

**Exploring the lived experiences of pastoral staff identifying and  
supporting pupil mental health needs in mainstream secondary schools**

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## **Abstract**

The prevalence of children and young people with mental health needs is of national and local concern. Changes in legislation have explicitly made the identification and support of pupil mental health needs a role for schools. Research indicates the identification of pupil mental health needs has a multitude of barriers meaning said needs are frequently unidentified. This is of concern given it is estimated that half of mental health needs have their onset during adolescence and are related to negative outcomes such as poor educational attainment and in some cases, suicide. School staff are tasked with performing a Tier 1 (Universal Services) mental health professional role. However, there is considerable variation in the support school staff receive when performing this pastoral role and routine pastoral care has received little attention in the literature.

The purpose of this research was to explore the lived experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools.

Semi-structured interviews were conducted with four purposively selected members of secondary school staff performing lead pastoral roles. The interview transcripts were analysed using Interpretative Phenomenological Analysis (IPA) and the following four overarching themes were found to be relevant for all participants: Multiple Conceptualisations of Role, A Myriad of Emotion, Constraints and Conflict, and Remit.

These findings are discussed in the context of existing literature and the limitations of this research are considered. Implications for educational psychology practice are proposed, relating to the different levels at which educational psychologists work: individual, group and organisational. Suggestions for future research related to pastoral leads identifying and supporting adolescent pupil mental health needs are provided.

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## **Chapter 1 Introduction**

### **1.1 Overview**

The present study sought to explore the lived experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools. The aim of this chapter is to first provide definitions for the key terms relating to this research: “mental health”, “adolescent pupil” and “pastoral staff”. This will be followed by an examination of current legislation and policy regarding mental health in education, in addition to a consideration of the local context in which the research took place. Finally, the research rationale and aims will be provided.

### **1.2 Background to the Research**

For the purpose of this section only, the first person will be used to introduce the background to the research. Prior to joining the educational psychology training course, I worked in both special and mainstream educational provisions with secondary aged pupils as an assistant psychologist and teaching assistant respectively. During my time working within these schools I was struck by the presenting mental health needs that school staff were identifying and supporting. As one colleague described it, “teachers are required to teach, be a counsellor and a social worker all rolled into one”. My interest in mental health within the context of education grew as I began training to be an educational psychologist (EP).

## **1.3 Defining Key Terms**

### **1.3.1 Mental health.**

Definitions of mental health vary across different countries and cultures (World Health Organisation [WHO], 2001). It is acknowledged as challenging to develop a comprehensive definition from a cross-cultural perspective (Gott, 2003; WHO, 2005). Nonetheless, the WHO (2005) posits it is possible to develop a core universal meaning of mental health to facilitate understanding without restricting interpretation.

The WHO's definition of mental health is the most widely accepted internationally and aims to reflect a holistic and positive conceptualisation of what mental health is:

A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2013, p. 6)

This definition reflects attempts to change wider perceptions of mental health. Mental health does not merely represent the lack of a mental disorder, nor is it the solely the concern for those who experience mental health needs (WHO, 2003). It is crucial on all levels ranging from the individual to the societal (Tolan & Dodge, 2005) and reflects positive attributes (Gott, 2003).

Murphy and Fonagy (2012) state the broad nature of the WHO (2013) definition is particularly appropriate for children and adolescents given that mental health is the foundation of healthy development. Nonetheless, the number of children and young people experiencing some kind of mental health need cannot be ignored (Bennett,

2015; Gott, 2003). The phrase ‘mental disorder’ is used to reflect a range of mental and behavioural ‘disorders’ classified by the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) (WHO, 1992).

The WHO (2011) define a mental disorder as:

A clinically recognisable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions. (p. 87)

Labels such as ‘mental disorder’ and ‘mental illness’ are considered to be reflective of a biomedical approach to mental health and their use is a contentious issue (Tew, 2011). Murphy and Fonagy (2012) caution that the use of such terms should not be viewed as an indication that the ‘problem’ is entirely within the child, as presenting needs may be a reaction to or interaction with external factors. Within the discipline of psychology there has been a shift towards a psychosocial-biological perspective, which considers the interaction between biological, social and psychological risk factors (Bennett, 2015). With this in mind, within this research the notion of ‘mental disorder’ is encapsulated by the umbrella term, ‘mental health need’. This is both reflective of the researcher’s position and recognises the move away from a dichotomy between normal and abnormal mental states in psychology (Bennett, 2015).

### **1.3.2 Adolescent pupil.**

Adolescence is widely considered the period between childhood and adulthood (Frydenberg, 1997) though how this transition is defined and recognised varies both over time and between cultures (WHO, 2014). The WHO (2014) categorises

adolescence as the period in human development that occurs between the ages of 10 and 19. This research will focus on mainstream secondary schools in which the ages of pupils range from 11 to 18, a time encapsulated by adolescence. Therefore, within this research the term ‘adolescent pupil’ reflects this chronological age range (Department for Education [DfE], 2014b).

### **1.3.3 Pastoral staff.**

According to Calvert (2009), although there does not appear to be a widely accepted definition of what pastoral care is, teachers and support staff recognise it as:

The term used in education in the United Kingdom to describe the structures, practices and approaches to support the welfare, well-being and development of children and young people. (p. 267)

Purdy (2013) acknowledges the difficulty in defining pastoral care yet posits the term incorporates both reactive responses to issues arising for pupils, and preventative, educational strategies aimed to better prepare pupils for their lives at school and home. In England, aspects of Calvert’s (2009) definition of pastoral care are featured within the criteria against which the quality of schools are assessed (Office for Standards in Education, Children's Services and Skills [Ofsted], 2016). In schools, pastoral staff hold the responsibility to support pupils’ emotional well-being and care (Harris, 2006) and the majority of said pastoral support is provided by teachers (DfE, 2012).

To encapsulate the range of job titles held by individuals with the overall responsibility for providing pastoral care in schools (Purdy, 2013), such as Inclusion

Manager or Special Educational Needs Coordinator (SENCO), this research will adopt the umbrella term ‘lead pastoral staff’ to denote this role.

#### **1.4 International Context**

The prevalence rates of children and young people experiencing mental health needs are of international concern (Belfer, 2008). The WHO (2014) states the age of onset for up to half of all mental health needs is 14 and the majority of cases will go unrecognised. This is of concern given the potential negative outcomes related to mental health needs, including an impact upon academic attainment, physical health, employment and in some cases, suicide (Colman et al., 2009; Brent, Perper & Moritz, 1993; Farrington, Healey & Knapp, 2004; WHO, 2013).

The international agreement, the United Nations Convention of the Rights of the Child (1989) states that all children under the age of 18 have fundamental legal rights to enable them to fulfil their potential; two of which are the ‘right to health and health services’ and the ‘right to education’. Nonetheless, globally, depression is the top cause of illness and suicide is the third most common cause of death during adolescence (WHO, 2014). The WHO (2014) found that adolescents perceive mental health as the most important health issue they are faced with and would like greater access to mental health care.

#### **1.5 Prevalence of Mental Health Needs and the National Context**

The House of Commons Health Committee (2014) states that nationally, there is a lack of recent, reliable data on children’s and young people’s mental health, as figures for prevalence rates originate from the 2004 Office for National Statistics (ONS)

survey published in 2005. In 2015, the Office for National Statistics stated plans to carry out the ‘Survey of the Mental Health of Children and Young People (MHCYP) 2016’ (ONS, 2017a). The results are expected to be published in 2018 and are intended to help the government, NHS and society develop their understanding so they may better support children and young people with mental health needs (ONS, 2017b). The ONS (2005) found:

One in ten children and young people (10 per cent) aged 5–16 had a clinically diagnosed mental disorder. (p. 8)

A range of prevalence statistics highlighting the mental health needs experienced by children and young people continue to be reported. For example, Young Minds (2016) estimate that in every classroom, there will be three children with a diagnosable mental health issue and the Royal College of Psychiatrists (2015) state that 300,000 young people in the United Kingdom have an identified anxiety disorder.

### **1.6 National Policy, Legislation and Mental Health**

A key piece of legislation pertaining to mental health is the Mental Health Act (1983), which was amended in 2007. The Mental Health Act (1983) applies to England and Wales and outlines the rights of people with mental health needs when being admitted, detained and treated in hospital. This legislation applies to people of any age, including children and adolescents, given there is no lower age limit.

Although mental health has previously been an issue of government interest, the mental health of children and young people in particular has become a pertinent topic which increasingly features in both the media, and government policy and legislation.

In 2000, the Department of Health (DoH) published the National Health Service (NHS) Implementation Programme. The programme included a requirement for health services and local authorities (LAs) to work together to produce a local Child and Adolescent Mental Health Services (CAMHS) strategy (DoH, 2000). The Special Educational Needs (SEN) Code of Practice (Department for Education and Skills [DfES], 2001) highlighted “children with SEN are more likely to have mental health problems than those without, emphasising the importance of close links between education services and CAMHS” (p. 140). However, the Every Child Matters agenda (DfES, 2003) emphasised professionals working with children as frontline staff often lack an awareness of mental health issues. The introduction of the Children Act (2004) gave statutory force to the Every Child Matters agenda and incorporated mental health as an aspect of well-being.

In 2005 and 2007 respectively, the DfE introduced the comprehensive Primary and Secondary Social and Emotional Aspects of Learning (SEAL) approaches, with the aim of promoting the social and emotional skills underpinning positive behaviour, learning, attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools (DfE, 2007). Furthermore, 2007 saw the now disbanded Department of Health: National Institute of Mental Health in England (NIMHE) incorporate Mental Health First Aid (MHFA) training into the national approach to improving public mental health (MHFA, 2017).

Shortly after, The Department for Children, Schools and Families (DCSF) (2008), established the Targeted Mental Health in Schools (TaMHS) project to transform the delivery of mental health support to children aged between 5 and 13 years through whole school approaches.

2011 saw the government announce the mental health strategy, ‘No Health without Mental Health’, with the aim to improve mental health outcomes for all age groups (DoH, 2011). The document highlighted the importance of early intervention (DoH, 2011) and the accompanying implementation framework, detailing best practice guidance, outlined the recommended role for schools (DoH, 2012). It was recommended that schools should know what specialist mental health support is available so they might “know how and when to access targeted and specialist services, commissioned and funded by the NHS or local authorities” (DoH, 2012, p. 31). In addition, it was stated that schools can:

Proactively seek to identify children and young people with the risk factors for, or the early signs of, behavioural problems and intervene early by securing access to evidence-based support. School leaders can support this through creating a whole-school culture and ethos which supports good outcomes through a strong focus on high-quality teaching and learning, enriching extra-curricular activities and good pastoral care. (DoH, 2012, p. 32)

The government later established the Children and Young People’s Mental Health Taskforce to investigate how to make services more accessible and improve the quality of the support provided (DoH, 2014). The introduction of the Children and Families Act (DfE, 2014a) and Special Education Needs and Disability Code of

Practice: 0 to 25 (2015) saw a shift in the terminology used in the categorical definitions of SEN, with 'social, emotional and mental health' (SEMH) replacing 'behaviour, emotional and social development' (BESD) (DfES, 2001). The SEND Code of Practice states LAs must identify "all the children and young people in its area who have or may have [SENs]" (DfE, 2015: p.19). Arguably therefore, this shift in terminology introduced an explicit and statutory responsibility for schools to identify and support pupil mental health needs (DfE, 2014a; DfE, 2015).

In 2015, the government pledged £1.25 billion to support plans to improve children and young people's mental health services over a period of five years (HM Treasury, 2015). Alongside this announcement, the commissioning of an up to date national prevalence survey of child and adolescent mental health, the development of a programme to improve access and waiting time standards and the continued encouragement for schools to continue to promote mental health and well-being through whole school approaches (DoH & NHS England, 2015). In 2016, the Education Policy Institute's Mental Health Commission presented their review of the progress made towards the transformation of children and young people's mental health care and the barriers encountered since the publication of 'Future in Mind' (DoH & NHS England, 2015; Frith, 2016). The review identified that on average, 23% of children and young people referred to mental health services by teaching staff or GPs were being turned away (Frith, 2016). The challenges to effective partnership working between schools and health services included: difficulties emerging from school boundaries not overlapping with NHS organisational boundaries, a reduction in the role of the LA, the increase in multi-academy trusts creating difficulty for health partners to reach all schools, and teacher workload posing a barrier to

attendance to meetings and access to continuing professional development (Frith, 2016).

### **1.7 Identification and Support of Pupil Mental Health Needs**

The early identification of mental health needs and arrangement of targeted intervention is a responsibility for all adults that work with children and young people (Rait, Monsen & Squires, 2010; WHO, 2013). Within the school context, teachers, particularly those working in a pastoral position, have a key role in recognising mental health needs and referring pupils to appropriate services (DOH, 2012; DoH & NHS England, 2015; Loades & Mastroyannopoulou, 2010; Rickwood, Deane & Wilson, 2007; Rothi & Leavey, 2006; WHO, 2013). Research suggests this is a complex process influenced by a multitude of factors. It is estimated that 75% of children and young people vulnerable to mental health needs are not identified (Murphy & Fonagy, 2012) and the need is often hidden (Macdonald, 2000).

Primary school teachers interact with a number of children at once, over a prolonged period of time, thus facilitating their ability to distinguish between typical and atypical behaviour (Loeber, Green & Lahey, 1990; Vershulst, Koot & van der Ende, 1994). Conversely, Simmel, Lee, Kim and Miles (2014) highlight that a reliance on school staff to identify mental health needs may be problematic when pupils transition to secondary schools due to the common structure of having multiple teachers throughout the school day. As a consequence of the reduced intensity of teacher-pupil interactions, it could be that school staff become less effective at identifying the externalisation or internalisation of mental health needs in the pupils'

lives (Simmel et al., 2014). This is of concern, given that half of mental health needs have their onset during adolescence (WHO, 2014).

Furthermore, research conveys a number of other barriers to identification and support which may pose a further challenge for school staff performing a pastoral role. Buxton (2010) highlighted a lack of consistency in how professionals perceive the relationships between mental health and behaviours of children under the age of 18. In spite of the high prevalence of mental health needs developing in adolescence, young people tend not to seek help from professionals, with males and young people from ethnic minority backgrounds being least likely to seek help (Rickwood et al., 2007). Common barriers associated with seeking help for mental health difficulties include: not recognising that one has a mental health need, the stigma associated with mental health and being unaware of where to seek help from (Davidson & Manion, 1996; Rothi & Leavey, 2006).

The responsibility for schools to develop whole school approaches towards mental health is clearly communicated in government policy (DoH, 2012; DoH & NHS England, 2015) and advocated by professionals working externally to schools (Roffey, 2008; Roffey, 2016; Weare, 2000). Furthermore, the National Institute of Clinical Guidance (NICE, 2009) has produced guidance for secondary schools to support staff to promote good psychological health.

In 2014, the DfE first published the non-statutory guidance on Mental Health and Behaviour in Schools, acknowledging that “schools say that this is a difficult area” (DfE, 2016b, p. 4). Regarding identification, the guidance stated:

There are often two key elements that enable schools to reliably identify children at risk of mental health problems:

- effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon; and
- an effective pastoral system so that at least one member of staff (e.g. a form tutor or class teacher) knows every pupil well and can spot where bad or unusual behaviour may have a root cause that needs addressing. Where this is the case, the pastoral system or school policies should provide the structure through which staff can escalate the issue and take decisions about what to do next. (DfE, 2016b, p. 14)

This guidance explicitly refers to escalating issues within a school pastoral system and reflects Harris' (2006) view that pastoral staff hold the responsibility for pupils' emotional well-being and care.

The guidance makes further reference to the responsibilities of those offering pastoral support:

Schools should identify clear means to support such children. Many schools offer pastoral support, which may include access to counselling sessions to help their pupils with social, mental or emotional health difficulties. (DfE, 2016b, p. 17)

Where the presenting need is considered to be of a severity which requires CAMHS support, the National Health Service (NHS) recommend children, young people, their parents or carers contact the local CAMHS services (NHS, 2016). The NHS (2016) further highlight four sources of information, with whom the individuals may find it

helpful to speak to: a GP, someone they trust at school or college, health visitors and children's centres. More specifically, in addition to school nurses and teachers, pastoral leads and special educational needs co-ordinators (SENCOS) are the other options listed. Nonetheless, whilst said needs may be identified, access to more targeted and specialist mental health services is, as indicated by the figures, challenging given that 23% of children and young people referred to targeted and specialist services are turned away (Frith, 2016).

### **1.8 Local Context**

This research was conducted in a LA where it is estimated that approximately 20,000 children and young people aged between 5 and 16 years, and 29,000 young adults aged between 16 and 24 have mental health needs (LA, 2015a). Furthermore, 'SEMH' is the most commonly identified primary type of SEND category in state funded secondary schools across the LA (DfE, 2016a).

