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University of Southampton

Faculty of environmental and Life Sciences

Doctorate in Educational Psychology- Graduate School

A Path to Better Mental Health Provision in Schools: What are School Staff's Experiences of Recognising, Working Alongside and Supporting Pupil's Mental Health Difficulties and How Can Mental Health Leads be Best Supported in Their Role?

by

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University of Southampton

Abstract

Faculty of Environmental and Life Sciences

Doctorate in Educational Psychology- Graduate School

Doctor of Philosophy

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The mental health and wellbeing of children and young people (CYP) has been an increasing concern, both globally and nationally, for many years. The rate at which CYP are experiencing probable mental health disorders in the UK has increased however there have been many difficulties in the commissioning and structure of services who can support with this. Due to this increase in need, and difficulty with services, CYP and their families are increasingly turning to schools to support their needs. This however relies upon schools having the resources, in particular, the knowledge to be able to address this. While much literature has focused on the quantitative results of applying structured mental health programmes in school, qualitative accounts of school staff's experiences of this were yet to be explored. With this in mind, both published and grey literature were systematically searched to identify qualitative studies conducted with school staff to explore their experiences of recognising, working alongside and supporting pupil's mental health. Fifteen papers were identified, and secondary analysis was completed on these to explore key themes. Findings from this analysis demonstrated that while school staff believed they had an important role in supporting students, they faced barriers in doing this such as: a perceived lack of knowledge and confidence; a difficulty in accessing external services; the impact of pupil's homelives; and how this support effect's school staff's own mental health. School staff cited a consistent whole school approach to supporting pupil's mental health as a facilitator in providing this. Implications for professionals are drawn from this and avenues for future research discussed.

In 2017 the government released a green paper entitled 'Transforming children and young people's mental health provision' which outlined new responsibilities for schools. One of these responsibilities was for all settings to have a designated mental health lead (MHL) by 2025. The MHL role was created to liaise with external agencies, provide knowledge and support, and, promote a whole school approach to mental health and wellbeing, and as such addressed many of the issues identified in the systematic literature review. This role and staff's experiences of coming into it and providing support, however, was yet to be explored within secondary settings. In this empirical paper eight MHLs were interviewed to explore their experiences of doing this, how they would like to expand this in the future, and what support they need from external services to achieve this. Barriers to practice were also explored. Analysis of these interviews produced five themes: (1) defining the role, (2) attributes of a mental health lead, (3) MHLs own wellbeing, (4) seeking information and support, and (5) promoting a whole school approach. Implications for professionals such as opportunities for supervision, training and further support are discussed alongside avenues for future research.

Strengths and limitations are considered across papers, as well as the researchers epistemological and ontological stance and reflexivity throughout the research.

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Research Thesis: Declaration of Authorship

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Title of thesis: A Path to Better Mental Health Provision in Schools: What are School Staff's Experiences of Recognising, Working Alongside and Supporting Pupil's Mental Health Difficulties and How Can Mental Health Leads be Best Supported in Their Role?

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Date: 09.06.2024

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Definitions and Abbreviations

CAMHS	Child and Adolescent Mental Health Service
CYP	Children and young people
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychologist
ERIC	Education Resources Information Centre
DSL	Designated Safeguarding Lead
IPA	Interpretive phenomenological analysis
MHL	Mental Health Lead
MHST	Mental Health Support Teams
NHS	National Health Service
PICO	Population, Issue, Context, and, Outcome
SENCo	Special Education Needs Coordinator
TA	Thematic Analysis
QTS	Qualified Teacher Status
SLT	Senior Leadership team
WHO	World Health Organisation

Chapter 1 Introduction

1.1 Background to research

The purpose of this research was to gather qualitative accounts of school staff specifically mental health lead's (MHLs) experiences of supporting student's mental health. The aim of these two pieces of research was to provide insight into the contexts experienced by educational settings, specifically the barriers and facilitators faced in providing this. I had a particular focus in both papers on the implications of this research and what this meant for external professionals, such as educational psychologists (EPs), in terms of the support they could provide.

The mental health and wellbeing of children and young people (CYP) is a growing concern both globally and in the UK. Around the world it is estimated that about 10% of CYP experience a mental health disorder (WHO, 2020) with this rate being much higher, at between 18-22%, in England (Newlove-Delgado et al., 2022). This picture has been complicated following COVID-19 with 80% of CYP reporting that their mental health was worse following the pandemic (Young Minds, 2020). As such it is a topic that has garnered much interest within the literature. Much of this has focused quantitatively on the results of applying programmes within schools to improve CYP's mental health and wellbeing (Anthony et al., 2015; McAlliste et al., 2019; Robertson et al., 2023). Notably demonstrating that work with students that includes having clearly defined goals; clear, longer term support; dedicated time within lessons; active learning and; a strong theoretical base can be as effective as support from external services (Demkowicz & Humphrey, 2019). This is important to note as it provides evidence that school staff can have a meaningful and important role within supporting CYP's mental health in a way that is comparable to that provided by external services.

Little published research, however, has looked to explore school staff's qualitative accounts of supporting students with their mental health needs. As such, for my systematic literature review, I looked across both published and grey literature to find a range of papers related to this to identify key themes across these accounts. My empirical paper then built on this understanding looking at the impact of the government green paper entitled 'Transforming children and young people's mental health provision' (Department of Health & Department for Education, 2017). This paper outlined new responsibilities for schools, one of which was for a designated MHL to be in place by 2025. This role was designed as a way to support mental health in schools, provide resources and specialist knowledge and promote a whole school approach to wellbeing and as such was designed to address many concerns schools were

facing. This project sought to explore MHL's experiences of coming into their roles, the barriers and facilitators they have faced and how they can be best supported by external services. This project is the first of its kind to be completed with secondary settings and as such provides valuable information around the experiences of MHLs'.

Both papers reflect a growing interest and concern around pupils' mental health and the short- and long-term impacts this can have on them. While paper two has a particular focus on the 2017 government green paper it is not the only governmental paper to support the idea of increased support for mental health within schools. Notably in 2021 the department for education (DfE) released further guidance promoting eight principles to be reinforced within schools to promote mental health and wellbeing. These principles are: (1) an environment that promotes respect, diversity and inclusion, (2) supportive management, (3) opportunities for staff development, (4) teaching which supports resilience and social and emotional learning, (5) promoting students' voices, (6) monitoring the impact of interventions, (7) targeted support and appropriate referrals and, (8) increasing opportunities for work with parents, underpin many of the values and roles of the MHL further solidifying the importance of the role within schools (Department for Education, 2021). This was supported by a further DfE paper (2023) which reported that the ongoing effects of the COVID-19 pandemic as well as current contextual factors such as the cost-of-living crisis and the war in Ukraine have continued to impact CYP's mental health, in particular their feelings of anxiety which have shown an increase since the 2020-2021 school year demonstrating why the mental health of CYP continues to be a high governmental priority.

1.2 My interest

Mental health and the ways in which this can be promoted and supported has always been an area of interest and passion for me. For as long as I can remember I, myself, have struggled with feelings of worry and anxiety which manifested for me as a young child in selective mutism. This meant that at times school was a very difficult place for me to be and I saw first hand the detrimental affect my psychological wellbeing had on my capacity to learn and thrive within the setting. This was an experience which stayed with me and guided my path through university and beyond that to take on positions where I could support the wellbeing of CYP. This led me to take on a number of more clinical positions where I worked closely with the child and adolescent mental health service (CAMHS) and in house therapists and psychologists. In particular I spent a long time working in children's residential homes and specialist schools working to coordinate care and work closely with the practitioners delivering this. This role

provided me with insight into the difficulties faced in accessing this and the distress this caused practitioners who were having to support CYP with little guidance or specialist knowledge.

I saw firsthand the impact of the 2017 government green paper and trained in an early cohort to become a child wellbeing practitioner. Importantly, within this role I was beginning to work with the newly appointed MHLs' and saw them come into role and the many benefits this brought to the setting. I was also, however, able to see some of the challenges they faced and notably how their role was complicated during the pandemic and reintroduction of in-person schooling. I left this job at the end of 2020 to take up a full-time post as a pastoral manager in a large secondary school. In this school they had yet to appoint an MHL and as such I and other members of staff were facilitating many elements of this job role. Taking on aspects of the MHL role provided me more insight into the challenges of supporting students and accessing relevant services.

Specifically, I was able to recognise the difficulty of holding students when they fell between gaps in services. I was able to recognise in this role that student's difficulties were not routinely addressed in a standardised way and relied heavily on the individual's knowledge who was supporting them. This experience alongside my first year of training on the doctorate led me to feel passionate about exploring other school staff member's experiences of supporting student's mental health and how external agencies could best support this, which led me to pursue this as a thesis topic.

1.3 Terminology and concepts used

Throughout conducting a project centred around mental health it was important to consider the language and terminology used throughout every stage of the research process, in particular the definition around wellbeing, mental health and mental disorder and the intentional choice to include or disregard these during searches for relevant literature. The world health organisation (WHO) provides definitions for wellbeing, mental health, and mental disorder, and recognises that while each are individual concepts, they heavily intertwine with each other. Wellbeing is conceptualised as a personal resource which can be drawn upon to support everyday functioning and act as a protective factor towards positive mental health (WHO, 2021). Mental health, however, is defined as a total state of wellbeing that allows people to be resilient to common stressors and contribute positively within their community and work (WHO, 2004). It is acknowledged however that mental health exists on a continuum which can cause a person to experience a mental health condition or disorder. Mental health conditions or disorders are considered to be states of significant distress, impaired functioning and/or risk of self-harm (WHO, 2004). The department of health (2014) supports these definitions further relating both wellbeing and mental health into a wider catch all of 'health and wellbeing' in which both

physical and mental health have a bi-directional relationship with wellbeing in that all three are reliant and continually impact upon one another.

While these definitions are created from and used frequently within literature pertaining to adults it is important to recognise their use with CYP. Wellbeing is frequently identified within literature as an important precursor and area of resilience to develop for positive mental health and life satisfaction (McLeod & Wright, 2016). Mental health and wellbeing are viewed as important concepts to promote within education as schools are viewed as an 'ideal' place in which to do this and, due to the significant impacts it can have on future attainment, health, and life outcome measurements (Pulimeno et al., 2020). As such both wellbeing and mental health were used within scoping searches for both paper 1 and 2. Where papers are referenced which produced statistics however, the terminology used within that paper was honoured and as such wording may differ.

1.4 Research paradigm

Although I had come into the research with some background understanding of the issues facing school staff and MHLs it was important for me that there was a layer of separation between my experience and those of my participants. While I appreciated the insight my experience brought me and how this helped to inform the research area, background, and question creation, I wanted to ensure that my data collection and analysis remained replicable and transparent. As such, upon starting my research, it was important for me to reflect on my views and beliefs and consider how this would define the paradigms governing my research. Paradigms within research refer to the epistemology, ontology, and methodology used (Guba & Lincoln, 1994). Ontology is defined as the researcher's study of being and beliefs about the nature of reality. Ontological beliefs define the researcher's epistemology as this is concerned with how the research and researcher are related and as such how knowledge is created (Killam, 2013). The methodology is, in turn, defined by both the ontological and epistemological beliefs of the researcher and as such is defined as the systematic way in which knowledge is discovered through data gathering and analysis (Crotty, 1998)

Due to my desire to acknowledge my bias whilst also keeping the data collection and analysis transparent and replicable a critical realist approach was adopted. Critical realism occupies a space in the middle of the positivist-subjectivist continuum in that it recognises an objective reality which exists independently of individuals and their understanding of it. It does, however, recognise the role that subjective interpretation plays in individuals' definitions of reality (Fryer, 2022). Within this project, this meant that I was able to define objective phenomena such as mental health, the difficulties faced around this, and the roles which support it. I was able to do

this whilst also acknowledging how individual's perceptions of this may impact the data as well as my own experiences and biases when analysing this.

Thematic analysis was used in both of my papers to analyse the systematic literature review and semi-structured interviews conducted. A critical realist position was consistent with this because I was looking to identify regularities and patterns across data and how these influenced participant's experiences of supporting student's mental health. This meant that I could draw meaning and generalisations from these which could inform implications and recommendations for professionals about how to best support this process. I did however recognise that as the lead researcher I would be understanding the data through my own unique lens and as such, took steps to be reflexive around this whilst also acknowledging that future researchers may find contrasting findings due to their differing context and knowledge (Bhaskar, 1975).

1.5 Participants

My critical realist approach to the research influenced the relationship I built with my participants. As someone who had first-hand experience of many elements of the role, they perform I was keenly aware of my 'insider status'; a researcher is considered to have insider status when they share particular attributes with the participants in the study (Bukamal, 2022). While I was no longer in a role directly comparable to that of my participants, I had previously worked in roles that provided me insight into some of the environments they would be working within. While it is contested within the literature as to whether researchers should disclose their insider status or not (Dwyer & Buckle, 2009), I chose not to share this information with my participants.

Asselin (2003) suggested that when researchers have insider knowledge it is best for them to gather data open to different possibilities, under the assumption that they know little about the phenomena being studied. As while the researcher may have some insight into a culture, they may not understand the subculture or specific situations and environments participants have experienced. I was aware during this research that while I had some understanding of what participants may have experienced this was subjective to my own role and was not representative of what they may have encountered.

While participants have cited concerns that outsiders can't have a full understanding of their experiences and identified insiders are often afforded more rapid and complete acceptance by their participants (Dwyer & Buckle, 2009), I felt confident in my ability to build rapport with the participants without having to disclose this. My knowledge of the role and what the day to day

feels like in school gave me empathy for the participants which made relationship building easier. I was also able to utilise my skills gained throughout my time on the doctorate in active listening and relationship building to help participants feel comfortable and open in our discussions.

1.6 Challenges of data collection

Recruiting a sample for the empirical project was a significant difficulty during the research process. This was something which was discussed at length with my supervisors in the research design as sample recruitment was anticipated to be challenging. I was passionate from early in the project that I wanted to complete interviews over surveys or focus groups because I wanted to gather rich, long form data that was an in-depth recount of participants experiences. The choice to do this however meant that the expectations on participants' time was higher, which potentially limited the number who were able to take part. While the initial number who registered their interest was high (n= 42) a large proportion of these participants were unable to be interviewed as they did not satisfy sampling criteria or were unable to find a time/date in which they could take part. This meant that the overall number of interviews conducted was low (n=10). While it is difficult to determine required sample sizes for qualitative research, Braun and Clarke (2013) define projects with between 6-10 participants as 'small scale' meaning that some experiences and insights of the sample population may have been missed within analysis.

While ten interviews were conducted, only eight were analysed as two transcripts were identified as having problematic inconsistencies. During the interview stage I flagged two participants who took part as needing review before being added to analysis. This was due to participants declining to have their cameras on during the interview, meaning it was very difficult to verify who they were. The participants were also providing vague and inconsistent answers to the questions asked which suggested that may not do the role they were claiming. Following these interviews, I shared my concerns with my advisors and reviewed the data to assess whether the information given met sampling criteria. In addition to this I also contacted the head of the ethics committee who advised that these participants should be contacted and asked to provide a form of proof of working in school in order to verify their identity. As neither of these participants responded to this, I was unable to verify that they met sampling criteria and as such removed them from the data set.

Moving forward this meant that I had to submit an ethical amendment to ask all participants to supply a school email address to verify that they worked within a school setting. This was not something that I initially had wanted to do as I did not want participants to have to identify which school they came from as way to help them feel more comfortable in discussing their

experiences. I recognised however, that in completing interviews online I had placed myself in a more vulnerable position particularly if participants did not want to have their cameras on as there was no way to tell to whom I was speaking. As such I proceeded to ask all participants to provide this verification, however made it clear to them why this was being asked for and the limits around this. Specifically, I explained that their school would not be contacted, neither would they be identified during the research to help them feel more comfortable in giving honest accounts of their experiences.

1.7 Dissemination

Due to the underrepresented sample included in this study and the insight it can offer into a new area relevant to educational psychology I intend to disseminate the findings. Both papers were written to the writing standard as specified by the Journal of Pastoral Care in Education. This journal specialises in research related to the personal, social development, education and care of pupils. The journal's primary readership is aimed at teachers and school-based professionals as well as those in services that work alongside them. I selected this journal as I feel that both papers sit firmly within the specified areas of interest and is a journal that I used extensively when completing background research for relevant literature. It was the journal in which a number of the articles included in the qualitative synthesis are published and as such I felt it was an appropriate choice for my papers.

1.8 Reflexive journey

The process of completing this thesis has given me great insight into myself as a practitioner and facilitated many opportunities for personal and professional growth. Taking on two qualitative projects, importantly, provided me the opportunity for reflexivity throughout the process to analyse, challenge, and justify the role I, as a researcher, played in the collection of data and analysis of this. As discussed, I was committed to a critical realist paradigm and as such employed strategies such as a reflexive log and field notes throughout the research process that I could discuss with advisors to acknowledge the role that my perspectives and experiences may be having within the analysis. Use of these strategies aided with triangulation and justification of code, subtheme and theme creation to ensure that these were representative of the accounts shared by participants.

