Secondary school teachers' experiences of supporting mental health

Article

Accepted Version

emerald PUBLISHING

Journal of Mental Health Training, Education and Pr

Secondary school teachers' experiences of supporting mental health

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

Secondary school teachers' experiences of supporting mental health

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

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

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

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

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

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

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

The amount of time teachers spend in contact with students makes them well placed to notice symptoms and behaviours associated with internalizing and externalising ~~disorders~~ difficulties such as irritability, social withdrawal and changes in concentration (Ginsburg and Drake, 2002; Chatterji *et al.*, 2004). Teachers working in secondary schools are faced with a high prevalence of mental health problems in their students. In the UK, two-thirds of ~~children and~~ adolescents with diagnosable mental health disorders have spoken to a teacher about their mental health (Newlove-Delgado *et al.*, 2015). Teachers are in an ideal position to refer and signpost students to mental health care services (Fazel *et al.*, 2014). They are often the first point of contact for parents who are worried about their child's emotional wellbeing (Sax and Kautz, 2003; Ford *et al.*, 2008).

Many teachers acknowledge their ability to identify students who are in difficulty ~~and manage mental health problems in the classroom~~ (Rothì, Leavey and Best, 2008; Andrews, McCabe and Wideman-Johnston, 2014) and the link between academic and emotional health outcomes (Kidger *et al.*, 2009). However without training, teachers have low confidence in their knowledge and ability to recognise mental health problems, as well as providing support within school (Roeser and Midgley, 1997; Walter, Gouze and Lim, 2006; Moor *et al.*, 2007; Andrews, McCabe and Wideman-Johnston, 2014). Previous studies have found teachers often feel uneasy when discussing mental health with students and are unsure how to manage emotional difficulties in the classroom (Roeser and Midgley, 1997; Walter, Gouze and Lim, 2006; Cohall *et al.*, 2007; Moor *et al.*, 2007).

There is a demand from governmental bodies in response to public campaigns for secondary school teachers in the UK to have increased mental health knowledge and training (Department of Health, 2015; Department of Health and Department of Education, 2018). It is important to understand the context and experiences faced by teachers in secondary schools in order to develop appropriate resources and interventions. There are many

programmes that train school staff around mental health (Anderson *et al.*, 2018). However t~~T~~o date, few studies have explored teachers' beliefs about specific aspects relating to students' mental health, and their role in supporting students. A holistic understanding of teachers' lived experience of students' mental health problems is needed to facilitate the design of resources and training that may best support teachers (Kirkpatrick, 2008). By learning about the experiences teachers have had regarding mental health in schools, intervention developers can optimally design interventions and resources that may best help teachers in the future.

The present study

The aim of the current study is to explore teachers' perspectives of supporting students' mental health, focusing on their emotional and cognitive processing of these experiences. The rigorous, detailed and phenomenological exploration of the experiences of teachers will help to better understand the impact of supporting students on participants' own beliefs and emotions. ~~The study uses the methodological framework of Interpretative Phenomenological Analysis (IPA) to generate a rigorous, detailed and in-depth exploration of the 'lived experience' of individuals, thus enabling a rich understanding of participants' stories and perspectives (Smith, 2004). In the last decade IPA has been increasingly used in qualitative health research, particularly when the topic is under-studied and participants' experiences have yet to be systematically explored (e.g. Fox and Diab, 2015; Smith and Rhodes, 2015).~~

~~The present study aims to explore the experiences teachers have had regarding the mental health of their students in schools.~~ A better understanding of teachers' experiences, needs and opinions can improve the development of future mental health interventions targeted at teachers (Han and Weiss, 2005; Neil and Christensen, 2009).

Method

The study uses the methodological framework of Interpretative Phenomenological Analysis (IPA) to generate a rigorous, detailed and in-depth exploration of the 'lived experience' of individuals, thus enabling a rich understanding of participants' stories and perspectives (Smith, 2004). In the last decade IPA has been increasingly used in qualitative health research, particularly when the topic is under-studied and participants' experiences have yet to be systematically explored (e.g. Fox and Diab, 2015; Smith and Rhodes, 2015). IPA employs a systematic approach to analysis, which recognizes the role of the researcher as an interpreter of the insights from the participant. IPA uses idiographic inquiry in which each participant's story is analysed in detail and considered as an individual, separate narrative prior to exploring commonalities across participant accounts (Smith, Harr and Van Langenhove, 1995; Smith, 2004).