The LA (2015a) estimates the level of local need and required support for each CAMHS Tier to be:

- Universal Services (Tier 1) 32,000 – 48, 000 children in need,
- Targeted Services (Tier 2) 22, 000 children in need,
- Specialist Services (Tier 3) 6,000 – 10, 000 children in need,
- Highly Specialist Services (Tier 4) 243 – 1, 524 children in need.

In 2015, the LA Health and Wellbeing Board deemed the mental health and well-being provision for children and young people locally as inadequate, both in terms of the ability to meet the demand for support and deliver the support in the manner needed (LA, 2015a). Whilst the board identified that many schools were providing

additional pastoral support, a disparity between how schools were supporting children and young people with mental health needs across the LA was highlighted as an issue (LA, 2015a). Furthermore, long waiting times on the service care pathway between the first appointment and treatment were found to be common (LA, 2015a), highlighting the role Universal Services, such as schools, perform supporting pupils with a level of need deemed beyond that of Tier 1 Universal Services during said times.

In line with the 'Future in Mind' (DoH & NHS England, 2015) proposal, the LA established a five year Transformation Plan for Children and Young People's Mental Health and Wellbeing (LA, 2015a) which proposed plans to invest in early intervention and increase the role for Universal Services, such as schools, to challenge stigma and build resilience. To achieve this, the LA published a strategic framework focused on establishing a whole system of support for children and young people experiencing emotional and mental health needs. The strategy states that "teachers and other front-line professionals need more support to identify and work with children and young people who have emotional wellbeing difficulties" (LA, 2015b, p.10). This LA level focus on mental health was also presented in the 2016 LA Education and Young People's Service business plan in which the LA published their vision and priorities for improvement over a period of three years (LA, 2016). This document stated an aim to "improve outcomes for pupils with mental health needs" (LA, 2016, p.65).

Whilst the role for schools as part of Tier 1 Universal Services in the LA is clear with regard to identifying and supporting pupil mental health needs, the process of

supporting those with the responsibility of providing pastoral care, both in the context of Universal Services and whilst waiting for a step up to CAMHS Tier 2 and beyond, is unknown.

Whilst the LA's Educational Psychology Service (EPS) provides a number of traded services which support whole school approaches to well-being, the increasing pressure placed upon schools to identify and support pupil mental health needs has been acknowledged by the EPS. Furthermore, as part of the LA's Education and Young People's Service, the vision and priorities for improvement published in the 2016 business plan (LA, 2016) pertaining to improved outcomes for pupils with mental health needs are equally applicable to Educational Psychologists (EPs). In 2016, the LA's EPS established a 'Mental Health Task and Finish Group' for the purpose of conducting a review into the ways EPs might be equipped to work in the area of mental health in schools. The aim of the 'Mental Health Task and Finish Group' was to gather information from various stakeholders such as schools, local services and EPs to determine both what schools want and require, in addition to establishing which EPs would be available to provide additional support in relation to mental health needs in schools. Whilst established in 2016, the group's investigation is ongoing.

## 1.9 Research Rationale and Aims

The prevalence of children and young people with mental health needs internationally, nationally and locally, is of concern (Belfer, 2008; LA, 2015a; ONS, 2005; WHO, 2014). Changes in legislation have explicitly made the identification of mental health needs a role for schools and pastoral staff with the introduction of the new SEN category ‘SEMH’ (Basra, 2014; DfE, 2015; DfE, 2016b). However, research suggests that identification of pupil mental health needs has a multitude of barriers, such as a lack of consistency in how the professionals perceive the relationships between mental health and behaviours in children and young people (Buxton, 2010) and pupil resistance to seeking help (Rickwood et al., 2007; Rothi & Leavey, 2006). Such barriers may be exacerbated within the context of secondary education provision (Simmel et al., 2014). This is of concern, given that half of mental health issues have their onset during adolescence (WHO, 2014).

Once pupils with mental health needs have been identified, pastoral staff are tasked with the responsibility to support said needs in schools (DfE, 2012; DfE, 2016b; Harris, 2006; Roffey, 2008). Mental health guidance for schools refers to the necessity of having a pastoral system which provides “the structure through which staff can escalate the issue and take decisions about what to do next” (DfE, 2016b, p. 14). Thus acknowledging that whilst there may be many staff performing a pastoral role in schools, each school will have a staffing structure within which one individual has overarching responsibility for the provision of pastoral care in school. Both the notion of, and responsibility of the ‘pastoral lead’ role is highlighted by the NHS (2016) in their advice regarding the professionals with whom individuals may find it helpful to speak to regarding CAMHS referrals.

At a local level, it is estimated that as part of Tier 1 Universal Services, schools hold a responsibility to identify and/or support between 32, 000 and 48, 000 school aged children with mental health needs (LA, 2015a). However, across the LA there are between 28, 243 and 33, 524 children and young people requiring more targeted and specialist mental health services, Tiers 2 - 4 (LA, 2015a). Whilst schools may identify and refer children with said needs, on average across England 23% of children and young people referred to specialist services are turned away (Frith, 2016).

Furthermore at a local level, as a result of increased waiting times between the first CAMHS appointment (Tier 2 onwards) and subsequent treatment (LA, 2015a), even when pupils are successfully referred, pastoral leads are by default responsible for providing the interim support for those in need of more specialised care.

There is a great deal of variation in the support school staff receive when performing a pastoral role (Fox & Butler, 2009) and routine pastoral care has received little attention in the literature (Kendal, Keeley & Callery, 2014; Partridge, 2012). The research presented in government guidance largely focuses on the evaluation of proactive and reactive interventions to support pupil mental health in schools (DfE, 2016b; Kendal et al., 2014; Parker et al., 2013; Rait et al., 2010) as opposed to the individual experiences of those adopting a pastoral role (Partridge, 2012). As suggested by Galton and MacBeath (2008), the writers of policy often lack an awareness of the daily experiences of school and classroom life, which is reflected in the policies they make. At a LA level, whilst the experiences of children, young people, their parents and carers are present in reports and policy (LA, 2015a) there appears to be little known about the experiences of those tasked with the overarching responsibility for the provision of pastoral care in schools, the pastoral leads.

The aim of this research is to explore the lived experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs within mainstream secondary schools. This aim will be addressed through the following research question:

*What are the experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools?*

It is hoped this research will shed light on the reported overall lack of accurate identification of pupil mental health needs (Murphy & Fonagy, 2012). This may facilitate greater access to support for pupils. Furthermore, routine pastoral care has received little attention in the literature (Kendal et al., 2014) in spite of school staff performing a pastoral role (DfE, 2012) and being tasked with identifying mental health concerns and supporting such needs (DfE, 2015). It is hoped this research may offer valuable insights into how to support pastoral leads by providing the opportunity for their voices to be heard within a context of increasing concern about adolescent mental health needs, and the requirements of national and local policy increasing the demands and expectations placed upon their job role. This is considered a relevant area of research for the field of educational psychology as EPs “have an important role in acknowledging, validating and supporting individual teachers” (Roffey, 2015, p.27). Furthermore, it is hoped this research will offer a useful contribution to the work of the LA EPS’ ‘Mental Health Task and Finish Group’ when considering the role of EPs in schools in relation to mental health needs.

## **Chapter 2 Literature Review**

### **2.1 Overview**

This chapter will provide a systematic review of the research literature relating to the experiences of pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools.

### **2.2 Systematic Literature Search**

The aim of this literature review is to identify and critique the existing literature on the experiences of pastoral staff identifying and supporting adolescent pupil mental health needs within mainstream secondary schools. The specific research question for the literature review is:

*What does the literature tell us about the experiences of pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools?*

In line with Aveyard (2014), the research question aims to explore the findings of previous research on the topic, attempts to identify key themes within the literature, and identify any gaps that may be explored further in order to contribute towards the knowledge base.

### **2.3 Literature Search Strategy**

The electronic databases PsycINFO, Education Resource Information Centre (ERIC), PEP Archive and EBSCO Discovery were searched to identify literature relevant to the topic. These databases were chosen in an attempt to cover a range of disciplines

relevant to the topic of study, including psychology and education. The inclusion and exclusion criteria (Appendix 1) were established before the process of searching the literature began. This enabled the researcher to focus and guide the literature search according to the research question and later identify which papers were relevant and which were not (Aveyard, 2014).

The initial search terms were: “mental health”, “adolescent”, “education”, “support”, “identify” and “pastoral”. These produced results for which numbers were in the thousands, highlighting the necessity to produce more specific search terms to find relevant literature. When identifying keywords, the researcher utilised Aveyard’s (2014) guidance, which states chosen keywords should reflect the essence of the question for review. In an attempt to reduce the search terms to the essence of the literature search question, the keywords “identify” and “support” were removed. The rationale for this decision was that when considered in isolation, these keywords were deemed to be non-specific to the topic of study, and viewed as broadening the search unnecessarily. Initial searches using variations of “education”, such as the search term “educat\*” appeared to yield a greater number of results from the United States and Canada where terminology such as “educator” is adopted instead of “teacher”. In line with the decision to focus on research conducted in the United Kingdom, as detailed in the inclusion and exclusion criteria, the term “education” was removed and replaced with “teacher” for this literature search. In following Aveyard’s (2014) guidance, four keywords were chosen: “experiences”, “pastoral staff”, “mental health” and “pupil” (Appendix 2) and the following search terms were devised and entered into the databases:

(Experience\* OR View\* OR Attitude\* OR Perspective\* OR Perception\*) AND  
(Pastoral\* OR Teacher\* OR School staff\* OR SENCO\* OR Special  
educational needs co\* OR Inclusion\*) AND (Mental health\* OR Wellbeing\*  
OR Well-being\* OR SEMH OR BESD OR Mental illness OR Mental disorder)  
AND (Adolescen\* OR Teenage\* OR Young people\* OR Youth OR Pupil OR  
Student)

Though this research adopts the umbrella term “mental health needs”, in line with Aveyard’s (2014) guidance, the researcher acknowledged other terms which may be used such as “mental illness” and “mental disorder” and used these in the search terms to increase the likelihood of finding relevant literature.

When conducting the searches, limiters and expanders were applied to reflect the inclusion and exclusion criteria. With regard to limiters, the searches were filtered by geographic location. Where the database search engine permitted, the “Narrow by Subject: Geographic” options pertaining to the United Kingdom were selected. On databases where no option to narrow the search results by geographic location was available, a manual search of geographical locations included in the United Kingdom was conducted using the Boolean operator “AND”. Other limiters applied restricted the search results to articles published in the English language, those from peer reviewed journals and those published after the date of January 2000. The rationale for adding a limiter based on the date of publication was that the year 2000 saw the advent of the NHS Implementation Programme (DoH, 2000) and was followed by numerous government policies promoting whole school approaches to mental health (DCSF, 2008; DfE, 2007; DoH, 2012; DoH & NHS England, 2015).

The searches were limited to words contained in the abstract, and the expander “search within the full text of articles” was not used. The rationale for this decision was underpinned by the aim to focus the search on relevant literature (Aveyard, 2014) and the understanding that the aim of an abstract is to convey the objective, method, results and conclusion of the research conducted (Langdridge, 2004). As such, it was decided that a relevant abstract should contain enough information related to the search terms to appear in the results. In a further effort to be thorough in searching for literature related to the topic of study, the search expander “apply related words” was used to include synonyms of the search terms. All database searches were conducted on the 30<sup>th</sup> December 2016 (Appendix 3).

#### **2.4 Literature Selection**

The approach of Yannascoli, Schenker and Carey, et al. (2013) was used to review the results of the literature review systematically as it was deemed to provide a methodical framework of steps to support the researcher to aim “for the qualities that are inherent in a systematic review” (Aveyard, 2014, p. 15).

The first-pass review involved “read[ing] through each study title and exclud[ing] clearly irrelevant studies” (Yannascoli et al., 2013, p.66). Searching using PsycINFO produced 74 results out of which, 17 remained following the first-pass review. Searching using ERIC produced 51 results out of which, 16 remained. Searching using PEP Archive only yielded 2 results, out of which 0 were relevant to the literature review question. EBSCO produced the largest number of results, 131, out of which 32 were relevant. Reasons for excluding citations at this stage pertained to titles which did not relate the context of mainstream secondary schools, a number of

editorials and those which clearly stated a focus on professionals external to schools. Upon completion of the first-pass review, the remaining 65 references were added to EndNote. EndNote detected 24 duplicates which were removed, leaving 41 articles for the second-pass review.

<b>Journal Database Searched</b>	<b>Number of search results</b>	<b>Number of search results after screening titles</b>
PsycINFO	74	17
ERIC	51	16
PEP Archive	2	0
EBSCO Discovery	131	32
<i>Number of articles added to EndNote</i>		<b>65</b>
<i>Number of duplicates removed</i>		<b>24</b>
<i>Number of articles included in abstract review</i>		<b>41</b>

**Table 1** The process of the first-pass review for each journal database searched

The second-pass review involved reviewing the abstracts of the remaining articles against the inclusion and exclusion criteria so that irrelevant articles could be identified and removed (Yannascoli et al., 2013). The second-pass review resulted in 27 articles being removed (Appendix 4). The remaining 14 articles underwent the third-pass review which involved reading the full article and comparing it against the inclusion and exclusion criteria (Yannascoli et al., 2013). In line with Aveyard (2014), the research articles were read and re-read to check their relevance to the literature review question. During the third-pass review, 5 articles were removed (Appendix 5) leaving 9 studies left to be included in the review.

In addition to conducting the electronic searches, manual searches were also used to identify any further relevant research in line with the inclusion and exclusion criteria. The manual searches included: searching printed copies of the journals *Educational Psychology in Practice* and *Educational and Child Psychology*, searching the online *Pastoral Care in Education Journal*, and hand searching the reference lists of any relevant research articles identified. Hand searching the reference lists yielded 1 further article.

To add another layer of scrutiny, the full references of each of the relevant research articles obtained through the electronic search and hand search were individually copied into Google Scholar so that citations could be retrieved and screened. In accordance with Yannascoli et al. (2013, p. 66), “a first-pass review (exclusion by title), a second-pass review (exclusion by abstract), and a third-pass review (exclusion by full-text), as was conducted for the primary search” took place for articles that were deemed to be relevant in relation to the inclusion and exclusion criteria. This process resulted in 1 further relevant article, resulting in a total of 11 research articles overall (Appendix 6).

## **2.5 Critical Appraisal of the Research**

The critical appraisal of the 11 selected research articles took place once the data analysis had been completed. The rationale for this decision reflected the researcher’s commitment to supporting the credibility of the participants’ accounts by reducing avenues of potential bias during the research process (Creswell & Miller, 2000), as discussed in Chapter 3.

As stated by Aveyard (2014), the aim of a critical appraisal is to conduct a “structured assessment of the strengths and weaknesses of each paper to enable [the researcher] to make an assessment as to the relevance of the paper to [the] literature review question” (p. 104). To facilitate this process, a critical appraisal tool was used to enable the researcher to develop a consistent approach to the critique. The tool chosen was the Critical Appraisal Skills Programme (CASP): Qualitative Research (2017). The rationale for this decision related to previous experience of using this tool during research seminars and the specificity of the appraisal tool to research with a qualitative design (Aveyard, 2014). Although 4 of the articles featured a mixed design, each article involved a qualitative element and therefore the CASP: Qualitative Research (2017) tool was deemed to provide the most relevant questions.

The questions included in the CASP: Qualitative Research (2017) tool can be grouped into the following aspects: aims, sampling, participants, study design, data collection, data analysis and findings. In line with Aveyard (2014), the strengths and limitations arising from the critical appraisal of each article were reviewed in relation to these aspects in order to develop an understanding of how the studies relate to each other. No articles were excluded upon completion of the critical appraisal process (Appendix 7).

## **2.6 Review of the Included Research**

To acknowledge the range of school staff that may perform a pastoral role (Calvert, 2009; Harris, 2006; Purdy, 2013), studies which featured the experiences of a range of school staff, such as teachers, head teachers and teaching assistants were included. A number of the studies adopted a multi-perspective approach and included the

experiences or views of professionals external to schools and pupils. However, these views were not included as they were beyond the remit of the literature review question.

### **2.6.1 Research aims of the included studies.**

The rationale for conducting the research was explained for all of the studies included and commonalities emerged in the references to national policy and the prevalence rates of mental health needs. Although each study did state an aim, the clarity with which the aims were stated varied.

Four studies focused on the context of secondary schools. Kidger, Gunnell, Biddle, Campbell and Donovan (2010) did not explicitly state the aims of their research however, there was a clear statement of intent to allow “the voices of school staff to come to the fore and for their perceptions and views to be explored in depth” (p. 923) with regard to pupil mental and emotional health. Bostock, Kitt and Kitt (2011) presented the broad aim of seeking to “investigate whether teachers and PGCE students [trainee teachers] understand the importance of their role as Tier 1 mental health professionals” (p. 106). Burton and Goodman (2011) explicitly stated their aim to “investigate the perceptions of SENCOs and support staff on their roles, relationships and capacity to support inclusive practice” (p. 137) for pupils with BESD needs. Kidger, Donovan, Biddle, Campbell and Gunnell (2009) also explicitly stated their aim which was to “examine the views of staff involved in emotional health work and students regarding current school-based emotional health work” (p. 3).

