

# *Secondary school teachers' experiences of supporting mental health*

Article

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# 1 Secondary school teachers' experiences of supporting mental health

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2 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.

7 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.

10 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.

15 Research limitations/implications: The findings from this study cannot be readily 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 teachers within a school setting. It is crucial that mental health training for teachers directly meets their needs and abilities.

20 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.

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

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

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

46 There is a demand from governmental bodies in response to public campaigns  
47 for secondary school teachers in the UK to have increased mental health knowledge and  
48 training (Department of Health, 2015; Department of Health and Department of Education,  
49 2018). It is important to understand the context and experiences faced by teachers in secondary  
50 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 to 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

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



124 The data analysis was completed in several stages following the IPA framework (Smith et al.,  
125 2009). This methodology ensured an in-depth and idiographic analysis by focusing initially on  
126 individual interviews and eventually working towards an overall categorisation of themes.  
127 Firstly, the lead researcher (LS) read and re-read each transcript to ensure a high level of  
128 familiarisation with the data. In the second stage, transcripts were independently coded into  
129 nodes with interpretative annotations added that focused on the cognitive and emotional  
130 experiences of the participant. The computer software package NVivo (QSR, 2014) was used  
131 to facilitate coding of the transcribed data. After this idiographic approach, nodes from the  
132 different interview transcripts were compared and linked. The following stage involved  
133 grouping and organizing nodes into themes. Themes were discussed and questioned with two  
134 further researchers (KH, an experienced qualitative researcher & PW, an experienced  
135 researcher into young people's mental health and a clinician) acting as independent auditors  
136 (Smith, Flowers and Larkin, 2009). Superordinate themes were derived from the data following  
137 an iterative processing and rearrangement of the themes until the authors felt that the data was  
138 well represented.

## 141 Results

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

146 [Table 1 near here]

## 148 *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

174 *Role of teacher to refer and signpost.*

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

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

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

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

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

189 *Nature of relationship*

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

193 *Conversations depend on good relationships.*

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

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

198 random members of the public. They find safe confiding people

199 that they trust, so I did feel like this person trusts me – P5; female

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

201 Many of the participants spoke of how much they cared about the wellbeing of their students.

202 These participants tended to be those who considered student wellbeing as part of their role.

203 You know this person's come to you in trust and you want to you

204 want to be there to help them because you know what it's taken for

205 them to do that - P2; female

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

208 I had a parents' evening with her mum ... and I remember getting

209 really annoyed at her mum for not quite realising how talented she

210 is or how unique and special she is" - P1; female

211 *Ability to provide stable environment.*

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

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

217 We are a stable environment for her. We're somewhere where she

218 can come and get the support and have the family relationship that

219 she needs – P3; male

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

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

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

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

253

254 ***Amount of training and resource***

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

259 *Previous understanding about mental health.*

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

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

268 *Having to independently come up with ideas.*

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

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

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

### 276 *Helplessness and Satisfaction*

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

### 280 *Sadness and Helplessness.*

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

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

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

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

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

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

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

299 feeling - P4; female

300 *Frustration.*

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

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

308 *Satisfaction and hope from helping.*

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

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

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

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



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

323 keep going - P3; male

## 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

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

350 A common generated theme was the lack of knowledge from participants about what  
351 to do and the right way to respond to students with mental health difficulties. Several  
352 participants viewed their student’s mental health as a medical problem to be fixed. This has  
353 potential to limit the perception of their own capacity to support them. This theme is held  
354 consistently across similar studies, in which school teachers describe their lack of training or  
355 knowledge to adequately support the mental health of their students (e.g. Walter, Gouze and  
356 Lim, 2006; Kidger *et al.*, 2009; Knightsmith, Treasure and Schmidt, 2013; Andrews, McCabe  
357 and Wideman-Johnston, 2014). Many researchers and teachers themselves have emphasized  
358 the importance of school staff receiving adequate training, information, and resources to  
359 distribute to students with mental health problems (Roeser and Midgley, 1997; Reinke *et al.*,  
360 2011).

361 Participants’ experience of helplessness was often attributed to poor communication  
362 and input from external services, notably CAMHS. Similar UK studies have highlighted the  
363 negative experience that teachers have had with external support services, such as the lack of  
364 communication from CAMHS and external services’ long waiting times (Ford and Nikapota,  
365 2000; Rothi and Leavey, 2006). The time restrictions from the teaching profession on the  
366 ability to support emotional issues in students has been repeatedly been reported by teachers in  
367 previous research (Walter, Gouze and Lim, 2006; Williams *et al.*, 2007). School-based  
368 interventions may help staff feel able to not rely as heavily on external services and avoid the  
369 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.

