

Secondary school teachers' experiences of supporting mental health

Article

Accepted Version

Shelemy, L., Harvey, K. ORCID: <https://orcid.org/0000-0002-6819-0934> and Waite, P. ORCID: <https://orcid.org/0000-0002-1967-8028> (2019) Secondary school teachers' experiences of supporting mental health. *Journal of Mental Health Training, Education and Practice*, 14 (5). pp. 372-383. ISSN 1755-6228 doi: <https://doi.org/10.1108/JMHTEP-10-2018-0056> Available at <https://centaur.reading.ac.uk/84491/>

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To link to this article DOI: <http://dx.doi.org/10.1108/JMHTEP-10-2018-0056>

Publisher: Emerald Publishing

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Journal:	<i>Journal of Mental Health Training, Education and Practice</i>
Manuscript ID	JMHTEP-10-2018-0056.R1
Manuscript Type:	Research Paper
Keywords:	Teachers, Qualitative, School, Interpretative phenomenological analysis, Adolescence, Mental Health

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1 Secondary school teachers' experiences of supporting mental health

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2
3 Purpose: Teachers are often the first contact for students with mental health difficulties. They
4 are in an ideal position to identify students who are struggling and frequently support them
5 using different approaches and techniques. This qualitative study aims to investigate secondary
6 school teachers' experiences of supporting the mental health of their students.

7 Methodology: 7 secondary school teachers from state-funded schools in the UK participated in
8 face-to-face semi structured interviews. Interpretative phenomenological analysis was used to
9 understand and structure the data into themes.

10 Findings: Five superordinate themes emerged from the data analysis: Perceived role of teacher,
11 nature of relationship, barriers to helping the child, amount of training and resource, and
12 helplessness and satisfaction. Participants described the lack of training, resource and clarity
13 about their role to be causes of frustration. Internal and environmental factors often influenced
14 participants' feelings of helplessness.

15 Research limitations/implications: The findings from this study cannot be readily
16 generalised to the wider population due to the nature of qualitative interviews.

17 Practical implications: This study has led to a greater understanding of the experiences of
18 teachers within a school setting. It is crucial that mental health training for teachers
19 directly meets their needs and abilities.

20 Originality/value: This paper finds value in recognising the lived experience and
21 difficulties faced by teachers supporting students' mental health problems. A theoretical
22 model novel model is presented based on this analysis that can help inform best practice
23 for schools.

24
25 Keywords: "teachers" "qualitative" "school" "interpretative" "adolescence" "mental health"

1
2
3 26 The amount of time teachers spend in contact with students makes them well placed to notice
4
5 27 symptoms and behaviours associated with internalizing and externalising ~~disorders~~ difficulties
6
7
8 28 such as irritability, social withdrawal and changes in concentration (Ginsburg and Drake, 2002;
9
10 29 Chatterji *et al.*, 2004). Teachers working in secondary schools are faced with a high prevalence
11
12 30 of mental health problems in their students. In the UK, two-thirds of ~~children and~~ adolescents
13
14 31 with diagnosable mental health disorders have spoken to a teacher about their mental health
15
16
17 32 (Newlove-Delgado *et al.*, 2015). Teachers are in an ideal position to refer and signpost students
18
19 33 to mental health care services (Fazel *et al.*, 2014). They are often the first point of contact for
20
21 34 parents who are worried about their child's emotional wellbeing (Sax and Kautz, 2003; Ford
22
23
24 35 *et al.*, 2008).

25
26 36 Many teachers acknowledge their ability to identify students who are in difficulty and
27
28 37 manage mental health problems in the classroom (Rothì, Leavey and Best, 2008; Andrews,
29
30 38 McCabe and Wideman-Johnston, 2014) and the link between academic and emotional health
31
32 39 outcomes (Kidger *et al.*, 2009). However without training, teachers have low confidence in
33
34 40 their knowledge and ability to recognise mental health problems, as well as providing support
35
36 41 within school (Roeser and Midgley, 1997; Walter, Gouze and Lim, 2006; Moor *et al.*, 2007;
37
38 42 Andrews, McCabe and Wideman-Johnston, 2014). Previous studies have found teachers often
39
40 43 feel uneasy when discussing mental health with students and are unsure how to manage
41
42 44 emotional difficulties in the classroom (Roeser and Midgley, 1997; Walter, Gouze and Lim,
43
44 45 2006; Cohall *et al.*, 2007; Moor *et al.*, 2007).