The research which looked at the experiences of school staff across a range of different provisions aimed to explore:

- experiences of school staff in relation to eating disorders (Knightsmith, Treasure & Schmidt, 2013),
- experiences and perceptions of school teachers in relation to their competency and self-perceived duty to recognise and manage pupils with mental health problems (Rothi, Leavey & Best, 2008),
- experiences of school staff working with pupils with BESD needs in mainstream secondary schools (Goodman & Burton, 2010),
- how school staff perceive the changes in the education system related to mental health (Corcoran & Finney, 2015),
- teachers' responses to the emotional and behavioural difficulties of children and young people (Connelly et al., 2008),
- experiences of school staff in relation to eating disorders (Knightsmith, Treasure & Schmidt, 2014),
- and the perspectives of staff in education, health and social services with regard to the interactions between professional groups in order to support pupil mental well-being in schools (Spratt, Shucksmith, Philip & Watson, 2006).

### **2.6.2 Sampling.**

All of the included studies used non-probability methods of sampling which are “acceptable when there is no intention or need to make a statistical generalisation to any population beyond the sample” (Robson, 2011, p. 274). The included studies all had a qualitative element to their design which is appropriate when seeking to explore

the experiences of school staff. Therefore, given that qualitative research does not seek generalisability (Willig, 2013), the use of non-probability methods of sampling was considered appropriate during the process of completing the critical appraisal.

With the exception of Knightsmith et al. (2014) and Kidger et al. (2009), all of the included studies relied upon purposive sampling methods to recruit participants. Purposive sampling is often adopted in qualitative research because it enables the researcher to acquire in-depth data from those in a position to give it (Cohen, Manion & Morrison, 2011). Six of the studies included provided details of their inclusion and exclusion criteria for selecting participants (Burton & Goodman, 2011; Corcoran & Finney, 2015; Goodman & Burton, 2010; Kidger et al., 2009; 2010; Rothi et al., 2008).

Knightsmith et al. (2014) obtained a convenience sample through emailing a total of 1250 schools in the UK including primary, secondary and special educational provisions. Convenience sampling is a commonly used method due to ease of accessibility to participants (Cohen et al., 2011), however, it has the potential to add “unspecifiable biases” to who gets sampled (Robson, 2011, p. 275). A critique of Knightsmith et al.’s (2014) study is the potential bias introduced by only emailing schools who previously expressed an interest in mental health training. This may have biased the results towards those with a particular interest in mental health, however, the authors acknowledge this and do not make claims of generalisability which would be inappropriate with a convenience sample, and arguably a study seeking to understand participants’ experiences (Cohen et al., 2011). In addition to using a purposive sampling method to obtain qualitative data, Kidger et al. (2009) utilised the

probability sampling method of stratified random sampling for the quantitative aspect of their research. However, the results of the quantitative aspect were beyond the parameters of this literature review, as they sought to quantify provision available across the schools, and as such will not be discussed.

### **2.6.3 Participants.**

The studies reviewed predominantly included a range of staff working in mainstream schools. Only four of the studies focused exclusively on those working within secondary schools, and out of those four only one study focused solely on staff employed for a pedagogical role: learning facilitators, learning support assistants [LSAs], teaching assistants, learning mentors, inclusion managers and student support managers (Burton & Goodman, 2011). In addition to including heads of year and key stage, learning support managers, teaching assistants, learning mentors and a SENCO, Kidger et al. (2010) also included a psychologist. Further to experienced secondary school teachers, Bostock et al. (2011) also investigated the understanding held by student teachers regarding their role in relation to mental health. Kidger et al. (2009) included the views of staff working in secondary schools as well as those of pupils.

The remaining seven studies included combinations of participants from pre-schools, primary, secondary, further education colleges and special schools:

- teachers, middle leaders, senior leaders, pastoral leaders, school nurses and teaching assistants (Knightsmith et al., 2014),

- teachers, head teachers and assistant head teachers all with responsibilities including special educational needs, learning support, head of year, family liaison and pastoral support (Rothi et al., 2008),
- secondary and primary school classroom teachers (Goodman & Burton, 2010),
- deputy head teachers, inclusion managers, SENCOs, SEAL coordinators and a head teacher (Corcoran & Finney, 2015),
- head teachers, deputy head teachers and teachers (Connelly et al., 2008),
- and head teachers, teachers and support staff (Knightsmith et al., 2013).

Spratt et al. (2006) also included participants not employed by schools, such as pupils, parents and those working in health, social care and voluntary sector organisations.

The sample sizes differed across the studies included. During the critical appraisal, two issues were highlighted with regards to transparency and accuracy. It was not possible to ascertain the exact sample size used by Spratt et al. (2006) because the details were not provided in a clear manner. Secondly, two of the studies appeared to present different sample sizes in the main body of the article text when compared to the tables of participants (Corcoran et al., 2015; Kidger et al., 2010). Given that Spratt et al. (2006) did provide some information regarding sample size which suggested approximately 60 participants and both Corcoran et al. (2015) and Kidger et al. (2010) appear to have misstated the participants by a value of only one, these studies were included with an awareness of their limitations.

Overall the sample sizes ranged from 9 (Goodman & Burton, 2010) to 826 participants (Knightsmith et al., 2014) with approximately half of the sample sizes being under 30 overall (Burton & Goodman, 2011; Corcoran et al., 2015; Goodman & Burton, 2010; Kidger et al., 2010; Rothi et al., 2008). As stated by Cohen et al. (2011) there is no correct sample size as it will be determined by factors such as the aim of the research and whether the research is qualitative or quantitative. With regards to answering the literature review question, it may be argued that smaller sample sizes are suitable as they are able to provide in-depth information on the subjective experiences of participants (Langdridge, 2004).

#### **2.6.4 Study design.**

All of the studies used a qualitative research design, with four adopting a mixed-methods approach (Bostock et al., 2011; Connelly et al., 2008; Kidger et al., 2009; Knightsmith et al., 2014). The use of a qualitative research design was beneficial as the aims of the studies pertained to developing an understanding of how the participants were making sense of their world, experiencing events and managing certain situations (Willig, 2013).

The studies adopting a mixed-method approach did so in a variety of ways. Kidger et al. (2009) appeared to give the qualitative paradigm a dominant status in a sequential design starting with gathering quantitative data (Johnson & Onwuegbuzie, 2004). Connelly et al. (2008) also appeared to give the qualitative paradigm dominant status, but used a concurrent design (Johnson & Onwuegbuzie, 2004). Knightsmith et al. (2014) seemed to use a concurrent design in which the qualitative and quantitative paradigms were given equal status, while Bostock et al. (2011) appeared to use a

sequential design in which the quantitative paradigm was given more a dominant status (Johnson & Onwuegbuzie, 2004).

Adopting a mixed-methods approach provides a number of benefits to a study, such as allowing the triangulation of data and providing the strengths associated with both qualitative and quantitative paradigms (Johnson & Onwuegbuzie, 2004; Robson, 2011).

### **2.6.5 Methods of data collection.**

Interviews were the most commonly used method of data collection among the studies included (Burton & Goodman, 2011; Corcoran & Finney, 2015, Goodman & Burton, 2010; Kidger et al., 2009; Kidger et al., 2010; Rothi et al., 2008; Spratt et al., 2006). This was felt to be appropriate because interviews lend themselves well to being used as the only approach to data collection, or in combination with others in mixed-methods designs (Robson, 2011). Excluding Kidger et al. (2009) and Spratt et al. (2006), for whom the type of interviews used were not clear, studies used the semi-structured type which are useful to ensure that key topics are not missed whilst not constraining participants' views (Langdridge, 2004).

Knightsmith et al. (2013) made use of focus groups to collect data from school staff. Since all the participants worked in schools, and as such shared a common experience, the groups may be considered as having a level of homogeneity (Robson, 2011). A strength of this approach is it may facilitate communication and the exchange of experiences, however a limitation is the potential for "groupthink" to occur, resulting in different positions and views not being explored (Robson, 2011).

Questionnaires were also used to obtain data from school staff. Connelly et al. (2008) and Knightsmith et al. (2014) used closed and open questionnaires which, as conveyed by the sample sizes of 365 and 826 respectively, allowed the researchers to access the views of a large number of school staff. A further advantage to using questionnaires to explore the views of school staff is that participants may respond with a greater degree of candour on account of their responses being anonymous (Robson, 2011). However, this approach is not without limitations, such as the potential for participants to misunderstand the questions or invest minimal effort in completing the exercise. Though Bostock et al. (2011) adopted a mixed methods approach overall, the attitudes of qualified teachers were obtained through the use of a closed questionnaire. Closed questionnaires are commonly used to assess attitudes (Langdridge, 2004) and Bostock et al. (2011) provided some detail about the questionnaire design which met their research aims overall. However, in light of the overall literature review question, the use of a closed questionnaire is a limitation as it may not have offered the participants the opportunity to convey their attitudes, views and experiences beyond the questions provided.

#### **2.6.6 Methods of data analysis.**

The degree to which details were provided about the method of data analysis varied across the studies. Arguably, less detail is a limitation because it results in a lack of analytic transparency about the manner in which the “evidence supports a specific descriptive, interpretive, or causal claim” (Moravcsik, 2014, p. 48). The study for which this is most pertinent is Goodman and Burton (2010), as it did not provide any information regarding the method of data analysis used and appeared to adopt a descriptive approach when presenting findings. Spratt et al. (2006) simply

stated “a grounded approach was taken to identify and analyse key themes emerging from the data” (p. 395) and provided no further details as to the process of data analysis. However, both Goodman and Burton’s (2011), and Spratt et al.’s (2006) use of direct quotations provided some way of illustrating the interpretations made from the data gathered (Moravcsik, 2014).

Kidger et al. (2010) stated “data were analysed thematically, using constant comparison techniques” (p. 924). Kidger et al. (2009) also provided a description of using constant comparison techniques and, like Kidger et al. (2010), commented on the level of inter-rater reliability of the themes which supports credibility (Creswell & Miller, 2000). Though both studies appear to use the same participants and topic guide for the interviews, they presented different transcript extracts to support the transparency of the analysis process and stated the different themes clearly. Within their mixed methods design, it appeared that Kidger et al. (2009) approached their analysis of the quantitative data in a largely descriptive manner.

Connelly et al. (2008) and Knightsmith et al. (2014) also appeared to analyse their quantitative data in a descriptive manner. Bostock et al. (2011) used a Kruskal-Wallis analysis to compare the attitudes of the trainee and experienced teachers “and test for significance” (p.108), which seems appropriate as this analysis method is used to rank order data and facilitate the comparison (Langdridge, 2004). The researcher acknowledges the limitations associated with the use of closed questionnaires and statistical analysis to ascertain experiences. A further limitation of Bostock et al.’s (2011) study, though it was stated that a “case-study methodological approach” (p. 107) was used, was that no information was provided in regard to the method of

analysing the data and the presentation of qualitative findings appeared descriptive, lacking any direct quotations. However, in light of the limited research conducted in secondary schools regarding the topic of inquiry, Bostock et al.'s (2011) study provided some insight into the perceptions of secondary school staff and so was included with an awareness of these limitations.

Connelly et al. (2008) stated free text responses from the questionnaire were analysed “using the qualitative analysis package QSR N6 to allow systematic coding” and “a coding frame which reflected the main themes identified” was developed (p. 9). The description of the method of data analysis appears to lack clarity, however, Connelly et al. (2008) did provide a description of discussing the themes generated with “a wide range of professionals working with children” (p. 9). Though it is not clear if these professionals were the same individuals who participated in the study, the process of presenting data and interpretations to others, regardless of whether it was through member checking (discussion with participants), or peer debriefing (discussion with those familiar with the phenomena being explored), adds rigour to the study (Creswell & Miller, 2000).

Thematic analysis was adopted as the method of data analysis in two of the studies (Burton & Goodman, 2011; Rothi et al., 2008). A critique of thematic analysis is that it lacks clearly specified procedures (Bryman, 2008) and uses a deductive approach with pre-identified codes (Willig, 2013). However, Rothi et al. (2008) appeared to address such criticisms by providing a clear description of the data analysis process, presenting clearly identified themes and supporting the themes with direct quotations (Moravcsik, 2014; Willig, 2013). Burton and Goodman (2011) also provided a

description of the analysis process, albeit in less detail than Rothi et al.'s (2008), and presented both clear themes and extracts.

Discourse analysis “premised on an approach to discursive psychology” was used by Corcoran and Finney (2015, p. 102) and clearly explained. A commonly cited limitation of discursive psychology is that the focus on discourse results in a “lack of a person” (Langdrige, 2004, p. 345) however, Corcoran and Finney’s (2015) use of direct participant quotations may arguably be a step towards presenting the views of “people” working in schools.

Knightsmith et al. (2013; 2014) both used content analysis to analyse their qualitative data but did not describe their method in depth. Details were provided about inter-rater reliability, and direct quotations of the qualitative data and corresponding themes were clearly presented, which adds credibility to their findings (Langdrige, 2004; Moravcsik, 2014).

## **2.7 Thematic Content**

A thematic approach was used to address the literature review research question by assigning key themes to the findings of studies included. Aveyard (2014) proposed a three step process for the thematic approach. The first is to provide a critical summary of all included studies, which has been completed through the critical appraisal in the previous sections. The second step involves assigning themes to the findings (Appendix 8). Finally, similarities and differences amongst the findings are discussed in relation to the assigned themes. The third step will be presented in the following sections.

The focus of the literature search was to review the research conducted with school staff working in mainstream secondary schools. However, only four research studies focused on the experiences of secondary school staff working in mainstream provisions (Bostock et al., 2011; Burton & Goodman, 2011; Kidger et al., 2009; 2010). Other studies included data obtained from a range of educational provisions such as pre-schools, primary, secondary and special schools, and amalgamated these experiences when deriving themes. As these studies included the views of secondary school staff the findings are of relevance to the topic of study, however, the lack of specificity is a limitation in terms of the literature review question.

### **2.7.1 Role and responsibilities.**

The research indicates school staff were aware of their role as Tier 1 mental health professionals, although the degree of responsibility felt towards both identifying and supporting pupil mental health needs varied across the literature.

Some studies found teachers were both aware of, and willing to perform their responsibilities in regard to pupil mental health (Burton & Goodman, 2011; Connelly et al., 2008; Kidger et al., 2010; Rothi et al., 2008). Rothi et al. (2008) decided upon the theme “tier one responsibilities” to encapsulate finding that “in general, all teachers accepted that they have a degree of responsibility to care for the mental well-being of their pupils” (p. 1221). Burton and Goodman’s (2011) findings echoed this view as SENCOs and support staff perceived “their responsibilities to the children they worked with [as] far broader than facilitating their access to the curriculum” (p. 141) with some interviewees going “beyond what their job required in order to help meet [pupil] needs” (p. 142). Within the theme “how are teachers responding?”,

Connelly et al. (2008) found that teachers perceived their role to primarily be a pedagogical one, nonetheless, “when some or many of these pupils have complex emotional and behavioural difficulties, teachers’ understandings of and responses to their behaviour assume particular importance” (p. 10). The teachers conveyed a perception of “how emotional health difficulties had an adverse impact on the ability of children and young people to get on with their work” (Connelly et al., 2008, p. 11). Kidger et al.’s (2010) study also reflected this view in a main theme related to the members of school staff perceiving that emotional health and well-being are inseparable from learning.

Conversely, one study, that focused on the attitudes of secondary school teachers only, found that they were “more likely to emphasise that their main role is teaching” and were “less likely to see [detecting the early signs of mental health needs] as part of their role” (Bostock et al., 2011, p. 109). The secondary school teachers did not want to see this role in their job description and were “afraid of being held responsible or accountable if they are wrong” (Bostock et al., 2011, p. 109).

Although those interviewed by Kidger et al. (2010) and Corcoran and Finney (2015) were willing to engage with pupil mental health needs, their findings reflected Bostock et al.’s (2011) findings. Corcoran and Finney (2015) highlighted that “several of the educators interviewed in th[e] study approximated that 25% of staff with whom they worked did not believe it to be their responsibility to promote mental health in school” (p. 106). Kidger et al. (2010) adopted the theme “a perception that many colleagues outside the study sample are reluctant to engage in EHWB [Emotional Health and Well-being] work” (p. 924) to reflect the finding that

“interviewees clearly perceived a dichotomy between staff like themselves, who were motivated and reasonably confident in addressing EHWP issues, and colleagues who were perceived to be much more reluctant or less able to do so” (p. 930).