Ethical approval for the study was granted by the University of Reading Research Ethics Committee (reference number 2016-037-PW). The study ~~used IPA and~~ was conducted following established criteria for rigour in qualitative research (Denzin and Lincoln, 1994), using the COREQ checklist for reporting (Tong, Sainsbury and Craig, 2007) (Appendix A).

Sampling~~Participants~~

Participants were eligible for inclusion if they were a) secondary school teachers who b) had experience of a conversation with at least one student about their mental health. We ~~also~~ only recruited participants in the South East of England due to travel limitations of the research team. The study was advertised via word of mouth and online social media (Twitter, Facebook) snowballing distribution of information. Advertisements were shared from the personal and university social media accounts, and subsequently 're-shared' by members of the public. Eligible participants contacted the lead researcher and were contacted with further information about the study. Nineteen people expressed interest in the study. From this pool of potential participants, seven individuals met the inclusion criteria (reasons for exclusion: 5 people taught

in primary schools, 7 people did not respond past initial contact). The number of participants in the study was determined by the recommendation from Smith, Flowers and Larkin (2009) that the number of interviews for an in-depth IPA analysis should be between four and ten. Participants were seven teachers working in different secondary state schools in the South East and London regions of the UK. There were five female and two male teachers and their ages ranged from 24 to 53 years. Five participants were White British, one was Asian British and for the remaining participant, ethnicity was not provided. Years of experience working as a teacher ranged from 2 to 26 years.

Procedure

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

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

Data Analysis

The data analysis was completed in several stages following the IPA framework (Smith et al., 2009). This methodology ensured an in-depth and idiographic analysis by focusing initially on individual interviews and eventually working towards an overall categorisation of themes. Firstly, the lead researcher (LS) read and re-read each transcript to ensure a high level of familiarisation with the data. In the second stage, transcripts were independently coded into nodes with interpretative annotations added that focused on the cognitive and emotional experiences of the participant. The computer software package NVivo (QSR, 2014) was used to facilitate coding of the transcribed data. After this idiographic approach, nodes from the different interview transcripts were compared and linked. The following stage involved grouping and organizing nodes into themes. Themes were discussed and questioned with two further researchers (KH, an experienced qualitative researcher & PW, an experienced researcher into young people's mental health and a clinician) acting as independent auditors (Smith, Flowers and Larkin, 2009). Superordinate themes were derived from the data following an iterative processing and rearrangement of the themes until the authors felt that the data was well represented.

Results

The interpretative analysis of the interviews resulted in five superordinate themes that are shown ~~presented~~ in Table 1 and are explored further below. A map of the superordinate themes and their relation to each other is presented in Table 2.

[Table 1 near here]

Perceived Role of Teacher

Participants presented their role of a teacher as a 'balancing act' between adequately providing support and facing the consequences of being too close to a student. All participants acknowledged how they did not want to become a 'therapist', and yet still expressed difficulty in knowing how close they should be to students.

Going beyond the role of an educator.

All participants viewed their primary role as educators, with a focus on the academic achievement of their students. It became clear that participants worried that they would be giving incorrect advice if they were to advise students.

> I'm so much more confident to listen and no I'm not there to fix it for them but … I can have a discussion with him and then slowly they will start talking more and more and then hopefully calm - Participant 2 (P2); female

Some participants were unsure whether to support students suggesting a lack of clarity over their role as caregivers.

> I'm there to be a caregiver but like to a certain degree. I don't know what the degree is yet – P5; female

Consequences from being too close to students.

Many of the participants worried around boundaries and the consequences of being too close with students when discussing their mental health. Participants ~~described~~ felt that they had difficulty maintaining a disciplinary role with a student whilst supporting them.

> Things can go wrong very easily and very quickly and then as I found before … my relationship with this child as a teacher was compromised because of the relationship that I had with the child as somebody who cared about her and that was not my role so I think I learnt a valuable lesson – P7; female

Role of teacher to refer and signpost.