46
47 46 _____—There is a demand from governmental bodies in response to public campaigns
48
49 47 for secondary school teachers in the UK to have increased mental health knowledge and
50
51 48 training (Department of Health, 2015; Department of Health and Department of Education,
52
53 49 2018). It is important to understand the context and experiences faced by teachers in secondary
54
55 50 schools in order to develop appropriate resources and interventions. There are many
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3
4 51 programmes that train school staff around mental health (Anderson *et al.*, 2018). However t
5
6 52 date, few studies have explored teachers' beliefs about specific aspects relating to students'
7
8 53 mental health, and their role in supporting students. A holistic understanding of teachers' lived
9
10 54 experience of students' mental health problems is needed to facilitate the design of resources
11
12 55 and training that may best support teachers (Kirkpatrick, 2008). By learning about the
13
14 56 experiences teachers have had regarding mental health in schools, intervention developers can
15
16 57 optimally design interventions and resources that may best help teachers in the future.
18

19 58 *The present study*

20
21 59 The aim of the current study is to explore teachers' perspectives of supporting students' mental
22
23 60 health, focusing on their emotional and cognitive processing of these experiences. The
24
25 61 rigorous, detailed and phenomenological exploration of the experiences of teachers will help
26
27 62 to better understand the impact of supporting students on participants' own beliefs and
28
29 63 emotions. ~~The study uses the methodological framework of Interpretative Phenomenological~~
30
31 64 ~~Analysis (IPA) to generate a rigorous, detailed and in-depth exploration of the 'lived~~
32
33 65 ~~experience' of individuals, thus enabling a rich understanding of participants' stories and~~
34
35 66 ~~perspectives (Smith, 2004). In the last decade IPA has been increasingly used in qualitative~~
36
37 67 ~~health research, particularly when the topic is under-studied and participants' experiences have~~
38
39 68 ~~yet to be systematically explored (e.g. Fox and Diab, 2015; Smith and Rhodes, 2015).~~
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45 69 ~~—— The present study aims to explore the experiences teachers have had regarding the~~
46
47 70 ~~mental health of their students in schools.~~ A better understanding of teachers' experiences,
48
49 71 needs and opinions can improve the development of future mental health interventions targeted
50
51 72 at teachers (Han and Weiss, 2005; Neil and Christensen, 2009).
52
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55 73

56 74 **Method**

1
2
3 75 The study uses the methodological framework of Interpretative Phenomenological Analysis
4
5 76 (IPA) to generate a rigorous, detailed and in-depth exploration of the ‘lived experience’ of
6
7 77 individuals, thus enabling a rich understanding of participants’ stories and perspectives (Smith,
8
9 78 2004). In the last decade IPA has been increasingly used in qualitative health research,
10
11 79 particularly when the topic is under-studied and participants’ experiences have yet to be
12
13 80 systematically explored (e.g. Fox and Diab, 2015; Smith and Rhodes, 2015). IPA employs a
14
15 81 systematic approach to analysis, which recognizes the role of the researcher as an interpreter
16
17 82 of the insights from the participant. IPA uses idiographic inquiry in which each participant’s
18
19 83 story is analysed in detail and considered as an individual, separate narrative prior to exploring
20
21 84 commonalities across participant accounts (Smith, Harr and Van Langenhove, 1995; Smith,
22
23 85 2004).

24
25
26
27
28 86 Ethical approval for the study was granted by the University of Reading Research
29
30 87 Ethics Committee (reference number 2016-037-PW). The study ~~used IPA and~~ was conducted
31
32 88 following established criteria for rigour in qualitative research (Denzin and Lincoln, 1994),
33
34 89 using the COREQ checklist for reporting (Tong, Sainsbury and Craig, 2007) (Appendix A).