### **2.7.2 Identification of mental health needs.**

The literature conveyed varied experiences, perceptions and views of the process of identifying pupil mental health needs. Spratt et al. (2006) revealed “although teachers could readily identify disruptive pupils (whether or not they perceived the underlying issues), many expressed concern that pupils whose mental health difficulties caused them to be withdrawn could easily be overlooked” (p. 396). Captured within the theme “recognising mental-ill health”, a key issue emerged among school staffs’ accounts around visibility as a concern that more internalised mental health needs may be missed or neglected (Rothi et al., 2008).

The experience of understanding being related to the identification of pupil mental health needs emerged across three studies (Burton & Goodman, 2011; Knightsmith et al., 2013; Rothi et al., 2008). The second key issue emerging from Rothi et al.’s (2008) theme, “recognising mental ill-health” was “indicators” (p. 1223). Rothi et al. (2008) revealed “the definitional ambiguity that surrounds the term “mental health” was a strong and salient theme throughout the data” (p. 1224) and “highlights the inconsistent and unsystematic manner with which identification can occur” elaborating that “without good guidance and training as well as firm systems and procedures, identification becomes a chance event based on the knowledge, motivation and capacity of individuals within the school environment” (p. 1226).

Knightsmith et al. (2013) identified the theme “many staff do not have a basic understanding of eating disorders” which revealed misconceptions amongst school staff around eating disorders. The participants further highlighted a lack of understanding that eating disorders are a serious mental health need and some staff were not aware the needs were unlikely to improve without professional medical or psychological intervention (Knightsmith et al., 2013). Burton and Goodman’s (2011) findings reflected this with participants tending “to view their own understanding of BESD as differing from that of teaching staff” who were perceived to be “more focused on the behavioural manifestations” (p. 139). However, it is important to be cautious in accepting such claims and to view these as speculation, because it is not possible to know the level of BESD understanding outside the sample.

### **2.7.3 Challenges within the school context.**

A multitude of factors emerged from the literature with regards to pupil mental health needs and the school context.

The importance of the school environment was highlighted in two of the studies (Burton & Goodman, 2011; Kidger et al. 2009). For example, Kidger et al. (2009) revealed staff interviews “highlighted the importance of the school environment, both physical and psychosocial, in impacting on student emotional health” (p. 12) and revealed “the importance of school as a place where emotional health can be enhanced or at least emotional distress relieved” (p. 13).

Connelly et al. (2008) revealed that school staff perceived emotional health difficulties as having an adverse impact on the ability of pupils to concentrate on their

school work and as such a range of school provisions were made to support pupils such as lunch clubs, and some teachers reported offering counselling. However, the literature conveyed that not all school staff were comfortable supporting pupil mental health needs. Knightsmith et al. (2014) revealed participants “repeatedly referred” to a “lack of clarity over how to support students with [eating disorders]” and “staff feel uncomfortable teaching students about eating disorders” (p. 210). Reasons cited for the discomfort were a lack of knowledge, a perception that teaching about eating disorders may increase prevalence, a worry about not knowing how to answer a student’s question and being unsure how to deal with disclosures (Knightsmith et al., 2014).

Goodman and Burton (2010) revealed that while government policy encourages all pupils with SEN to be included in mainstream schools, teachers’ responses “indicate that the educational experiences of young people with BESD in mainstream schools are far from standard” (p. 229) with some pupils spending little time in the classroom with their peers. Lack of information was highlighted as a barrier to implementing policies, “issues of information access were further complicated by ambiguity as to exactly what information teachers were allowed access to without violating data protection” due to a perception amongst teachers that “difficult situations ... could have been avoided if they had been able to gain access to certain information about individual students” (Goodman & Burton, 2010, p. 229). Whereas, Connelly et al. (2008) revealed that “team issues were important in the ways pupils with difficulties were supported. In the secondary school setting the issue of consistency of approach and the need for staff discussion were typically highlighted” (p. 13).

The literature revealed a perception that school staff outside the studies may be less sensitive to pupils with mental health needs. Spratt et al. (2006) found that “in all case studies, reference was made to a minority of staff whose methods were thought to be overly authoritarian and consequently highly insensitive to the needs of vulnerable pupils, but schools clearly found it difficult to challenge these practices” (p. 399). The school staff in Kidger et al.’s (2009) study also highlighted that throw away remarks in the classroom from “colleagues could contribute to students’ emotional distress” (p. 13). Rothi et al. (2008) identified the theme “language and discourse” and related subthemes “based in education” and “avoiding stigma” (p. 1221). However, like Spratt et al. (2006) and Kidger et al. (2009), Rothi et al. (2008) revealed that the teachers reported experiences where colleagues used inappropriate language, though this appeared to be rare occurrences following consistent classroom disruption.

#### **2.7.4 Relationships with pupils and parents.**

The literature revealed the importance of developing relationships with pupils with mental health needs and their parents.

Goodman and Burton (2010) revealed “the valuable impact of establishing a respectful relationship between student and teacher” which includes “collaborative working, with both parties being willing to negotiate” (p. 230). Burton and Goodman (2011) found the SENCOs and support workers perceived themselves to be more available to students, on account of having fewer or no teaching duties, which in turn facilitated their relationships with pupils who needed additional support. They encapsulated these findings within the theme “relationships with students and parents” and further explained that support staff are “in a position where they can

identify and flag up difficulties or potentially problematic changes in the student's situation to the appropriate individuals, allowing the correct monitoring or support to be implemented" (Burton & Goodman, 2011, p. 141). Similarly, Connelly et al. (2008) revealed "some teachers described their roles in building trust, reassuring, offering one-to-one sessions and working to improve a young person's self-esteem" (p. 11) and "teachers often described close supportive relationships with their pupils. This commitment could involve representing the young person's views at meetings" (p. 12).

The importance of relationships with parents was also highlighted in the literature. Connelly et al. (2008) explained that "many teachers wrote of working directly with parents, providing a listening ear, or giving them time, support and help, as well as providing information" (p. 11). Burton and Goodman (2011) also identified the theme "relationships with parents" on account of the support staff emphasising their "ability to effectively communicate with parents" (p. 142). The participants attributed this to their accessibility through "networks formed between themselves and parents where the two parties would collaborate with the united goal of creating the best outcome for the child" (p. 142).

However, such relationships were not without challenges. Goodman and Burton (2010) revealed that establishing effective relationships with parents was viewed as challenging and "the importance of communicating with parents to report positive news as well as to relay concerns" was highlighted (p. 227). Knight-Smith et al. (2013) identified the theme "parents are key to eating disorder recovery but sometimes the relationship gets off on the wrong foot" (p. 1008). Participants viewed the initial

communication with parents as having key importance, however, reported experiencing varied responses when raising concerns about a pupil's mental health needs, such as being perceived as interfering, overreacting, or accusing the parents of poor parenting (Knightsmith et al., 2013).

### **2.7.5 Multi-agency working.**

A positive perception of multidisciplinary working was revealed by Spratt et al. (2006) who found “school management and staff recognised the potential for workers from services other than education to engage positively with pupils who would otherwise be on the verge of exclusion” (p. 395). Furthermore, “key education staff, most notably those with responsibilities for management or pastoral care worked closely with the teams, and generally good relationships were seen at this level of the school” (Spratt et al., 2006, p. 396). The value of multi-agency working appears to be reflected in Kidger et al.'s (2010) findings, which highlighted “participants also suggested that relationships with relevant external agencies are a key factor in determining how well teachers are able to address pupils' EHWB needs” (p. 928).

Although Spratt et al. (2006) found “teaching staff generally expressed their personal relief at having ‘specialists’ working in the school, as they could feel assured that the welfare needs of the young people in their school were being addressed” (Spratt et al., 2006, p. 396), issues emerged relating to communication. Issues of confidentiality also emerged, “owing to the strict codes of confidentiality observed by most health and social service providers, teachers found they were not privy to information that they felt might have enabled them to respond more appropriately to the needs of

vulnerable children. Consequently, they reported a reduction in their feelings of confidence and competence” (Spratt et al. 2006, p.397).

Notions of competence (Spratt et al., 2006) are reflected in Connelly et al.’s (2008) findings that “feelings of powerless can also occur when it seems that other agencies make decisions without consulting or taking advice from those who have the most regular contact with the children or young people concerned” (p. 15). Furthermore, a related source of frustration noted related to the “feeling of powerlessness which results from the belief that ones direct knowledge of the young person may carry less weight than the opinions of other, typically more specialised professionals” (Connelly et al., 2008, p. 15).

Connelly et al. (2008) found that “although many teachers expressed feelings of frustration in their dealings with other agencies ... several respondents gave examples of successful multi-agency working” (p. 12). However, overall the study revealed “the most frequently expressed source of frustration was the system”, highlighting that the “main systemic sources of frustration relate to delays in accessing assessment or suitable provision, funding difficulties, gaps in services, difficulties in working within their own organisations and the impact of policies” (Connelly et al., 2008, p. 14).

Connelly et al., (2008) further reported a “lack of clarity about role boundaries, routes of referral and sources of advice and support for teachers” (p. 16). Goodman and Burton’s (2010) findings regarding multi-agency working appear to concur with this view and revealed “there was a general concern among teachers that students were

not receiving the emotional and psychological support that they needed due to lack of availability of specialist staff” (p. 226) and teachers “reported long waiting lists for educational psychologists and counsellors” (p. 226).

### **2.7.6 Impact on staff well-being.**

A number of studies conveyed the potential impact of identifying and supporting pupil mental health needs upon the well-being of the school staff with regard to a variety of stressors.

In relation to working within the current policy context, Corcoran and Finney (2015) revealed that a “menacing cycle is created wherein the obligation to assess creates pressure affecting the mental health and well-being of not only students” (p. 105). Kidger et al. (2010) expanded upon this finding in identifying the main theme “concern that teachers’ own emotional health needs are neglected, leaving them unable or unwilling to consider those of pupils” (p. 925). Kidger et al. (2010) revealed the need to remain enthusiastic when supporting challenging pupils and manage the stress was caused by paperwork, targets, inspections and lack of time to complete tasks puts a strain of school staff. Furthermore, some participants discussed “a dominant culture among school staff that works against them seeking help or support” (p. 929).

Within the theme, “staff background”, Burton and Goodman (2011) stressed that the “emotional and behavioural difficulties that school staff deal with on an intense, one-to-one basis” highlight “how such a role could be extremely stressful and could impact on staff members’ own well-being” (p. 140). The findings conveyed a belief

amongst school staff that had they “been dealing with the same severity of issues but in a different setting or role – for instance, as a social worker – they themselves would receive more formal support from senior staff” (Burton & Goodman, 2011, p. 140). The notion of a lack of guidance was reflected in other studies, “interviewees, involved as they were in various pastoral duties, were happy with the role that they were required to play in identifying vulnerable pupils and providing support where needed, [but] they did feel that clear guidance was not always available for teaching staff in this regard” (Kidger et al. 2010, p. 926). The literature also revealed that school staff working with pupils with mental health needs felt unappreciated in their roles; “there was a sense among the SENCOs and support workers that their role is not perceived by other staff as being important and that there was little understanding of how difficult their roles actually were” (Burton & Goodman, 2011, p. 138). Connelly et al. (2008) identified “the frustrations felt by teachers and other professionals in getting help for young people emerged as an important theme” with such stressors impacting upon teacher well-being (p. 13).

### **2.7.7 Training needs.**

The literature revealed a desire for mental health training amongst school staff and issues emerged related to training for the self, the level of training received by others and delivery.

With regard to a desire for training, two themes emerged from Knightsmith et al.’s (2014) analysis of qualitative data pertaining to training: “lack of eating disorder training and policies available in schools” and “the reintegration of students following absence needs specific support” (p. 210-211). These themes were triangulated with

the questionnaire responses and highlighted “74 per cent (n=583) of respondents’ schools had provided no training on ED” (p. 211). Goodman and Burton (2010) found that school staff had “undertaken little or no specialist training for working with pupils with BESD” (p. 233) and the participants reported a belief that they would benefit from practical techniques, training on labels and how best to work with the pupils to which the different labels were assigned. Bostock et al. (2011) found the majority of secondary school teachers “have received no training for their Tier 1 CAMHS role” with “the little training that a minority had received [being] mainly from previous professional roles other than teacher and/or relating to safeguarding rather than mental health” (p. 112). Connelly et al. (2008) too revealed “many teachers expressed the need to have better training and access to advice in relation to young people’s emotional and behavioural difficulties” (p. 17). Knightsmith et al. (2013) identified the themes “staff would welcome ideas for practical support during the recovery period” and “staff were unsure about the best approach to take during class regarding homework” (p. 1009) elaborating that staff perceived practical guidance highlighting the dos and don’ts in various scenarios would be beneficial.

Three studies revealed perceptions about the delivery of mental health training and a view that it would be beneficial if those delivering training had an understanding of the school and classroom environment (Goodman & Burton, 2010; Rothi et al., 2008; Spratt et al., 2006). Spratt et al. (2006) stated “data strongly suggest that many teachers prefer to learn from other teachers” (p. 398). Furthermore, Goodman and Burton (2010) identified the theme “learning from peers” to recognise “teachers commented on the benefits of insight from their colleagues” (p. 233).

The literature conveyed “some evidence of teachers actively rejecting other professionals as a potential source of advice or information” with teachers questioning “the validity of receiving training or advice from individuals without direct experience of classroom management, even when those professionals had specific expertise about the mental health of children” (Spratt et al., 2006, p. 397).

Rothi et al.’s (2008) findings appeared to echo these notions within the identified theme “mental health related training” and three related “key issues”: need, focus and delivery (p. 1221). Rothi et al. (2008) revealed “the need for mental health training emerged as an important but complex issue that revealed mixed feelings about current models of training or the likelihood of implementation” (p. 1222). Teachers perceived that qualified mental health professionals would be the most effective, however, the information should be tailored to the needs of teachers and pupils in the educational environment (Rothi et al., 2008).

## **2.8 Summary of Previous Literature and the Current Research**

The aim of the literature review was to identify and critique the existing literature on the experiences of pastoral staff identifying and supporting adolescent pupil mental health needs within mainstream secondary schools.

The paucity of existing literature focused exclusively on the views of secondary school staff performing a pastoral role was evident from both the initial literature searches conducted prior to creating a research protocol, and when completing the third-pass review (reading and re-reading) during the systematic literature search (Yannascoli et al., 2013). The third-pass review highlighted that only four studies

focused exclusively on the experiences of staff in mainstream secondary schools (Bostock et al., 2011; Burton & Goodman, 2011; Kidger et al., 2009; 2010).

However, these studies were conducted prior to changes in legislation (DfE, 2014a) which saw the terminology, mental health, explicitly introduced into SEND classifications.

Application of the CASP: Qualitative Research (2017) tool indicated that seven of the eleven studies reviewed amalgamated views from different types of educational provision, which made it challenging, and in some cases impossible to discern the experiences most pertinent to different staff members in each educational age group. Arguably, the ability to distinguish between the different school settings is important when facilitating an understanding of experience in relation to pupil mental health needs. Although presented as a homogenous group, the barriers to successful identification across the chronological age ranges of pupils have been highlighted; in terms of the school structure (Simmel et al., 2014) and the age of onset of pupil mental health needs (WHO, 2014).

Whilst four studies focused on the experiences of secondary school staff, the application of the CASP (2017) supported a detailed analysis of said studies in regard to sampling and the roles that the participants performed in the secondary schools. The studies all used purposive sampling methods which were appropriate to the research questions posed as in depth data from particular individuals in a position to provide it was required (Cohen, Manion & Morrison, 2011). However, whilst four of the studies sought to explore the experiences, perceptions and perspectives of school staff, only Burton and Goodman (2011) focused solely on school staff employed for a

pedagogical role. The remaining three studies included a psychologist (Kidger et al., 2010), student teachers (Bostock et al., 2011) and pupils (Kidger et al., 2009), again at times making it challenging to ascertain which views belonged to which participants. Whilst Burton and Goodman (2011) provided some description of the thematic analysis process and presented clear themes and extracts, the roles of the school staff were amalgamated in spite of them representing a range of professional roles within the school staffing structure; ranging from teaching assistants to inclusion leaders. Again, combining the perspectives garnered from those in different roles diluted the clarity of which experience related to which member of staff within the broad context of a mainstream secondary school.

The application of the CASP: Qualitative Research (2017) tool allowed the researcher to gain an in depth understanding of the existing literature related to the literature review question. Furthermore, the structured method to critically appraising the articles highlighted the issues discussed above pertaining to a lack of clarity regarding the experiences presented in regard to participant groups, the methods of analysis and the way in which the data were presented together, neglecting a clear focus on context or professional role.

Whilst the existing literature offers readers some insight into the experiences of a range of professionals identifying and supporting pupil mental health needs in a range of educational settings, the current study will focus on the specific. As such, the aim of the current study is to explore the lived experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs within mainstream secondary schools.

## **Chapter 3 Methodology and Data Collection**

### **3.1 Chapter Overview**

The aim of this chapter is to outline the rationale for the chosen methodological approach used to address the following research question:

*What are the experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools?*

An outline of the procedural aspects of this research, including the method of data analysis, recruitment of participants and process of data collection will be provided. The chapter will conclude with considerations of quality, validity and ethical issues.