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### 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](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*

- 445 [Consultation on Transforming Children and Young People's Mental Health Provision: a](#)  
446 [Green Paper and Next Steps. Retrieved from](#)  
447 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data)  
448 [/file/728892/government-response-to-consultation-on-transforming-children-and-young-](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data)  
449 [peoples-mental-health.pdf.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data)
- 450 Fazel, M. *et al.* (2014) 'Mental health interventions in schools in high-income countries', *The*  
451 *Lancet Psychiatry*. Elsevier, 1(5), pp. 377–387. doi: 10.1016/S2215-0366(14)70312-8.
- 452 Ford, T. *et al.* (2008) 'Predictors of Service Use for Mental Health Problems Among British  
453 Schoolchildren', *Child and Adolescent Mental Health*. Wiley/Blackwell (10.1111), 13(1), pp.  
454 32–40. doi: 10.1111/j.1475-3588.2007.00449.x.
- 455 Ford, T. and Nikapota, A. (2000) 'Teachers' attitudes towards child mental health services',  
456 *Psychiatric Bulletin*. Cambridge University Press, 24(12), pp. 457–461. doi:  
457 10.1192/pb.24.12.457.
- 458 Fox, J. R. and Diab, P. (2015) 'An exploration of the perceptions and experiences of living  
459 with chronic anorexia nervosa while an inpatient on an Eating Disorders Unit: An  
460 Interpretative Phenomenological Analysis (IPA) study', *Journal of Health Psychology*, 20(1),  
461 pp. 27–36. doi: 10.1177/1359105313497526.
- 462 Ginsburg, G. S. and Drake, K. L. (2002) 'School-Based Treatment for Anxious African-  
463 American Adolescents: A Controlled Pilot Study', *Journal of the American Academy of Child*  
464 *& Adolescent Psychiatry*, 41(7), pp. 768–775. doi: 10.1097/00004583-200207000-00007.
- 465 Han, S. S. and Weiss, B. (2005) 'Sustainability of Teacher Implementation of School-Based  
466 Mental Health Programs', *Journal of Abnormal Child Psychology*. Kluwer Academic  
467 Publishers-Plenum Publishers, 33(6), pp. 665–679. doi: 10.1007/s10802-005-7646-2.
- 468 Kidger, J. *et al.* (2009) 'Part and parcel of teaching? Secondary school staff's views on  
469 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*



- 495 *Training, Education and Practice*. Emerald Group Publishing Limited, 1(3), pp. 32–40.
- 496 Rothi, D. M., Leavey, G. and Best, R. (2008) ‘On the front-line: Teachers as active observers
- 497 of pupils’ mental health’, *Teaching and Teacher Education*. Pergamon, 24(5), pp. 1217–
- 498 1231. doi: 10.1016/J.TATE.2007.09.011.
- 499 Sax, L. and Kautz, K. J. (2003) ‘Who first suggests the diagnosis of attention-
- 500 deficit/hyperactivity disorder?’, *Annals of family medicine*. American Academy of Family
- 501 Physicians, 1(3), pp. 171–4. doi: 10.1370/AFM.3.
- 502 Smith, J. A. (2004) ‘Reflecting on the development of interpretative phenomenological
- 503 analysis and its contribution to qualitative research in psychology’, *Qualitative Research in*
- 504 *Psychology*. Routledge, 1(1), pp. 39–54. doi: 10.1191/1478088704qp004oa.
- 505 Smith, J. A., Flowers, P. and Larkin, M. (2009) *Interpretative phenomenological analysis :*
- 506 *theory, method, and research*. SAGE.
- 507 Smith, J. A. and Rhodes, J. E. (2015) ‘Being depleted and being shaken: An interpretative
- 508 phenomenological analysis of the experiential features of a first episode of depression’,
- 509 *Psychology and Psychotherapy: Theory, Research and Practice*, 88(2), pp. 197–209. doi:
- 510 10.1111/papt.12034.
- 511 Smith, J., Harr, R. and Van Langenhove, L. (1995) ‘Rethinking Methods in Psychology’.
- 512 London. doi: 10.4135/9781446221792.
- 513 Tong, A., Sainsbury, P. and Craig, J. (2007) ‘Consolidated criteria for reporting qualitative
- 514 research (COREQ): a 32-item checklist for interviews and focus groups’, *International*
- 515 *Journal for Quality in Health Care*. Oxford University Press, 19(6), pp. 349–357. doi:
- 516 10.1093/intqhc/mzm042.
- 517 Travers, C. J. and Cooper, C. L. (1993) ‘Mental health, job satisfaction and occupational
- 518 stress among UK teachers’, *Work & Stress*, 7(3), pp. 203–219. doi:
- 519 10.1080/02678379308257062.