35 36 37 38 90 *Sampling Participants*

39
40 91 Participants were eligible for inclusion if they were a) secondary school teachers who
41
42 92 b) had experience of a conversation with at least one student about their mental health. We also
43
44 93 only recruited participants in the South East of England due to travel limitations of the research
45
46 94 team. The study was advertised via word of mouth and online social media (Twitter, Facebook)
47
48 95 snowballing distribution of information. Advertisements were shared from the personal and
49
50 96 university social media accounts, and subsequently ‘re-shared’ by members of the public.
51
52
53 97 Eligible participants contacted the lead researcher and were contacted with further information
54
55 98 about the study. Nineteen people expressed interest in the study. From this pool of potential
56
57 99 participants, seven individuals met the inclusion criteria (reasons for exclusion: 5 people taught
58
59
60

1
2
3 100 in primary schools, 7 people did not respond past initial contact). The number of participants
4
5 101 in the study was determined by the recommendation from Smith, Flowers and Larkin (2009)
6
7 102 that the number of interviews for an in-depth IPA analysis should be between four and ten.
8
9 103 Participants were seven teachers working in different secondary state schools in the South East
10
11 104 and London regions of the UK. There were five female and two male teachers and their ages
12
13 105 ranged from 24 to 53 years. Five participants were White British, one was Asian British and
14
15 106 for the remaining participant, ethnicity was not provided. Years of experience working as a
16
17 107 teacher ranged from 2 to 26 years.

108 *Procedure*

109 One-to-one interviews were conducted by the male lead author, a PhD student trained
110 in qualitative research methods at the University of Reading. The interviewer had no prior
111 relationship with the participants before the study. Interviews took place in a private room in
112 the teacher's school or the University of Reading. Participants gave their informed written
113 consent for their data to be included in the research. The interviews lasted between 38 to 84
114 minutes. Participants were reimbursed £15 for their time. Interviews were audio-recorded and
115 transcribed verbatim by the lead author. Detailed field notes were written by the lead researcher
116 following interviews and were used as an aid during analysis.

117 At the start of the interview participants were asked to think about a specific time that
118 they had supported a student who was struggling with mental health difficulties. Interviews
119 followed a semi-structured topic guide written by the authors and piloted with a secondary
120 school teacher by the lead author (Appendix B). The topic guide was used flexibly to explore
121 in depth the emotions, cognitions and beliefs felt by the participants when recalling their single
122 experience interacting with a student with a mental health problem.

123 *Data Analysis*

1
2
3 124 [The data analysis was completed in several stages following the IPA framework](#) (Smith et al.,
4
5 125 2009). [This methodology ensured an in-depth and idiographic analysis by focusing initially on](#)
6
7
8 126 [individual interviews and eventually working towards an overall categorisation of themes.](#)
9
10 127 Firstly, the lead researcher (LS) read and re-read each transcript to ensure a high level of
11
12 128 familiarisation with the data. In the second stage, transcripts were independently coded into
13
14 129 nodes with interpretative annotations added that focused on the cognitive and emotional
15
16 130 experiences of the participant. The computer software package NVivo (QSR, 2014) was used
17
18 131 to facilitate coding of the transcribed data. After this idiographic approach, nodes from the
19
20 132 different interview transcripts were compared and linked. The following stage involved
21
22 133 grouping and organizing nodes into themes. Themes were discussed and questioned with two
23
24 134 further researchers (KH, an experienced qualitative researcher & PW, an experienced
25
26 135 researcher into young people's mental health and a clinician) acting as independent auditors
27
28 136 (Smith, Flowers and Larkin, 2009). Superordinate themes were derived from the data following
29
30 137 an iterative processing and rearrangement of the themes until the authors felt that the data was
31
32
33 138 well represented.
34
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41

42 141 **Results**

43
44 142 The interpretative analysis of the interviews resulted in five superordinate themes [that](#) are
45
46 143 [shown-presented](#) in Table 1 and are explored further below. [A map of the superordinate themes](#)
47
48 144 [and their relation to each other is presented in Table 2.](#)
49
50
51
52
53

54 146 [Table 1 near here]

55
56 147

57 58 148 *Perceived Role of Teacher*

59
60

1
2
3 149 Participants presented their role of a teacher as a ‘balancing act’ between adequately providing
4
5 150 support and facing the consequences of being too close to a student. All participants
6
7
8 151 acknowledged how they did not want to become a ‘therapist’, and yet still expressed difficulty
9
10 152 in knowing how close they should be to students.

11
12 153 *Going beyond the role of an educator.*

13
14 154 All participants viewed their primary role as educators, with a focus on the academic
15
16
17 155 achievement of their students. It became clear that participants worried that they would be
18
19 156 giving incorrect advice if they were to advise students.