### **3.2 Ontological and Epistemological Considerations**

Ontology refers to beliefs about reality and notions of truth. Research adopting a realist ontological position seeks to ascertain “truth” through what is believed to be observable and measurable phenomena. Realism claims that such truth exists independently of thought (Robson, 2011). Conversely, relativism “rejects the notion of any absolute standards for judging truth” and posits that people are conscious beings who have ideas and attach meaning to what they observe in the world around them (Robson, 2011, p. 532). Therefore “their behaviour, what they actually do, has to be interpreted in the light of these underlying ideas, meanings and motivations” (Robson, 2011, p. 17). The aim of this research is to explore the experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs. As

such, a realist position which states that reality exists independently of beliefs or thoughts (Robson, 2011) would not be appropriate when discussing experiences. Epistemology refers to how we know what we know (Willig, 2013). Positivism claims that scientific inquiry involves events which can be observed or measured and thus have a claim to truth (Robson, 2011). In contrast, constructivism views knowledge as relative and “facts”, not as permanent realities, but as individual constructions (Coolican, 2009). A constructivist epistemological position is adopted for this research because it acknowledges that “people develop subjective meanings of their experiences” and that “these meanings are varied and multiple” (Creswell, 2009, p. 8).

This research does not claim to produce any measurable “truths” about the experiences of pastoral leads identifying and supporting adolescent pupil mental health needs, which would be indicative of a positivist epistemology (Robson, 2011). Rather, adopting a constructivist epistemology represents the aim to understand how the individuals experience the phenomena from a subjective perspective (Willig, 2013).

### **3.3 Research Approach**

Quantitative methodologies which adopt the hypothetico-deductive method, such as randomised control trials, are often considered the “gold standard” for research (Fox, Martin & Green, 2007). They seek generalisability of findings, objectivity through a distancing between the researcher and participants, and the application of a deductive logic by testing pre-existing theoretical ideas (Robson, 2011). As such, a quantitative approach is not in keeping with this research’s constructivist epistemological

position, which posits that knowledge is subjective. Qualitative research adopts an inductive approach, meaning the researcher looks for themes emerging from the data; thus engaging with the research question at an idiographic, “bottom up” level (Langdridge, 2004). Therefore, this research will adopt a qualitative approach because the aim is to explore the experiences of pastoral leads at an idiographic level, not apply pre-existing theoretical ideas.

### **3.4 Introducing Interpretative Phenomenological Analysis (IPA)**

IPA is an experiential and inductive methodological approach which examines the experiences of a small number of participants both in great depth and great detail to understand the meaning attributed to said experiences (Smith, 2004).

Those adopting an IPA approach acknowledge that the pure experience of another person is not accessible, as it is subject to interpretation (Smith, Flowers & Larkin, 2009). However, IPA views individuals as sense-making beings and as such the meaning the participant bestows upon the experience can be said to be representative of the experience itself (Smith et al., 2009). Therefore, the aim of an IPA researcher is to get close to the experience whilst recognising that this inevitably becomes an interpretive endeavour (Smith et al., 2009). It is for this reason that IPA involves a “double hermeneutic” (Smith & Osborn, 2008), meaning “the participant is trying to make sense of their personal and social world; [and] the researcher is trying to make sense of the participant trying to make sense of their personal and social world” (Smith, 2004, p. 40).

A substantial amount of IPA research has been conducted in the field of health sciences (Pringle, Drummond, McLafferty & Hendry, 2011), particularly in relation to exploring the experience of illness (Smith, 2011). In recent years, IPA has extended to other disciplines including educational psychology (Lee, 2011; Partridge, 2012; Rawlings & Cowell, 2015) where it is viewed by advocates as an “opportunity for educational psychologists to delve into individual experiences in more depth, enabling tailored and holistic support to be offered to pupils, schools and families” (Oxley, 2016, p.60).

To summarise, “IPA is concerned with human lived experience, and posits that experience can be understood via an examination of the meanings which people impress upon it” (Smith et al., 2009, p. 34). The rationale for selecting IPA is underpinned by the aim of this research and the research question, which relate to an exploration of the lived experiences of lead pastoral staff identifying and supporting pupil mental health needs in mainstream secondary schools. It was also decided that IPA is complementary to the epistemological position of this research and most suited to providing the type of data sought in order to answer the research question.

### **3.5 Consideration of Other Methods**

#### **3.5.1 Grounded theory.**

Grounded theory methods provide systematic but flexible guidelines for both collecting and analysing qualitative data to construct theories grounded in the data (Charmaz, 2014). Similar to IPA, grounded theory methods are inductive approaches (Langdridge, 2004) and are compatible with a constructivist epistemological position (Smith et al. 2009). Both demonstrate an interest in the participant’s experience of

the phenomena being investigated, however, grounded theory then seeks to explain it in terms of wider social processes (Willig, 2013). The aim of this research was not to explain, but to explore the lived experience of the phenomena, with a focus on the idiographic, and therefore grounded theory methods were not considered appropriate to answer the research question.

### **3.5.2 Discourse analysis.**

Discourse analysis examines how understanding is constructed through language in conversation as opposed to capturing meaning through close examination of individual experience (Starks & Trinidad, 2007; Willig, 2013). Therefore the type of knowledge produced by discourse analysis is social constructionist in orientation as it focuses on the process by which knowledge of “things” is constructed through language, not how they are experienced (Willig, 2013). IPA aims to produce knowledge about the subjective experiences of individuals (Willig, 2013) and was considered more appropriate to the constructivist ontological position adopted for this research (Creswell, 2013).

### **3.5.3 Narrative analysis.**

Narrative analysis is interested in how individuals connect events in their lives and interpret them through constructing narratives (Silver, 2013). Both IPA and narrative analysis are interested in the participant’s sense-making of their experience, however, narrative analysis focuses more on the linguistic devices used during sense-making as opposed to the actual sense made of experiences (Smith et al., 2009). The aim of this study was to explore lived experience of the pastoral leads in depth, as opposed to focusing on how the participants constructed the experience.

### **3.6 Theoretical Underpinnings of IPA**

The approach of IPA is underpinned by three theoretical positions, each of which has been contributed to by key philosophical perspectives: phenomenology, hermeneutics and idiography.

#### **3.6.1 Phenomenology.**

Phenomenology is concerned with the study of experience (Smith et al., 2009). Husserl, a leading figure in phenomenological philosophy, established the importance of a focus on experience and argued that it is necessary to “go back to the things themselves” (Smith et al., 2009, p. 12). To do this, Husserl developed a phenomenological method to identify the core structures of human experience which involved bracketing preconceptions, informed by pre-existing knowledge and categorisation systems, through a series of steps referred to as “reductions” (Smith et al., 2009).

However, in practice, it is difficult to put one’s own interpretation of the world aside. Heidegger argued it is not possible to achieve such “reductions” because relatedness to the world is a fundamental part of being human (Smith et al., 2009). Heidegger, Merleau-Ponty and Sartre each developed Husserl’s work to move towards a more interpretive and worldly position which “contribute[s] to a view of a person as embedded and immersed in a world of objects and relationships, language and culture, projects and concerns” (Smith et al., 2009, p.21).

IPA combines the thinking of these phenomenological theorists, focusing on the core emphasis of lived experience. This is underpinned by the notion that experience can

be understood by exploring the meanings people place upon it (Smith et al., 2009). Typically, IPA is concerned with experience which is of particular moment or significance to the person. In regards to this research, the experience of pastoral leads identifying and supporting pupil mental health is explored within a national and local context where the prevalence of adolescent mental health needs is of concern and where changes in legislation and policy are placing more responsibility on school staff to perform a Tier 1 mental health role.

### **3.6.2 Hermeneutics.**

Hermeneutics is concerned with the methods and purposes of interpretation (Smith et al., 2009). Hermeneutics represents a move away from description of a phenomenon towards interpretation, and places an emphasis on contextual meanings (Oxley, 2016).

IPA is influenced by the hermeneutic theorists Schleiermacher, Heidegger and Gadamer. As explained by Smith et al. (2009), Schleiermacher's interpretation involved grammatical (exact and objective textual meaning) and psychological interpretation (meaning given by the individuality of the speaker). Schleiermacher held the view that the interpretive analyst is able to offer a perspective on the text which the speaker is unable to do (Smith et al., 2009).

Heidegger presented the case for hermeneutic phenomenology, arguing that things have visible, as well as hidden meanings, thus it is necessary to seek to examine what may be disguised (Smith et al., 2009). However, Heidegger acknowledged that when doing so the interpreter will bring their "fore-reception", described as preconceptions,

assumptions and experiences, to the interpretation and will examine any new stimulus through the lens of their prior experience (Smith et al., 2009). Heidegger highlighted that an important and constant task when interpreting is to develop secure scientific themes and prevent preconceptions from becoming a barrier to interpretation, by working out the “fore-structures” relating to the phenomenon. As summarised by Smith et al. (2009) “while the existence of fore-structures may precede our encounters with new things, understanding may actually work the other way, from the thing to the fore-structure” (p. 25). A consideration of Heidegger’s notions of “fore-understanding” facilitates the view of bracketing as both cyclical and something which can only be part achieved (Smith et al., 2009).

Within IPA, importance is placed upon the process of engaging with the participant more than the process of bracketing preconceptions because, it argues that skilfully and actively attending to the participant inevitably facilitates the latter (Smith et al., 2009).

Gadamer (1960) posits a distinction between understanding the content of what is being said and understanding the person, placing greater importance on understanding the meaning of the text, and arguing that the meaning is also influenced by the time at which the interpretation is made.

In addition to the contributions of Schleiermacher, Heidegger and Gadamer, the idea of a hermeneutic circle is adopted as the most pertinent idea in hermeneutic theory (Smith et al., 2009). It focuses on the “dynamic relationship between the part and the whole, at a series of levels. To understand any given part, you look to the whole; to

understand the whole, you look to the parts.” (Smith et al., 2009, p. 28). This provides researchers adopting an IPA method a way of thinking about the analysis as iterative, with the researcher working with the data from a variety of perspectives, as opposed to completing each step in a linear manner (Smith et al., 2009). As such, when conducting IPA a “double hermeneutic” emerges (Smith & Osborn, 2008).

### **3.6.3 Idiography.**

The third main theoretical underpinning of IPA is an idiographic approach. In contrast to nomothetic methods in psychology, which are concerned with making claims at the level of a group or population, idiography is concerned with the particular (Smith et al., 2009).

IPA adopts an idiographic approach in that it is “committed to understanding how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context.” (Smith et al., 2009, p. 29). In IPA, each individual’s account is examined independently, followed by a cross examination of convergence (similarity) and divergence (dissimilarity) among the cases; examining the part to make sense of the whole (Smith et al., 2009). Idiography does not seek to generalise, instead it offers general claims cautiously, by locating them in the particular (Smith et al., 2009).

### **3.7 Critique of IPA**

Willig (2013) highlights three main conceptual and practical limitations of IPA relating to: the role of language, the suitability of accounts, and explanation versus description.

#### **3.7.1 The role of language.**

A critique regarding the role of language in phenomenological research centres on the representational validity of language (Willig, 2013). During IPA research the participant communicates their experiences to the researcher through language.

However, this assumes language provides the participant with the necessary tools to do so (Willig, 2013). Willig (2013) argues language does not describe, but constructs reality and adds meanings that exist in the words themselves; therefore implying direct access to someone else's experience is not possible.

This criticism is not directed at IPA alone. For example, researchers using grounded theory, thematic or narrative analysis may also use interviews as a data collection method, during which both the researcher and the participant assume that their words will be understood as intended (Starks & Trinidad, 2007). In order to stay close to the lived experience of the phenomena being researched, the researcher in an IPA study asks probing questions and encourages the participant to elaborate upon their responses (Starks & Trinidad, 2007).

#### **3.7.2 Suitability of accounts.**

Willig (2013) states that phenomenology as a social science research method is reliant upon the participants' descriptions of their experience and their ability to

articulate them in a manner which allows for the subtleties and nuances of what it is like to live a particular experience. The researcher acknowledges this point however, given their professional experience and insight into the phenomena it was felt that the participants would be able to convey their experiences in an articulate manner. Furthermore, during the interview it is the aim “to move away from discussing topics at a summary level to specific accounts of particular experiences and associated thoughts and feelings” (Smith et al., 2009, p. 68).

### **3.7.3 Explanation versus description.**

A further concern raised is that without regard for the origin or cause of such descriptions, understanding of the phenomena may be limited. As stated by Willig (2013), “phenomenological research describes and documents the lived experience of participants but does not attempt to explain it” (p. 95). Conversely, Smith et al. (2009) propose “the detailed idiographic analyses which IPA offers can make a significant contribution” (p. 38) to understanding a phenomenon. By connecting the findings of an IPA study to existing psychological literature, IPA researchers support the reader to see how the IPA study can shed light on existing research (Smith et al., 2009). Reid, Flowers and Larkin (2005) consider the commonalities across accounts in IPA and their analytic commentary to lead to useful insights which may have wider implications. To facilitate this process of theoretical transferability (Smith et al., 2009), this research provides contextual data about each of the pastoral leads and the context in which the research took place to allow readers to explore the extent to which the study may have applicability beyond its specific context (Willig, 2013).

### **3.7.4 Prescription.**

Giorgi (2010) critiques the scientific rigor of IPA, raising concerns related to the level of prescription of the method and replicability. In regard to prescription, Giorgi (2010) notes a contradiction in the writings of the developers of IPA (Smith & Osborn, 2008; Smith et al., 2009) between prescribing a strategy for completing IPA and allowing the researcher “total freedom”. In response, Smith (2010) argues IPA is not a prescriptive methodology, nor is total freedom allowed, highlighting that the processes in qualitative research are not comparable to the prescribed procedures adopted in quantitative research. Smith et al. (2009) believe the series of steps of analysis are guidelines and that the quality of a piece of IPA research will depend on the degree of the researcher’s proficiency in aspects of the research process such as interviewing, analysis and interpretation. Furthermore, although there are a series of steps to be followed during analysis in an appropriate order, there is flexibility in how each of these steps may be executed (Smith, 2010). In awareness of this, the researcher evidences quality in this piece of research through transparency, facilitated by the inclusion of documents pertaining to an audit trail in the appendices (Smith et al., 2009).

The idiographic commitment in IPA may be perceived as a limitation in contrast to nomothetic approaches which allow for broad generalisations. However, as Smith (2010) argues in response to Giorgio’s (2010) criticisms that IPA lacks replication, such points derive from paradigmatic assumptions more suitable to quantitative approaches with a positivist epistemology. Though overall generalisability is not sought, Smith et al. (2009) believe IPA studies offer theoretical transferability by making general claims located in the particular, as discussed previously and

articulated by Oxley (2016) as “understanding the part to illuminate the whole” (p. 61).

### **3.8 Participants**

#### **3.8.1 Homogeneity.**

A non-probability sampling method of purposive sampling was adopted for this research, meaning the participants were “selected according to the criteria of relevance to the research question” (Willig, 2013, p. 91). The researcher chose to use the method of purposive sampling because it enabled participants to be selected who have experience of the phenomena under study (Smith et al., 2009), namely the lived experience of identifying and supporting adolescent pupil mental health needs. Furthermore, when using IPA, the sample of participants needs to be fairly homogeneous (Smith, 2008) so that the research question will be meaningful (Smith et al., 2009). Smith et al. (2009) explain that it is important not to view purposive homogenous sampling as seeking a theory of sameness, instead it allows for an examination of how the experience of a phenomenon varies between individuals. This sample-specificity supports the theoretical transferability of the findings of an IPA study (Smith et al., 2009).

#### **3.8.2 Inclusion and exclusion criteria.**

In acknowledgement of the range of pastoral roles performed in schools, and in an effort to maintain homogeneity, the participants were required to be performing a lead pastoral role, defined as having overall responsibility for pastoral care within the school. Pastoral staff have a responsibility for pupil emotional well-being and care, placing them in a position more likely to experience interactions with pupils on an

emotional level (Harris, 2006). Furthermore, IPA is concerned with experiences of “major significance to the person” (Smith et al., 2009, p. 3) and so it was considered that though other pastoral staff may have some responsibility for pastoral care (Harris, 2006; Purdy, 2013) the experience would have a larger significance for pastoral staff who hold overall accountability.

The research sought pastoral leads working in secondary schools as the WHO (2014) suggested the age of onset for up to half of all mental health needs is 14.

Pastoral staff working in specialist educational provisions were excluded due to the potential range of differences in the lived experience of performing this role, compared to working in a mainstream provision. Differences such as pupil SEND needs, class sizes and the extent of external professional involvement, may impact on the homogeneity of the sample.