On a more personal level through the analysis of both papers it was important for me to reflect on my own time working as a pastoral manager as, for my systematic literature review in particular, my experience was directly comparable to that of many of the participants. While I had both positive and negative experiences in this role there were many occasions where it

Chapter 1

directly impacted my own mental health and wellbeing. Upon leaving this role my conceptualisation of the experience was that I had been the 'wrong' fit for it. As such when analysing the data, I was initially surprised by how many of the quotes taken from participants, and the authors understandings of these, resonated with my own experience. As such I took steps to explore this and took particular care when analysing data to discuss this and share my understanding, and the data this was derived from, with my advisors to ensure it was representative of the papers sampled and not purely my own experience. It was important to me throughout my time working on this that both pieces of research were not solely an account of my experience and could stand on their own as a wider reflection of the profession and the strengths and difficulties faced by members within it. While my experiences acted as a lens and filter from which I interpreted the data, the focus remained on maintaining this as a transparent and replicable process and as such the focus always remained on ensuring participants voices were represented throughout.

Chapter 2 What are the experiences of front-line school staff in the UK in relation to recognising, working alongside, and supporting pupil’s mental health? A qualitative synthesis.

2.1 Abstract

Mental health is a current and increasing concern within UK schools. This paper explores experiences of school staff in the UK, in relation to recognising, working alongside and supporting pupil’s mental health. Electronic databases were searched in November of 2023 for qualitative papers looking at school staff’s experiences of recognising, working alongside and supporting pupil’s mental health difficulties. Fifteen studies were assessed and reviewed. A qualitative synthesis was conducted on the results of each study to explore key concepts. Six themes were created from analysis (1) the important role of school staff, (2) a lack of confidence and knowledge, (3) working with external services, (4) impact of students homelives, (5) the impact on staff wellbeing, and (6) a whole school approach. Themes and subthemes are discussed. Analysis suggested that school staff believed they had an important role in supporting pupils’ due to their relationships, consistency, and opportunity for proactive support. School staff however described that accessing and working with external services, the pupil’s homelives and their own lack of knowledge and confidence in supporting pupils were barriers to support. Implications are drawn from these themes, notably more access to appropriate training and an enhanced focus on staff wellbeing. The implications of the government’s 2017 green paper entitled ‘Transforming children and young people’s mental health provision’ are discussed in relation to the findings with suggestions for future research.

2.2 Introduction

Current research estimates that between 18-22% of children and young people (CYP) in England experience a probable mental health disorder (in which respondents scored highly on a non-diagnostic behavioural measure), with the rate rising from 1 in 9 experiencing this in 2017 to 1 in 6 in 2022 (Newlove-Delgado et al., 2022). It is thought that around 10% of CYP will meet clinical

thresholds to be diagnosed with a mental health disorder (Green et al., 2005) and 6% in the UK will be referred to specialist mental health services (The children's commissioner, 2023). This rate, however, differs across the country and is estimated to be as high as 12% in some areas (the Children's Commissioner, 2023). Investment in good mental health during childhood and adolescence provides a base for positive development into adulthood (Johnson et al., 2023). When mental health difficulties are left undetected and untreated this can lead to poorer immediate and long-term outcomes for the child or young person and their family, as well as an increased burden on health services (Bittner et al., 2007; Castagnini et al., 2016; Copeland et al., 2015).

Early identification of these mental health difficulties has been highlighted as a key way to mitigate their impact (Johnson et al., 2023). Within research and policy school professionals are recognised as vital agents of change who can support with this (Shute, 2012; Spratt et al., 2006). School staff are highlighted as important professionals due to the time CYP spend in schools, and because health is thought to be intrinsically linked with education in that individuals who have a higher level of mental health literacy can more effectively identify and seek support when experiencing difficulty (Amudhan et al., 2021). Preliminary research suggests however, that it is key for these adults to have knowledge of CYP's mental health difficulties, sufficient for problem recognition, as this allows them to access appropriate services and seek out information on how to best support mental health difficulties (Thurston et al., 2015).

By placing an emphasis on schools and the staff within them to be the first line of defence for CYP's mental health there is an assumption and expectation that they have knowledge of mental health difficulties, how to identify these and how they can intervene in an evidence-based way (Department of Health, 2011). School staff are expected to do this within an increasingly challenging context where they are subject to high demand and long waitlists for external services (Valentine et al., 2023). This is compounded by a lack of knowledge of how to access these services and a stigma associated with doing so (Amudhan et al., 2021). While many studies have looked quantitatively at the outcomes of school staff implementing more rigid mental health programmes (Anthony et al., 2015; McAllister et al., 2019; Robertson et al., 2023), little published research has looked qualitatively at the experiences of this.

It is important to consider qualitative data when looking at any problem as failure to do this can result in a limitation to the range of knowledge and depth of understanding around a given situation (Higgs, 1995). Qualitative data also provides nuance, context and detail and can be used as a powerful tool to involve and understand stakeholders' experiences of using or implementing advice from professionals. This provides insight into whether this advice represents an ecologically valid and acceptable way to address concerns (Peters, 2010). This is

of particular importance when considering research in a school context as quantitative data can often lack awareness of the micro contexts of schools' such as staff's own sense of the world and the potential impact this has on interventions (Riddell et al., 2003). As such, it is important to gather these views to assess what is considered practical, doable, and effective in these settings.

The purpose of this review was to look holistically across a range of published and grey literature to find qualitative studies that have gathered the views and experiences of front-line school staff in the UK. The aim of this was to understand their experiences of recognising, working alongside and supporting the mental health difficulties of their students. The aim of the review was to look for patterns across these experiences and gain a deeper understanding of how mental health is addressed in school, what potential difficulties staff face around this, and how this can be supported within school. The review question used to guide this inquiry was: what are front-line school staff's experiences of working alongside and supporting student's mental health?

Due to the implementation of the government green paper advice (Education and Health and Social Care Committees, 2018) and the ramifications this had for the support accessible for CYP, only papers collecting data and published within the UK were used as part of this sample.

2.3 Method

2.3.1 Search strategy

This systematic review was conducted using a protocol (PROSPERO registration ID: CRD42023481745) developed by following associated guidelines. In November of 2023, systematic searches were conducted across four databases: PsycINFO, The Education Resources Information Centre (ERIC), Web of Science and ProQuest. Searches were conducted by the lead researcher using a strategy reviewed and discussed with secondary members of the research team. Search terms were developed from the research question and PICO (Population, Issue, Context and, Outcome) framework for non-intervention studies (see table 1 for terms used). No limiters on year of publication or, its peer review status were put in to ensure unpublished theses and dissertations were included. Additionally, no limiters were placed on country of publication, despite only studies conducted in the UK being used, as in trials of this some eligible articles were excluded. Search results were held and managed using Endnote.

The review question guided the search terms selected. 'Front-line school staff' was used as an inclusive term when sorting literature to ensure views across a number of staff groups in schools were captured within the review. This term refers to members of staff within schools

who have direct contact and responsibility for students and included teachers as well as staff members such as pastoral managers and teaching assistants. Further search terms were derived from common words used in articles identified as part of initial scoping searches. Search terms were iteratively developed and trialled to ensure a comprehensive list of articles were identified. Many primary searches were completed with additional words e.g. teaching assistants, pastoral workers etc. and variations of words such as: well-being and self-injury etc. however no additional papers were identified and such terms were refined to their final state as below.

Table 1

The search terms used during the systematic search of literature.

Population (title search)	Issue (title search)	Context (title search)	Location (full text search)
School*	“Mental health”	work	“United Kingdom”
Teacher*	“self harm”	Recogni*	UK
	“self injury”	Observ*	Brit*
	wellbeing	Experience*	Engl*
	“low mood”	Respon*	Scot*
	worry	Understand*	Ireland*
	Depress*	Promot*	Irish*
	anxi*	Attitude*	Wales
		Perception*	Welsh

2.3.2 Inclusion and exclusion criteria

The main inclusion and exclusion criteria are identified below within Table 2.

Table 2

Inclusion and exclusion criteria used when identifying relevant literature

Inclusion criteria	Exclusion criteria
Qualitative research including mixed methods studies where the qualitative data can be clearly identified.	Non-qualitative data including opinion articles, letters, editorials and systematic and non-systematic reviews.
Studies completed in the UK.	Studies in languages other than English and/or abstracts whose full papers could not be accessed.

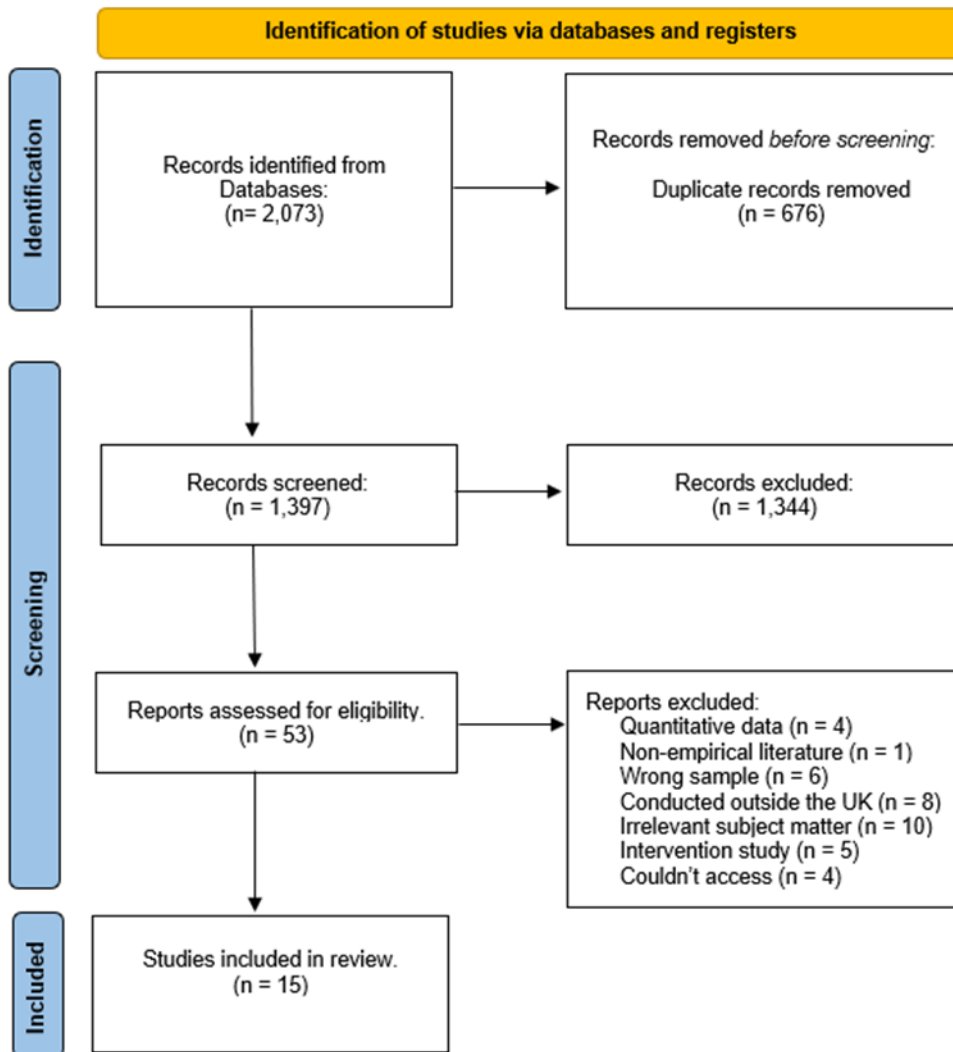
Research focusing on any area of mental health such as: wellbeing, anxiety, depression, self-harm etc.	Studies with samples made up of external professionals who work in schools.
Studies with samples made up of school staff working in primary or secondary schools.	Studies with samples of school staff from early years or post-16 settings.
Mixed sample studies where the findings can be clearly identified as coming from individuals or groups of the above populations.	

2.3.3 Systematic search and identification of studies

The systematic searches produced 2,073 studies of which 676 were identified as duplicates. Title and abstract screening for relevance was then conducted on the remaining 1,397 papers. Full text screening was conducted on the remaining 53 papers for eligibility. A research assistant independently conducted title and abstract and full text screening on 10% of included articles to ensure a consistent application of the research protocol. The lead researcher and research assistant were in agreement for all screening that took place and as such no amendments were made (see figure 1 for the PRISMA diagram associated with this).

Figure 1

A PRISMA flow diagram representing the search strategy.



2.3.4 Data synthesis

A qualitative synthesis was conducted in line with the steps identified by Thomas and Harden (2008). This analysis was completed using NVivo 14 software. Complete result sections were taken from each paper. Where there was a mixed sample or mixed methodology used only the qualitative and/or analysis clearly identified as being from school staff was taken. The first stage involved coding the findings in each article relevant to the identified research questions within this study. Codes were taken from both direct quotes by the participants provided in the findings and researchers explanations and summaries around these. Similar codes were then grouped into descriptive themes. The third stage of analysis identified by Thomas and Harden (2008) would be for these descriptive themes to be developed into analytical themes. The decision was taken, however, within this research to not conduct this third stage. Themes were kept in their descriptive form as a way to stay close to the original participant and researcher quotes without an additional layer of analysis and potential bias being overlaid upon this. This approach is consistent with the critical realist paradigm used throughout this research. The descriptive

themes created were judged by the lead researcher and secondary members of the research team to be a good representation of the data used and highlighted commonalities across papers which provided in-depth insight into the research question.

~~and developed into analytical themes and subthemes showing the relationship between data. This analysis was used so that commonalities across papers could identified and provide insight into the research question.~~

A reflexive approach to data analysis was used throughout the process. In which the lead researcher considered, acknowledged and reflected on their own biases and subjectiveness throughout the research. This was done through supervision with the secondary researchers and the use of a reflective log so that their assumptions and conclusions from the data could be examined and challenged.

2.4 Results

2.4.1 Description of included studies

Table 3, as below details the 15 studies which were included and analysed as part of this review.

Table 3

Characteristics of the included studies.

Study	Publication status	Sample size	Participant occupation	Study design	Analytic approach
Andrews, 2017.	Unpublished	3	Special education needs coordinators (SENCOs)	Semi-structured interviews	Thematic analysis (TA)
Angel, 2019.	Unpublished	3	Teaching assistants	Semi-structured interviews	Interpretative Phenomenology Analysis (IPA)
Bowes et al., 2023	Published	5	Pastoral staff	Semi-structured interviews	Narrative analysis
Bracewell, 2011.	Unpublished	20	Primary school staff: 10 teachers, 10 teaching assistants	Semi-structured interviews	TA
Dobbie, 2018.	Unpublished	6	School staff: 2 pastoral staff, 2 pastoral and academic staff and, 2 teachers.	Semi structured interviews	TA
Flint, 2017.	Unpublished	4	Pastoral leads	Semi-structured interviews	IPA

Forge, 2022.	Unpublished	8	Various secondary school staff including: pastoral and SEND staff, technicians, tutors, teachers and teaching assistants.	Focus groups and interviews	Grounded theory
Harrap, 2016.	Unpublished	8	Primary school teachers	Semi-structured interviews	TA
Harvest, 2018.	Unpublished	14	Various secondary school staff who took on pastoral, leadership or teaching roles.	Focus groups	TA
Hattersley, 2022.	Unpublished	4	Primary school teachers	Semi-structured interviews	IPA
Holt, 2019.	Unpublished	14	Primary school teachers	Unstructured interviews	TA
Lutton, 2021.	Unpublished	15	Secondary school teachers	Focus groups and structured interviews	TA
Savage, 2023.	Unpublished	12	Primary school teachers	Semi-structured interviews	Reflexive TA
Tonks, 2022.	Unpublished	5	Senior mental health leads in primary schools	Semi-structured interviews	IPA
West & Shirley, 2024.	Published	6	Primary school teachers	Semi-structured interviews	TA

2.4.2 Study characteristics

Thirteen of the papers used were unpublished. Of these 13 papers, 12 were produced as part of a professional doctorate in educational psychology (Andrews, 2017; Angel, 2019; Bracewell, 2011; Dobbie, 2018; Flint, 2017; Hattersley, 2022; Forge, 2022; Harrap, 2016; Harvest, 2018). Lutton (2021) was an unpublished paper completed as part of a doctorate of education in the school of social sciences, education and social work.

Please note a published copy of the Hatterlsey (2022) paper is available (Hatterlsey, 2023). In this study the unpublished paper was selected for analysis due to the greater depth presented

in the findings. The other two papers used for analysis (Bowes et al., 2023; West & Shirley, 2024) were both published in the journal: Pastoral Care in Education.

2.4.3 Methods of data collection

The majority of studies (n= 73.3%) included in this review collected their qualitative data through semi-structured individual interviews (West & Shirley, 2024; Tonks, 2022; Savage, 2023; Hattersley, 2022; Harrap, 2016; Flint, 2017; Dobbie, 2018; Bracewell, 2011; Bowes et al., 2023; Angel, 2019; Andrews; 2017). Harvest (2018) used solely focus groups with Forge (2022) and Lutton (2021) using focus groups supplemented by individual interviews to gather their data. The remaining study (Holt, 2019) used unstructured interviews consistent with their aim to explore participants 'subjective phenomena'.

Three of the papers used a mixed methods approach to data collection (Bracewell, 2011; Forge, 2022; Harrap, 2016). Only the qualitative data was taken for analysis within this paper.

2.4.4 Data analysis

The majority of included studies (n= 60%) used a thematic analysis (TA) approach to analysing their data (Andrews, 2017; Bracewell, 2011; Dobbie, 2018; Harrap, 2016; Harvest, 2018; Holt, 2019; Lutton, 2021; Savage, 2023; West & Shirley, 2024). Four further studies (n= 26.7%) used IPA to collect and analyse data (Angel, 2019; Flint, 2017; Hattersley, 2023; Tonks, 2022). Forge (2022) used grounded theory and Bowes et al. (2023) used a narrative analysis approach.