20
21 157 I’m so much more confident to listen and no I’m not there to fix
22
23
24 158 it for them but ... I can have a discussion with him and then
25
26 159 slowly they will start talking more and more and then hopefully
27
28 160 calm - Participant 2 (P2); female

29
30 161 Some participants were unsure whether to support students suggesting a lack of clarity over
31
32
33 162 their role as caregivers.

34
35 163 I’m there to be a caregiver but like to a certain degree. I don’t know
36
37 164 what the degree is yet – P5; female

38
39 165 *Consequences from being too close to students.*

40
41
42 166 Many of the participants worried around boundaries and the consequences of being too close
43
44
45 167 with students when discussing their mental health. Participants ~~described~~ felt that they had
46
47 168 difficulty maintaining a disciplinary role with a student whilst supporting them.

48
49 169 Things can go wrong very easily and very quickly and then as I
50
51 170 found before ... my relationship with this child as a teacher was
52
53 171 compromised because of the relationship that I had with the child
54
55 172 as somebody who cared about her and that was not my role so I
56
57 173 think I learnt a valuable lesson – P7; female
58
59
60

1
2
3 174 *Role of teacher to refer and signpost.*

4
5 175 Some participants described how it is not their responsibility to support students directly but
6
7
8 176 that they felt they should be referring students to other appropriately trained professionals.

9
10 177 Several participants spoke about the mental health of their students in a medicalised way,
11
12 178 perceiving their problems as something that ‘required fixing’ by a health professional rather
13
14 179 than more holistically by the people around the young person.

15
16
17 180 It's not our responsibility. I think we're not trained to be counsellors
18
19 181 we should ... send them off, refer them to someone else cause we
20
21 182 can't take responsibility. That's what I feel - P5; female

22
23
24 183 In contrast, other participants argued that in fact teachers can work collaboratively to support
25
26 184 a student.

27
28 185 It doesn't always have to become someone else's problem ... this is
29
30 186 everybody's responsibility, we're all in this together absolutely and
31
32 187 you ... just have to be given the right language and some structures
33
34
35 188 on what advice to offer - P2; female

36
37 189 *Nature of relationship*

38
39 190 Participants invested in the mental health of their students exhibited a parental-like caring and
40
41 191 sympathy. These participants described a more trusting relationship and found that this made
42
43 192 it easier for the young person to be open.

44
45 193 *Conversations depend on good relationships.*

46
47
48 194 Participants clearly emphasised that they felt trust was important in building a good relationship
49
50 195 with the young person.

51
52
53 196 I felt like obviously this person trusted me because people don't
54
55 197 obviously share random horrible stories about themselves to

1
2
3 198 random members of the public. They find safe confiding people
4
5 199 that they trust, so I did feel like this person trusts me – P5; female

7
8 200 *Showing care and positive regard for the student.*

10 201 Many of the participants spoke of how much they cared about the wellbeing of their students.
11
12 202 These participants tended to be those who considered student wellbeing as part of their role.

14 203 You know this person's come to you in trust and you want to you
15
16 204 want to be there to help them because you know what it's taken for
17
18 205 them to do that - P2; female

21 206 Several participants were protective over the young person, such as defending the student in
22
23 207 front of their parents.

26 208 I had a parents' evening with her mum ... and I remember getting
27
28 209 really annoyed at her mum for not quite realising how talented she
29
30 210 is or how unique and special she is" - P1; female

32
33 211 *Ability to provide stable environment.*

35 212 The participants believed that mMany of the students supported by participants experienced
36
37 213 transitory and unstable lives at home and with their friendship groups. It was clear that
38
39 214 participants saw the school setting as one that can be consistent and secure for their students.

42 215 The participants spoke about their responsibility to provide this stable care as if they are 'in
43
44 216 loco parentis/in place of parents' whilst the student is in school.

47 217 We are a stable environment for her. We're somewhere where she
48
49 218 can come and get the support and have the family relationship that
50
51 219 she needs – P3; male

53 220 ***Barriers to helping the young person***

56 221 All of the participants described various barriers to obtaining appropriate help for their
57
58 222 students.

223 *Amount of time or space.*

224 All participants described how the pressures of time and space when working in a school were
225 barriers for them adequately supporting their students. When a student with a mental health
226 problem approached them, participants found that their academic commitments got in the way
227 of them feeling confident in providing good support ~~being able to provide good support~~ to the
228 student.