Some participants described how it is not their responsibility to support students directly but that they felt they should be referring students to other appropriately trained professionals. Several participants spoke about the mental health of their students in a medicalised way, perceiving their problems as something that 'required fixing' by a health professional rather than more holistically by the people around the young person.

> It's not our responsibility. I think we're not trained to be counsellors we should ... send them off, refer them to someone else cause we can't take responsibility. That's what I feel - P5; female

In contrast, other participants argued that in fact teachers can work collaboratively to support a student.

> It doesn't always have to become someone else's problem … this is everybody's responsibility, we're all in this together absolutely and you … just have to be given the right language and some structures on what advice to offer - P2; female

Nature of relationship

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

Conversations depend on good relationships.

Participants clearly emphasised that they felt trust was important in building a good relationship with the young person.

> I felt like obviously this person trusted me because people don't obviously share random horrible stories about themselves to

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

Showing care and positive regard for the student.

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

You know this person's come to you in trust and you want to you want to be there to help them because you know what it's taken for them to do that - P2; female

Several participants were protective over the young person, such as defending the student in front of their parents.

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

Ability to provide stable environment.

The participants believed that m~~M~~any of the students supported by participants experienced transitory and unstable lives at home and with their friendship groups. It was clear that participants saw the school setting as one that can be consistent and secure for their students. The participants spoke about their responsibility to provide this stable care as if they are 'in loco parentis/in place of parents' whilst the student is in school.

We are a stable environment for her. We're somewhere where she can come and get the support and have the family relationship that she needs – P3; male

Barriers to helping the young person

All of the participants described various barriers to obtaining appropriate help for their students.

Amount of time or space.

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

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

Working with other teams and services.

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

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

Involvement of parents.

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

made it very difficult for participants to talk to the family about their child and try to recommend services and strategies.

> I think also we're not only having to deal with the mental health of the young people but also their parents ... don't acknowledge it themselves – P6; male

Amount of training and resource

Many of the participants spoke about the training and resources necessary to adequately support their students. Often participants reported a lack of understanding and knowledge about how best to help. In various examples participants resorted to using 'common sense' and their teaching skills to independently provide solutions.

Previous understanding about mental health.

Unanimously participants mentioned a lack of training and preparation to help students with mental health problems. Participants subsequently felt ill-prepared and unable to competently support students.

> It was a case of trying to make a square fit a circle so with the training we had and with the resources we had trying to support them, it just felt very inadequate, it felt superficial the support we were giving and it didn't feel like we were actually supporting them in any real way - P7; female

Having to independently come up with ideas.

Frequently participants described having to support students doing what they instinctively thought was the right thing to do.

> I just had to sort of rely on my natural teaching skills which is just to listen to her and to say to her is it's probably not as bad as you're

making it out, it's all in your head, it's all in your mind, but a lot of the time what I was saying was probably not the right thing and she was getting more and more anxious - P2; female

Helplessness and Satisfaction

The emotions described by many participants were those of helplessness and feeling as though they had let down their students. On the other hand, there were participants who felt that they positively impacted their student's mental health and were glad to help.

Sadness and Helplessness.

At times during the interview many participants became upset and emotional. When they perceived that their~~ir~~ student was not showing signs of improvement or receiving appropriate support, some participants felt devastated. This was especially the case for those that had a strong empathetic investment in their student.

How do we feel? You do feel helpless ... you feel that you're losing a child - P3; male

The perceived lack of options for support or treatment for the young person led participants to feel that there was nothing else that they could do to improve the mental health of their student.

Initially there was nothing there was nothing I could do, there was nowhere I could send her, there was no referral, there was nothing - P2; female

The culmination of not being able to adequately support a student together with other services' limited availability meant some participants felt as though they had failed in their role as a teacher.

I came into teaching to help young people to be more successful to change their lives for the positive and generally I've been successful in doing that but when you can't and when ... that

support is either not there or they can't do it, that that's a horrible feeling - P4; female

Frustration.

The barriers to getting the student appropriate help combined with the participants' own lack of knowledge and capability often contributed to feelings of anger and frustration. Participants described aggravation at not being able to have resources within the school to support a high-risk student.

