mental health open up and get support.
Impact of poverty and deprivation on mental health "If you are poor, and your parents can't afford anything, how does that make you feel every day"	In deprived areas, children to not have their basic needs met at home. Poverty increases life stressors which negatively impact children's mental health. Economic instability puts children at greater risk of mental health issues. In deprived areas, children make social comparisons which negatively impact their self-esteem. Poverty creates chaotic, unstable home environment and more challenges which affect mental health. Poverty leads to poor parenting and worse outcomes for children's mental health. It is schools' responsibility to give all children a good education to raise them out of poverty. Poverty and lack of resources creates a negative home environment. Poor behaviour is influenced by poor home environments.
Mental health problems teachers see "children whose behaviours are challenging, those behaviours are showing me the children are experiencing some form of emotion, which is being displayed in the behaviour"	Some children are not able to process, understand or manage their emotions. Mental health issues can cause lack of confidence and resilience. Children with poor mental health show disruptive behaviour which is hard to manage and impacts learning. Disruptive, externalising behaviours are the first indicator of mental health issues. Teachers should be alert to problems in behaviour as an indicator of mental health problems. Most mental health issues are seen as challenging behaviour. mental health impacts children's ability to engage with learning. Teachers often see defiant, aggressive behaviour because children are not able to control how they feel.
Whole school support for mental health "the ethos shows children that they are cared for and nurtured"	School system should not put pressure on children or give them the sense they have failed. Vital to embed nurture values throughout schools. Mental health should be biggest priority for schools. School should be a safe, containing space for all children. School has a role in teaching and supporting parents. Mental health has to be main focus of schools as it underpins everything else. Is it important that children enjoy school. Feeling safe in your environment creates conditions for good mental health. Children need structure, rules and boundaries for good mental health. Children need to be explicitly taught how to have positive relationships
Mental health problems school can create	School assessment systems put pressure on children and when they fail their mental health and self-esteem suffer.

“in a different teacher’s hands that would definitely have turned into an exclusion or something in the behaviour system.”	For some children, school behaviour systems are inappropriate and make mental health issues worse. Behaviour systems in school focus on punishments which can damage relationships. Behaviour systems to not allow for creative, individualised responses to managing mental health. Have to understand and respond to behaviour rather than punish.
Importance of relationships “Having that relationship with a child and them knowing you want what’s best for them”	Relationship between teacher and children is vital protective factor for mental health. Children need support from teachers to process and manage emotions. Teachers have to be patient and invest time in relationships with children. Knowing children and families well is crucial for most appropriate support. Sometimes, teachers are the only source of support for mental health of children.
Teachers learn through experience and become more confident “I think the job is so much easier for me than it is for people who are younger”	Teachers become better able to support mental health over time as they are exposed to a greater range of issues. Inexperienced teachers are less confident to address mental health so respond inappropriately. Inexperienced teachers use behaviour systems inflexibly which can damage children mental health. With experience, teachers are more prepared to address mental health issues and reflect on mistakes. First hand experience of addressing mental health issues is better than training. There is a bigger emotional impact of supporting mental health on inexperienced teachers. Experienced teachers develop ways of managing the emotional impact of managing children’s mental health.
The vast scope of the teacher role “I just think, in order to be a teacher, you have to care and have the children’s best interests at heart”	Most important role a teacher has is to identify children at risk of mental health problems. Teachers have to be aware of increasing ways in which mental health problems can present in children. Teachers need to appear caring and approachable to children will feel able to talk to them. Teachers need to teach coping strategies to support mental health. Teacher role is to guide children to manage their own mental health. Teachers have a vital role in helping children process and manage home issues. Teachers have to be flexible and adapt to emotional needs of children. A good teacher offers holistic support and cares about mental health of children.
Working as a team rather than doing it alone	There has to be a team approach to supporting mental health; teachers cannot do it alone.