2.4.5 Quality appraisal

Fifteen papers were quality appraised using the critical appraisal checklist (CASP; Critical Appraisal Skills Programme, 2018) for qualitative studies. The CASP is a tool used to assess the quality of papers and has been shown to be a useful framework of reference for novel reviewers to adopt when exploring qualitative research (Messeter & Soni, 2018). Every paper reviewed passed the initial screening of the two first questions on the CASP related to providing clear aims and these being appropriate for a qualitative methodology. All papers selected for quality appraisal performed well with notable strengths across papers around the discussion of data collection and analysis. The papers also had a strong emphasis on implications for professionals and how the research could help locally and as such all proceeded to the analysis stage of the review. Notably, due to a high volume of the papers being doctoral theses, they performed very well during appraisal, in part due to their length, as well as depth of discussion, which provided ample explanation and reflection which satisfied a high number of the quality assurance questions. A large proportion of the papers used were completed by students as part

of their educational psychology doctorate and as such had a clear focus on implications which was used to guide the research creation and completion. More information on the areas where papers provided unclear or limited information is discussed in the discussion section of this paper.

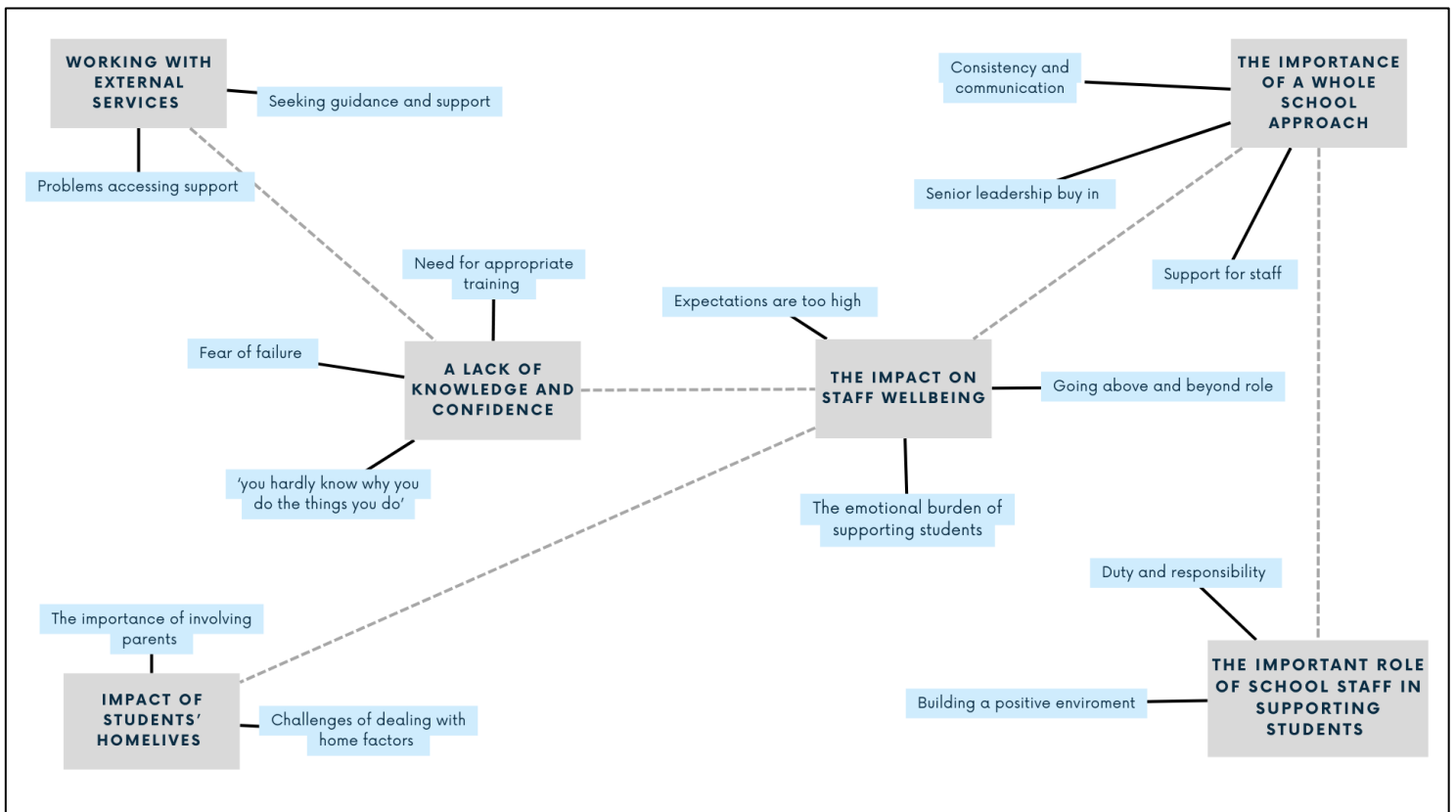
The same research assistant, as used previously, independently reviewed two (roughly 13%) of these papers using the same checklist to ensure it was applied consistently. No discrepancies in the quality assurance of the two papers were raised between the lead researcher and research assistant and as such no amendments were made.

2.4.6 Identified themes

Analysis of the 15 papers created six themes: (1) the important role of school staff, (2) a lack of knowledge and confidence, (3) working with external services, (4) the impact of student’s homelives, (5) the impact on staff wellbeing, and, (5) the importance of a whole school approach. Subthemes within each theme were identified and are shown in figure 2. Dashed lines between themes denote a relationship between the two.

Figure 2

A thematic map showing the themes, subthemes and the relationships between them.



2.4.7 Discussion of themes

2.4.7.1 Theme 1: The important role of school staff in supporting students

The unique role school staff can play in supporting students' mental health was a theme created from 13 of the papers analysed. Subthemes included within this related to the work currently being done by school staff. These subthemes explored school staff's thoughts around the support they offer to students, and how they viewed this as both an integral part of their role and something which they had a responsibility to provide.

2.4.7.1.1 Subtheme: Building a positive environment

School staff notably referenced that they viewed an important part of their role to be building a positive environment within school that felt like a "safe space" (Participant: 'Sam'; Hattersley, 2022). Participants discussed that this was an environment in which students could open up about how they were feeling and discuss it with their teachers and peers. Participants reflected that in providing this it allowed them to build relationships with the students which was viewed as "paramount" (Participant: 'P'; Holt, 2019) as it allowed staff to more effectively intervene at an early stage of difficulty. School staff further cited that this environment and relationships allowed for conversations that helped to de-stigmatise and normalise mental health difficulties. This was viewed as helping students as it developed their understanding that most people will experience periods of positive and negative mental health. Participants cited this as an important aspect of support for students, with one researcher summarising that:

"the wide yet poorly defined use of mental health language in society creates vulnerability, as children are exposed to these narratives (and) yet do not fully understand them. This leads children to believe they must have a mental health problem, as it is so widespread it has become 'normalised'" (Researcher quote, Hattersley, 2022)

School staff viewed themselves in a position to challenge these narratives and provide a safe space for students to discuss these concerns with them so they could develop a more in depth understanding of what mental health is and what periods of difficulty may look and feel like.

2.4.7.1.2 Subtheme: Duty and responsibility

A further aspect school staff reflected on was their sense of having a duty and responsibility as part of their role to support students. While participants reflected that this was not necessarily part of their “job description” (Participant: ‘6’; Bracewell, 2011) they very much viewed it as being part of their holistic responsibility to support the “whole wellbeing of the children” (Participant: ‘6’; Bracewell, 2011). Further participants supported this notion explaining that due to their close proximity and availability to students they felt they were well placed to support mental health difficulties. One researcher summarised the thoughts of their participant around this, explaining:

“it was thought that teachers were well-placed to lead on mental health initiatives ‘I think teacher-led will be more beneficial’” (Researcher quote and Participant: ‘Micheal’; West & Shirley, 2023)

2.4.7.2 Theme 2: A lack of knowledge and confidence

A further theme created out of findings from all 15 of the papers sampled was school staff’s perceived lack of knowledge and confidence in identifying and supporting students’ mental health difficulties. Participants cited the emotional impact of this uncertainty and advocated for their need to access training attuned to their needs. This training was deemed a vital aspect in order to increase the support staff were able to offer to students as, they explained, without this they were relying on their personal experiences and instincts to provide support and guidance.

2.4.7.2.1 Subtheme: Need for appropriate training

Participants referenced their desire for training to increase their knowledge, confidence and competency in working with students with mental health difficulties (Forge, 2022; Lutton, 2021; Tonks, 2022; Holt, 2019; Bracewell, 2011). This training was seen as a way to facilitate good practice and help participants to feel “more secure” (Olivia, Lutton, 2021) in their decision making. The main difficulties in accessing this were described as a lack of opportunities to do so (Hattersley, 2021; Lutton, 2021; West & Shirley, 2024), as well as attending training where the content did not feel appropriate or was difficult to apply in practice:

“You don’t think ‘oh I did that training course and I must be really careful and look out for signs of sitting with your head down or you know fiddling your hands in your lap like I am at the moment’. Because life just doesn’t present things in the same way” (Participant: ‘Interventions teacher’; Dobbie, 2018)

Participants further discussed the importance of training being attended by multiple members of staff or across the whole school so practice could be applied consistently and discussed and reflected upon (Forge, 2022; Holt, 2019).

2.4.7.2.2 Subtheme: ‘you hardly know why, you do the things you do’

School staff discussed that in the absence of being able to access appropriate training they were left supporting students based on the limited knowledge they had. Participants noted that this knowledge was in part made up of their personal experiences of mental health difficulties which they used to help guide their recognition and support for students:

“I have friends that have (mental health issues) and, you know, there are certain behaviours that you could...you can spot perhaps in somebody and think, ‘well that’s similar to that’, ‘could that be connected?’ or ‘could that be an issue?’” (Participant: ‘Participant 1’; Harrap, 2016)

Researchers summarised that a further element, cited by participants, as part of their practice was being guided by their “gut instincts” (Author quote, Dobbie, 2018) and “intuition” (Author quote, West & Shirley, 2024). Participants had negative conceptualisations of this and described it as something to be “wary” of (Participant quote: ‘SENDCo’; Dobie, 2018) as it differed between individuals and was not derived from formal training.

2.4.7.2.3 Subtheme: Fear of failure

This perceived lack of knowledge and lack of access to training was reflected by participants as having a notable impact on their own emotional wellbeing. School staff explained that they felt “vulnerable” (Participant quote: ‘Co-researcher 2’; Andrews, 2017) and “worried” that they would say “the wrong thing” (Participant: ‘Katie’; Flint, 2017). Participants believed that this would, in some way, make the situation worse which led to escalating feelings that they would be to blame for what happened to the student:

“It was the first panic moment I’ve really had in my teaching...I thought ‘This is all going to be my fault’” (Participant: ‘Brogan’; Lutton, 2021)

These negative feelings led school staff to feel helpless in the face of what they reflected felt like an “alarmingly high” (Participant: ‘Clara’; Forge, 2022) number of students struggling with their mental health. Participants explained that due to this they felt “useless” (Participant: ‘Chris’; Bowes, 2022) with a researcher summarising that school staff:

“clearly felt overwhelmed by the needs of the children at times” (Researcher quote, West & Shirley, 2024)

2.4.7.3 Theme 3: Working with external services

Discussion of the experience of working with mental health services external to the school was something which was reported in 13 of the papers sampled. Participants reflected on the reasons in which they sought these services, what the result of this was and their perceived barriers and facilitators of accessing and using the guidance.

2.4.7.3.1 Subtheme: Seeking guidance and support

School staff reflected that they sought the support of external services as a tool to help them support their students. Participants explained that in seeking these services, they were able to learn good practice from the professionals who worked with them and gain experience in how to meet the needs of the students (Flint, 2017; West & Shirley, 2024). School staff cited that in many cases they perceived the professionals as providing the “correct answer” (researcher quote, Dobbie, 2018) as they were believed to be “better equipped” (Participant: ‘participant 3’; Bracewell, 2011) in supporting the students. One participant reflected that:

“If they are being supported by outside agents? Well, that's, that's better. In my opinion” (Participant: ‘Eliza’; Forge, 2022)

The viewpoint that external agencies in some way provided better support than what could be done in school undermined the work that some of the participants were providing, with them viewing their work as in some way lesser to that which could be delivered by external agencies.

2.4.7.3.2 Subtheme: Problems accessing support

While external support was something participants sought, they raised a number of difficulties in accessing this. Importantly school staff explained that while they wanted support from professionals, the advice given was often “deemed unrealistic in the face of other teaching demands” (Researcher quote; Savage, 2023) and not attuned to meet the needs and resources of the school. In addition to this school staff further explained that they found referral systems to these services “confusing” and “very long-winded” (Participant: ‘Amber’; Savage, 2023). Participants also cited being frustrated at the lack of availability and communication for themselves, parents and students (Andrews, 2017; Flint, 2017; Lutton, 2021; Tonks, 2022). Most notably participants expressed their concern that, in the face of often long waitlists, they were left “to manage alone with, as Carlina described, an “escalating situation” (Researcher quote and participant: ‘Carlina’; Savage, 2023) that they felt under-equipped to take on.

2.4.7.4 Theme 4: The impact of students' home lives

The impact that student's homelives had on their mental wellbeing, resilience and ability to engage meaningfully in school was something which participants discussed in 12 of the 15 papers reviewed. Participants reflected that the environment from which the students came and the parenting they accessed had a significant impact on the support staff felt able to offer and their perceived success of how this had gone.

2.4.7.4.1 Subtheme: The challenges of dealing with home factors

Within this theme the participants notably discussed the challenges they faced when dealing with students who lived with adversity in the home environment. Many participants highlighted the impact of working in schools situated within communities of low-socioeconomic status (Dobbie, 2018; Hattersley 2023; Forge, 2017) and the ramifications this had for students. Notably that participants perceived that they saw many more cases where students encountered abuse and/or significant deprivation (Angel, 2019; Bowes et al., 2023; Flint, 2017; Savage, 2023). Participants explained that under these circumstances, understandably many parents had their own mental health concerns which could lead students to "mirror behaviours seen at home" (Participant: 'Kate'; Hattersley, 2023). This led staff to feel they were dealing with an "incredible lot more" (Researcher quote; Forge, 2022) instances of poor student mental health within complex and often, staff perceived, 'helpless' situations.

2.4.7.4.2 Subtheme: The importance of involving parents

School staff felt that an important aspect of support being offered to students was that parents had an active involvement in this to ensure messages could be applied consistently between home and school. One participant reflected on this, explaining that in cases where this had not happened the work completed in school could be undermined within the home, stating that:

"So whatever we do here, unless that is directly mirrored by the parent and they buy into whatever it is that is being suggested, a lot whatever you do can be undone.....it relies upon a partnership between school and parents." (Participant: 'SENDCo'; Dobbie, 2018)

While participants viewed parental involvement as crucial in supporting students, they raised that there were a number of difficulties in ensuring this could happen. Difficulties cited included: parents' stigma around mental health (Flint, 2017; Holt, 2019) and difficulties in creating and maintaining effective communication with parents (Flint, 2017; Hattersley, 2022; Holt, 2019; Savage, 2023). School staff cited that these difficulties were most successfully ameliorated when a relationship was developed between themselves and the parent (Andrews,

2017; Bracewell, 2011; Holt, 2019). This relationship was cited as being helpful in allowing parents to open up about their difficulties and openly share their concerns. One researcher summarised the views of the participants around this explaining that:

“Relationships with parents were sought with a view to getting to know the child better or to work as “a team with the child in the centre” (Researcher quote; Holt, 2019)

2.4.7.5 Theme 5: The impact on staff wellbeing

The impact that supporting students had on school staff’s wellbeing was a theme present in 14 of the 15 papers analysed. It related to a number of subthemes exploring the high level of expectations around work, the emotional impact of supporting students in challenging situations and the expectation for staff members to go above and beyond their role to meet need. This theme was prominent within analysis with participants reflecting that when they were struggling with their own wellbeing this impeded their ability to provide support for students in a downward spiral trend where pupil’s mental health deteriorated due to this which in turn left staff members feeling worse and so on.

2.4.7.5.1 Subtheme: Expectations are too high

School staff notably referenced that an important factor impacting their wellbeing was the expectations placed around them in regard to what they should be doing as part of their role (Andrews, 2017; Bracewell, 2011; Dobbie, 2018; Hattersley, 2022; Holt, 2019; Savage, 2023; Tonks, 2022; West & Shirley, 2024). Participants explained that this was, in part, associated with the high level of workload they were expected to complete. One participant reflected on this explaining that them and their colleagues would regularly “sit there working till 9:00 or 10:00 at night” (Participant: ‘Hazel’; Savage, 2023) to get the work completed. School staff reflected that in addition to this they also felt that there was still a “taboo” (Participant: ‘Tom’; Hattersley, 2022) and “stigma” (Participant: ‘Gemma’; Tonks, 2022) around staff’s own mental health difficulties which they felt they were expected to suppress so that they could remain present for their students.

2.4.7.5.2 Subtheme: going above and beyond role

Participants explained that in addition to the high workload placed on them within school they also felt as part of their role they were expected to take on additional responsibilities to meet student’s needs. School staff explained that in recent years they have felt that both students and the student’s parents expect them to take on a parenting role, with one researcher summarising that a participating school felt “burdened by a responsibility to help parent (children and young people)” (Researcher quote; Harvest, 2018). In addition to this, participants

further cited concerns around the expectation to fulfil specialist mental health roles in the wake of a struggle to access services, with one member of staff explaining:

“we’ve gotta act as teachers, social workers, psychologists, counsellors because the cuts are just being made” (Participant quote: ‘Participant C’, Harvest, 2018)

This burden to take on extra roles was viewed by participants as having a significant impact on their wellbeing as it not only added additional responsibility to their workload but was requiring them to take on roles that they had limited experience and expertise in.