There was nowhere I could put her, there was nowhere private I could take her ... so it was just very frustrating the kind of mental health support we were offering - P2; female

Satisfaction and hope from helping.

In the cases where participants felt that they had helped their students, they expressed a great deal of relief and satisfaction. Many participants were hopeful that their support would make a positive change to the young person's life.

I just felt so pleased that I did it [helped]. I said to my daughter in the car on the way home it was the right thing to do ... I just felt elated that he was coming out the other end – P4; female

Some participants described their desperate hope that the mental health of their students would improve. The quote below highlights the resilience and perseverance of the participant to help his student and keep him safe in the face of various barriers and setbacks.

You just keep going and keep trying to help them so you hope that they're going to be in school on a Monday after a weekend and you hope that you get another chance of keeping them safe for another week and hoping that something is going to change that's gonna

give them a better opportunity, give them better support. You just keep going - P3; male

Discussion

Semi-structured interviews were conducted with seven secondary school teachers in the UK. The interviews explored participants' experiences of conversations with students concerning their mental health. Five superordinate themes were generated exploring the different factors of participants' experiences.

Based on the findings from this study, we propose an interpretative and theoretical model to represent ~~of~~ the experiences and perceptions of the participants (shown in Figure 1). The emotional response from participants depended on their observed changes in the students' mental health and the extent of their own investment in the emotional health of the student. The changes in the mental health of the student relied on two factors: a) the barriers to getting the child appropriate help, and b) the internal knowledge and expertise of the teacher to help the student. The participant's interest in the mental health of their students was determined by how they themselves view the role of the teacher their closeness to students. These two streams: a) the ability for the child to get appropriate help from the school, external services or the teacher themselves and b) the teacher's own investment in the student's mental wellbeing combine and impact on the emotional reaction of each participant.

[Figure 1 near here]

Many of the participants felt unable to successfully help their students and spoke as if they had failed them. The helplessness described by participants included feelings of failure, isolation and negative predictions for the student's future. This helplessness has previously

been linked to the perceived 'ambiguity of the teacher's role' as highlighted in our own analysis (Travers and Cooper, 1993). This helplessness is likely to impact on teachers' own wellbeing and ability to work effectively as well as them feeling emotionally drained (Kidger *et al.*, 2010).

A common generated theme was the lack of knowledge from participants about what to do and the right way to respond to students with mental health difficulties. Several participants viewed their student's mental health as a medical problem to be fixed. This has potential to limit the perception of their own capacity to support them. This theme is held consistently across similar studies, in which school teachers describe their lack of training or knowledge to adequately support the mental health of their students (e.g. Walter, Gouze and Lim, 2006; Kidger *et al.*, 2009; Knightsmith, Treasure and Schmidt, 2013; Andrews, McCabe and Wideman-Johnston, 2014). Many researchers and teachers themselves have emphasized the importance of school staff receiving adequate training, information, and resources to distribute to students with mental health problems (Roeser and Midgley, 1997; Reinke *et al.*, 2011).

Participants' experience of helplessness was often attributed to poor communication and input from external services, notably CAMHS. Similar UK studies have highlighted the negative experience that teachers have had with external support services, such as the lack of communication from CAMHS and external services' long waiting times (Ford and Nikapota, 2000; Rothi and Leavey, 2006). The time restrictions from the teaching profession on the ability to support emotional issues in students has been repeatedly been reported by teachers in previous research (Walter, Gouze and Lim, 2006; Williams *et al.*, 2007). School-based interventions may help staff feel able to not rely as heavily on external services and avoid the identified barriers to providing support.

Similarly, parents of students were often viewed as a barrier to helping the young person. Other studies have identified that teachers find working with parents a frustrating process in which parents are often perceived to be "uncooperative, disengaged, and unwilling to take responsibility for their children's actions" (Williams *et al.*, 2007; Knightsmith, Treasure and Schmidt, 2013). In one questionnaire, teachers endorsed lack of parental involvement as a barrier to getting help for their students (Walter, Gouze and Lim, 2006). Teachers have rated problematic relationships with parents as the most common barrier to supporting students with behavioural health difficulties (Ford and Nikapota, 2000).