“I would get advice from a colleague maybe to see what they think”	Important to seek support and perspectives of colleagues when supporting mental health. Outside specialists are needed for children with higher levels of mental health needs. Some behaviours are too hard for teachers to understand and manage; specialist support is needed.
The demanding nature of the teacher role “Making sure you have time to do that is really difficult”	Teaching is a demanding and time consuming job which leaves little time to support mental health of children. Quality of mental health support depends on time teachers have available. Teachers have a harder job in deprived areas as there are more mental health problems to manage and less support from home. Teachers feel pressure to ‘get things right’. Teachers are stuck between using a rigid behaviour system or using a relational approach. The teacher role has become unmanageable and impacts how teachers see themselves. Teachers are stretched between individual children’s needs and managing the whole class.
Emotional impact on teachers “I am not emotionally ready to deal with it, so I don’t handle it as well as I could.”	Teachers feel unprepared, powerless and unskilled when managing mental health of children. Supporting mental health has a big impact on teacher mental health. There is not enough emotional support for teachers managing mental health. It is hard to switch off from mental health needs of children. Teachers become emotionally invested in lives of children. Impact of managing mental health needs of children is stressful and damaging for teacher mental health. Teachers do not have time or space to vent and share feelings which can lead to mental health issues.
Teacher needs and development “I think [pause] we need more training.”	Teachers have to be more boundaried and realistic by focussing on the positive impact they are able to make. Teachers need more positive validation to ensure they feel confident and able to support mental health. Mental health training for teachers should be proactive and practical around issues they face with children’s mental health. How teachers view mental health has a big impact on the support they offer.

Appendix 11 – Individual expressions of themes

Superordinate theme	**Each participant's individual expressions of the superordinate theme**			
	Sam	Tom	Kate	Charlie
Freedom, choice and control (agency)	Freedom and choice facilitate good mental health		The importance of having freedom and control	
Mental health as a personal and individual experience	Mental health is personal and different for everyone	Mental health as a complex and personal experience	Mental health impacts everyone, but is personal and individual	
The impact of environment and context on children's mental health	A safe, accepting, inclusive school environment	Taking an ecological perspective: the impact of context	Negative responses of others The impact of COVID The impact of poverty and disadvantage The impact of parental mental health	Factors within society and culture which negatively affect mental health Impact of poverty and deprivation on mental health Whole school support for mental health Mental health problems school can create
Relationships as a protective factor	Children's mental health is supported better when the teacher knows the child well Positive peer relationships are crucial to support mental health Joined up approach between home and school		The importance of relationships	Importance of relationships
The power and importance of talking	The value and importance of talking	The value of talking and listening	Open honest talking supports good mental health	Value of talk as a protective factor

Difficulties children experience	Some children need a teacher to step in Difficulties children face in school (seen by teachers) Issues to be wary of Some children need more targeted support	"young people need so much more support"		Rising mental health problems Mental health problems teachers see
Impact of teachers' experiences	Inexperience vs experience:			Teachers learn through experience and become more confident
Teacher ethos, attitude and role in mental health	Teacher ethos and attitude	"my role as a teacher is so important"	Teacher experiences influence their attitude and motivation	The vast scope of the teacher role
The impact on teacher mental health	The emotional impact on teachers The difficulties teachers face, and the overwhelming nature of the role	Challenges for teachers	Emotional impact on teachers Pressures on teachers	The demanding nature of the teacher role Emotional impact on teachers
There should be a team approach to offering support	A supportive school team approach Support from outside professionals	"there are lots of things we can do to support each other"		Working as a team rather than doing it alone
Language around mental health	The impact of diagnoses on mental health	"if you put a label on something, it has a negative connotation and people will automatically judge you"		Ambiguous use of language around mental health
Support needed for teachers		"teachers don't get offered anything like that"	Feeling unqualified: a lack of training and support	Teacher needs and development

Divergent themes		"the illness people question more" "I think the government doesn't do enough	"I noticed the behaviour and that the child needs support" Inclusion - support inside or outside the classroom? Lifelong consequences and long term solutions Protected, structured teaching time is needed to discuss mental health Early intervention Specialist needs require specialist support	What good mental health looks like

Appendix 12 – Development of master themes

Checking superordinate themes across participants

	Sam	Tom	Kate	Charlie
Freedom, choice and control (agency) (2)	x		x	
Mental health as a personal and individual experience (3)	x	x	x	
Impact of environment and context on children's mental health (4)	x	x	x	x
Relationships as a protective factor (3)	x		x	x
The power and importance of talking (4)	x	x	x	x
Difficulties children experience (3)	x	x		x
Impact of teachers' experiences (2)	x			x
Teacher ethos, attitude and role in mental health (4)	x	x	x	x
The impact on teacher mental health (4)	x	x	x	x
There should be a team approach to offering support (3)	x	x		x
Language around mental health (3)	x	x		x
Support needed for teachers (3)		X	x	x
Divergent themes	A universal phenomenon	"the illness people question more" I think the government doesn't do enough	"I noticed the behaviour and that the child needs support" Inclusion - support inside or outside the classroom? Lifelong consequences and long term solutions Protected, structured teaching time is needed to	What good mental health looks like

			discuss mental health Early intervention Specialist needs require specialist support	

Blue = selected to move forward as a superordinate theme, as 3 or 4 participants expressed this theme.