- 520 Walter, H. J., Gouze, K. and Lim, K. G. (2006) 'Teachers' Beliefs About Mental Health  
521 Needs in Inner City Elementary Schools', *Journal of the American Academy of Child &*  
522 *Adolescent Psychiatry*, 45(1), pp. 61–68. doi: 10.1097/01.chi.0000187243.17824.6c.
- 523 Williams, J. H. *et al.* (2007) 'Teachers' Perspectives of Children's Mental Health Service  
524 Needs in Urban Elementary Schools', *Children & Schools*. Oxford University Press, 29(2),  
525 pp. 95–107. doi: 10.1093/cs/29.2.95.

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

Table 1: The superordinate and subordinate themes generated from analysis

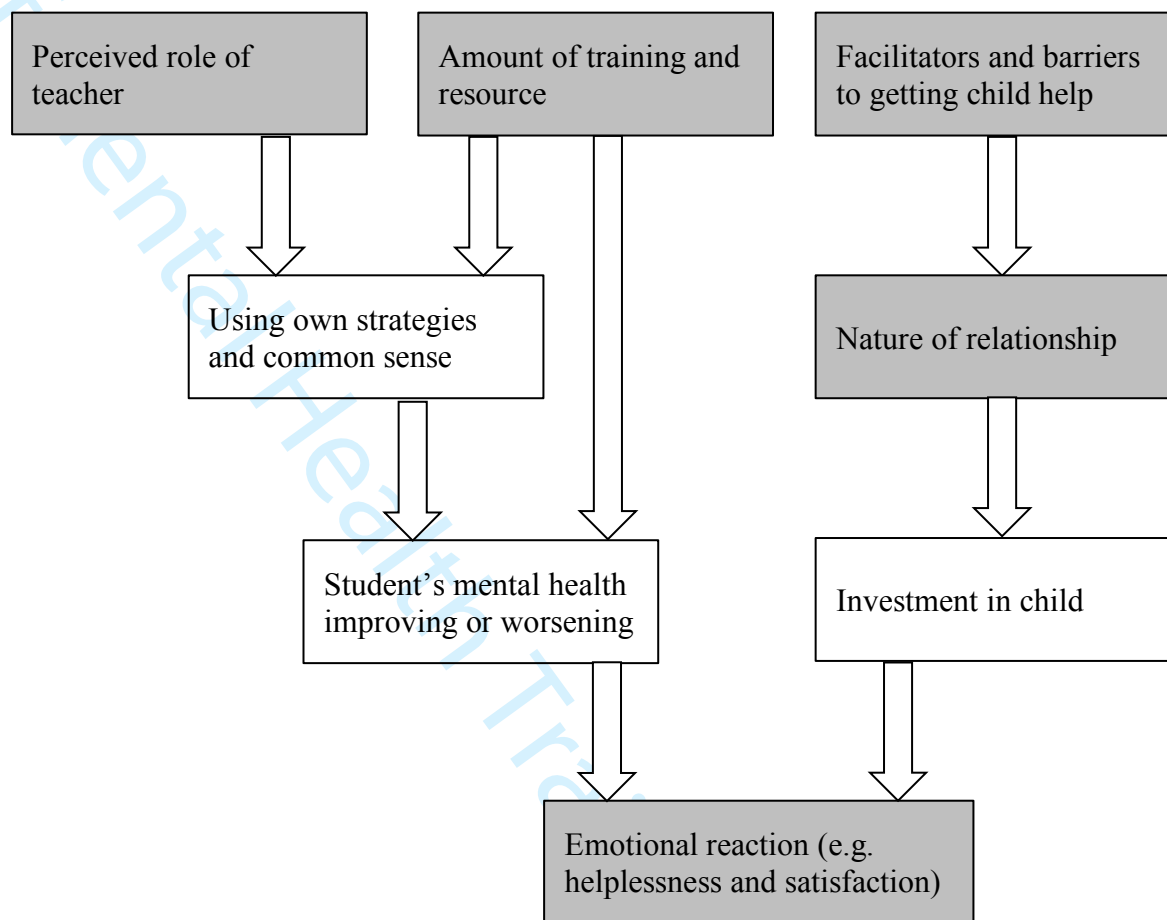


Figure 1. A theoretical model based of teacher's experience when supporting a student with a mental health problem. The grey boxes represent the five superordinate themes.

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