2.4.7.5.3 Subtheme: The emotional burden of supporting students

A further concern for participants was the extent of the behaviour from students that they can experience. One participant reflected on this, explaining that student’s behaviour “can get physical too. I’ve been punched, head-butted, spat at, bitten, (and) kicked” referencing that when this has happened it had a significant impact on their wellbeing as it was “extremely stressful’ (Participant: ‘Dianne’; Bowes, 2022). This was a view shared by a further participant who reflected that they “don’t get frightened easily, but . . . I remember shaking, I remember shaking” (Participant: ‘Gail’; Bowes, 2022) demonstrating the profound effect students in crisis can have on staff members ability to fulfil their role.

2.4.7.6 Theme 6: The importance of a whole school approach

A theme that was evident in all of the papers sampled was school staff’s emphasis on the importance of working as a team within the school to support each other and the students. This theme was made up of subthemes related to consistency of practice and communication about students, the support provided by colleagues and the importance of support from the senior leadership team (SLT).

2.4.7.6.1 Subtheme: consistency and communication

School staff discussed the important role that working effectively as a whole school team had on their work with students. Participants reflected that effective communication about student’s needs was vital in providing effective support so that they were aware of the student’s difficulties and did not “trigger” them to become “more upset” (Participant: ‘Helen’; West & Shirley, 2024). School staff explained that something which enabled good communication was thorough online records which could be accessed by staff so that “patterns” (Participant: ‘Jenny’; West & Shirley, 2024) could be identified in the students’ behaviour allowing for more responsive support. Participants additionally reflected that working towards a clear vision and/or goal as a staff team aided in consistency of practice as there was clear guidance around

support that could be offered to students. One participant reflected that this consistency and team working was vital in providing support to students as:

“No matter how committed a professional you are you need to be in an environment where it is a team effort; where it is a big thing; where everybody is believing in it and investing in it” (Participant: ‘M’; Holt, 2019).

2.4.7.6.2 Subtheme: Support for staff

A further aspect that school staff reflected on as important in meeting student’s needs was that there was appropriate support for their own practice. Many participants reflected that their colleagues were an important aspect of this explaining that they were able to seek them out for guidance and advice on how to help students. One researcher summarised the thoughts of their participants explaining that:

“Findings illuminate the value placed on the sharing of experiences and using teaching colleagues as ‘...a reflective mirror for their work”” (Researcher quote; Lutton, 2021)

In addition to this practical support that was offered from colleagues, school staff further cited the important role they played in providing emotional support when dealing with challenging situations. One researcher summarised their findings on this citing that:

“Every member of school staff from both schools spoke about the importance of secure, trusting, and mutually beneficial relationships with colleagues in managing SEMH issues” (Researcher quote; Harvest, 2018).

This support was discussed as being vital for school staff as it provided a strong base for participants to discuss difficulties they were experiencing, gain emotional support in dealing with this and access guidance on how to address issues. This was an important aspect raised by many participants, with one describing that in the absence of this support they became a “shell of (themselves)” (Participant: ‘Steve’; Bowes, 2022) as they were unable to seek out support from team members and as such felt isolated in dealing with issues.

2.4.7.6.3 Subtheme: Senior leadership buy in

A notable topic that was raised by participants when discussing a whole school approach to addressing student’s mental health difficulties was the importance of SLT support. This support was discussed as consisting of both practical and emotional means. Notably an aspect of this was around funding and how school staff viewed it as vital for senior leaders in school to “put their money where their mouth is” (Participant: ‘Co-researcher 1’; Andrews, 2017). Participants explained that this was important to ensure that there were adequate resources for staff to

access to be able to provide the support leaders were advocating and encouraging. In addition to this school staff also cited that it was important for senior leadership to provide an emotional level of support for them when they were implementing help for students. This was discussed in terms of supporting their wellbeing in that senior leadership were in a unique position to be able to make actionable change around things such as “workload and expectations” (Participant: ‘Emma’; Tonks, 2022). Participants further cited that having the support of someone with authority and clout within the school improved their confidence in their practice with one member of staff sharing that it felt powerful to have a manager express that “I trust that you (pause) kind of are doing what you need to do” (Participant: ‘Katie’; Flint, 2017).

2.5 Discussion

Fifteen papers using qualitative methods to gain insight into school staff’s experiences with recognising, working alongside and supporting pupil’s mental health were used for secondary analysis to explore key themes. Six themes were identified from analysis that centred around (1) the important role of school staff, (2) staff’s perceived lack of knowledge and confidence, (3) their experience of working with external services, (4) the impact of student’s homelives, (5) the impact that this has on staff wellbeing and, (6) a whole school approach. As identified within the results these themes and subthemes were consistently represented within many of the papers sampled. Despite a variation in participant roles, settings, and year in which data was collected participants’ experiences of working alongside and supporting students’ mental health showed a high level of consistency. Demonstrating that the themes created reflect important and ongoing issues that school staff face in relation to their environment, practice, and relationship with external services.

These themes suggested that while school staff perceive themselves as playing an important role in supporting students, particularly in regard to early intervention and ongoing support, they face a number of barriers in providing this. Notably school staff explained that while they felt they could identify when a pupil was experiencing a mental health difficulty, they had a lack of knowledge and confidence in how to address and support this over time. The participants explained that this was further complicated by their relationships with external services. While external services were cited as valuable sources of information and support, they were also appraised as being difficult to access and not meeting the needs of staff, pupils or parents. School staff further discussed the impact that student’s homelives, specifically their parents, had on support, in that if strategies for support were not applied consistently across settings, they were less effective. These barriers to support had a significant impact on participants who explained that when their own wellbeing was low this impacted their ability to be present and

supportive for pupils. School staff cited a whole school approach, specifically support from senior leadership and consistent communication as facilitators to supporting students.

2.5.1 Implications for professionals

A prominent concern raised by participants across papers sampled, was a lack of knowledge and confidence in their ability to support students with their mental health over time. This concern led many participants to reflect that they were using a piecemeal approach to addressing these difficulties that relied upon personal experience and/or aspects of training they had attended. Addressing this and skilling up school staff should be a priority for professionals due to the relationships school staff have with students and the opportunity to support difficulties at an early stage as well as over time. While training should be an important aspect of this, it is important to recognise that school staff across papers raised a number of difficulties with this. Notably, school staff cited the importance of whole school or multi-professional training, appropriate content and more frequent opportunities to attend for more effective implementation. It will be important for professionals such as educational psychologists (EPs), to consider this and look for opportunities to co-construct training with school professionals so that they can be full partners in this process and access appropriate and considered materials. It will be important when providing training that there is a strong link made between theory and practice so that advice feels applicable and appropriate for the setting.

A further important implication for professionals to consider is the impact of staff wellbeing on their capacity to support students. Concerns around staff wellbeing and the impact this has on support with students is well documented in current literature that acknowledges that ‘teacher burnout’, poor mental health and rising stress are significant and increasing issues within education (Pressley, 2021; Kidger et al., 2016; Brady & Wilson, 2021). This is of particular concern following the COVID-19 lockdowns and the unprecedented stressors this caused (García-Álvarez, 2021). As such it is an important theme to have been created from the papers sampled and suggests that it is a vital area to be addressed. Preliminary research suggests that staff wellbeing is principally something which can be addressed in school through prioritisation of resources, supportive staff relationships, improved school climate and increased opportunities for staff emotional wellbeing (Lester et al., 2020). Importantly a number of these factors such as, staff relationships and senior leadership buy in, were raised by participants as facilitators to their practice in this study. EPs, in particular, could support with this at a whole school level through application of psychological theory such as Fredrickson’s (2001) broaden and build model in which positive emotions and thinking are built upon to increase personal resources which can be drawn from. Importantly any support provided by external services,

such as EPs, should be done in collaboration with school staff to ensure that this is appropriate and attuned to their needs and the individual difficulties they are facing.

Work with external services was raised as a difficulty by participants, in the papers sampled, in that accessing support and applying recommendations was often challenging. It will be important that professionals are mindful of this and move towards a collaborative approach to problem solving that includes school staff as full partners in assessing what is applicable and doable within the setting. Research suggests that a consultation model is effective in achieving this particularly when practitioners are able to demonstrate empathy, active listening, reformulation and collaboration with parents and staff members (Nolan & Moreland, 2014). This will be important for external agencies to consider as they continue to work with schools to ensure that while best practice is promoted this is done in a way that includes school staff and their views.

In future research it will be important to consider the implications of the 2017, government green paper entitled 'Transforming children and young people's mental health provision' (Department of Health & Department for Education, 2017). Specifically, the implementation of mental health support teams (MHST) and mental health leads (MHLs) within schools. These policies were created to address a number of concerns, some of which were, importantly, raised by participants such as providing access to evidence-based knowledge, promoting whole school approaches and providing support to parents. It will be important to consider what impact these may have had on school staff's experiences of supporting pupil's mental health specifically what their experience of working with their MHL has been and how this has affected whole school working.

2.5.2 Strengths and limitations

While traditionally qualitative synthesis would rely upon seeking papers that have been peer reviewed and published to ensure that they are of good quality, this review heavily relied upon unpublished literature. While grey literature has, at times, been considered lesser due to its unclear peer-review status (Benzies, 2006) the results of completing the CASP (Critical Appraisal Skills Programme, 2018) to review the papers, demonstrated that the research used in this review was of high quality. The unpublished research within this review was made up of theses completed as part of educational or psychology doctorates and as such were not under the same stringent work counts as those imposed by academic journals. This meant that the accounts of completing the research provided a significantly more detailed overview and reflection of the research process. This meant that when applying a quality appraisal criterion there was more information to base decisions off as to whether it satisfied criteria or not. Due to

this, the unpublished work overwhelmingly performed well on the quality appraisal perhaps suggesting that it's lack of published status is less to do with its quality and more of a representation of a difficulty in the publication process. Research suggests that for educational psychology trainees to publish their research they must (1) collaborate with other academics, (2) have a passion/curiosity for their topic, and (3) have a good level of research and time management skills (Mayrath, 2008) perhaps suggesting that at some point during training one or more of these attributes are compromised.

A limitation however of these unpublished articles was around recruitment and relationship to participants and how this was addressed by the researcher. A number of studies who used TA to analyse their data had very small samples (Andrews, 2017; Dobbie, 2018; Harrap, 2016; West & Shirley, 2024) of less than 10 participants. While sample size for qualitative methods is contested within the literature and is thought to depend on context, sample homogeneity and research aims (Braun & Clarke, 2019) samples of 6-10 participants are defined as small scale (Clarke & Braun, 2013). This means that some thoughts, ideas and experiences may have been missed from the sample population. It is important to note that Forge (2022) also had a small sample of eight participants using grounded theory to analyse focus groups and interviews. While similarly to TA it is contested as to how many participants should be used for this approach Thomson (2010) suggests this should be around 30 participants.

A further concern with many of the papers selected were the sampling methods used to recruit participants. As most of the lead researchers were completing professional doctorates many recruited participants through the local authority in which they worked as part of their placement. Within qualitative research it is noted that where the researcher holds an 'insider' role or is known to participants that it can impact power dynamics and the vulnerability of both researcher and participant (Råheim et al., 2016). This means that without adequate reflection around this it is unknown what impact this may have had on findings. While some papers addressed this (Andrews, 2017; Angel, 2019; Bowes et al., 2023) and explained how they ameliorated any potential effects of having participants who were familiar with them, a number of papers did not (Bracewell, 2011; Dobbie, 2018; Forge, 2022; Harrap, 2016; Harvest, 2018; Savage, 2023) and as such the impact is unknown. While this sampling method can present an accessible and successful way to recruit participants it will be important that future research that employs these methods takes a reflexive approach to this where power imbalances and potential bias are fully explored.

2.5.3 Conclusion

In conclusion it is evident from this review that school staff's experiences of identifying, working alongside and supporting student's mental health is a complex and multi-faceted issue. The themes presented in this paper suggest a number of difficulties school staff face in supporting pupil's mental health such as: a lack of knowledge and confidence, difficulty with external services, the impact of pupil's homelives and staff member's own mental health. Positives were highlighted however in that school staff perceive themselves as having an important role within pupil's mental health and cited a whole school approach as a facilitator to this. Moving forward it will be important to consider, as discussed above, the impact of the 2017 government green paper and how MHSTs and MHLs specifically have affected school staff's work with students. It will also additionally be important to gather more data from school staff as to what support they believe they need in order to better facilitate support for students. While this paper identifies some of the barriers and facilitators to this it will be important to consider implications with participants themselves so they can be full partners in creation and implementation of support.

Chapter 3 A Path to Better Mental Health Provision in School: What are Mental Health Leads Experiences of Coming into Their Roles and How Can They be Best Supported in Delivering Support to Students?

3.1 Abstract

In 2017 the government green paper entitled 'Transforming children and young people's mental health provision' outlined new responsibilities for schools and colleges in relation to mental health. One of these responsibilities was for all settings to have a designated mental health lead (MHL) by 2025. Literature up to this point has sought to explore how mental health is supported in schools and gain a better understanding of school staff's awareness and thinking around this. This has shown that while professionals have a good level of knowledge and are sensitive to identifying mental health difficulties, they lack confidence in their abilities and knowledge of how to support this. The MHL role was created as a way to address some of these difficulties, however since their introduction, their experiences of doing this, specifically within secondary settings, has yet to be explored. In this study eight MHLs took part in semi-structured interviews to gain insight into their experiences of coming into role, delivering support to students and the various barriers and facilitators they have encountered. The MHLs were asked about their hopes for the future, the expansion of their roles, and what support they would require to aid with this. Analysis of these interviews produced five themes: (1) defining the role, (2) attributes of an MHL, (3) MHLs own wellbeing, (4) seeking information and support, and (5) promoting a whole school approach. Implications for professionals such as opportunities for supervision, training and further support are discussed alongside avenues for future research.

3.2 Introduction

The World Health Organisation (WHO) defines mental health as a total state of wellbeing that promotes resilience to stressors and allows people to learn, work and contribute to the community around them (WHO, 2004). The WHO recognises that having good mental health is an integral part of overall health and wellbeing and is not merely defined by an absence of mental disorder (WHO, 2004). While this definition has been criticised for not fully recognising

the role of individual differences, such as the context and nuance of the environment in which people live and work (Galderisi et al., 2015), it is an important recognition of the vital role mental health plays in wellbeing and the impact this has on quality of life.

The mental health and wellbeing of children and young people (CYP) is a significant and rising concern both globally and nationally. The WHO estimates that across the world around 10% of CYP experience a mental health disorder (WHO, 2020). Nationally this is estimated to be higher with around 18-22% of CYP experiencing a probable mental health disorder (in which respondents scored highly on a non-diagnostic behavioural measure) in England, with this rate rising from 1 in 9 CYP in 2017 to 1 in 6 in 2022 (Newlove-Delgado et al., 2022). The impact of the COVID-19 pandemic is thought to have complicated this picture. The effect of COVID-19, environmental factors, and pre-existing conditions or predispositions to mental health difficulties produces varying outcomes for CYP (Satariano & Roberts, 2022). CYP themselves report that the experience of COVID-19 had a significant and negative impact on them with 80% citing that their mental health was worse since the pandemic (Young Minds, 2020). This statistic is representative of a wider pattern of increased need with a reported 35% increase in referrals to the Child and Adolescent Mental Health Service since the pandemic (CAMHS; NHS digital, 2020).

Despite statistics demonstrating a clear and increasing need for support and guidance around mental health, there have been many difficulties in the commissioning, structuring and availability of CAMHS across the country. While the availability of these specialist services differs based on location the reported gap between CYP's increasing needs and the lack of specialist services is increasing. It is estimated that only 20% of CYP referred to CAMHS are being seen within the target waiting time of four weeks (Children's Commissioner, 2020). In response to this gap in services many CYP and their families are turning to schools to meet their needs and provide them with support. 60% of CYP thought to have a probable mental health disorder (in which respondents scored highly on a non-diagnostic behavioural measure) reported that they had 'regular support' from their education setting in relation to their mental health (NHS digital, 2020) demonstrating the increasing role school staff play in supporting CYP and their families.

Professionals within school are recognised within research and policy as vital agents of change to support CYPs mental health (Shute, 2012; Spratt et al., 2006) due to the time students spend in schools, and because health has intrinsic links to education in that it can promote a higher level of mental health literacy leading to earlier identification and help seeking behaviours (Amudhan et al., 2021). The Children's Commissioner (2021) supported this idea, recommending a broader system to support CYP's mental health, in which both voluntary

organisations and professionals in school are more heavily utilised alongside specialist services. Preliminary research suggests that this may be an effective use of resources as adults who have knowledge of mental health difficulties, sufficient for problem recognition, can play an important role in supporting CYP by accessing appropriate external support, and seeking out information on how to manage mental health difficulties (Thurston et al., 2015). This, however, relies on an assumption and expectation that school staff are in possession of knowledge about mental health difficulties and how to identify them and intervene in an evidence-based way for their students (Department of Health, 2011).