Strengths and limitations

The qualitative method of this study enables a valid exploration of the issues that concern teachers when discussing mental health in schools. The study met all of the requirements of the COREQ guidelines for rigorous qualitative research (Appendix A). All of the participants were practicing teachers with first-hand experience of mental health difficulties in students and therefore in a position to contribute to the research question. Whilst participants' specific experiences with students differed extensively, the themes that have been generated were consistent across all those interviewed.

It is important to acknowledge the limitations encountered when conducting qualitative research. Participants were teachers who expressed an interest in discussing their experiences and were willing to give up their time to participate in the research. It would be useful to investigate the experiences of teachers who have not had supportive interactions with their students and are not interested in their mental health. The participants were all teachers within schools with a 'Good' or 'Outstanding' Ofsted rating, meaning that their schools are deemed above average in academic, social and behavioural ability. It would be of interest to future research to learn more about teachers' experiences in lower-ability or lower-Ofsted rating schools. Characteristically these schools are less financially flexible and so may present

different experiences and problems for teachers. Likewise, the participants were all based in schools in the South East of England. The demographic uniqueness of the sample has potential to shape the data and their experiences. Going forward, further research should be conducted with samples that differ in their geographic and demographic characteristics. This is important to understand to what extent the interpretational model may be generalised to other school staff.

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

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

Conclusion

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

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

Acknowledgments

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

References

Anderson, M. *et al.* (2018). 'Mental Health Training Programs for Secondary School Teachers: A Systematic Review', *School Mental Health*, 1-20. doi: 10.1007/s12310-018-9291-2

Andrews, A., McCabe, M. and Wideman-Johnston, T. (2014) 'Mental health issues in the schools: are educators prepared?', *The Journal of Mental Health Training, Education and Practice*. Emerald Group Publishing Limited, 9(4), pp. 261–272.

Chatterji, P. *et al.* (2004) 'Cost assessment of a school-based mental health screening and treatment program in New York City.', *Mental health services research*, 6(3), pp. 155–66.

Cohall, A. T. *et al.* (2007) 'Overheard in the halls: what adolescents are saying, and what teachers are hearing, about health issues.', *The Journal of school health*, 77(7), pp. 344–50. doi: 10.1111/j.1746-1561.2007.00218.x.

Denzin, N. K. and Lincoln, Y. S. (1994) *Handbook of qualitative research*. Sage Publications.

Department of Health. (2015). Future in Mind - Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf.

Department of Health and Department of Education. (2018). Government Response to the

Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf.

Fazel, M. *et al.* (2014) 'Mental health interventions in schools in high-income countries', *The Lancet Psychiatry*. Elsevier, 1(5), pp. 377–387. doi: 10.1016/S2215-0366(14)70312-8.

Ford, T. *et al.* (2008) 'Predictors of Service Use for Mental Health Problems Among British Schoolchildren', *Child and Adolescent Mental Health*. Wiley/Blackwell (10.1111), 13(1), pp. 32–40. doi: 10.1111/j.1475-3588.2007.00449.x.

Ford, T. and Nikapota, A. (2000) 'Teachers' attitudes towards child mental health services', *Psychiatric Bulletin*. Cambridge University Press, 24(12), pp. 457–461. doi: 10.1192/pb.24.12.457.

Fox, J. R. and Diab, P. (2015) 'An exploration of the perceptions and experiences of living with chronic anorexia nervosa while an inpatient on an Eating Disorders Unit: An Interpretative Phenomenological Analysis (IPA) study', *Journal of Health Psychology*, 20(1), pp. 27–36. doi: 10.1177/1359105313497526.

Ginsburg, G. S. and Drake, K. L. (2002) 'School-Based Treatment for Anxious African-American Adolescents: A Controlled Pilot Study', *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(7), pp. 768–775. doi: 10.1097/00004583-200207000-00007.

Han, S. S. and Weiss, B. (2005) 'Sustainability of Teacher Implementation of School-Based Mental Health Programs', *Journal of Abnormal Child Psychology*. Kluwer Academic Publishers-Plenum Publishers, 33(6), pp. 665–679. doi: 10.1007/s10802-005-7646-2.

Kidger, J. *et al.* (2009) 'Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being', *British Educational Research Journal*.

Routledge , 36(6), pp. 919–935. doi: 10.1080/01411920903249308.