229 I felt frustrated as well because if I couldn't fix this in five to ten
230 minutes then well then I couldn't fix it because I had to be
231 somewhere else because the school timetable is so rigorous – P2;
232 female

233 *Working with other teams and services.*

234 Participants described overburdened external services as a clear barrier for getting the young
235 person appropriate help. The NHS Child and Adolescent Mental Health Services' (CAMHS)
236 long waiting times and low referral rates was viewed by many participants as a problem that
237 often contributed to mental health decline in students.

238 I want action immediately. I understand that CAMHS and other
239 professional agencies have longer waiting lists. I understand the
240 cuts that they've gone through and I understand the frustrations
241 they have but it doesn't stop still when you've got a young person
242 in front of you crying out for help that you want to help them and I
243 think you then pick up those frustrations – P6; male

244 *Involvement of parents.*

245 Parents were occasionally seen as a source of difficulty and a contributing factor to the
246 student's poor mental health. Some participants described how parents' own beliefs and
247 cultural views about mental health stopped students from accessing appropriate help. This

1
2
3 248 made it very difficult for participants to talk to the family about their child and try to
4
5 249 recommend services and strategies.

7
8 250 I think also we're not only having to deal with the mental health of the
9
10 251 young people but also their parents ... don't acknowledge it themselves
11
12 252 – P6; male

14 253

16
17 254 ***Amount of training and resource***

18
19 255 Many of the participants spoke about the training and resources necessary to adequately support
20
21 256 their students. Often participants reported a lack of understanding and knowledge about how
22
23 257 best to help. In various examples participants resorted to using 'common sense' and their
24
25 258 teaching skills to independently provide solutions.

26
27
28 259 *Previous understanding about mental health.*

29
30 260 Unanimously participants mentioned a lack of training and preparation to help students with
31
32 261 mental health problems. Participants subsequently felt ill-prepared and unable to competently
33
34 262 support students.

35
36
37 263 It was a case of trying to make a square fit a circle so with the
38
39 264 training we had and with the resources we had trying to support
40
41 265 them, it just felt very inadequate, it felt superficial the support we
42
43 266 were giving and it didn't feel like we were actually supporting them
44
45
46 267 in any real way - P7; female

47
48
49 268 *Having to independently come up with ideas.*

50
51 269 Frequently participants described having to support students doing what they instinctively
52
53 270 thought was the right thing to do.

54
55
56 271 I just had to sort of rely on my natural teaching skills which is just
57
58 272 to listen to her and to say to her is it's probably not as bad as you're
59
60

1
2
3 273 making it out, it's all in your head, it's all in your mind, but a lot of

4
5 274 the time what I was saying was probably not the right thing and she

6
7
8 275 was getting more and more anxious - P2; female

9
10 276 ***Helplessness and Satisfaction***

11
12 277 The emotions described by many participants were those of helplessness and feeling as though

13
14 278 they had let down their students. On the other hand, there were participants who felt that they

15
16
17 279 positively impacted their student's mental health and were glad to help.

18
19 280 *Sadness and Helplessness.*

20
21 281 At times during the interview many participants became upset and emotional. When they

22
23 282 perceived that their student was not showing signs of improvement or receiving appropriate

24
25
26 283 support, some participants felt devastated. This was especially the case for those that had a

27
28
29 284 strong empathetic investment in their student.

30
31 285 How do we feel? You do feel helpless ... you feel that you're losing

32
33 286 a child - P3; male

34
35 287 The perceived lack of options for support or treatment for the young person led participants to

36
37 288 feel that there was nothing else that they could do to improve the mental health of their student.

38
39 289 Initially there was nothing there was nothing I could do, there was

40
41
42 290 nowhere I could send her, there was no referral, there was nothing

43
44
45 291 - P2; female

46
47 292 The culmination of not being able to adequately support a student together with other services'

48
49 293 limited availability meant some participants felt as though they had failed in their role as a

50
51 294 teacher.

52
53 295 I came into teaching to help young people to be more successful to

54
55 296 change their lives for the positive and generally I've been

56
57
58 297 successful in doing that but when you can't and when ... that

59
60

1
2
3 298 support is either not there or they can't do it, that that's a horrible

4
5 299 feeling - P4; female

6
7
8 300 *Frustration.*

9
10 301 The barriers to getting the student appropriate help combined with the participants' own lack
11
12 302 of knowledge and capability often contributed to feelings of anger and frustration. Participants
13
14 303 described aggravation at not being able to have resources within the school to support a high-
15
16
17 304 risk student.