Results from a number of qualitative studies looking to gain insight into school staff's experiences of supporting CYP's mental health cited that this is complicated by a number of factors, notably a lack of confidence and knowledge, difficulties accessing external services and the impact staff wellbeing has on their capacity to support students (Hattersley, 2023; Bowes et al., 2023; West & Shirley, 2022). Importantly, school staff cited that while they were able to confidently identify when a student was experiencing a mental health difficulty, they were unsure of how to support this in an evidence-based way (Dobbie, 2018). This meant that they were relying on a piecemeal approach to supporting mental health that was based upon different training they had attended, their own experience of mental health, and relationship building with students (Harrap, 2016). School staff cited that support from their colleagues, a consistent whole school approach, and a 'knowledgeable other' within the school whom they could seek for guidance were all factors which facilitated their practice and helped them to feel more confident and competent in delivering this (Lutton, 2021).

In 2017 the government's green paper entitled 'Transforming children and young people's mental health provision' outlined new responsibilities for schools and colleges in relation to mental health (Department of Health & Department for Education, 2017). One of these responsibilities was for all settings to have a designated mental health lead (MHL) by 2025. The MHL role was designed as a way to support the work already being done in schools, and importantly, address many of the concerns cited by the research as referenced above. Early unpublished research, qualitatively exploring primary school MHL's experiences of coming into their role (Tonks, 2022), found that the role differed greatly between participants and was still being refined. Participants cited the impact of senior leadership teams, the COVID-19 pandemic, and their own personal wellbeing as barriers to effectively performing their role. The MHL's knowledge, passion, and links with the wider community and services were viewed as facilitators which aided in an effective whole school approach to addressing mental health. As of yet this topic is yet to be explored with MHLs working in secondary settings and so their experiences of coming into role and providing support are not yet known.

The initiatives listed within the green paper are currently considered to be in a 'pilot stage' and will remain so until 2025 (Department of Health & Department for Education, 2017). Due to this and the absence of research within secondary settings, it is important to explore MHL's experiences of coming into their role and what barriers and facilitators they have encountered in fulfilling this so that these can be addressed, and the role properly supported. A qualitative methodology was selected for the current study as a way to involve and understand the practitioners' experiences. Qualitative data importantly can provide sensitivity to the context in which the data is collected and insight into participant's views of ways to address concerns (Peters, 2010). The aim of this study was to gain insight into this as well as ascertain what goals and hopes MHLs had for the role moving forward and what support they would require within their schools and from external agencies.

3.3 Method

3.3.1 Ethics

This study received ethical approval from Southampton University's ethics committee (ERGO: 79978). All participants provided full informed consent and were reminded throughout the study that they could withdraw their data within two weeks of taking part in the interview. Participants were instructed that after the two weeks interviews would be transcribed and anonymised and as such could no longer be withdrawn. All participants were debriefed following the interview. While the questions asked were not intended to cause distress, participants were provided with follow up contacts of services who could support their mental health and that of their students if needed. Pseudonyms have been used throughout this research to protect participants anonymity. No significant ethical issues were recorded during data collection for this research.

3.3.2 Recruitment & participants

Participants were recruited through flyers sent out via emails and social media posts. Potential participants were identified by the lead researcher and a secondary researchers links through their roles as educational psychologists (EPs). Local mental health support teams (MHSTs) were also contacted through a secondary researcher's links and asked to disseminate a recruitment flyer to their contacts in schools. Facebook groups identified as consisting of MHLs were also contacted by the lead researcher and research flyers posted.

The flyer used advised potential participants that they must meet four sampling criteria. Participants had to (1) work with secondary age students, (2) take on a lead responsibility for supporting student's mental health, (3) coordinate with external services and, (4) work in the

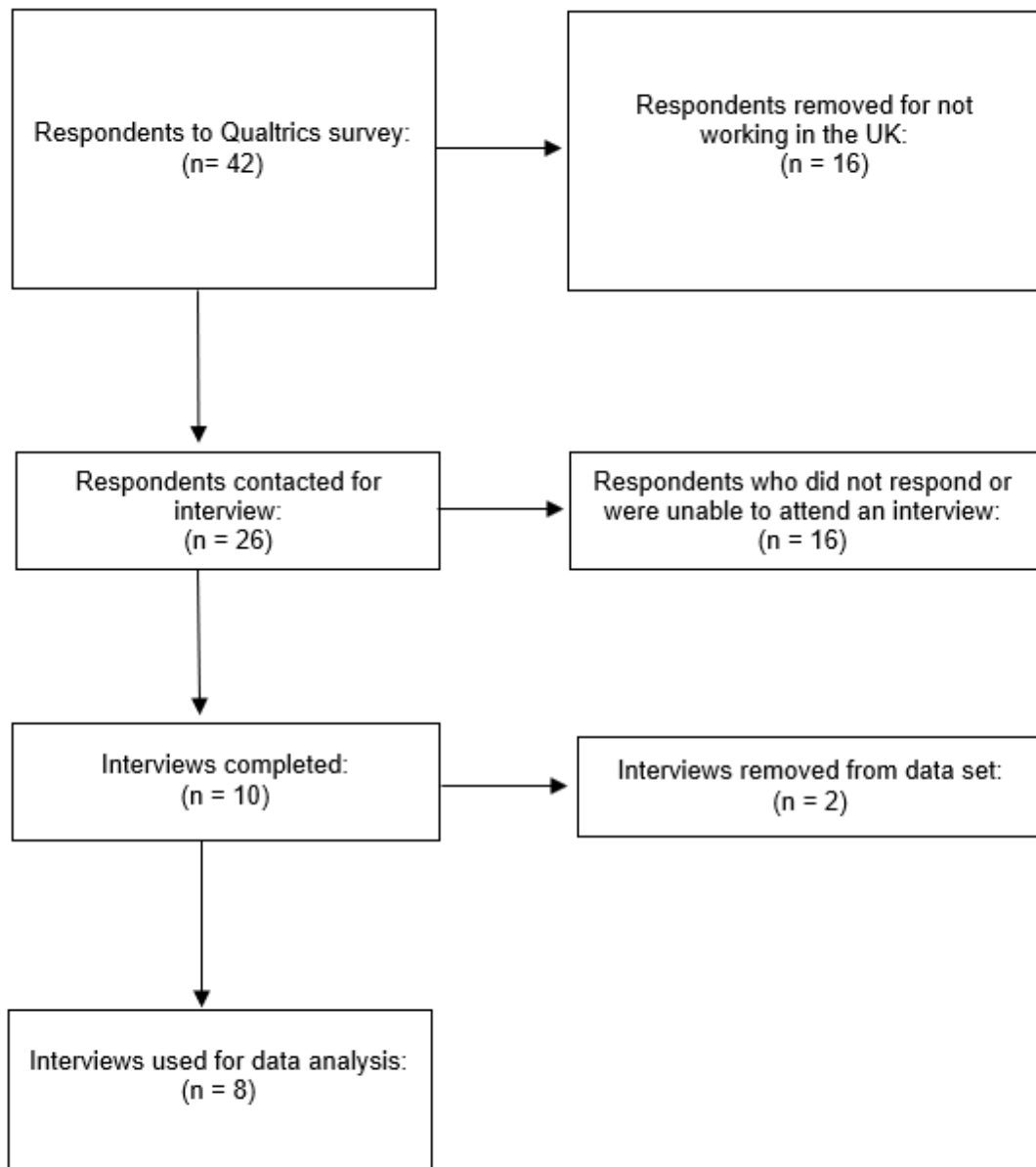
UK. As the role of the MHL is new and not designated within schools until 2025, participants were not required to have the title 'mental health lead' and could self-identify as this as long as they met sampling criteria. All participants recruited, however, did use this title alongside that of their other roles.

Participants were asked to register their interest in the study via a link to a Qualtrics questionnaire consisting of ten demographic questions. These questions included standard demographics (e.g., gender, ethnicity, age) and questions related to their role in school such as if they had qualified teacher status (QTS) or if they were a member of the senior leadership team (SLT). Participants provided their contact details and consent to be contacted by the lead researcher. In total 42 respondents registered their interest in taking part in the interview stage of the research. Of these participants, 26 satisfied sampling criteria and were contacted to take part in interviews. Of the 26 respondents contacted 10 participants took part in an interview.

Two participants were removed from the dataset. In review of the data collected from these participants, inconsistencies in their answers were identified that suggested they did not meet sampling criteria. Participants were informed of this following the interview and asked to provide a school email address to verify their role. Neither participant responded to this request and as such their data was removed prior to analysis. See figure 3 for a flow chart denoting this process.

Figure 3

A flowchart denoting the process of identifying and sampling participants to take part in interviews.



One participant was known to the lead researcher through their role as a trainee EP at a local authority. The lead researcher was the EP at the participant's school and had worked with them to support a number of children. This relationship was named by the researcher at the beginning of the interview. It was explained to the participant that the interview was being conducted by the researcher in an alternate role and as such information provided would not be shared or referenced during their role as an EP unless the participant explicitly asked them to. The participant was given time to discuss this with the researcher and raise any concerns or questions they had prior to the interview beginning. See table 4 for a description of the participants included within analysis.

Table 4*Characteristics of participants included within analysis*

Name	Age	Gender	Ethnicity	Type of school	Role	Length of time in role	Do they hold QTS?	Are they SLT?
Sam	39	Female	White	Independent	MHL & teacher	2 years	YES	NO
Jane	48	Female	White	State maintained	MHL & SENCo	2 years	YES	NO
Charlotte	53	Female	White	State maintained	MHL & teacher	2 years	YES	NO
Jess	46	Female	White	Faith School	MHL & designated safeguarding lead (DSL)	11 years	YES	YES
Lucy	54	Female	White	Special School	MHL, parent liaison and DSL	16 years	NO	YES
Ellie	45	Female	White	Academy	SEMH coordinator	5 years	NO	NO
Jo	40	Female	White	Academy	MHL & teacher	3 years	YES	NO
Callum	48	Male	White	Academy	MHL & teacher	2 years	YES	NO

Note. All names used are pseudonyms. Abbreviations used as follows: mental health lead (MHL); Special education needs coordinator (SENCo); designated safeguarding lead (DSL); social, emotional and mental health (SEMH); qualified teacher status (QTS); senior leadership team (SLT).

3.3.3 Procedure and analysis

All interviews were conducted online via Microsoft Teams by the lead researcher between November 2023 and March 2024. Interviews took between 30 and 60 minutes ($M = 45.75$, $SD = 8.53$). A topic guide was created around PATH (Planning Alternative Tomorrows with Hope) models used in person centred psychology (O'Brien et al., 2010) in that participants were asked about the context in which they were working, their 'dream' for the future and what steps they would need to take/what support they would need to achieve this. This topic guide was created iteratively between the lead researcher and secondary researchers in that questions were selected that best answered the research questions and central aims. The topic guide was not piloted before use with participants and was not changed following initial interviews.

All interviews were semi-structured, allowing for expansion by the researcher, in addition to pre-planned questions, to explore and clarify participants' meaning. All participants provided consent for their interviews to be video recorded to support with transcription. Participants were offered a £25 gift voucher upon completion of their interview.

Five interviews were transcribed by a research assistant and three were transcribed by the lead researcher. Data analysis followed the six stages of thematic analysis outlined by Braun and Clarke (2021). The lead researcher first familiarised themselves with the data collected by reading through the transcripts multiple times and noting down their initial ideas around important points evident in the interviews. NVivo software was then used to line by line code each transcript and organise these into themes and subthemes. An inductive approach was used during analysis meaning themes and subthemes were derived from the data collected. The analysis conducted was then reviewed by the lead researcher in collaboration with the secondary researchers and discussed to ensure themes and subthemes were substantial and good representations of the data collected. The final themes were then named and expressed as a thematic map.

3.3.4 Approach to research

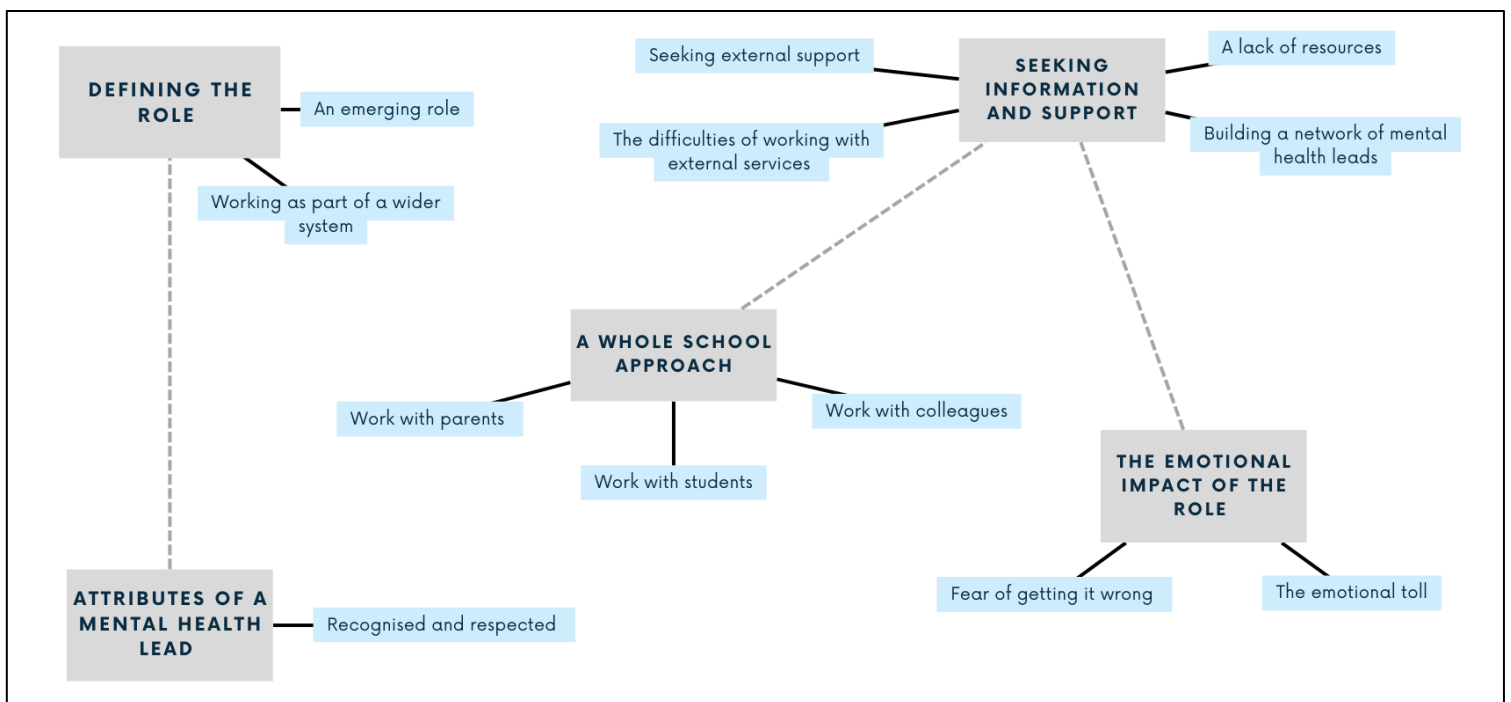
A critical realist paradigm was adopted throughout the research. Critical realism recognises that an objective reality exists independently of individuals and their perceptions of this. It does, however, recognise the reality perceived is greatly dependent on a person's sensory, cognitive, emotional, language and cultural processes (Lauzier-Jobin & Houle, 2021). Within this research this meant that the reality and role of MHLs could be defined and explored whilst acknowledging that participant's and the researcher's own perspectives and biases would influence interpretation of this. Throughout analysis the lead researcher took steps to recognise their potential biases and how this may impact their understanding. A reflexive approach to analysis was used to ensure it was completed in a transparent and replicable way. This involved the lead researcher keeping a reflective log and noting down initial ideas and interpretations to be discussed with the secondary researchers. These notes were discussed and challenged during these discussions to ensure code, subtheme and theme creation was derived from the data and a good representation of the accounts shared by participants.

3.4 Results

Analysis of the interviews created five themes: (1) defining the role, (2) attributes of a mental health lead, (3) seeking information and support, (4) the emotional impact of the role, and (5) a whole school approach. Subthemes within themes were identified and expressed as a thematic map as shown in Figure 4. Dashed lines between themes denote a relationship between the two.

Figure 4

A thematic map showing the themes and subthemes created from data analysis



3.4.1 Theme 1: defining the role

The first theme was derived from participants discussions around how the role was created within their school, what this looked like, and the wider systems of support this was situated in. All participants within the sample spent time in the interviews discussing their role and how it had evolved over time and as such are all included within this theme.

3.4.1.1 Subtheme: An emerging role

A notable theme within discussions around how the role of the MHL is defined and used within schools was the idea that this was emerging and in a process of being refined. Participants discussed how this process was ever “evolving” (Sam) and was often intrinsically linked to themselves as a practitioner. This sense of the role not having clearly defined boundaries was

paradoxical for some participants in that while they were allowed freedom to pursue areas they felt passionate about, it also created a sense of anxiety in that there was no one to 'check in with' or any way to measure their success. Callum summarised his thoughts on this explaining:

“It's actually really hard because (...) most people would (be) like, oh my god, it's perfect (...) you can do what you want and I can, but I have no guidance and so it's really tough when I don't know where to go and nobody (...) you know I'm the person people come to you for (but) who do I go to?” (Callum)

The unclear boundaries of the role were described by participants as being further blurred by the expectations of those around them. The participants noted that both colleagues and parents were often unclear on what the role of the MHL was and perceived that they were some type of “counsellor” or “therapist” (Sam). Lucy explained that this can create a sense of anxiety as it's difficult to understand the expectations of the role, summarising that:

“We all very much go, so what, what do we do? You know what else are we doing here? What's our role? What is it that's (...) expected of us?” (Lucy)

A further important aspect that was discussed in relation to this emerging role was around participants perceived power and influence in decision making. Callum reflected that as he was the one helping to create the role, he was the most knowledgeable on this and as such it was important for him to “figure out how this could be a leadership (...) position more formally” (Callum). This leadership role was important for Callum so that he could be included within decisions around the role and have a sense of autonomy over what he was expected to deliver.