Themes with expressions from 2 participants were discarded.

Development of master themes:

Environmental factors	Relational approach	Impact of and on teachers	Mental health as a personal and individual experience
The impact of environment and context on children's mental health Difficulties children experience Language around mental health	Relationships as a protective factor There should be a team approach to offering support The power and importance of talking	Teacher ethos, attitude and role in mental health The impact on teacher mental health Support needed for teachers	Mental health as a personal and individual experience

Appendix 13 – Excerpt from reflective diary

Completed pilot study using Google Meet (rearranged from face to face). Guidance for face to face research updated and sent through Engaging with Langdridge's reflexive questions to inform interviews and ongoing reflection.	I initially felt disappointed that I will not be able to conduct face to face interviews with any participants. However, after completing the pilot study virtually, I did not feel any quality was lost. The participant was able to give what I felt were rich, detailed, reflective responses to questions. Although I did wonder whether this was due to our relationship; we already meet a lot using virtual platforms and therefore might feel more comfortable. I did notice that I found nonverbal communication difficult – I could not reassure her at one point when she became upset. This was a part of the process which suffered as a result of the virtual space. MAYBE GOOD TO ADD MORE REFLECTIONS WHEN WRITING UP? It is good that my pilot and subsequent studies are all virtual, as I have a sense of the pros and cons, and how do best approach the interviews now having done them virtually for the pilot study. It might have been difficult to generalise from virtual to face to face.
Meeting with participant from pilot study to hear thoughts and reflections	
Beginning of analysis of P2	Started with this one as it is the hardest. Why is it the hardest? I found it difficult to make sense of what he was saying, was the hardest to follow and I'm not confident with analysing. If I do this first and go through it with Tony, it will help my confidence and allow me to move forward with the others more independently perhaps. I found it hard to get started – fear, thinking it would be too hard. I found it hard during the first part – not sure if I am doing it right. I need to let go of this notion that there is a right or wrong way of doing it. I read that as long as it is rooted in the text, it is plausible. I am finding it hard to know the difference between descriptive and exploratory comments – I keep going straight into exploratory and making interpretations, I also keep looking for themes. I need to make a conscious effort to start with description and focus on what is actually said to ensure I am close to their experience and don't miss anything by making an interpretation too soon. Parts of this one that I think aren't relevant – where he goes off on one about personal experiences. Do I need to comment on all this?
30/7/21	Completing descriptive/linguistic/exploratory comments I seem to be seeking themes and looking for the bigger picture a lot. I need to keep refocussing myself on the minutiae of words, phrases, content without looking for bigger ideas. Bracketing is hard! I keep thinking – oh there is that theme again (external influences on MH for example). I am trying to not let this affect me seeing the nuances of each utterance. Hard to know which bits are less relevant. Some 'rich' sections are clear and I have done more thinking around these, but I find it hard to decide a section is not relevant to my research questions and

	spend less time on it. I keep seeing the value in everything, but is this creating too much data? For example, when he talks about LGBT and BLM, although not relevant to my questions, it shows his passion and interests affects how he perceives the topic of MH. How relevant is this?
06/08/21	Considering emergent themes for P2 Am I being interpretative enough? I found this hard to know, am I just doing a thematic analysis? What makes the difference between IPA and thematic and how do I know I am on the right lines? I am finding the interpretation hard at this point
Wb 09/08/21	I have now gone through and written the emergent themes in the left hand column of my actual notes. It was hard to move from the exploratory comments to emergent themes and at times I found myself repeating exploratory comments as emergent themes. Once I had my 'first draft' of emergent themes, I typed them up into a word document so I could move them around to try different groupings into themes. Before this, went through the list of emergent themes once more, to check and perhaps alter to make slightly more interpretative. I found this much easier to do whilst listening to the recording again, I found I could really get a sense of what he was trying to say, and get much more 'experience close' than just reading the words. I was able to alter some emergent themes and merge some together to be more representative of the interpretation I was trying to make. Grouping of emergent themes for P2 I tried this several ways to see which felt best – I wanted to be creative and not just accept the first way I tried.
Wb: 31/08/21	Consideration of bracketing – how much is this possible? How much am I doing it? How hard/easy it is? Meeting with Tony on 2nd Sept face to face to go through participant 2 analysis After meeting with Tony, I feel more reassured about the process. I understand the initial engagement is to unpick how the participant is making sense of their experience and then moving onto working with emergent and subordinate themes is more about the double hermeneutic. I need to attempt to bracket more – be with the participant I am analysing rather than looking for similarities/differences/trends across all of them. Emerge myself in what is being said and think what they mean, how are they making sense of their experience? then, how am I making sense of this sense making? I need to be more confident with my judgements and decisions, but I think that will come with time and practice.
Wb: 06/09/21	Beginning analysis of P1