Considerable thought was given to whether or not to include pastoral leads from single-sex schools. The rationale for initially excluding single-sex schools reflected a view that the differences between single-sex and co-educational settings may impact upon the homogeneity of the sample, in light of findings that suggest males are less likely to seek help for mental health needs (Rickwood et al., 2007). However, upon further reflection, and consideration of the fact that the single-sex schools in the area had co-educational sixth forms, the inclusion criteria was broadened to include such secondary schools.

### **3.8.3 Recruitment.**

Upon obtaining ethical approval (Appendix 9), mainstream secondary schools within the LA with which the researcher did not have current working relationships were contacted in phases of three. There were no specific age, ethnicity, gender, or religious restrictions for participants. Initially only co-educational schools were contacted, however the inclusion criteria was broadened after two phases of recruitment, such that it only specified the participant had to be working in a lead pastoral role within a mainstream secondary school provision, for pupils between the ages of 11 and 18. The researcher enquired who performed the lead pastoral role in each provision and the individual was informed about the research by an email, which included a poster detailing the research project (Appendix 10) and an information sheet (Appendix 11). A total of 15 schools were contacted within the LA, through five phases of contacting three schools at a time.

With regard to sample size, Smith et al. (2009) state that the issue is not quantity, but quality, and advise a concentrated focus on a small number of cases. For a professional doctorate the ideal number of cases is considered to include between four and ten interviews (Smith et al., 2009). The recruitment process resulted in four pastoral leads agreeing to participate.

Information collected from the participants is presented in the table below.

Participants were not selected for the study on the basis of these characteristics; the information is presented to allow the reader to contextualise the findings. To protect anonymity, identifying information including the participants' names has been changed, and school names removed.

Participant	Gender	Number of years in role	Type of school	Received training on mental health
Katie	Female	5	Co-educational	Yes
Anne	Female	13	Co-educational	No
James	Male	4	Co-educational	Yes
Susan	Female	6	Single-sex	Yes

**Table 2 Participant information**

### 3.9 Data collection

#### 3.9.1 Semi-structured interviews.

Semi-structured interviews were used to collect the data. In contrast to postal and self-administered questionnaires, face-to-face interviews offer the opportunity to modify the line of enquiry, investigating underlying motives or thought-provoking responses, providing rich, informative material (Robson, 2011; Smith, 2008). Furthermore, semi-structured interviews offer the advantage of a reduction in interpersonal bias when compared with unstructured interviews, ensuring that no topics are missed but still allowing for responses that are not fixed (Langridge, 2004).

Criticisms of the use of semi-structured interviews are that data analysis is subject to bias (Langridge, 2004) and the researcher is required to have sufficient skill in facilitating the participants to talk openly whilst being aware of the impact of their behaviours upon the participant's willingness to do so (Robson, 2011). These issues were addressed firstly by being mindful of the need for reflexivity to limit any bias, requiring the researcher to reflect upon their values and actions, and the effect that

these may have had upon the research process (Robson, 2011). Furthermore, aspects of the Professional Doctorate in Child, Community and Educational Psychology course, in addition to previous CAMHS and ongoing EPS placements, provided the researcher with the opportunity to develop rapport building skills and questioning techniques through consultation; as has the use of video enhanced reflective practice (VERP) (Todd, Landor & Kennedy, 2015) on placements.

As with all methods of data collection, semi-structured interviews have various advantages and disadvantages, however in this instance the technique was viewed to be the best method of data collection to address the research question.

### **3.9.2 Developing and interview schedule.**

The aim of developing an interview schedule is to facilitate a comfortable interaction with the participant which will, in turn, enable them to provide a detailed account of the experience under investigation. (Smith et al., 2009, p. 59)

The research question and a range of topic areas to be covered were considered before draft interview questions were created. Initially, the draft interview questions related to attitudes towards mental health in schools and external agency involvement, particularly whether or not the participants had worked with EPs. Upon reflection in supervision, it was considered that including these avenues of exploration may be leading and reflective of preconceived notions about the pastoral leads experiences of identifying and supporting adolescent pupil mental health needs.

The initially detailed interview schedule was amended following discussions in supervision which occurred prior to the pilot interview. Whilst reassuring for the researcher, adhering too rigidly to such a detailed schedule may have intimidated the participant or failed to follow the participant's flow of associations and perspectives (Burman, 1994). Conversely, a list of topic areas was considered, though it was important to acknowledge that in the moment, such an approach may risk the researcher being influenced by their own perspective when asking questions or to be lost for words (Burman, 1994).

The interview questions decided upon aimed to reflect the essence of the research question, whilst allowing participants the freedom to express and reflect upon their experiences with minimal input from the researcher. The phrasing of each question was given careful consideration to ensure that they were sufficiently open ended, and that both leading and loaded terminology had been eliminated (Smith et al., 2009). Acknowledging that this may in fact lead the questions to be perceived as abstract, a series of prompts and probes were also created to facilitate participant responses.

The final draft schedule included four questions with several prompts (Appendix 12), the aim of which was to provide both enough structure to limit the researcher's preconceptions whilst remaining open enough to elicit experience. The beginning of the interview process began with the participant being asked to view the WHO's (2013) definition of mental health, which was printed onto a sheet of A4 paper and available to all participants during the interview process to support a shared understanding. The approach to the interview schedule sequence involved

“funneling” towards more sensitive issues (Smith et al., 2009) by starting with a warm-up question about each participant’s job role to set them at ease (Kvale, 2007).

### **3.9.3 Pilot study.**

A pilot interview was conducted with a fellow final year student on the doctoral training course who had previously worked as the sixth form pastoral lead for a mainstream secondary school. Notes were taken during both the interview and the discussion, but the pilot interview was not audio recorded. The data was not used in the analysis.

The aim of the pilot interview was to practise the amended interview schedule, with a particular focus on the timescale of the interview given the reduced number of questions and whether the amended questions would be considered leading. Feedback from the pilot interview highlighted that the number of interview questions felt appropriate given the depth at which it is possible to talk about the experiences of identifying and supporting pupil mental health needs. Furthermore, the pilot participant stated that being provided with a definition of mental health was reassuring and it was not felt that the revised schedule was leading. Following the pilot interview, the amended schedule was learned to avoid potential distraction of the participant, researcher or both (Smith et al., 2009) during the interviews.

### **3.9.4 Conducting the interviews.**

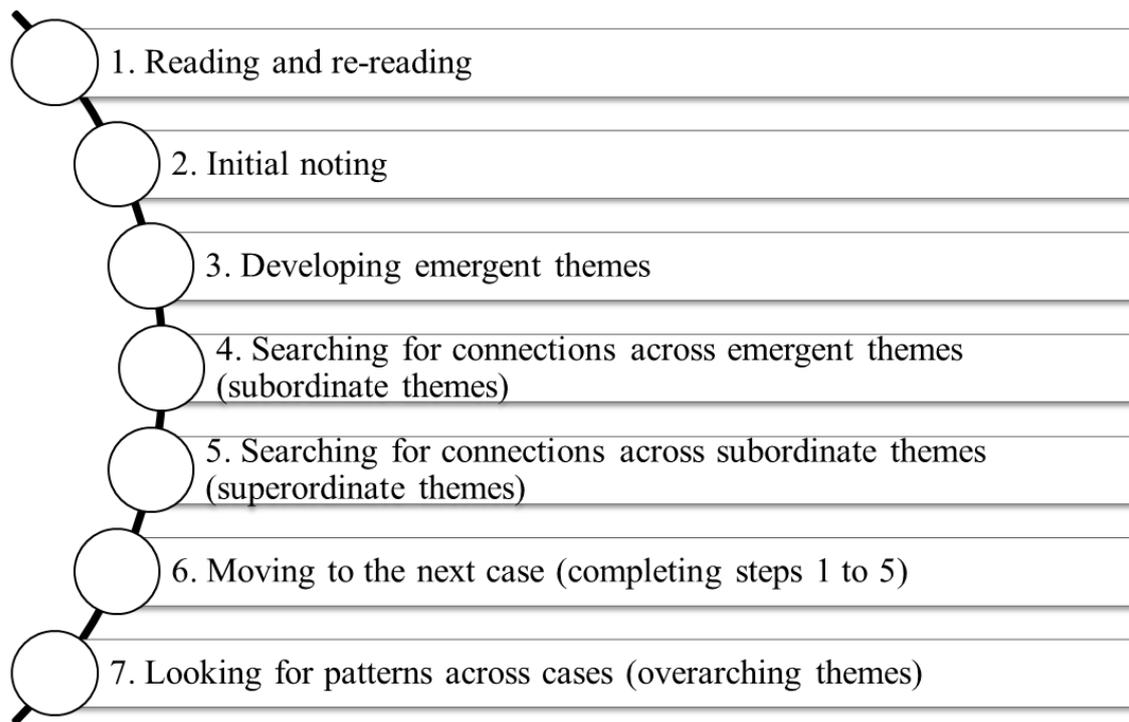
Once participation was agreed, the researcher and participant set a convenient date and time for the interview. Prior to beginning the interview and signing the consent form, the participants were given another copy of the information sheet to

read through, and were given the opportunity to ask any questions or express any concerns. Once the consent form was signed, demographic information was collected from participants regarding their gender, job role, length of time in their current role and any previous training on mental health. The audio recorder was then switched on and the semi-structured interview component began.

The duration of the interview session was one hour in total, 45 minutes was allocated to interviewing with the remaining 15 minutes for debriefing. The interviews took place in the participants' schools, and the researcher ensured that the interview sessions were terminated after one hour given the demands on the participants' time and risk of respondent fatigue (Robson, 2011). Following the two-week period provided for the participants to change their mind about including their data, the interviews were transcribed verbatim, retaining pauses, repetitions and emotional expressions by a transcription company (Kvale & Brinkmann, 2009).

### **3.10 Data Analysis**

The data was analysed using Smith et al.'s (2009) framework for analysis, which collates many of the strategies and processes adopted by IPA researchers into a structured framework, intended to be used flexibly to help guide the process. As there is no clear right or wrong way (Smith et al., 2009) any guidelines for analysis within IPA are flexible (Oxley, 2016). These steps were used in a cyclical manner to complete the analysis, and moved from a focus on individual understanding to the commonalities identified across cases, and from the descriptive to the interpretive (Smith et al., 2009).



**Figure 1 Stages of IPA (based on Smith et al., 2009)**

### **Stage 1.**

The first step centred on immersing oneself in the data to ensure that the participant became the focus. This was achieved through an active engagement with the data, with the original audio-recordings listened to during the first reading of the transcribed data. This also allowed the researcher to confirm the accuracy of the transcript. During the process of reading the transcript, initial thoughts and observations were recorded into the research diary in an attempt to bracket them off.

### **Stage 2.**

The second step centered around examining language use and the semantic content on an exploratory level. In line with Smith et al. (2009), a similar approach to that of “free textual analysis” was adopted to conduct a close analysis of the text and avoid superficial reading such as scanning for the expected. Exploratory comments

were divided into three discrete processes: descriptive, linguistic and conceptual (Smith et al., 2009) and corresponding colour coded notes were made (Appendix 14). Descriptive comments focused on the content of the transcript and key words and phrases used by the participant were recorded. Linguistic comments made reflected the ways in which content and meaning were presented within the transcript by attending to, for example, pronouns, laughter, pauses, repetition, tone and metaphor (Smith et al., 2009). Conceptual comments were more interpretive, moving away from the participant's explicit claims towards their understanding of the experiences described. The aim of making conceptual comments was not to find answers or pin down understandings but to open up a range of provisional meanings (Smith et al. 2009). As stated by Smith et al. (2009):

IPA is avowedly interpretative, and the interpretation may well move away from the original text of the participant. What is important is that the interpretation was inspired by, and arose from, attending to the participant's words, rather than being imported from outside. (p. 90)

### **Stage 3.**

The researcher then began looking for emergent themes across the data set, which included the original transcripts and the detailed notes. As highlighted by Smith et al. (2009), the data set had grown considerably by this point and the aim was to reduce the volume of detail whilst maintaining the complexity of the exploratory notes. Concise statements were created which intended to capture the detail of the exploratory notes. These were then entered into a separate word document and an approximate corresponding line number from the transcript was listed next to the emergent theme (Appendix 20).

#### **Stage 4.**

The aim of this stage was to draw the emergent themes together to produce a structure which began to highlight the most interesting and important aspects of the participant's account. The researcher printed the emergent themes and cut them out individually so that spatial representations of how the themes may relate to each other could be explored. The researcher explored connections between the emergent themes using a selection of the ways suggested by Smith et al. (2009), including:

- Abstraction: Putting like with like and creating a title for the new cluster of themes,
- Numeration: Paying attention to the frequency with which a theme is supported,
- and Subsumption: Similar to abstraction where the emergent theme itself acquires subordinate or superordinate status.

This process resulted in a number of subordinate themes (example in Appendix 15).

#### **Stage 5.**

This stage involved bringing the subordinate themes together in a manner similar to stage four; abstraction. Numeration and subsumption were also used to identify superordinate themes which appeared to capture the participant's experience (Appendix 16).

#### **Stage 6.**

The remaining transcripts were then analysed by repeating the process. To maintain the idiographic commitment of IPA, the researcher kept in mind the importance of seeing each case on its own terms by bracketing the ideas that emerged

for previous participants. This was facilitated by systematically following the outlined steps (Smith et al., 2009).

### **Stage 7.**

This stage involved looking for patterns across cases (Smith et al., 2009). The researcher typed the superordinate themes identified for each participant into PowerPoint to represent them spatially, so that the connections across them may be explored. In line with Smith et al. (2009), a decision was made to define a recurrent overarching theme as one present for three or more of the four participants. The overarching themes and superordinate themes from each participant are presented in Appendix 17. The overarching themes are presented as a graphic in Chapter 4. Consideration of how the themes shed light on one another led to a “relabeling of themes” (Smith et al., 2009, p. 101). This resulted in the superordinate themes, which led to the development of the overarching theme being synthesised. External support during the process of analysis was sought during research supervision and meetings with fellow TEPs completing IPA studies. However, in line with IPA, the researcher’s interpretation was given precedence.

### **3.11 Ethics**

The British Psychological Society’s (BPS) Code of Ethics and Code of Human Research Ethics (BPS, 2009; 2014) guidelines were followed to ensure the research was ethical from its inception to completion and possible publication of results. Ethical approval was obtained from the Tavistock and Portman Trust Research Ethics Committee (TREC).

### **3.11.1 Respect for the autonomy and dignity of persons.**

Informed consent was gained from all participants (BPS, 2009; 2014) who were informed of their right to withdraw from the interview process at any time without having to give an explanation. It was made clear to participants that they had the right to withdraw their data up until the point it had been analysed, two weeks later (BPS, 2009; 2014). In accordance with the BPS (2009; 2014) guidelines, the researcher was sensitive to, and sought to minimise the power imbalance during the interview process as much as possible. As previously stated, participants were selected from schools with which there was no present working relationships with the researcher.

All information stored was done so in accordance to the LA's information governance, data protection and confidentiality procedures (BPS, 2009, 2014). No concerns about imminent harm to the participants or others were raised and therefore it was not necessary for any information to be passed on outside of the research team, to the LA (BPS, 2009, 2014).

The interviews were audio recorded so that they might later be transcribed. The digital recordings were stored in a locked cabinet prior to being transcribed, after which the digital recordings were deleted. A numerical coding system was used to anonymise the data so that participants were not identifiable from the transcriptions. The only people to have access to the audio recordings prior to transcription were the researcher and a reputable transcription company.

Participants were informed of the potential for quotations from the data to be used in the completed research and that said research may be submitted for publication in

journals and/or presentation at conferences. Given the small sample size of this study, it was explained to participants prior to signing the consent form that this may have implications regarding anonymity (BPS, 2009, 2014). Every effort was made to ensure that participants were not identifiable from the data they provided.

### **3.11.2 Scientific value.**

To ensure that the research was designed and conducted in a manner that ensured its quality and contribution to the development of both understanding and knowledge (BPS, 2014) a literature review took place prior to submitting a detailed research protocol to TREC. The literature review, in addition to a discussion of the national and local context, highlighted the gap in knowledge base which this piece of research intended to address. Furthermore, the researcher committed to engaging in regular supervision with the research supervisor to ensure the “scientific and scholarly standards of [the] research are accountable and of sufficiently high quality and robustness” (BPS, 2014, p. 9). In line with establishing informed consent, the researcher ensured that the aim of the research was as transparent as possible to all invested parties, including TREC and the participants, stating them explicitly on the information sheet and research poster.

### **3.11.3 Social responsibility.**

Overall this principle relates to psychological knowledge being generated and used for beneficial purposes (BPS, 2014). Within this principle it is stated that researchers need to have an awareness of their personal and professional responsibilities. The researcher’s responsibility was to contribute to the knowledge base relating to pastoral staff identifying and supporting pupil mental health needs by

linking the findings to professional educational psychology practice. Furthermore, the researcher has a responsibility to facilitate trustworthiness and a commitment to the participants to stay close to their experiences within IPA, whilst being clear with the reader about the tentative nature of findings in IPA (Smith et al., 2009).