3.4.1.2 Subtheme: working as part of a wider system

A further aspect participants reflected on when discussing how the role had been defined within their school was the wider system within which they worked and how this had influenced what work they completed. For some participants they described that there were multiple colleagues who had responsibilities around supporting students' mental health, with some settings employing private practitioners such as therapists or psychologists full-time within the school. Jo reflected on this explaining that in the last year her school had set up a: “a triage system around helping support students with their health and wellbeing” in which they “employed a mental health practitioner (and) two counsellors” (Jo) which meant that for her the role was predominantly one in which she was organising and coordinating the resources on offer. For participants who worked in schools where there was a smaller system of supporting roles, they discussed that a much larger element of their role was liaising with external services, building relationships with them, and facilitating co-working opportunities. Ellie described that in

starting her role she: “really wanted to work with other agencies and to build a relationship with them” so that she could access their support and ensure students could be seen.

3.4.2 Theme 2: Attributes of a mental health lead

A further theme discussed across all interviews was the participants reflections on the attributes, skills, and knowledge that they perceived were important aspects of the role. For many participants the role was achieved after many years of informally working to support students’ mental health. This was reflected in discussions where the MHLs recognised that they had a strong motivation and commitment to the role.

3.4.2.1 Subtheme: recognised and respected

A notable aspect within this theme was participant’s perceptions that they were recognised and respected by their colleagues. The MHLs explained that over time they had taken on a number of roles related to mental health and attended or led training related to this. Participants perceived that their colleagues recognised this and as such viewed them as a ‘knowledgeable other’ whom they could seek out for guidance and support. Charlotte reflected on this explaining that “when they said school needs to have a mental health lead (...) everybody including me, to be fair said, well, that makes sense, it's me” (Charlotte). Suggesting that for Charlotte and her colleagues her taking on the role was a natural extension and recognition of the role she was already performing. Lucy echoed these thoughts explaining: “when there's an issue, repairs, people always tend to come to me” (Lucy). Suggesting that for Lucy she is recognised within her school, by her colleagues, as someone who has specialist knowledge and will be able to ‘fix’ difficulties that they are experiencing.

3.4.3 Theme 3: Seeking information and support

The third theme created from analyses was around the information and support which was sought by the MHLs to assist them in their role. This theme was derived from codes created across all interviews conducted.

3.4.3.1 Subtheme: A lack of resources

A subtheme evident within discussions about seeking information and support was that this was often done within a context of a wider lack of resources. Many of the participants discussed principally a lack of time within their roles. The majority of the MHLs interviewed split their time between this and another role within the school with varying hours allocated between the two. This meant that participants reflected that they “never (had) free moments” (Callum) which

caused the job to feel “reactive” (Ellie) rather than something which allowed them the space to put in place proactive support. A further, complicating factor, referenced by participants was that in addition to this lack of time there was also a lack of funding with one participant explaining that “cost is a huge barrier” (Jane) in accessing services and resources needed for support. This was something that was discussed by both practitioners who had access to paid for, private services and those who did not. Those with access to these services discussed funding as something which was “invested” (Jess) into supporting students with Jess explaining that:

“As a school we've never, even when the budget has been tightened, (and) it has been on plenty of occasions! We've never dropped the counselling” (Jess)

This was juxtaposed with participants whose schools did not pay for these services who discussed funding as something which felt finite, reflecting that schools and the wider authorities wanted the role without properly allocating the resources needed. Charlotte discussed this concept reflecting that:

“obviously there's the DFE (department for education) funded training, which is good, but limited and then you kind of get left to manage it yourself” (Charlotte)

For Charlotte, while she recognised that the funding accessed is positive, there was not enough of it to adequately support her in her role.

3.4.3.2 Subtheme: Seeking external support

A further subtheme that was evident when discussing participants' experiences of seeking information and support was their experiences of sourcing this from external services. Participants discussed how the support they accessed was localised to where they were in the country, with many referencing local charities or community schemes that they worked with closely as part of their role. This was challenging for one participant in particular as she reflected that as she worked within an area of higher socioeconomic status, she believed that the school was “not going to be high on the priority list” (Jane) for accessing support. Jane believed that as she worked with “lower numbers of pupils who are disadvantaged” (Jane) there was less free support available for her to access. This created frustration for her as she found the system confusing to navigate. For example, discussing that during the first roll out of MHSTs she found it difficult to access information regarding whether her school would be eligible to access these practitioners or not describing that:

“there was a some kind of project scheme or something where in some areas you could (access mental health practitioners). I remember like contacting the NHS who

were running this and (saying) please, could we have some! because I think it was (...) through the NHS and (I spoke) to people who were doing the course (and) who were on placements saying how do we get somebody on placement?” (Jane)

This was something referenced by a number of other participants who explained that in order to maintain levels of support and access to services they were reliant on their own research on what was available and the networking and “schmoozing” (Lucy) they did to ensure that they were able to access what they needed.

3.4.3.3 Subtheme: The difficulties of working with external services

A further aspect participants reflected upon was the barriers they had in accessing and working with services. A lack of availability was cited as a major concern by participants describing that when referring to services they were often turned away as students fell into gaps between teams. One participant described that these grey areas were frustrating as “it's not MHST and it's not CAMHS so therefore it's school. So how does that work?” (Ellie). This suggests that the expectation for schools to support students was not one that felt achievable. Participants expanded on this experience discussing that when services could be accessed the support provided often felt ill-attuned to the needs of the students or there was a lack of consistency in their approach; in particular a high turnover of staff and limited offering of support were cited as difficulties. Jess in particular referenced this describing that CAMHS services:

“offer (...) mainly CBT (and) I would say that's not mainly what our students need” (Jess)

Callum supported this idea describing that when students were able to access external services they often did not “trust them as much” or “tell them the truth” as the support provided was not “consistent” (Callum). This suggests that while the support of external services is sought by MHLs the delivery of this is not always consistent with the needs of the service users.

3.4.3.4 Subtheme: Building a network of support

A notable aspect that many of the MHLs explored when discussing their experiences of seeking support was their desire to connect with others. Many of the participants reflected that a network of MHLs would be supportive so positive practice and reassurance could be shared. This reassurance was heavily linked to previous discussions around the role being largely undefined in that participants were seeking connection so that they could ascertain how and what the role looked like in other settings. Lucy discussed this during her interview explaining that:

“This is why I like meeting with other (MHLs) to talk about, ok, so what are you doing in your school? What is it that is expected of you? Like, what's the expectation? Because I want to make sure that I'm doing the right thing” (Lucy)

In addition to this reassurance the participants also cited these networks as a way to share positive practice and get insight into what is working well within other schools. Linked to the same idea of the role being in its infancy MHLs reflected that a chance to see “what are other settings doing?” (Jane) was a valuable opportunity to learn from one another.

3.4.4 Theme 4: MHL's own wellbeing

The fourth theme centred around the MHL's descriptions of the impact that the job had on them, specifically their wellbeing. Participants discussed this in terms of the emotional impact the job had on them, as well as the fear and apprehension they experienced in taking on a whole school responsibility.

3.4.4.1 Subtheme: The emotional impact of the role

An aspect within their wellbeing that the MHLs reflected on was the emotional impact that the role had. Specifically, within the work they completed as part of their role, participants reflected that this meant they were often subjected to accounts from others of upsetting situations. Sam in particular reflected upon this, explaining that in a recent situation she had found it:

“really harrowing hearing this young person talking about something that was really violent and awful that happened and I had, I felt like I didn't have anyone I could talk to about it” (Sam)

In this quote Sam explains the secondary impact that this experience had on her and how this was exacerbated by not being able to speak to anyone about her experience of this. Supervision was something that was referenced by participants as a helpful way to discuss events and address any negative impact this has had on their wellbeing. While specific forms of supervision were not discussed by participants, emotional reassurance and instructional guidance were referenced as important features. While Sam, as above, discussed supervision as a way to ‘offload’ about difficult situations, a further participant cited supervision as a helpful way to seek knowledge about the role. Lucy discussed that being able to “go to (...) certain people” was really “important” to her so that she was “clear” (Lucy) on how to approach issues.

3.4.4.2 Subtheme: fear of getting it wrong

A further aspect that was discussed as impacting on the MHL's wellbeing was a fear of not adequately fulfilling their role or getting something wrong. Jo reflected on this within her interview explaining that coming into role was an anxiety inducing process for her as she was working alongside roles that were more established and respected within the school who she was expected to now lead when discussing mental health issues. Jo explained that having this responsibility caused her to question if she would be able to take on the role adequately, summarising her experience within an early meeting as:

“quite daunting because you've got (...) all the (designated safeguarding leads) who are quite well established members of staff and then you've got the head in there and then you've got (...) the two counsellors and the mental health practitioner. And then I was chairing the site meeting. So that felt a little bit like what have I done like, are they going to listen to me and everything?” (Jo)

Jo's description of this meeting reflected a wider subtheme across participants of them feeling a sense of imposter syndrome around the role and their ability to lead other colleagues and professionals. This was fuelled by a lack of confidence in their ability and knowledge and awareness of what succeeding in the role may look like. This was strongly related to other subthemes within the research in the sense that the role is emerging and not yet well defined which meant many of the MHL's felt they had no way of measuring if they were successfully fulfilling their role. The participants reflected that these concerns were exacerbated by working alone as they were forced to rely upon their own judgement and did not have a network of support that they could use to help them feel confident in their decision making. This was something that Ellie reflected on in her interview explaining that:

“when you do a role on your own, that's quite frightening (...) that you haven't got anybody just to say you are doing the right thing or or maybe you're doing the wrong thing” (Ellie)

3.4.5 Theme 5: A whole school approach

The final theme created from analysis was centred around MHL's hopes for the future of their role and the areas in which they wanted to develop moving forward. These areas were centred around a consistent, whole school approach in relation to working with colleagues, parents and students, and was discussed in all interviews completed.

3.4.5.1 Subtheme: work with colleagues

A notable subtheme when the MHLs were discussing what work they would like to further develop within the role was their support of school staff's wellbeing. There was a large emphasis and acknowledgement during these discussions that school staff's mental health was something which was perceived to be declining. One participant talked about this explicitly explaining that:

“more and more we're getting adults who are getting burnout, who are experiencing the (...) massive burden of children with mental health difficulties” (Sam)

Sam explained that this was something she wanted to address within her role as there was an understanding from her, and the other MHLs, that if staff members were not in a good mental space, they would have limited capacity to meaningfully support students. This was something which Jo summarised in her interview reflecting that:

“obviously staff mental health is the key and looking after the staff (...) it filters down to the student” (Jo)

In addition to improving wellbeing, participants further cited their desire to train their colleagues to “increase everybody's capacity” (Jane). This was discussed as a way to increase staff members knowledge and confidence in addressing students' mental health difficulties so this could be supported in a consistent and informed way. Participants explained that in doing this, colleagues could then more confidently address student's mental health concerns in a proactive way which enabled them, as MHLs, to address more complex difficulties and liaise with external agencies.

3.4.5.2 Subtheme: work with parents

A further area that the MHLs discussed wanting to develop as part of their role was their work with parents. The MHLs recognised parents as important and vital partners when supporting a student with their mental health. Participants explained that when parents were not included in support, or in some way had a stigma or negative views around this, it was detrimental to the help given to the student. Ellie, in particular, reflected that it was important to her for parents to understand that “mental health is something that can be addressed at home” (Ellie) as it meant difficulties could first be supported within the family before being referred to school and services beyond that. Jo echoed these thoughts reflecting that an important aspect of involving parents was that it allowed a joined-up approach to support that meant school was not working in isolation to address student's difficulties. She reflected, when asked about the future of the role, that:

“I can see the role evolving (...) about involving parents a bit more in (...) mental health and wellbeing (...) because it is a community, isn't it? So it needs to be more of a community approach, not just school all the time” (Jo)

3.4.5.3 Subtheme: work with students

A final aspect which the MHLs discussed when asked about how they would like to further develop their role was their work with students. While participants identified that there was already a lot of support that was offered to students, they spoke about expansion of this related to psychoeducation and more involvement in decisions. In particular, Jess reflected that she would like to provide more education to students, explaining that she believed they relied heavily on social media to define their idea of what normal mental health looks like. When asked about how she would like to further support students, Jess summarised that:

“I think more upskilling with students around what is healthy and normal, like normal stresses, and what isn't, and more education around not diagnosing themselves on TikTok because we get that sort of stuff a lot!” (Jess)

For Jess it was important to address the media which students were interacting with as this often led to panic and an increased demand for support. Further participants expanded on this by describing that an important aspect of supporting students moving forward would be to involve them in decision making and allow for more co-working between them and teachers. When asked about areas for expansion Jo remarked that:

“I'd like to see students and teachers working together a bit more” (Jo)

Jo described that she believed this was important as it was a way to elicit student's views and ensure support is adequately meeting their needs as well as empowering them to be part of decision making around this.

3.5 Discussion

Eight MHLs were interviewed by the lead researcher to gain insight into their experiences of coming into their role and delivering support to students. The MHLs were asked about their hopes for the future, the expansion of their roles, barriers they had encountered and what support they would require to aid them in the future. Analysis of these interviews produced five themes. These themes centred around participants experiences of (1) defining an emerging role, (2) their perceived attributes, (3) seeking information and support, (4) the emotional impact of the role, and (5) promoting a whole school approach. These themes showed that the job of the MHL is still emerging and can often have blurred boundaries with a number of other roles.

Participant's reflections demonstrated that they are respected and sought out members of staff who are seen as knowledgeable others who can guide and support their colleagues.

Participants did however cite a number of difficulties in fulfilling their role. Principally, MHLs reflected a difficulty in accessing and utilising external support and a lack of resources within school to support with their role. Participants explained that these difficulties, alongside the day-to-day duties of the job, had an impact on their wellbeing and they wanted to access supervision and a network of MHLs to support them with this. The MHLs cited wanting to expand the support they were able to offer to parents and colleagues as they recognised that such partners were key agents of change who could support their own work with students.

Participants additionally cited wanting to expand their work with students specifically focusing on psychoeducation and normalisation of mental health difficulties.

The findings of this paper showed many consistencies with previous qualitative literature specifically that completed by Tonks (2022) which focused on the experiences of primary school MHLs. Notably, there was consistency between papers in that low levels of personal wellbeing were viewed as a barrier to performing the role whereas knowledge, links to services and a whole school approach were viewed as facilitators. This suggests commonalities in experience between different aged settings which is further supported by broader qualitative studies looking at experiences of school staff in general when supporting and working alongside students' mental health difficulties, specifically, the difficulties in working with external services which staff often reported as challenging to access, inconsistent and unattuned to their needs as a school (Flint, 2017; Lutton, 2021). This study however, provided further insight into future planning of MHLs and what areas they would like to focus on within their role. Importantly, further work to support colleagues and parents with their mental health was highlighted as well as incorporating student's voices and decisions throughout different levels of work.

The findings of this paper are additionally mirrored in a number of principles for mental health support proposed by the Department for Education (2023), in particular, principle (1) an environment that promotes respect, diversity and inclusion and, principle (2) supportive management, which reflects much of what was discussed by participants. Specifically, that which was referenced in regard to a whole school approach in that top-down support which can be provided consistently to students is perceived to work best. Further principles, (5) promoting students' voices and (8) increasing opportunities for work with parents additionally mirror that which was suggested by the MHLs as ways in which they would like to broaden and expand their practice. This demonstrates a consistency across practitioners in how the role should grow and develop over time.

An important understanding to be derived from the themes created was that in order to develop and expand the role MHLs cited wanting to work as part of a wider partnership and access support for their practice from a number of different sources. This understanding has many parallels with Bronfenbrenner's (2005) ecological systems theory in which it is suggested that a child's development is impacted from a range of different relationships. When considering mental health in particular this model would suggest that this is not an area which can only be supported through the help of one relationship and as such should be consistently and routinely supported across a number of people the child has interactions with. MHLs in schools would only occupy one aspect of this wider system and so, as referenced in the data collected, it will be important that future work is supported across a number of relationships the child has such as their parents, friends, teachers and specialist services.

3.5.1 Implications for professionals

An important theme to be created from analysis was MHL's reflections on the emerging nature of the role and how this is defined within their schools. The key reflections within this theme were that MHLs and those around them were often unclear on what their role should be and what responsibilities they should undertake. This led to the role being largely defined by the MHLs and their own knowledge as well as the wider team they work within. This theme linked strongly with the impact of the role on MHL's wellbeing as where there were unclear expectations it was difficult for the participants to ascertain how successfully they were doing their role. This meant that at times they felt unsure on how to assess the impact they were having and what support they should be offering. In order to protect the MHL role it will be important that clearer guidance around expectations and the resources needed to meet these is made available at a national level so that this can be applied consistently across schools. This would provide MHLs with a clearer role and a criterion in which they can measure their success and any potential difficulties that arise. It will be important that MHLs are full partners in this process so that they can share their views and reflections around aspects of the job that should be represented within this description.