	Finding this one so much easier – she is clear in her responses and what she says. There is still a layer of interpretation to be done, but I find it so much easier to follow her train of thought and get close to what I think she is saying about her experience. it is also much easier to see how what she is saying links to my research questions. I don't have to spend a lot of time making sense of certain aspects of what she is said, as she is clear. She doesn't change her mind or speak on tangents. On the flip side of this, her transcript feels quite 'safe'. She doesn't explore anything too wild or out there.
Wb: 13/09/21	Completed analysis of P1. I did find the initial commenting easier for this P, as it was much clearer what she was saying. I felt her message was less 'confused', she was clear and unambiguous throughout. However, when it came to emergent and subordinate themes, I felt there was less scope for interpretation as a result. She was giving me clear messages, which I tried to put an interpretation on, but found this much harder. P2's ambiguity clearly opened doors for a level of interpretation which P1 did not so much. There were places where I felt I still did this, such as when she spoke about feeling worried and taking this worry home with her, I was able to interpret this as the emotional labour of being a teacher and the difficulty with role boundaries and blurred lines between home and school.
Wb: 20/09/21	Beginning analysis of P3: I keep worrying that I am not being interpretative enough. WHY? I do feel more confident as I move through the participants, and feel the analysis is getting easier. Perhaps this is why I am worried I am not being interpretative enough, because it is getting easier? What she says about going through MH difficulties herself impacting how she supports ch and my interpretation of that (people who go through it are keener to provide support, more motivated to help others etc) resonates with me massively. I think the MH issues I went through when I was younger shape my practice now, and my interest in MH. I really think when people experience it themselves they want to help others not go through the same thing, or if they are going through it then they want to help. Want to prevent what they want through for others. Want to give the support they never had to other people. I feel this is what she was saying, and this is definitely how I feel.

Appendix 14 - Langdridge's (2007) list of reflective questions – pre and post research

Pre-research reflexive questions (Langdridge):

Why am I carrying out this study?

Mental health is a huge, complicated topic/area. It is spoken about widely, but I do not feel it is understood or operationalised. What do we mean when we talk about mental health? I am interested from a personal perspective due to my experiences as a young person and the lack of support I feel I received from my teachers. Now mental health appears much more 'on the agenda' for schools, I am interested to see how this affects teachers and children, and whether children have a different experience to the one I had. Due to my early experiences, I am also interested in mental health as a trainee EP, as I hope to work with schools to ensure they are providing the best mental health support possible. As a trainee EP, when I have conversations with others about mental health (school staff particularly), I feel I do not know what it is like for them. What are their experiences? I am far away from an understanding of this, I feel out of touch. This makes me feel uncomfortable, as I feel I should understand what they are facing day to day. I feel I need to support teachers but find this hard without this level of understanding. It is the biggest part of the conversations I have with schools and it feels like they are telling me it is a huge burden. But is it?

What do I hope to achieve with this research?

I hope to understand teacher perspectives on mental health and find out in detail their experiences of children's mental health and how it feels to be involved in this. What are the challenges they face? What are their thoughts and feelings about this area? Do they feel it is their role? And if so, how are they making sense of this?

I also hope to explore my own thoughts on mental health. I would like to make a complicated and overwhelming subject more accessible. I would like to carve a path through this and generate some ideas from real people on the ground. Teachers are living it, what do they think? I hope to generate recommendations for EPs when supporting teachers. I hope to generate strategies for teachers when working with children. I hope to communicate empathy and recognise how difficult it is.

What is my relationship to the topic? Am I an insider or an outsider? Do I empathise with the participants and their experience?

My experience of mental health when I was younger; school did not support me. It was very much communicated that this was not their role or remit, and so I sought outside help. This seems to have changed dramatically. How would I have coped now in schools? Would I have had more support? My behaviour was very 'internalised', would this mean I was not recognised as having mental health issues?