18
19 305 There was nowhere I could put her, there was nowhere private I

20
21 306 could take her ... so it was just very frustrating the kind of mental

22
23
24 307 health support we were offering - P2; female

25
26 308 *Satisfaction and hope from helping.*

27
28 309 In the cases where participants felt that they had helped their students, they expressed a great
29
30 310 deal of relief and satisfaction. Many participants were hopeful that their support would make a
31
32
33 311 positive change to the young person's life.

34
35 312 I just felt so pleased that I did it [helped]. I said to my daughter in

36
37 313 the car on the way home it was the right thing to do ... I just felt

38
39
40 314 elated that he was coming out the other end – P4; female

41
42 315 Some participants described their desperate hope that the mental health of their students would
43
44 316 improve. The quote below highlights the resilience and perseverance of the participant to help
45
46
47 317 his student and keep him safe in the face of various barriers and setbacks.

48
49 318 You just keep going and keep trying to help them so you hope that

50
51 319 they're going to be in school on a Monday after a weekend and you

52
53 320 hope that you get another chance of keeping them safe for another

54
55
56 321 week and hoping that something is going to change that's gonna
57
58
59
60

322 give them a better opportunity, give them better support. You just

323 keep going - P3; male

324

325 Discussion

326 Semi-structured interviews were conducted with seven secondary school teachers in the UK.

327 The interviews explored participants' experiences of conversations with students concerning

328 their mental health. Five superordinate themes were generated exploring the different factors

329 of participants' experiences.

330 Based on the findings from this study, we propose an interpretative and theoretical

331 model to represent of the experiences and perceptions of the participants (shown in Figure 1).

332 The emotional response from participants depended on their observed changes in the students'

333 mental health and the extent of their own investment in the emotional health of the student.

334 The changes in the mental health of the student relied on two factors: a) the barriers to getting

335 the child appropriate help, and b) the internal knowledge and expertise of the teacher to help

336 the student. The participant's interest in the mental health of their students was determined by

337 how they themselves view the role of the teacher their closeness to students. These two streams:

338 a) the ability for the child to get appropriate help from the school, external services or the

339 teacher themselves and b) the teacher's own investment in the student's mental wellbeing

340 combine and impact on the emotional reaction of each participant.

341

342 [Figure 1 near here]

343

344 Many of the participants felt unable to successfully help their students and spoke as if

345 they had failed them. The helplessness described by participants included feelings of failure,

346 isolation and negative predictions for the student's future. This helplessness has previously

1
2
3 347 been linked to the perceived ‘ambiguity of the teacher’s role’ as highlighted in our own analysis
4
5 348 (Travers and Cooper, 1993). This helplessness is likely to impact on teachers’ own wellbeing
6
7 349 and ability to work effectively as well as them feeling emotionally drained (Kidger *et al.*, 2010).
8
9
10 350 A common generated theme was the lack of knowledge from participants about what
11
12 351 to do and the right way to respond to students with mental health difficulties. Several
13
14 352 participants viewed their student’s mental health as a medical problem to be fixed. This has
15
16
17 353 potential to limit the perception of their own capacity to support them. This theme is held
18
19 354 consistently across similar studies, in which school teachers describe their lack of training or
20
21 355 knowledge to adequately support the mental health of their students (e.g. Walter, Gouze and
22
23 356 Lim, 2006; Kidger *et al.*, 2009; Knightsmith, Treasure and Schmidt, 2013; Andrews, McCabe
24
25 357 and Wideman-Johnston, 2014). Many researchers and teachers themselves have emphasized
26
27 358 the importance of school staff receiving adequate training, information, and resources to
28
29 359 distribute to students with mental health problems (Roeser and Midgley, 1997; Reinke *et al.*,
30
31 360 2011).
32
33
34