A further area of concern communicated across multiple themes was MHL's difficulty in accessing appropriate knowledge and support for their students. This was most prominently discussed in regards to the grey areas that exist between services, difficulties in referring students for support, and a lack of consistency and awareness from services of school's needs. It will be important that this is an area in which services that work with MHL's address. As per the green paper guidance (Department of Health & Department of Education, 2017) MHSTs were created as a way to mitigate this difficulty, however they are not currently accessible for all schools and are specific to low-intensity practice. This means that while their support is valued

it should not and cannot address all needs and as such additional services should look to support this work. EPs are a natural conduit between these services and can play a vital role, alongside MHSTs, in taking the wider evidence base and ensuring this can be effectively utilised at a whole school and individual level. EPs can support this in a number of ways however their specific involvement in research, training, and, systemic work will be important avenues to explore. This support will play a significant role in MHL's continued support of students but also the ways they hoped to expand the role in providing guidance for parents and colleagues.

A further way EPs can support MHLs is by facilitating supervision and networking opportunities. Research suggests group supervision benefits attendees' wellbeing, practice and teamworking skills (Anderson & Hayes, 2023) and as such presents an opportunity to address some of the concerns shared by the MHL's in this study. A model for this has already been demonstrated whereby EPs train emotional literacy support assistants (ELSAs) and then provide ongoing supervision sessions within a local network of practitioners. This project has been deemed a significant success within local authorities that utilise it (Osborne et al., 2014; France et al., 2020; Atkin, 2019). ELSAs considered these opportunities for supervision to be a useful mechanism for discussing cases, problem solving and sharing ideas which allowed them to better support students (Osborne et al., 2014). Many local authorities also use a similar model to provide group supervision for special education needs coordinators (SENCOs) and headteachers which was cited in one study as helping professionals to feel less alone and supported within their roles (Von Spreckelsen, 2023). These projects demonstrate the impact that EPs can have in supporting school staff and sets a strong precedent for how this may be used with the MHLs moving forward. It will be important however, that in creation of this support MHLs are included in designing this so that their needs and aspirations can be addressed to ensure support is attuned to this.

3.5.2 Strengths and limitations

A notable strength of this research was the insight it provided into a group of professionals at present underrepresented in the literature. As identified, there is only one unpublished paper which explores this topic (Tonks, 2022) and was conducted with primary school MHLs. MHLs from secondary schools, as of yet, had not been the subject of research. As such, it was not known what their experiences of coming into role were, what support they were accessing and what help they would like from professionals moving forward. As the role of the MHL is considered in its 'pilot stage' until 2025, this research provides vital insight into the success of this and sheds light on potential barriers prohibiting work, as well as identifying opportunities for expansion in the future. A further strength that supports this was the variety of schools represented within the sample. Participants came from a variety of types of secondary schools

including: state maintained, academies, faith and specialist provision meaning that insight was gained into how the role differed between settings.

It is important to address however, that the sample size within this study is small. Braun and Clarke (2013) categorise qualitative projects that have between 6-10 participants as small scale. While 'ideal' numbers of participants for qualitative projects continue to be debated amongst researchers, it is likely due to the smaller sample size of this project that some thoughts, ideas and experiences of the sample population were missed and as such it will be important that continued research is undertaken to explore this further.

Recruitment of participants was challenging due to the day-to-day pressures participants faced and the limited time they had to engage in longer form data collection. As discussed above, a high number (n=42) of participants registered their interest to take part in the study however a significant amount did not meet sampling criteria due to working outside of the UK (n=16). A further proportion of the sample (n=16) were unable to take part in interviews as they did not respond to contact attempts. When considering the sample that was achieved, notably, a high number of participants who signed up to the study referenced, during their interview, having access to 'in house' services who supported their role (n= 5). This meant that they had qualified and experienced practitioner/s whom they could draw upon during their work and more resources to provide their students and staff to support their wellbeing. While this was not reflective for all participants it is important to note when considering analysis of data as those who had access to these in house services were perhaps overrepresented within the study.

It is also notable that all interviews used for analysis were conducted with participants from white ethnic backgrounds. Participants also overwhelmingly identified as female (87.5%) and had a small range in age (M= 46.63, SD= 5.05) suggesting a need for more varied and targeted sampling to ensure underrepresented voices are included.

It is important however, to consider that while there was a difference in role and responsibilities across participants there was a high level of consensus across the sample as to their experiences, the barriers they faced and the support they sought which is reflected in a consistently high number of participants being represented within each theme and subtheme. Furthermore, as discussed above, the themes presented also showed consistency with that of previous studies with MHLs (Tonks, 2022) and wider school staff (Flint, 2017; Lutton, 2021) suggesting that there is a consistency of experience amongst practitioners working in schools.

A limitation of this research however, and area to be considered within future studies would be the inclusion of member checking, in which participants are shown initial analysis to ensure it is an accurate representation of their experiences. This was not included within the methodology

in this research due to the significant difficulty in recruiting participants for longer form qualitative data collection. Member checking, however, is an important way to further include participant voices and ensure these are central within research and analysis and as such should be considered within future studies, particularly where alternative qualitative methods are used that allow it to be more accessible to meet with participants multiple times.

Future research hoping to gather data in this area should note the difficulty in recruiting a varied sample and explore alternate methods for gathering qualitative data such as: surveys, focus groups and/or observations. In particular focus groups may provide helpful discussions and debate about how the role differs between schools and what responsibilities are/should be associated with the role of the MHL. Both focus groups and surveys were considered as data collection methods within this study however interviews were selected as a way to elicit meaningful and rich data from each individual participant. This was identified as an area of importance when gathering data with an underrepresented group as a way to convey their experiences and highlight areas for future research. Further research looking to extend the scope of this study will be important to develop the conclusions made within this paper. One area of importance moving forward will be to consider the training that the MHLs attend as part of their roles. This was not an area asked about in this research and as such will be an important aspect to address in order to understand how training was experienced and utilised.

3.5.3 Conclusion

In conclusion it is evident that the role of the MHL and the experiences of taking this on are personal and varied across participants. It will be important moving forward that this underrepresented group of professionals are the focus of continued research due to the important role they play in promoting whole school approaches to mental health. It is clear from the findings of this study that MHLs could benefit from support around refinement and expansion of the role, which presents an opportunity for external services such as MHSTs and EPs to work in collaboration to aid this.

Appendix A Systematic Literature Review Codebook

Theme 1: The important role of school staff in supporting students

Subtheme	Description	Codes	Example quotes
Duty and responsibility	School staff explained that as part of their role they felt they had both a duty and responsibility to support students as they viewed themselves in a unique/favourable position to support their needs and that they had the personal attributes to do so.	<ul style="list-style-type: none"> School staff are in a unique position to support students. Dedication to supporting students. 	<p><i>“it was thought that teachers were well-placed to lead on mental health initiatives ‘I think teacher-led will be more beneficial’” (Micheal, West & Shirley, 2023)</i></p> <p><i>“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.” (Charlie, Hattersley, 2022)</i></p> <p><i>“It’s inbuilt. It’s who I am but I think it’s also about commitment as well. I’m committed one hundred percent to those children in front of me” (O, Holt, 2019)</i></p>
Building a positive environment	School staff explained that as part of supporting students mental health they were doing a range of different things such as building relationships, helping students feel safe, adapting their practice and normalising mental health which all amounted to creating a positive and open environment.	<ul style="list-style-type: none"> Creating a ‘sense of safety’ Building positive relationships Altering teaching practice Normalising mental ‘is a spectrum’ 	<p><i>“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” (Sam, Hattersley, 2022)</i></p> <p><i>“I think everything comes down to relationships, building good relationships with the children in your class” (E, Holt, 2019)</i></p> <p><i>“you’re entitled to be nervous, you’re entitled to be anxious, you don’t have to be happy all the time, it’s normal” (Participant L, Harvest, 2018)</i></p>

Theme 2: A lack of knowledge and confidence

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Subtheme	Description	Codes	Example quotes
Need for appropriate training	School staff explained that they would like more access to training that was appropriate for their needs and could be applied in a consistent way across the school.	<ul style="list-style-type: none"> • Training facilitates good practice. • Lack of opportunities to access. • Appropriate content • Difficulty in applying training. • All staff can access 	<p><i>“CPD is all great and fine and dandy but what is the impact of it? We need to work on that feeding back into the school and then dispersing information so that we are upskilling everybody” (H, Holt, 2019)</i></p> <p><i>You don’t think ‘oh I did that training course and I must be really careful and look out for signs of sitting with your head down or you know fiddling your hands in your lap like I am at the moment’. Because life just doesn’t present things in the same way” (interventions teacher, Dobbie, 2018)</i></p> <p><i>“The participants in this research study reiterated, strongly, the need for training to provide some level of expertise as much of what was considered increasingly relevant to the health and wellbeing of pupils” (Lutton, 2021)</i></p>
‘you hardly know why, you do the things you do’	School staff explained that in the absence of training or support they were often basing their practice with students off of their gut instincts and their experiences of mental health difficulties they had had with previous students or people in their personal lives.	<ul style="list-style-type: none"> • Providing support based on lived experience. • Working off of ‘instincts’ 	<p><i>“I have friends that have (mental health issues) and, you know, there are certain behaviours that you could...you can spot perhaps in somebody and think, ‘well that’s similar to that’, ‘could that be connected?’ or ‘could that be an issue?’” (Participant 1, Harrap, 2016)</i></p> <p><i>“I think it's just years and years of experience, being in this school in particular, and having to deal with problems over and over again, and sometimes coming up against the same things” (Participant 17, Bracewell, 2011)</i></p> <p><i>“This was juxtaposed with participants’ perspective that they were guided by their ‘gut instinct’” (Dobbie, 2018)</i></p>
Fear of failure	School staff explained that this perceived lack of knowledge caused them a significant level of emotional distress as when	<ul style="list-style-type: none"> • Fear of getting it wrong • Feelings of helplessness 	<p><i>“One of the things adults really are scared of doing in schools is making it worse or saying something that could have a profound effect” (Co-researcher 2, Andrews, 2017)</i></p>

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	<p>supporting students they often feared they were getting it wrong or making it worse and would be blamed for this. In light of this many staff members described feeling helpless when encountering students as they felt there was limited actions they could take.</p>	<ul style="list-style-type: none"> • 'We've not even reached a peak yet I don't think' 	<p><i>"...am I doing enough? Am I doing this right?" (Thomas, Lutton, 2021)</i></p> <p><i>"the task of supporting mental health was impossible, and this felt hard to manage" (Tonks, 2022)</i></p>
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Theme 3: Working with external services

Subtheme	Description	Codes	Example quotes
<p>Seeking guidance and support</p>	<p>School staff explaining that they are seeking guidance and support from external services so that they are able to support and teach them how to best meet the students needs.</p>	<ul style="list-style-type: none"> • Learning from them • They provide the 'correct answer' • 'they listen' 	<p><i>"communication with mental health specialists was vital for their mental health support provision 'that you can discuss (and) learn from'" (Helen, West & Shirley, 2023)</i></p> <p><i>"Five participants referred to the role of qualified professionals as providing the 'correct answer' on how to support students" (Dobbie, 2018)</i></p>
<p>Problems accessing support</p>	<p>School staff explaining that while they are actively seeking support from external services there are a number of difficulties in accessing this. Mainly that it was difficult to get the support and when it was provided it was often not in line with what the school could provide.</p>	<ul style="list-style-type: none"> • Confusing referrals • Lack of availability and communication. • Long waiting lists • Disharmonized recommendations • Having to 'manage alone' 	<p><i>"I find that it's really difficult to get support from other agencies. Just because it isn't there. It's not, it's not wilful. It's not because they're not good at what they do. It's because everybody is so...like...thinly spread, it's like everybody's got just a microbe of spread and they just spread it really thin. It's really difficult to get a lot of meaningful support.'" (Alisha, Tonks, 2022)</i></p> <p><i>"the paediatrician came into school and said that if, erm, this child's anxieties are at a high level, he shouldn't have to attend school. [...] He didn't attend the rest of the year." (Katie, Flint, 2017)</i></p> <p><i>"all were in agreement that referral processes were lengthy,</i></p>

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			<i>waiting lists were long and that they often felt they had to manage alone with, as Carlina described, an “escalating situation” (Savage, 2023)</i>
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Theme 4: Impact of students’ homelives

Subtheme	Description	Codes	Example quotes
Challenges of dealing with home factors	School staff’s reflections around the circumstances that surround students outside of school such as the environment, home and parenting they have and the significant impact this has on their on mental health and the support they require in school.	<ul style="list-style-type: none"> • Parents own mental health difficulties. • Abuse • Poverty 	<p><i>“Many participants reflected that the parents of the children in their care were also experiencing mental health problems and the impact of these was clear to see in the classroom” (Savage, 2023)</i></p> <p><i>“because we are in such a disadvantaged area, the environmental factors have such a big impact on mental health” (Kate, Hattersley, 2022)</i></p>
The importance of involving parents	School staff citing that it is integral when supporting students that parents are involved in this as they can be a powerful resource or barrier in information gathering and support provided.	<ul style="list-style-type: none"> • Need for good communication. • Parental stigma • Building relationships with parents • Practice needs to be ‘mirrored’ at home 	<p><i>“So whatever we do here, unless that is directly mirrored by the parent and they buy into whatever it is that is being suggested, a lot whatever you do can be undone.....it relies upon a partnership between school and parents.” (SENDCo, Dobbie, 2018)</i></p> <p><i>“Relationships with parents were sought with a view to getting to know the child better or to work as “a team with the child in the centre” (Holt, 2019)</i></p> <p><i>“sometimes it is parents’ own misunderstanding or concern about a stigma being attached to their student or, you know, it going on their record and following them into university so erm. You know sometimes parents maybe have different attitudes towards periods of ill mental health, different issues, different worries that they have, so that can sometimes be a bit of a block.” (Susan, Flint, 2019)</i></p>

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Theme 5: The Impact on staff wellbeing

Subtheme	Description	Codes	Example quotes
Expectations are too high	School staff reflected that the expectations on what they should be able to do feels too high. They explained that the workload they are asked to pick up feels unmanageable and they are expected to do this without discussing or showing any impact of this on their wellbeing.	<ul style="list-style-type: none"> • Workload feels unmanageable. • ‘well you shouldn’t be struggling’ staff are expected to be okay 	<p><i>“Coz I'm like, I haven't done this, I haven't done that. I don't know if this is a normal thing but in our school it seems to be that the day before we go back to school, no one sleeps well, like no one. It's bad, because we're all just so nervous and worried” (Amber, Savage, 2023)</i></p> <p><i>“We're in a job where it doesn't matter how you feel you have to have a big smile” (Co-researcher 2, Andrews, 2017)</i></p>
Going above and beyond role	School staff reflected that as part of their role they are expected to go above and beyond what is reasonably expected. Participants raised that due to budget cuts and societal difficulties they often feel they are expected to take on the role of professionals and parents for their students.	<ul style="list-style-type: none"> • Staff are parentified by students and parents. • Staff are expected to take on mental health roles 	<p><i>“I do think there's a lot of expectation that school parents children, rather than parents parenting. So our role is to parent as well as teach I think is a view of the parents as well” (SENDCo, Dobbie, 2018)</i></p> <p><i>“we've gotta act as teachers social workers psychologists counsellors because the cuts are just being made” (Participant C, Harvest, 2018)</i></p>
The emotional burden of supporting students	School staff explained that working with students has a significant emotional impact on them. This could be both worry for the students and what they are doing/what is happening to them or fear of their behaviour	<ul style="list-style-type: none"> • Worry about students. • Fear of student's behaviour. 	<p><i>“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” (Kate, Hattersley, 2022)</i></p> <p><i>‘It can get physical too. I've been punched, head-butted, spat at, bitten, kicked . . . when it's happening, it's extremely stressful’ (Dianne, Bowes, 2022)</i></p>

Appendix A

	and how they may react in certain situations.		<i>"I don't get frightened easily, but . . . I remember shaking, I remember shaking" (Gail, Bowes, 2022)</i>
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Theme 6: The importance of a whole school approach

Subtheme	Description	Codes	Sample quotes
Consistency and communication	School staff discussed the importance of working consistently across a team following a stepped and clear approach. They additionally cited that clear and effective communication aided this and made it easier to be consistent across staff members.	<ul style="list-style-type: none"> • Working collectively • Effective communication • Following a stepped approach 	<p><i>"The importance of a compatible school culture was emphasised. Participants saw a consistent environment across the school as crucial" (Holt, 2019)</i></p> <p><i>"all the teachers have to be aware, because you don't want to say something that then triggers them to get (...) more upset." (Helen, West & Shirley, 2023)</i></p> <p><i>"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" (Hattersley, 2022)</i></p>
Support for staff	School staff explained the important role that their colleagues formed in providing them practical support and guidance for their practice with students as well as emotional support that helped them feel less alone in their work.	<ul style="list-style-type: none"> • Practical support from colleagues • Emotional support from colleagues 	<p><i>"I went to observe another teacher who had a child who was fairly similar in their class so, like, learning through watching, like, peer observation, that kind of thing" (Participant 3, Harrap, 2016)</i></p> <p><i>"Findings illuminate the value placed on the sharing of experiences and using teaching colleagues as '...a reflective mirror for their work'" (Lutton, 2021)</i></p> <p><i>"support wise, I would say, I never feel that I am alone in anything in this school" (Jill, Lutton, 2021)</i></p>

Appendix A

<p>Senior leadership buy in</p>	<p>School staff explained that it was vital that senior leadership teams supported their practice with students through their actions such as providing appropriate funding for support and being available for guidance.</p>	<ul style="list-style-type: none"> • Funding • Support from senior leadership 	<p><i>“a lot of heads talk about wellbeing but they have to put their money where their mouth is” (Co-researcher 1, Andrews, 2017)</i></p> <p><i>“Participants also valued having approachable senior colleagues, headteachers that you could easily go to for advice or support” (Holt, 2019)</i></p>
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Appendix B Qualtrics Questionnaire

Initial information page

A Path to Better Mental Health Provision in School: How can Mental Health Leads be Best Supported in Delivering Support to Students.