My experience of mental health as a teacher. It was overwhelming, confusing, felt unqualified and unprepared to tackle it. I had a psych degree and felt like this, so how do others feel who have less psych understanding? My beliefs from working as a teacher in mainstream and specialist provision – nurture, inclusion, relationships, supporting mental health is priority. Nothing else can happen in

school until a child's mental health is supported – cannot expect children to learn/settle/form relationships.

My experience of mental health in an EPT – I see some teachers as 'old school' – not nurturing, not relational, feel it is their role to teach and not get involved in mental health. I wonder if this is even possible in these times. I find this attitude really hard to understand. I appreciate how difficult it is to add this responsibility to the teaching role. It is hard enough teaching a class full of children and adding mental health support into the mix is even harder. I understand it is daunting and overwhelming for some if not all teachers. But it has to be a priority.

Who am I? How might I influence the research? In terms of age, class, gender, ethnicity, sexuality, disability, and other relevant cultural, social or political factors

Female – the majority of teachers are female, meaning I am likely to be the same gender of most or all my participants. This could mean I find it easier to speak with them, and they may find it easier to speak with me. Rapport may be easier to develop and maintain, and I may identify with them more than male participants.

Working class – I come from a working class background, and therefore am familiar with possible stressors and 'issues' which may be discussed during interviews (as my potential participants work in areas of a city with high levels of deprivation). This could mean I empathise with the children or aspects of the classroom/school they choose to discuss. Depending on how teachers frame these issues may affect my perception of them, for example, if they speak empathically I may find them easier to relate to and identify with. My background may also affect aspects I choose to focus on as part of the analysis and discussion of findings, as I am interested about the impact of class and poverty on education and mental health.

Socialist, social justice – I feel I have beliefs which align with socialist values (equality, justice, democracy). This comes from being part of a Northern 'mining family' who were politically active during the miners strikes in the 1980's. The idea of fighting for something you are passionate about (specifically related to social justice) has always been a big part of my life, particularly from my grandad and mum. Before she retired, my mum was a headteacher in a deprived area of a Northern town. She was passionate about raising the achievement and expectation of all children and families in her school. This has led me to a career which prioritises social justice, as well as research which seeks to understand the perspectives and experiences of individual voices which are not always heard.

How do I feel about the work? Are there any external pressures?

I feel curious and excited to hear what the teachers will say. I wonder if they will say something interesting/different/unconventional. They may say things very similar to what I might have said when I was a teacher – that mental health of children can be overwhelming and teachers feel they need more support and training. I am perhaps putting pressure on myself to get teachers to speak candidly about their inner most thoughts, but it might not be possible to create conditions where this happens.

COVID context – I hope participants don't spend a long time talking about impact of COVID. I want to find out more generally about mental health, not how it has been altered during the pandemic. At

some point, it will be over, and I don't want my research to be contextually bound to the pandemic. However, can I separate the research from its context like that? Do I need to acknowledge this is affecting how teachers think and feel at the moment?

How will my subject position affect the analysis?

I may be more 'in tune' or 'alert' to areas which interest me, such as teachers thoughts and feelings, as I was a teacher and I am keen to compare my experiences to those who are currently in the role.

As I am from a working class background, I may be more alert to issues which I am familiar with, such as poverty and class. This could be heightened due to the schools I am conducting my research in; I am sure some teachers will mention this as it is part of the social and cultural factors which impact their job.

I may analyse differently based on whether I identified with the participant and their experiences. If I felt more empathy and understood what they were saying, I may be more likely to interpret their account in a certain way then if I felt distant or removed from what they were saying, in which case, interpreting and applying the double hermeneutic may be more tricky for me.

How might the outside world affect presentation of my findings?

The COVID context could impact my findings and therefore how I present them. Should this be a key area of discussion for teachers, this may affect how I present my findings, as I will need to be sensitive to the context in which the research was gathered and is being discussed.

Given that my research is going to take place in schools which are in deprived areas of the UK, I need to take this into account when presenting my findings. I should be mindful to ensure no conclusions are drawn which are negative, blaming or label families from certain backgrounds in any way. This is especially important as I this is the background I feel I come from.

How might the participants react to the findings? Might it lead to harm and how can I justify this?

I think they could be reassured, hopeful and pleased they took part. I hope they feel they have contributed positively to research which will help understand their perspectives which could help professionals who work with them develop a more empathic understanding of their day to day life.

They could be shocked or surprised at the themes which emerge, as they may not engage with what they are saying on the same analytic level which I do as a researcher. I hope this will not be harmful to them, but I do intend to have a debrief session after I have completed my research to feedback my findings to the participants. It will be interested to note and explore how they react to my findings then.