35 361 Participants’ experience of helplessness was often attributed to poor communication
36
37 362 and input from external services, notably CAMHS. Similar UK studies have highlighted the
38
39 363 negative experience that teachers have had with external support services, such as the lack of
40
41 364 communication from CAMHS and external services’ long waiting times (Ford and Nikapota,
42
43 365 2000; Rothi and Leavey, 2006). The time restrictions from the teaching profession on the
44
45 366 ability to support emotional issues in students has been repeatedly been reported by teachers in
46
47 367 previous research (Walter, Gouze and Lim, 2006; Williams *et al.*, 2007). School-based
48
49 368 interventions may help staff feel able to not rely as heavily on external services and avoid the
50
51
52 369 identified barriers to providing support.
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2
3 371 Similarly, parents of students were often viewed as a barrier to helping the young
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5 372 person. Other studies have identified that teachers find working with parents a frustrating
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7 373 process in which parents are often perceived to be “uncooperative, disengaged, and unwilling
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9 374 to take responsibility for their children’s actions” (Williams *et al.*, 2007; Knightsmith, Treasure
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11 375 and Schmidt, 2013). In one questionnaire, teachers endorsed lack of parental involvement as a
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13 376 barrier to getting help for their students (Walter, Gouze and Lim, 2006). Teachers have rated
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15 377 problematic relationships with parents as the most common barrier to supporting students with
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17 378 behavioural health difficulties (Ford and Nikapota, 2000).

21 379 ***Strengths and limitations***

24 380 The qualitative method of this study enables a valid exploration of the issues that
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26 381 concern teachers when discussing mental health in schools. The study met all of the
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28 382 requirements of the COREQ guidelines for rigorous qualitative research (Appendix A). All of
29
30 383 the participants were practicing teachers with first-hand experience of mental health difficulties
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32 384 in students and therefore in a position to contribute to the research question. Whilst
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34 385 participants’ specific experiences with students differed extensively, the themes that have been
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36 386 generated were consistent across all those interviewed.

40 387 It is important to acknowledge the limitations encountered when conducting qualitative
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42 388 research. Participants were teachers who expressed an interest in discussing their experiences
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44 389 and were willing to give up their time to participate in the research. It would be useful to
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46 390 investigate the experiences of teachers who have not had supportive interactions with their
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48 391 students and are not interested in their mental health. The participants were all teachers within
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50 392 schools with a ‘Good’ or ‘Outstanding’ Ofsted rating, meaning that their schools are deemed
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52 393 above average in academic, social and behavioural ability. It would be of interest to future
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54 394 research to learn more about teachers’ experiences in lower-ability or lower-Ofsted rating
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56 395 schools. Characteristically these schools are less financially flexible and so may present
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396 different experiences and problems for teachers. Likewise, the participants were all based in
397 schools in the South East of England. The demographic uniqueness of the sample has potential
398 to shape the data and their experiences. Going forward, further research should be conducted
399 with samples that differ in their geographic and demographic characteristics. This is important
400 to understand to what extent the interpretational model may be generalised to other school staff.

401 The opinions, beliefs and own school experiences of the authors themselves have
402 potential to shape the data and analysis. The lead author has an interest in the role of mental
403 health in school and is passionate about there being provision of mental health support for
404 students. Similarly, the lead author's research is funded by a charity focused on young people's
405 mental health. One of the authors is a clinical psychologist with a strong interest in mental
406 health in young people.

407 Whilst we intend that the current study has 'theoretical generalisability', in that the
408 knowledge and understanding from these unique accounts may extend and be relevant to the
409 wider experiences of others, these results are not intended to be generalizable to the wider
410 population. It would be interesting to explore whether participants' experiences are shared by
411 other teachers, other support staff within the school, as well as the students themselves.

412 **Conclusion**

413 This paper aims to use an idiographic and experiential-driven qualitative analysis to
414 better understand the experiences of secondary school teachers in supporting the mental health
415 of their students. Participants from this study expressed a great deal of caring for their students,
416 but also a range of negative cognitions due to lack of training, resources and adequate
417 guidelines. These findings suggest that the emotional reaction of participants to these
418 experiences is determined by a) how they view their own role in relation to supporting their
419 students, and b) whether their student is receiving effective and informed help from the school,

420 external services or from the teacher. This interpretation is presented as a model that can help
421 inform the design of future teacher-targeted mental health interventions.

423 **Acknowledgments**

424 We would like to thank the teachers who took part in this research for their help. The research
425 materials can be accessed by contacting the corresponding author.