#### **3.11.4 Maximising benefit and minimising harm.**

The risk of harm to participants was no greater than that encountered in their daily lives as they were being asked to reflect upon experiences within their job role (BPS, 2014). However, it was important to acknowledge the discussion of mental health was a risk factor due to a potential to trigger distressing experiences. To manage this risk, a 15 minute debrief was scheduled at the end of every interview to allow the participant to reflect upon the interview process, ask any questions or express concerns they may have had about the research (BPS, 2014).

Prior to conducting any interviews, a plan was devised and discussed in research supervision to manage the eventuality that, should the participant experience distress, they would be encouraged to acknowledge and explore their support networks within the school system. If there were ongoing concerns, the researcher would advise that the participant consult their local general practitioner (GP). The researcher aimed to support the participants with any distress they may encounter and answer any queries. However, if the participant felt that this was in any way not sufficiently supportive, they were able to contact the research supervisor whose details were provided with the research information sheet. As the researcher, it was understood that support to manage any distress might be sought from research supervision, however this was not felt to be necessary during the research process.

### **3.12 Quality in Qualitative Research**

Yardley (2000) outlines four broad principles for assessing the quality of qualitative research. Each principle will be presented and discussed in relation to this research.

#### **3.12.1 Sensitivity to context.**

Yardley (2000) asserts the principle of “Sensitivity to Context” is comprised of multiple aspects of equal importance: awareness of relevant literature, a grounding in the philosophy of the approach, the sociocultural setting, and sensitivity to the balance of power.

With the aim of achieving this principle, the researcher first conducted a literature review of previously conducted studies and explored the international, national and local context in regard to legislation pertaining to pastoral staff identifying and supporting mental health needs in schools.

As argued by Smith et al. (2009), to produce an IPA study, the researcher is required to show a high level of sensitivity to the context of the philosophical underpinnings of IPA, accessing a purposive sample, the interactional nature of data collection and the process of data analysis. Idiography is one of the main philosophical underpinnings of IPA, meaning that throughout the process of conducting IPA research there is a need for sensitivity to context (Smith et al., 2009). To obtain a purposive sample the researcher was required to demonstrate sensitivity to the context of school systems, acknowledging that each school may have a different job title for the member of staff with overall responsibility for pastoral care. Therefore, when liaising with schools, it was necessary to build rapport to sustain their engagement and ascertain the relevant

person to contact. In line with Smith et al.'s (2009) guidance for achieving sensitivity to context during the process of data collection, the researcher was committed to ensuring that the interview process was comfortable for the participant. This was accomplished by drawing upon skills developed as a trainee educational psychologist (TEP) such as showing empathy, building rapport and recognising potential power imbalances and negotiating them by paying close attention to the process of the interview. When completing the analysis, the researcher took care to show sensitivity to the raw material by including verbatim extracts from the participants' transcripts to ground the analytical claims made by this research in the data, and give the participants a voice (Smith et al., 2009). Smith et al. (2009) state that "good IPA is written carefully, making claims appropriate to the sample which has been analysed. Interpretations are presented as possible readings and more general claims are offered cautiously" (p. 181).

### **3.12.2 Commitment and rigour.**

Yardley (2000) states that the commitment involves prolonged engagement with the topic, development of competence in the method used and immersion in the relevant data. During the process of completing this research, the researcher developed their understanding of, and skill with the IPA method through discussions with fellow researchers, the research supervisor and attending IPA groups. In addition to attending the IPA groups, the researcher joined an online forum run by Jonathan Smith to develop an in depth understanding of IPA. Furthermore, as suggested by Smith et al. (2009), the researcher ensured that they immersed themselves within the data prior to beginning analysis.

Rigour, in relation to qualitative research, refers to the completeness of data collection and analysis and is, in part, dependent upon the sample, not in terms of size but in terms of its ability to provide sufficient information for a comprehensive analysis (Yardley, 2000). In IPA studies, rigour may be demonstrated by carefully selecting the participants to ensure that they are fairly homogenous and match the research question (Smith et al., 2009). To maintain a fairly homogenous sample of lead pastoral staff, the researcher took the time with schools to explore who the pastoral lead was. If there were several, further time was taken to consider who was the member of staff with overall responsibility for pastoral care, thus ensuring that should the invited member of staff consent to participating, the interview would yield rich data for analysis, and allow the research question to be effectively addressed.

### **3.12.3 Transparency and coherence.**

Yardley (2000) states that the principle of transparency refers to the degree to which the researcher discloses all relevant aspects of the research process. In line with Smith et al. (2009), the researcher showed a commitment to transparency by describing the process of participant selection, construction of the interview schedule and including a detailed description of the method involved in analysis. Furthermore, the researcher's position was carefully described in Chapter 1, in acknowledgement of the importance of reflexivity and open reflection to ensure transparency in qualitative research (Yardley, 2000). This was further achieved by keeping a research diary (Appendix 19).

Yardley (2000) suggests that the coherence of a piece of qualitative research relates to achieving the appropriate link between the research question, the ontological

perspective, the method of analysis adopted, and conclusions drawn from the data. In IPA, coherence is demonstrated by ensuring a sense is fostered in the reader that IPA is inherently interpretive (Smith et al., 2009).

#### **3.12.4 Importance and impact.**

The decisive criterion by which any piece of research must be judged is, arguably, its impact and utility... However, there are many varieties of usefulness, and the ultimate value of a piece of research can only be assessed in relation to the objectives of the analysis, the applications it was intended for, and the community for whom the findings were deemed relevant. (Yardley, 2000, p. 223)

This piece of research aims to address a gap in the literature. In the local context within which the research took place, the necessity to understand the experiences of, and ultimately support professionals working with the mental health needs of children and young people has been highlighted (LA, 2015b) and it is hoped that this piece of research will help provide a useful perspective on this topic.

#### **3.13 Validity**

It is noted that “qualitative research is inherently subjective because the researcher is the instrument for analysis” (Starks & Trinidad, 2007, p. 1376). However, it is important to note that validity for qualitative research does not have the same connotations as validity for quantitative research (Creswell, 2013). In light of the idiographic and hermeneutic theoretical underpinnings of IPA, “what is most important is that the credibility of the account be conveyed in a qualitative study.”

(Creswell & Miller, 2000, p. 129; Yardley, 2000). From the inception to completion of the research, the researcher sought to ensure the credibility of the accounts presented through researcher reflexivity, the audit trail and peer debriefing.

### **3.13.1 Researcher reflexivity.**

Reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining 'outside of' one's subject matter while conducting research. (Willig, 2013, p. 10)

This research begins with the researcher providing some background information explaining the origin of the interest in mental health. In doing so the researcher initiates the process of transparency (Yardley, 2000), by disclosing prior experience of working in secondary schools to the reader. As highlighted in Chapter 2, a decision was made to critically appraise the 11 research articles found following the completion of the data analysis. As highlighted by Willig (2013) it is impossible to remain outside of one's subject area and this consideration is arguably particularly pertinent to researchers completing research within their professional field, and the local context within which they work. As a TEP working with pastoral leads tasked with identifying and supporting pupil mental health needs, the researcher was immersed in the subject area. Whilst the research articles had been read during the process of literature selection, delaying the process of an in depth critique and familiarisation with the articles was intended to reduce possible bias during analysis and support the credibility of the participants' accounts (Creswell & Miller, 2000).

During the process of completing the research, the researcher drew upon skills acquired from the Professional Doctorate in Child, Community and Educational Psychology course to ensure consideration was given to how biases, values, personal background, socio economic status and culture may shape interpretations of the transcripts (Creswell, 2013). Similarly, Burnham's (1993) "Social GRRAACCES" (gender, race, religion, age, ability, culture, class, ethnicity and sexual orientation) were reflected upon in supervision and recorded in the research diary (Appendix 19) due to consideration that they may influence interpretation.

### **3.13.2 The audit trail.**

To allow the path followed in the research process to be retraced, an audit trail was completed as a record of both actions and decisions made when collecting and analysing data (Robson, 2011). Smith et al. (2009, p. 183) state "the independent audit is a really powerful way of thinking about validity in qualitative research". To enable the readers of this research to follow the audit trail, documentation pertaining to analysis such as the original transcripts and initial noting of themes are included in the appendices.

To support reflexivity, the researcher consistently recorded ideas and reflections within a research diary (Appendix 19) throughout the research process (Fox et al., 2007). Information that was dissimilar amongst the themes was not omitted to ensure a realistic explanation of the research findings (Creswell, 2013). The aim of this was to ensure that the convergence and divergence in the experiences was taken into account, presented, and not subject to researcher bias (Smith et al., 2009).

### **3.13.3 Peer debriefing.**

The researcher sought opportunities for peer debriefing with individuals who were familiar with the research or the phenomenon being explored (Creswell & Miller, 2000).

In addition to engaging in regular supervision with the research supervisor, the researcher attended IPA group meetings held at the Tavistock Clinic. This provided the researcher with opportunities to enhance the analysis by discussing the research with those external to the process and increasing the potential for the research to resonate with those other than the researcher (Smith et al., 2009).

## Chapter 4 Analysis

### 4.1 Chapter Overview

The aim of this chapter is to provide a detailed idiographic account of the experiences of the four pastoral leads in relation to the research question:

*What are the lived experiences of pastoral leads identifying and supporting pupil adolescent mental health needs in mainstream secondary schools?*

To facilitate the reader's role within the hermeneutic dialogue (Smith et al., 2009), contextual information for each participant will be presented to aid the reader's meaning-making of the data, the researcher's interpretation, and the findings presented.

The findings of the IPA will be presented as summarised into the following overarching themes which were identified as relevant to all participants: Multiple Conceptualisations of Role, A Myriad of Emotion, Constraints and Conflict, and Remit. Worked examples of the analysis can be found in the appendices. Similarities and differences between the participants' experiences will be considered.

Extracts from the transcripts will be used to facilitate transparency, and provide the phenomenological aspect of the exploration, whilst the interpretive aspect will be provided by the analytic comments relating to the extracted quotations (Smith et al., 2009). A key to the notations used can be found in Appendix 13.

## **4.2 Contextual Information**

### **4.2.1 Katie.**

Katie was the first pastoral lead to respond to the initial set of participant recruitment emails. Katie's time is assigned evenly between her SENCO role and teaching responsibilities. During the interview, the researcher gained the impression that a rapport was quickly established and Katie appeared comfortable to talk freely about her experiences.

### **4.2.2 Anne.**

Anne was the second pastoral lead to express an interest in participating in the research. In addition to being the pastoral manager, Anne is also the school's designated safeguarding lead. The impression gained was that Anne initially appeared nervous however following discussion about the school, she appeared more comfortable and began to talk to her experiences in greater depth.

### **4.2.3 James.**

James responded to the third set of recruitment emails. James' role in the school is classified as SENCO, and he also has teaching responsibilities, however, his allocation of teaching time appears less well defined than Katie's. In addition to teaching, James is part of the senior leadership team and is the school's safeguarding lead. A rapport appeared to be established quickly and James appeared to value the space to reflect. James spoke openly about the emotions evoked and appeared to give rich descriptions of his experiences with minimal probing required.

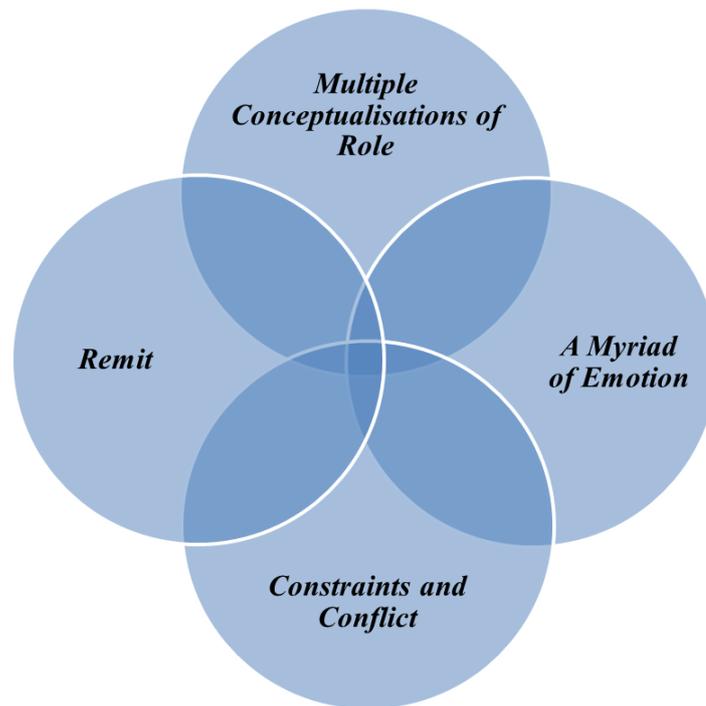
#### **4.2.4 Susan.**

Susan was the fourth participant to agree to participate and did so in relation to the fifth set of recruitment emails. Susan's role is SENCO with no teaching responsibilities. Susan appeared to be the most nervous during the pre-interview discussion and articulated concern that she may not be able to answer questions about mental health. The researcher emphasised that the focus was on her experience and not her knowledge of mental health, which appeared to support Susan to relax. The researcher had no current working relationship with Susan, however had worked on a case and delivered an intervention in the school over 12 months prior to the interview.

#### **4.3 Overarching Themes.**

In this section, the overarching themes felt to be representative of the pastoral leads' experiences, when considered as a whole, will be presented. The overarching themes were found by searching across the superordinate themes for connections. In line with Smith et al. (2009), a decision was made to define a recurrent overarching theme as one present for three or more of the four participants to strengthen conclusions and implications for practice.

The decision to present the analysis by theme, a 'case within theme' approach, as opposed to by participant, a 'theme within case' approach, related to Smith et al.'s (2009) view that the former provides the most orderly sequence. Given the number of recurrent overarching themes in this piece of IPA research, a 'case within theme' approach was considered the most appropriate to effectively represent the richness of the data to the reader in a comprehensive and systematic manner.



**Figure 2 Graphic representation of overarching themes**

#### **4.4 Overarching Theme One: Multiple Conceptualisations of Role**

All four of the pastoral leads expressed multiple conceptualisations of their role, with each experiencing different combinations to be most pertinent. These conceptualisations appear to be reflected in their experiences of the day to day aspects of the role and the notion of expected versus unexpected aspects, as perceived by the self and others. The superordinate themes leading to the development of this overarching theme were interpreted as emphasising the following:

- Misconceptions of role,
- Duty of care towards school staff,
- An advocate for the vulnerable,
- Dedication to prioritising pupils.

#### 4.4.1 Misconceptions of role.

Three of the pastoral leads experienced misconceptions of their role, as perceived by themselves and others. For James, the unexpected aspects of the lead pastoral role were first perceived by him and experienced within the context of school when identifying pupil mental health needs:

Erm, but, but yeah, it was, it was quite shocking. I just, 'cause it's not what you would expect to see when you're in school. (James, lines 469-472)

James' use of the phrase "quite shocking" places a term used to imply a fairly significant extent, "quite" next to "shocking", a term reflecting dismay. This juxtaposition seems to convey the contradictory nature of the experience of being in role for James. The extract begins in the past tense and moves to the present, suggesting feelings of shock still linger regarding the incidents that he is responsible for managing.

Like James, Katie experienced her internal conceptualisation of the role being modified in response to unexpected aspects of the job. For Katie, these relate less to her interactions with pupils and more to the necessity for her to support fellow pastoral staff:

I *would* say the one thing that I wasn't expecting and probably the hardest part of my role (pause) erm, at certain points has been, erm, the managing of, of people, of the ten people. (Katie, 1056-1062)

James also experienced misconceptions of his role during interactions with those external to the school:

And people say, “Oh, that’s a very leafy, lovely part of, of the world, isn’t it?”  
 [...] And I say, “Yes, *absolutely*”, “So you don’t get any issues at all?”, “No, no, not at all, really”. [...] And then you, then you explain what’s gone on, and what your day was like and, and, and you see the jaws drop of people.  
 “Really? In a school?” (James, lines 1335-1351)

In this extract the experience of shock in response to learning about the challenges of the pastoral lead role is once again presented, however this time through the reactions of acquaintances upon realising the day to day aspects of supporting pupils in school with mental health needs. As James recounted the conversations, use of the plural term “people” and the present tense of “say” show this is a misconception he continues to experience. For James, the misconceptions of the role from the outside looking in are experienced as being related to the rural context in which he works. Though James too can appreciate the perception of the location as idyllic in its “leafy loveliness”, the phrase “no, no, not at all really” is presented with an undertone of sarcasm and reflects the irony of this perception of his role compared with his actual experience of it. Anne also experienced external misconceptions about what her role involves. Anne however chooses not to challenge such perceptions:

...you know, when you’re a teaching member of staff, a member of senior leadership team, and you’re not perhaps dealing on a personal level with students like that, you’re perhaps not, they’re not aware of what you’re listening to. (Anne, lines 319-327)

Anne's use of the term "perhaps" initially suggests a lack of certainty regarding how other staff in the school conceptualise her role. After stating "perhaps" twice, Anne appears to eliminate this doubt and commit to certainty, expressing that she experiences other staff as unaware of the information she is exposed to when supporting pupils with mental health needs. For Anne and James, there appears to be a disconnect between their experiences of the role and the initial perceptions of it by others during their professional and personal interactions.