How might findings influence psychology and my career?

Better understanding of children's mental health from the perspectives of teachers may arise. This could allow professionals to gain a window into their world which could help how they offer support and empathy.

I may find specific areas within this research which I would like to explore further within my future career, in terms of research or engagement.

How might findings affect understandings of the topic? How will colleagues respond? Does the research have future implications?

More understanding of children's mental health in primary schools is possible as a result of my research. More understanding of the lived experiences of teachers could also be possible. I feel sometimes people are too quick to judge teachers and undermine or reduce their experience to 'being part of the role' etc. My research may shine a light on what teachers are experiencing which could be valuable for others to understand and empathise. Depending on what is explored, my research could highlight changes which need to be made to legislation, guidance, training or day to day experience of teachers. This could shape the future of the profession.

Post-research reflexive questions (Langdridge):

Why did I carry out this study?

To find out what is going on in schools regarding mental health – is there a crisis? Are things getting worse? Why are my conversations with SENCOs and teachers so rooted in mental health problems in the classroom? What are teachers perceptions of this? What do they think is going on? What are their experiences and how are they making sense of these experiences?

What did I hope to achieve?

A sense of how children's mental health is appearing in schools and what teachers are faced with. An idea of how this is impacting on teachers in terms of their actual experiences and thought processes. An idea of how EPs can support teachers, if support is needed. How can we work together more to provide contexts which facilitate good mental health?

What is my relationship to the topic? Am I an insider or an outsider? Do I empathise with the participants and their experience?

I am an insider due to my previous career as a teacher and how this may impact the questions I ask in the interview, the way I respond to teachers during the interview, as well as how I do the analysis, the interpretations I make and the conclusions I draw.

I am an outsider as I no longer work in a school (but for the LA). Teachers were not aware of my previous career as a teacher, so do not necessarily see me as an insider, which may impact how they speak/what they say to me/how they respond to me. I have not been a teacher for some years, so do not know what mental health in schools is like any more, I am 'out of touch' with the current situation, hence my desire to complete this research.

Who am I? How might I have influenced the research? In terms of age, class, gender etc

I am the school EP – might have influenced in many ways. What the teachers chose to share and the way in which they wanted to represent their classroom and the school to me. Might have made teachers share positive things as they wanted to appear to be doing a good job and didn't want to make the school seem negative. Might have shared more problems with me, as they perceived my role as someone who you approach when there is a problem, either personally or to do with the school. Might have been shaped by the knowledge that my research may be in the public domain (I told them I hope to get it published).

How did I feel about the work? Were there any external pressures?

I did not perceive any external pressures on myself during the research. I feel hopeful that I can shed light on a complex subject area and support teachers and other professionals through my findings and recommendations.

How did my subject position affect the analysis?

There are aspects of psychology I am more drawn to, which inevitably affected my analysis. I prefer to work at a systemic/community level, and perhaps made interpretations based on this. As an EP, I take an ecological approach and see how systems interact and affect one another, which runs through my analysis strongly. The impact of relationships is something which is clear within my practice and values, which features heavily in my analysis. I left the teaching profession due to unrealistic expectations around the role, which features as part of my master theme 'the impact of and on teachers'. Maybe this was shaped by my experiences as a teacher.

How might the outside world have affected presentation of my findings?

I needed to be mindful of how teachers will respond to my findings, as well as the schools in which I conducted my research. My research touched on the impact of poverty on mental health, which is an area that I am mindful of. I do not want to assign blame or appear to be negative towards families living in poverty, as these are the communities in which I practice.

How might the participants react to the findings? Might it lead to harm and how can I justify this?

I hope my participants will feel my findings reflect what they chose to share. Some issues may be particularly resonant, such as the impact of stress and burnout on the teacher role. It may bring to the centre some uncomfortable thoughts about their role and the feelings it provokes. Teachers chose to share these thoughts extensively throughout the interviews, but may find it hard to read back.

How might findings influence psych and my career?

Education professionals may get an insight into mental health in schools and possible ways in which to support teachers within this area. I hope to present my findings to my EPS and develop my R&D area around supporting teaching staff wellbeing, which may lead to specialist support in this area. I

am also interested in developing my own practice to support teaching staff in this area through coaching and motivational interviewing.

How might findings affect understandings of the topic? How will colleagues respond? Does the research have future implications?

The future implications are wide ranging – more research into teacher mental health and support in particular, as well as how EPs can affect change at a community (macro) level.