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Superordinate themes	Subordinate themes
1. Perceived role of teacher	<ul style="list-style-type: none"> ● Going beyond the role of an educator ● Consequences of being close to students ● Role of teacher to signpost and refer
2. Nature of relationship	<ul style="list-style-type: none"> ● Conversations depend on good relationships ● Showing care and positive regard for the student ● Ability to provide stable environment
3. Barriers to helping the young person	<ul style="list-style-type: none"> ● Amount of time or space ● Working with other teams or services ● Involvement of parents
4. Amount of training and resource	<ul style="list-style-type: none"> ● Previous understanding about mental health ● Having to independently generate ideas
5. Helplessness and Satisfaction	<ul style="list-style-type: none"> ● Sadness and helplessness ● Frustration ● Satisfaction and hope from helping

Table 1: The superordinate and subordinate themes generated from analysis

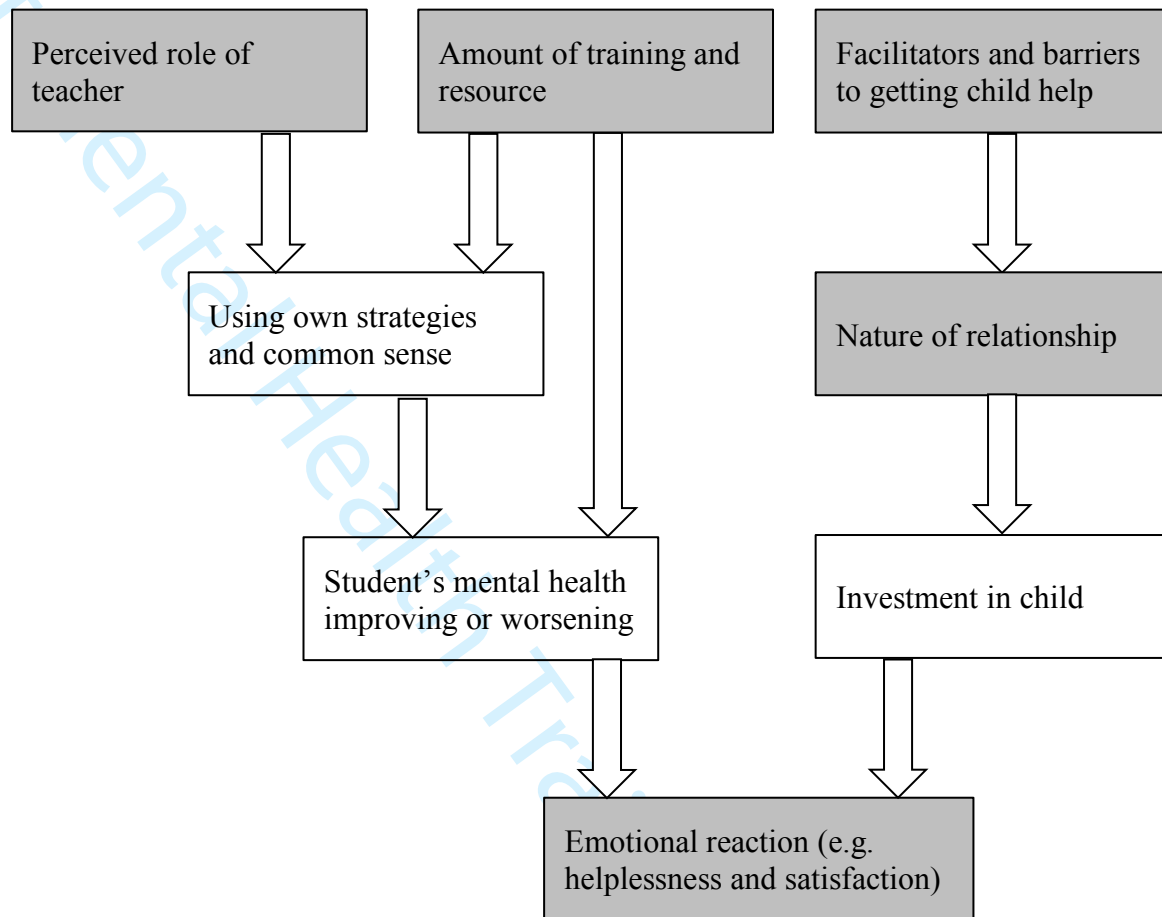


Figure 1. A theoretical model based of teacher's experience when supporting a student with a mental health problem. The grey boxes represent the five superordinate themes.

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