Researchers: Isobel Cone, Katy Sivyver, Ed sayer & Cora Sargeant

ERGO number: 79978

You are being invited to take part in the above research study. To help you decide whether you would like to do this or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and contact the researchers if anything is not clear or you would like more information.

What is the research about?

In 2017 the government green paper titled ‘Transforming children and young people’s mental health provision’ outlined new responsibilities for schools and colleges in relation to mental health (Education and Health and Social Care Committees, 2018). One of these responsibilities was for all settings to have a designated mental health lead (DMHL) by 2025. In addition to this funding was allocated to train more practitioners to work alongside schools and provide evidence based mental health therapies within designated mental health support teams (MHSTs). Literature up to this point had sought to explore school staffs’ awareness and competency in dealing with student’s mental health in schools however is yet to investigate the effect of new legislation put in place and how this effects settings.

This research project aims to conduct questionnaires with school staff who have a lead responsibility for supporting students’ mental health and coordinate with external services within secondary schools to gain an understanding of what mental health provision looks like in their schools, what hopes and aspirations they have for this and what internal and external support they may require to achieve this.

This research project is being conducted by a Trainee Educational Psychologist as part of a doctorate in Educational Psychology.

Why have I been asked to take part?

You have been asked to take part as you have been identified by yourself, your local authority, school and/or mental health support team as a staff member who takes a lead role in

supporting and providing mental health provision for your students. We anticipate that you will have valuable insight into how mental health is supported in schools and how external agencies can assist with this.

What will happen to me if I take part?

If you consent to take part you will be taken to an online questionnaire where you will be asked a number of demographic questions and questions about your role, your aspirations for the role and how this can be supported.

The data from this questionnaire will then be compared to the data collected from other questionnaires and interviews to look for commonalities and themes amongst what has been said. It is anticipated that between 15 and 20 participants will take part in the questionnaire process.

Are there any benefits in me registering my interest?

It is hoped that those who partake in the study will provide valuable insights into the roles school staff who take on a lead role for supporting mental health play within schools, highlight the positive work they are already doing and help contribute to the current literature around how they can be best supported by internal and external agencies.

If you take part in the study you will be offered access to a video upon completion of the research, which can be shared with your school in which the main themes of the research will be presented and explored in terms of what they may mean.

Upon completion of the interview you will also be offered a £10 amazon voucher to assist you in your role.

Are there any risks involved?

There are no anticipated risks within this research.

The following questions ask about common demographics and topics related to your role. They are not designed to cause distress or upset, however they do cover topics around work, workload and perceived efficacy and coping in response to students mental health. You can at any point cease to complete the questionnaire if you become distressed without penalty.

What data will be collected?

When completing this study, the answers to the following questions will be stored securely on the universities secure system. Once completed questionnaire data will be anonymised and

compared with the wider data set collected to look for patterns and themes. These themes will be used to inform recommendations that are made to support mental health leads in schools.

Anonymised data collected from the questionnaires will be uploaded at the end of the research to the University of Southampton research repository and made available to researchers where necessary and appropriate.

You will be asked to provide a school email address to verify your role.

Will my participation be confidential?

Your participation and the information we collect about you during the course of the research will be kept strictly confidential.

Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

Do I have to take part in the research?

No, it is entirely up to you to decide whether or not to take part. If you decide you want to, you will need to give your consent and answer the following questions.

What happens if I change my mind?

You have the right to change your mind and withdraw at any time during the questionnaire.

You can stop completing the questionnaire at any time and ask to remove your data from the dataset up to one week after completing the questionnaire at which point it will have been anonymised and added to the dataset.

What will happen to the results of the research?

Your personal details will remain strictly confidential at all levels of the study.

If you choose to take part in the research findings made available in any reports or publications will not include information that can directly identify you without your specific consent.

Anonymised questionnaires will be uploaded to the University of Southampton data repository so that it can be accessed by other researchers where necessary and appropriate.

All identifying features of the data will be removed and/or anonymised to protect your anonymity.

Where can I get more information?

If you have any questions or concerns, please contact the lead researcher associated with this study. Isobel Cone at:

lc2n21@soton.ac.uk

What happens if there is a problem?

If you have a concern about any aspect of this study, please contact the lead researcher who will do their best to answer your questions.

If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can be found on its website (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at

<http://www.southampton.ac.uk/assets/sharepoint/intranet/Is/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf>

Appendix B

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer (data.protection@soton.ac.uk).

Consent fixed choice questions:

1. I have read and understood the information above and been given the opportunity to ask questions (Y/N)
2. I consent to my data being used for the purposes of this study (Y/N)
3. I consent to being contacted for the purposes of this study (Y/N)

Text entry questions:

4. What is your job role?
5. How long have you been in this role?
6. How long have you been at your current school (in any role)?
7. What type of school do you work in? (e.g. local authority maintained, academy, faith, private etc.)
8. What age group of students do you work with?
9. What is your age?
10. What is your gender?
11. What is your ethnicity?

Fixed choice questions:

12. Are you a member of the senior leadership team in your school? (Y/N)
13. Do you have qualified teacher status? (Y/N)

Form Field questions:

14. Please provide your contact details:
 - a. Name:
 - b. School email address:
 - c. Phone number:

Debrief form

Thank you for your participation.

The aim of this research was to explore what it is like to take on a lead responsibility for mental health provision within your school, what aspirations you have for your role and how these can be supported by internal and external agencies.

It is expected that we may find that this role and associated responsibilities varies across different settings and as such members of staff will have different aspirations and require different levels of support from internal and external agencies. Your data will help our understanding of what it is like to take on this responsibility, what is working well and what requires support to ensure a good level of provision can be accessed by all students.

Appendix B

The results of this study will not include your name or any other identifying characteristics. The questionnaire did not involve deception at any point.

If you would like a copy of the results upon completion of this research project please request this via the below email.

If you wish for your data to be removed from the data set please let us know up to one week after your questionnaire has been completed at which time it will become anonymised.

If you have any further questions or wish to contact the lead researcher, this can be done at the following email address:

Isobel Cone: lc2n21@soton.ac.uk

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the University of Southampton Head of Research Integrity and Governance (023 8059 5058, rgoinfo@soton.ac.uk).

It is not anticipated that this study should lead to any distress however if you are feeling this way, please contact one of the following helplines or seek advice via your GP.

- Samaritans: To talk about anything that is upsetting you, you can contact [Samaritans](https://www.samaritans.org) 24 hours a day, 365 days a year. You can call [116 123](tel:116123) (free from any phone) or email jo@samaritans.org.
- SANEline: If you're experiencing a mental health problem you can call SANEline on 0300 304 7000 (4.30pm–10.30pm every day).
- Shout: If you would prefer not to talk but want some mental health support, you can text SHOUT at [85258](tel:85258).

If you have any concerns about the mental health of the students within your care, please follow your school policy regarding this and where appropriate contact your local CAMHS service.

Appendix C Topic Guide

1. How long have you been at your school? And did you come in as MHL or something else?
2. Can you tell me how you came to take on the lead responsibility for supporting mental health within the school?
3. What were your expectations of undertaking this responsibility?
4. What is it like to take on this responsibility?
 - Has it met any expectations you may have had?
 - What does a typical day look like?
 - What specific tasks do you do associated with this responsibility?
5. What kind of support do you have in school?
 - Who helps you with work?
 - Who can you go to if something goes wrong?
 - Is there any external agencies that work with you?
 - What is working well with this support?
 - What isn't working well with this support?
6. What are you hoping to achieve in the role?
 - Where do you see yourself in a year?
 - What impact do you see this having on the school?
7. What kind of support might you need to achieve your aspirations?
 - What changes may need to occur?
 - Who would need to provide this?
8. What steps could you take now to achieve your aspirations?
 - Do you need any support to do this?
 - Is school able to provide this?

Appendix C

- What support could other agencies provide?

Appendix D Empirical Project Codebook

Theme 1: Defining the role

Subtheme	Description	Codes	Example quotes
An emerging role	Participants descriptions of how the role has been defined within their settings. Codes relate to the sense that this is emerging and not clear at present, relying on the mental health leads themselves creating the role	<ul style="list-style-type: none"> • Assumptions and expectations of the role • 'What's our role?' • Mental health leads creating the role themselves • A need for influence 	<p><i>"when I first stepped into the role, there was a perception that I was like a counsellor or (...) kind of a therapist"</i> (Sam)</p> <p><i>"We all very much go, so what, what do we do? You know what else are we doing here? What's our role? What is it that's (...) expected of us?"</i> (Lucy)</p> <p><i>"I'm not part of those decisions and (...) the decisions aren't made with me in mind, you know. So I guess one of the aspirations is to figure out how this could be a leadership (...) position more formally"</i> (Callum)</p>
Working as part of a wider system	Participants descriptions of the wider systems that they work within and how this has shaped and defined the role they do. Specifically the support they receive from their colleagues and external services and how they coordinate the resources they have to	<ul style="list-style-type: none"> • In school support • Support from external services • Coordination of resources 	<p><i>"the mental health support team and myself host a drop in lunchtime, so (...) just kind of being here for students to talk if they need or just whatever they want."</i> (Callum)</p> <p><i>"So it's working alongside this senior leadership team, working alongside obviously with the governors, the</i></p>

Appendix D

	ensure a whole school approach to mental health.		<i>stakeholders and looking at how, you know, mental health, kind of (...) filters down" (Lucy)</i>
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Theme 2: Attributes of a mental health lead

Subtheme	Description	Codes	Example quotes
Recognised and respected	Participants reflections around being recognised within school by their colleagues as a 'knowledgeable other'. Participants discussed that often they had been doing a similar role within school that afforded them knowledge and respect from colleagues when they became the mental health lead.	<ul style="list-style-type: none"> • Sought out by colleagues • Recognised for role • Pre-existing knowledge 	<p><i>"when there's an issue, repairs, people always tend to come to me" (Lucy)</i></p> <p><i>"when they said school needs to have a mental health lead and everybody including me, to be fair said, well, that makes sense (that) it's me" (Charlotte)</i></p> <p><i>"I feel that I bring a lot from my experience" (Ellie)</i></p>

Theme 3: Seeking information and support

Subtheme	Description	Codes	Example quotes
A lack of resources	Participants reflecting that they feel like is a limited pool of resources for them to draw upon to support their practice. Specifically, within school that there is a lack of time and money available.	<ul style="list-style-type: none"> • Lack of time • Lack of funding 	<p><i>"So my day is pretty much running around all over the place. I never have free moments" (Callum)</i></p> <p><i>"And obviously there's the DFE funded training, which is good, but limited and then you kind of get left to manage it yourself" (Charlotte)</i></p>
Seeking external support	Outside of school participants additionally reflected that it can be	<ul style="list-style-type: none"> • Seeking out services. 	<i>"We were told that CAMHS was ending as it was and then that there was a pilot so, I remember (doing) a lot of</i>

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	difficult to draw upon services as these are often localised and as such differ between different schools.	<ul style="list-style-type: none"> • A postcode lottery of support 	<p><i>schmoozing and turning up to meetings just to make sure that we got included in the pilot” (Charlotte)</i></p> <p><i>“I went along to one of the (external service meetings) this is what I mean, I’ll do a lot of like researching online and I’ll go along to that” (Lucy)</i></p>
The difficulties of working with external services	Participants explaining that there are often barriers to accessing support from external services. In particular a lack of availability from either waitlists or gaps in service, a lack of consistency of practitioner and recommendations and support for students that feels ill-attuned to the needs of the school.	<ul style="list-style-type: none"> • Lack of attunement • Lack of availability • Lack of consistency 	<p><i>“(talking about CAMHS) they all offer (...) mainly CBT (and) I would say that’s not mainly what our students need” (Jess)</i></p> <p><i>“But what I then find frustrating is so it’s not, it’s not MHST and it’s not CAMHS so therefore it’s school. So how does that work?” (Ellie)</i></p> <p><i>“(talking about external practitioners) since they’re not consistent, students don’t trust them as much and students don’t always tell them the truth” (Callum)</i></p>
Building a network of mental health leads	Participants reflections that in order to gain more knowledge and confidence in their practice they would like to be able to access support from other mental health leads so that they can share good practice and provide reassurance and emotional support around the role.	<ul style="list-style-type: none"> • Support for practice • Reassurance 	<p><i>“What are other settings doing? What works well there and to see if (...) we can use that” (Jane)</i></p> <p><i>“This is why I like meeting with other (mental health leads) to talk about. OK, So what are you doing in your school? What is it that is expected of you? Like, what’s the expectation? Because I want to make sure that I’m doing the right thing” (Lucy)</i></p>

Theme 4: MHL’s own wellbeing

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Subtheme	Description	Codes	Example quotes
The emotional impact of the role	Participants reflections around the emotional impact the role has had upon them and how this could be supported via supervision where they could share this burden with someone else.	<ul style="list-style-type: none"> • The burden of support • Accessing supervision 	<p><i>"I found it really harrowing hearing this young person talking about something that was really violent and awful that happened and I had, I felt like I didn't have anyone I could talk to about it" (Sam)</i></p> <p><i>"I think a supervision style approach would be useful as well because I do think you take on an awful lot" (Sam)</i></p>
Fear of getting it wrong	Participants descriptions around a fear of getting it wrong and how this fuelled by a lack of confidence in their own knowledge and an imposter syndrome that they will not be listened too and respected.	<ul style="list-style-type: none"> • Imposter syndrome • A lack of confidence 	<p><i>"It's quite daunting because you've got (...) all the (designated safeguarding leads) who are quite well established members of staff and then you've got the head in there and then you've got (...) the two councillors and the mental health practitioner. And then I was chairing the site meeting. So that felt a little bit like what have I done like, are they going to listen to me and everything?" (Jo)</i></p> <p><i>"when you do a role on your own, that's quite frightening (...) that you haven't got anybody just to say you are doing the right thing or or maybe you're doing the wrong thing" (Ellie)</i></p>

Theme 5: a whole school approach

Subtheme	Description	Codes	Example quotes
Work with colleagues	Participants explaining that in their future work they would like to spend more time dedicated to meeting the needs of their colleagues. This was both for them to access training, so	<ul style="list-style-type: none"> • Training for staff • Supporting staff's wellbeing 	<p><i>"The goal is to try and increase everybody's capacity (...) within the school to be mental health practitioners" (Jane)</i></p> <p><i>"helping the adults to understand the children but also about themselves too because I think more and more</i></p>

Appendix D

	they are upskilled in meeting students needs but also supporting their mental health, so they have more capacity to support students.		<p><i>we're getting adults who are getting burnout, who are experiencing the (...) massive burden of children with mental health difficulties" (Sam)</i></p> <p><i>"obviously staff mental health is the key and looking after the staff (...) it filters down to the student" (Jo)</i></p>
Work with parents	Participants reflections that a key area they would like to support more is their work with parents. Specifically, around breaking down preconceptions and stigma they may have in regards to mental health and the support it requires but also upskilling them so they can support this at home.	<ul style="list-style-type: none"> • Parental stigma • Support needed for parents 	<p><i>"we're very diverse and some of their backgrounds, culturally, they would just either not accept mental health as a thing or they'd be quite worried about (the support) So there's a lot of distrust (...) from some of our families" (Jess)</i></p> <p><i>"I want parents to be on board a little bit more and I want parents to understand that that mental health is something that that can be addressed at home" (Ellie)</i></p> <p><i>"but also looking at the wider community and going, yeah, it's not just the kids that need support but the adults need support too" (Sam)</i></p>
Work with students	Participants reflecting that in their future work they would like to focus on working with students more so that they can be involved in promoting positive mental health. This was discussed in terms of providing psychoeducation so that they have a better understanding of mental health and including them within conversations about this so they can share their thoughts and opinions.	<ul style="list-style-type: none"> • Psychoeducation for students • Involving students 	<p><i>"I think more upskilling with students around what is healthy and normal, like normal stresses, and what isn't, and more education around not diagnosing themselves on TikTok because we get that sort of stuff a lot!" (Jess)</i></p> <p><i>"I want to just start changing the way that we have conversations and just sort of reframing the way that we we have (...) with students around (...) behaviour, around mental health (...) I think that will have a big impact" (Ellie)</i></p>

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			<i>"I'd like to see Students and teachers working together a bit more" (Jo)</i>
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Glossary of Terms

Epistemology	The study of how knowledge is gathered and constructed and which materials these are sourced from.
Ontology	The study of being and existence and as such how knowledge is known.
Critical Realism	An epistemology which recognises an objective reality but acknowledges that this is interpreted through individuals' own perceptions and biases.
Reflexivity	Reflection around one's own beliefs, perspectives and biases and how these may impact the research.
MHST	A CAMHS early help service made up of a number of professionals who provide access to psychological therapies and support whole school approaches to mental health in schools.
CWP	A practitioner who can work within MHSTs who offers guided self-help to children and their families.
MHL	A role within schools to support the mental health and wellbeing of students.
DSL	A role within schools associated with the safeguarding of students and protection of materials associated with this.
SENCo	A role within schools of a teacher who takes on lead responsibility for children with special educational needs.

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