Kirkpatrick, H. (2008) 'A Narrative Framework for Understanding Experiences of People With Severe Mental Illnesses', *Archives of Psychiatric Nursing*, 22(2), pp. 61–68. doi: 10.1016/j.apnu.2007.12.002.

Knightsmith, P., Treasure, J. and Schmidt, U. (2013) 'We don't know how to help: an online survey of school staff', *Child and Adolescent Mental Health*. Wiley/Blackwell (10.1111), 19(3), p. n/a-n/a. doi: 10.1111/camh.12039.

Moor, S. *et al.* (2007) 'Improving the recognition of depression in adolescence: Can we teach the teachers?', *Journal of Adolescence*, 30(1), pp. 81–95. doi: 10.1016/j.adolescence.2005.12.001.

Neil, A. L. and Christensen, H. (2009) 'Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety', *Clinical Psychology Review*, 29(3), pp. 208–215. doi: 10.1016/j.cpr.2009.01.002.

Newlove-Delgado, T. *et al.* (2015) 'Mental health related contact with education professionals in the British Child and Adolescent Mental Health Survey 2004', *The Journal of Mental Health Training, Education and Practice*. Emerald Group Publishing Limited, 10(3), pp. 159–169.

'NVivo qualitative data analysis Software' (2014). QSR International Pty Ltd.

Reinke, W. M. *et al.* (2011) 'Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers.', *School Psychology Quarterly*, 26(1), pp. 1–13. doi: 10.1037/a0022714.

Roeser, R. W. and Midgley, C. (1997) 'Teachers' Views of Issues Involving Students' Mental Health', *The Elementary School Journal*, 98(2), pp. 115–133. doi: 10.1086/461887.

Rothi, D. and Leavey, G. (2006) 'Child and adolescent mental health services (CAMHS) and schools: Inter-agency collaboration and communication', *The Journal of Mental Health*

Training, Education and Practice. Emerald Group Publishing Limited, 1(3), pp. 32–40.

Rothì, D. M., Leavey, G. and Best, R. (2008) 'On the front-line: Teachers as active observers of pupils' mental health', *Teaching and Teacher Education*. Pergamon, 24(5), pp. 1217–1231. doi: 10.1016/J.TATE.2007.09.011.

Sax, L. and Kautz, K. J. (2003) 'Who first suggests the diagnosis of attention-deficit/hyperactivity disorder?', *Annals of family medicine*. American Academy of Family Physicians, 1(3), pp. 171–4. doi: 10.1370/AFM.3.

Smith, J. A. (2004) 'Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology', *Qualitative Research in Psychology*. Routledge, 1(1), pp. 39–54. doi: 10.1191/1478088704qp004oa.

Smith, J. A., Flowers, P. and Larkin, M. (2009) *Interpretative phenomenological analysis : theory, method, and research*. SAGE.

Smith, J. A. and Rhodes, J. E. (2015) 'Being depleted and being shaken: An interpretative phenomenological analysis of the experiential features of a first episode of depression', *Psychology and Psychotherapy: Theory, Research and Practice*, 88(2), pp. 197–209. doi: 10.1111/papt.12034.

Smith, J., Harr, R. and Van Langenhove, L. (1995) 'Rethinking Methods in Psychology'. London. doi: 10.4135/9781446221792.

Tong, A., Sainsbury, P. and Craig, J. (2007) 'Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups', *International Journal for Quality in Health Care*. Oxford University Press, 19(6), pp. 349–357. doi: 10.1093/intqhc/mzm042.

Travers, C. J. and Cooper, C. L. (1993) 'Mental health, job satisfaction and occupational stress among UK teachers', *Work & Stress*, 7(3), pp. 203–219. doi: 10.1080/02678379308257062.

Walter, H. J., Gouze, K. and Lim, K. G. (2006) 'Teachers' Beliefs About Mental Health Needs in Inner City Elementary Schools', *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(1), pp. 61–68. doi: 10.1097/01.chi.0000187243.17824.6c.

Williams, J. H. *et al.* (2007) 'Teachers' Perspectives of Children's Mental Health Service Needs in Urban Elementary Schools', *Children & Schools*. Oxford University Press, 29(2), pp. 95–107. doi: 10.1093/cs/29.2.95.

Superordinate themes	Subordinate themes
1. Perceived role of teacher	• Going beyond the role of an educator • Consequences of being close to students • Role of teacher to signpost and refer
2. Nature of relationship	• 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	• Amount of time or space • Working with other teams or services • Involvement of parents
4. Amount of training and resource	• Previous understanding about mental health • Having to independently generate ideas
5. Helplessness and Satisfaction	• Sadness and helplessness • Frustration • Satisfaction and hope from helping

Table 1: The superordinate and subordinate themes generated from analysis

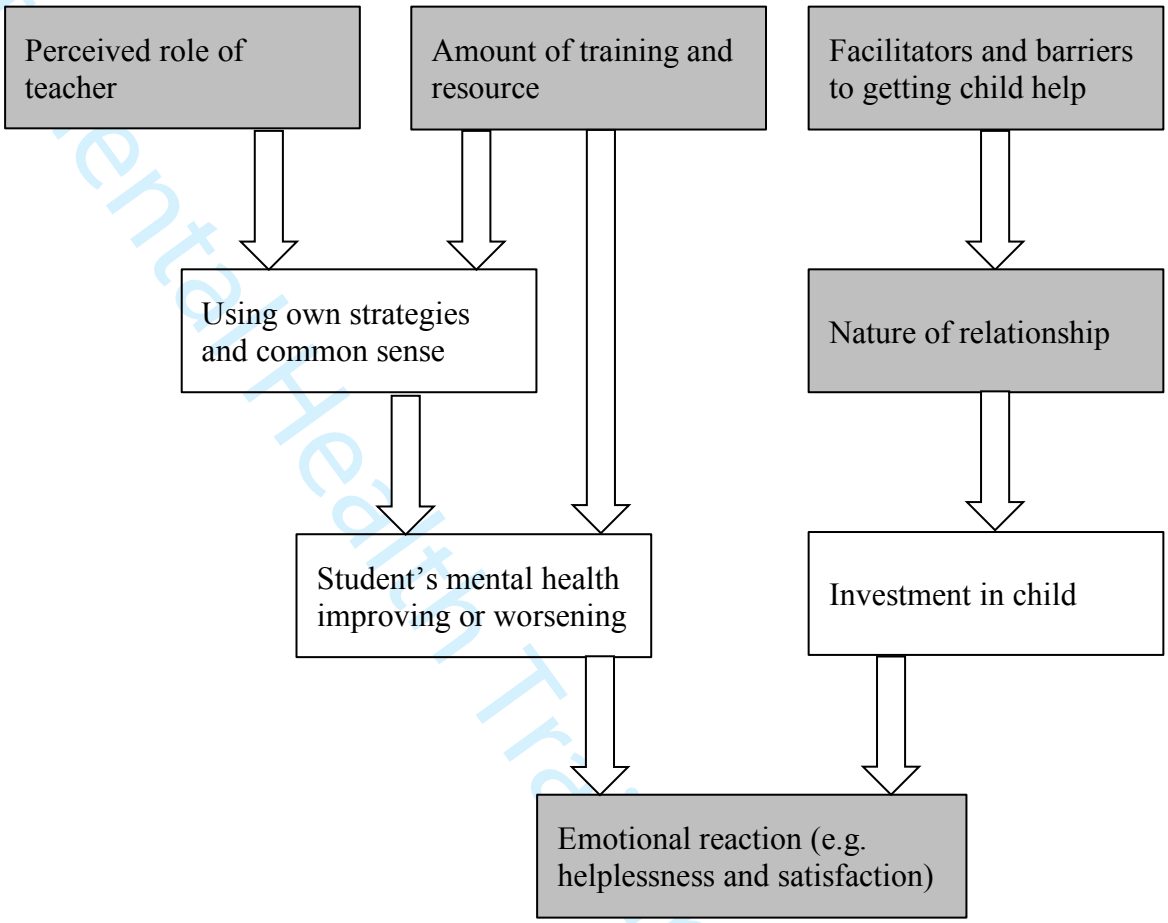

Figure 1. A theoretical model based of teacher's experience when supporting a student with a mental health problem. The grey boxes represent the five superordinate themes.