#### **4.4.2 Duty of care towards school staff.**

A sense of having a duty of care to staff, as well as pupil mental health, permeates the experiences of three of the pastoral leads. The unexpected managerial aspects of Katie's role which were previously highlighted also seem to relate to her experiencing a sense of duty of care towards the staff:

Because it's not just their jobs that you're managing, it comes with all their, their whole life and the (pause) baggage. (Katie, 1062-1066)

Katie's duty of care to staff appeared to extend beyond the boundaries of the professional relationship, and incorporate their "whole life". In addition to supporting pupils, Katie perceived that she was required to support the staff with their "baggage", a term suggestive of carrying the weight of their emotional burdens and past experiences. James too experiences a sense of responsibility towards supporting staff, in addition to pupils:

So if a teacher comes to me and says, "This is stressing me out, I need help", well my first, I personally believe that whatever level you are in school [...]

your first response, reaction should be, “Okay, I want to try and help”. You might not be able to. [...] But you should at least, try [...] somehow. (James, lines 1862-1877)

James stated that he “personally believe[s]” staff should respond in a helpful manner to those seeking help. This is suggestive of experiencing other staff in the school as willing to support each other and in light of James stating “if a teacher comes to me”, implies that he is often sought out by teaching staff in need of support.

For Anne, the experience of having a duty of care towards staff is expressed in her descriptions of protecting them from information that, from her perspective, has the potential to cause them psychological harm. In the following extract, Anne reflected upon a case where she felt a pupil’s experiences of mental health needs were being impacted upon by domestic violence in the home:

People don’t need to be made aware of that. Because some of it’s quite horrific, what is happening. [...] you know, if you start telling everybody else, you’re then just telling everybody else, and they’ve got to deal with that. How do I know that member of staff hasn’t been abused at some point, and would open up a whole can of worms for them? (Anne, lines 1460-1479)

Like Katie and James, Anne demonstrated an awareness that staff working within the school do not do so in a vacuum; they inevitably will have life challenges of their own to contend with. Anne was cautious to share information with school staff due to concern that parallels between the pupils’ experiences and the unknown past of the staff may “open up a whole can of worms for them”. Anne appeared more boundaried

in this regard, implying that the staff would maintain responsibility for dealing with issues that may arise for them.

#### **4.4.3 An advocate for the vulnerable.**

Three of the participants expressed a view of themselves as being an advocate for pupils and their families in relation to mental health. Susan reflected upon the process of moving from the identification of pupil mental health needs to obtaining support, by encouraging pupils to discuss their needs with their parents:

If the student feels they can't do that or it's not going to happen, or having had an amount of time it doesn't happen we don't get that call from parents again depending on what it is and the age of the student then, we would make that contact with a parent and get that sort of communication going. (Susan, lines 322-332)

Although the pupils are encouraged to inform their parents, Susan expressed that she was willing to take up the role of advocate and voice the pupil's concerns on their behalf if required, and permitted, given their age.

Like Susan, Anne too experienced performing the role of advocate for pupils, however, Anne's experiences were within the school context:

...I've sent emails round to staff, all their teachers, just to say, you know, "So and so is not in a good place at the moment, and please don't mention this email to them." [...] They *know* I'm writing it, but please do not discuss it with them. (Anne, lines 1267-1278)

Anne echoed Susan's acknowledgement of consent in her emphasis upon the pupils being aware of the email, suggesting that in Anne's experience the role of being an advocate is a collaborative endeavour.

Both Anne and James advocate for pupils in school by attempting to foster a sense of understanding among the school staff regarding the pupils' individual mental health needs:

...and I don't like this, "Oh, well they're just a naughty child, you don't need to medicate them", aspect. Yeah, of course some children are naughty. In fact, (laughs), we've all been naughty. But even children with depression and mental health issues, they're *still* going to be naughty, and, and still going to play around, etc. (James, lines 1634-1645)

James talked more to an experience of being an active advocate, moving from sharing information on the pupil's behalf to defending them. It appears that James is required to contest arguments that the pupil is simply "naughty" by attempting to broaden the perspectives of those working with the pupil in school to incorporate a "both/and" instead of "either/or" view. In addition to advocating on behalf of pupils, James also expressed the experience of being an active advocate for parents:

...you know, I had to get the MP involved in, on the side of the family [...] To get a CAMHS appointment... (James, lines 689-695)

Like James, it appeared that Susan and Anne also felt the need to advocate for parents to initiate external agency involvement to support pupil mental health needs:

...Erm (pause) you know occasionally if a student is waiting for an initial assessment they get far worse before that initial assessment actually comes up, so we do write to CAMHS, we do try to encourage them to bring that forward if at all possible... (Susan, lines 465-474)

...I will make a phone call, to the relevant people, and just say, you know, "Do you know what's happened to this referral? Can you tell me a little bit more?" Just so that I can go back to the parents, and say that I've spoken to somebody, and that it is in the process of being dealt with. (Anne, lines 663-673)

Susan and Anne's active attempts involve writing to and phoning the external agencies. These seem to suggest a sense that the school may have more influence than parents in the system in regard to prolonged timeframes.

#### **4.4.4 Dedication to prioritising pupils.**

A conceptualisation of role common to all four participants was that of the prioritisation of pupils above all other demands placed upon the lead pastoral role in the school context. For Susan, this appeared to be experienced as the cause of unpredictability. A paradox emerged in her experience in that the only predictable pattern within the pastoral lead role is the experience of unpredictability:

There's no predictable pattern erm, to the pastoral role erm, at school and I think the pastoral managers would agree with that you know. We all like to plan our work and we all sort of start the week with you know, this is my, schedule for *the week* (laugh) erm but depending on what happens or as we

say kicks off on any one day, erm that will form your day. (Susan, lines 641-653)

Susan's use of the phrase "kicks off" seemed to reflect a sense that the situation in school may change suddenly in relation to pupil mental health needs. Attempts to "plan" and "schedule" are viewed as best intentions, or even laughable in the face of the actual demands of the job role, given the need to be responsive to pupils. This necessity is further captured in the following extract from Susan:

...the needs of the students will al-, always take precedence over anything you know that is maybe administrative or, or can wait really. (Susan, lines 653-658).

Katie also seemed to experience the necessity to diverge from the plan of the day to respond to issues that arise:

I might not have any lessons on the timetable, I'll come in thinking, "I'm going to get on with that piece of work," and actually, you know, a member of staff comes with an issue or a child's got an issue or a parent calls. (Katie, lines 1006-1013)

Like Susan and Katie, Anne too experienced unexpected issues as taking precedence. Anne experienced this as her "actual job role" again suggesting that pupils are the priority:

Always worked in the pastoral. [...] So I, my *actual* job role is, I obviously communicate with students on a daily basis... (Anne, lines 72-79)

For James, this commitment to pupils underpinned his long working days:

But at the end of the day, we're working in a system that is not right for our students at the moment. But, the people that are doing it, are working on it at 16 hours, 'cause that's what we need to make our students succeed (pause).  
(James, lines 1542-1549)

#### **4.5 Overarching Theme Two: A Myriad of Emotion**

All four pastoral leads expressed experiencing a range of emotions in relation to pupil mental health needs. The contexts in which the emotions were evoked for different participants were as varied as the emotions themselves. In addition to experiencing a variety of emotional states, the pastoral leads all adopted different strategies in an attempt to manage the emotive aspects of the role. The superordinate themes leading to the development of this overarching theme were interpreted as emphasising the following emotional states:

- Shock,
- Frustration and anger,
- Isolation,
- Worry and rumination,
- Managing the emotional experience.

#### 4.5.1 Shock.

Three of the four pastoral leads spoke to the experience of shock. Katie's experience of shock expressed in relation to pupil mental health needs was related to the age of onset of such difficulties:

I never thought about children at the age of eleven coming into school feeling really anxious and having the weight of the worries of the world on their shoulders. I just didn't think that that happened. But it *really* does, doesn't it?  
(Katie, lines 589-596)

Katie's use of the phrases "I never thought" and "I just didn't think" implied that she was unaware of the level of anxieties pupils experienced until working with pupils directly. Katie's emphasis upon the word "really" suggests that through her experiences she is now very aware of such needs.

For James, feelings of shock were expressed relating to his experiences of supporting a pupil following self-injurious behaviour:

...we've got a couple of children who are very, very prolific self-harmers. And it's got to the point where they, you know, they suddenly appear standing next to your desk with their arms dripping in blood. (James, lines 279-285)

In this extract James described, in a graphic manner, his experience of the sudden nature of pupil's help seeking behaviour. Anne's experience appeared to mirror this feeling of shock in response to suddenly being required to support pupils:

...it's very *difficult*, you, you know, especially if you see a child that suddenly needs you, that's always quite confident. And, and they suddenly are in your office, in floods of tears....” (Anne, lines 1142-1151)

In contrast to James' experience, where he implies some awareness of the needs of the pupil who suddenly appears at his desk, Anne's feelings of shock in relation to their “floods of tears” seem to be exacerbated by the general perception of the pupil as being “confident” in school. Anne's seemed to show itself through the disconnect of her perception of the pupil's state of mental health and the presenting reality of it.

#### **4.5.2 Frustration and anger.**

Once the pupils' mental health needs are identified, it appears that all four of the pastoral leads experienced feelings of frustration and anger during the process of support. In the following extracts, Anne describes her experience of frustration at a lack of communication from external services:

It is, it is frustrating, erm, and I suppose you get very cross with other services, because I suppose at the time, you think, “Actually I, we are really important, and it's only us, and you need to deal with us.” (Anne, lines 597-693)

I do find that, yeah, it's the communication, it's the not knowing that I find more frustrating now, than I did before. (Anne, lines 850-854)

In addition to feelings of frustration, Anne expressed feelings of being “very cross”. However, for Anne it seemed that the most frustrating aspect was the experience of “not knowing” what is happening in regards to the wider support systems around the

pupil. Like Anne, Susan experienced feelings of frustration in relation to a sense of not knowing. For Susan, this uncertainty seemed to relate to an assumption that it would be beneficial if pupils were offered help “quicker” and not required to wait for long periods of time:

So it's, I suppose it's a frustration, you feel that if a student was (pause) offered the correct help, *quicker* (pause) it may be more helpful (laugh) who knows (laughs) you know. (Susan, lines 504-510)

Although Anne did not reflect upon the impact of being required to wait for support, she too expressed frustration with timescales:

I think it's just frus, the frustration of, er, waiting, it's the waiting game, isn't it? Waiting for an appointment, waiting... (Anne, lines 479-482)

Anne refers to a “waiting game” which is suggestive of experiencing an external locus of control, and powerlessness in the process. For Katie and James, experiences of frustration were evoked during their interactions with CAMHS:

...we'd have children that we knew, we knew were having (pause) had real problems and you would call CAMHS and they would say, “Well, that child...” This is the most frustrating thing, I think. “That child's got an ASD diagnosis, so we won't see them.” So there, there is, therefore there's nowhere to *go* if you've got ASC. (Katie, lines 159-171)

And so when I'm saying to a member of the team, “She's hearing voices in her head and she's cutting herself”, I think the phrase that I got once was, “It's

just, it's, it's, they're not really voices, they're just a manifestation of what she's thinking (pause) and don't worry about it". And I thought well, okay, that may well be what, that may well be exactly what's happening. [...] But when you've got a sixteen year old girl saying to you, "The voices, the voices" and punching head, her own head and cutting. [...] You think, well, I can't not worry about it. [...] Because that's what's happened. [...] I was *extremely* (pause) angry. [...] Frustrated. (James, lines 568-606)

A further commonality appears to be present in Katie and James' experiences. For both, there appeared to be a disconnect between their own perceptions of the urgency and severity of the presenting mental health needs, and those of the CAMHS workers. This appeared to result in feelings of anger at having "nowhere to go".

#### **4.5.3 Isolation.**

In addition to feelings of shock, frustration and anger, feelings of isolation seem to be part of the experience of supporting adolescent pupil mental health needs:

...all of that is encouraging people to become more, ensconced in their little silos. (James, lines 2455-2458)

...sometimes you never hear any more. Erm, you just feel that you lose touch. (Anne, lines 517-519)

"...although we are here to support the students, because we are not with them as in a teaching environment, erm it can be a little bit of a remote role..." (Susan, lines 206-210)

The participants' use of phrases such as "ensconced in their little silos", "lose touch" and "remote role" suggest that supporting pupil mental health needs is at times an isolating endeavour. Anne's extract below is reflective of Katie and James' reflections upon their interactions with CAMHS:

...I'm not sure pastorally, where the support is, for the pastoral team. [...] a counsellor or a social worker, or... would have supervision. [...] Within our roles at school, we don't get that. (Anne, lines 268-286)

Susan, James and Anne, all seemed to experience a feeling of being left alone to support pupils' mental health needs.

#### **4.5.4 Worry and rumination.**

Three of the four pastoral leads experienced worry in relation to pupil mental health needs. In the following extract James draws a parallel between his experiences of worry evoked supporting pupil mental health needs and his experience of being new to teaching maths:

...it's the same as, I suppose, when you're in, in class. If I, I'm, I'm new to teaching Maths this year. [...] So, you know, I, I have a real fear that I'm not doing a good enough job. (James, lines 2493-2495)

For Katie, the experience of worry was rooted in a fear of inadvertently causing harm to pupils in her attempts to be supportive:

Erm, I suppose it's a bit worried that you're gonna say the wrong thing and make her situation worse. (Katie, lines 730-733)

Anne talked to the experience of rumination in relation to having an awareness of pupils who are experiencing mental health needs:

Erm, it's something you perhaps take away with you sometimes, when it's things like that, because you do think, "Ooh... what's, what's going to happen *tonight*? What am I going to come back to in the *morning*?" (Anne, lines 248-254)

Erm, you do need to share it, otherwise you'd go home... *thinking* constantly of it. [...] Because it would just go round and round in your mind. (Anne, lines 1656-1663)

The apparent contradiction in Anne's extracts conveys an inconsistency in the experience of rumination. In the first extract Anne talks to the experience of rumination, tentatively stating that she "perhaps" take things away, whilst in the second extract implies that she does not think about the pupils' mental health needs at home, in her use of the phrase "otherwise you'd go home". It seems however that Anne does experience rumination in addition to worry, a notion supported by Anne's frequent references to her experience of not having supervision during the interview:

But, erm, yeah, no, that's (high pitch) (pause) (sighs) It can be upsetting sometimes. Erm (pause) but yeah, that goes back to having supervision, isn't it? And talking, about, things. (Anne, lines 407-415)

The pauses, changes in pitch and sighs in this extract convey a difficulty both processing and articulating the emotional experiences involved in identifying and supporting pupil mental health needs without support.

#### **4.5.5 Managing the emotional experience.**

The experience of identifying and supporting pupil mental health needs appears to be emotive for the pastoral leads and, as suggested by Anne's extract, it is perceived that this element of the experience will remain:

Erm, I don't think you have a choice actually, and y-you could become very worked up about it. (Anne, lines 800-802)

As such it seems that for three of the four pastoral leads, reflection and a change in perspective of the situation supports them to manage their own feelings.

Susan acknowledged that her feelings of frustration were the result of perceiving the delay in receiving help as being "detrimental". However, upon reflection, Susan seemed to gain reassurance through acknowledging that "in truth" she does not know how the situation may have evolved:

You know, you don't, you don't really know erm I suppose the temptation is to think that the delay in it is, is detrimental but, in truth you don't really know. (Susan, lines 514-519)

For Katie and Anne, considering different perspectives when attempting to understand the actions of others appeared to help them to manage their feelings of anger:

...you have to (pause) (laughter) Sort of take a step back, and say actually, “They are just as busy”, and you know. [...] We are not (pause) (laughter). We’re not the only one. [...] Erm, a few deep breaths sometimes (laughter). Erm (pause) I don’t know. I might vent a few rude words, to myself, or my colleague. (Anne, lines 719-739)

And I used to get cross and then you just think, “Well actually, everybody’s got their backstory and everybody’s like they are for a reason... (Katie, lines 464-468)

For James, sharing his experiences with those in his personal life appeared to help him to manage the emotive nature of the experience:

I’m also lucky my [partner]’s a teacher as well so (pause) [...] So [they do] understand. [...] And we’re able to sort of bounce those things off. (James, lines 1358-1368)

The implication of this, however, is that the worries evoked during the school day do not seem to be contained within that context and cross over the boundary of his professional life into his personal life.

#### **4.6 Overarching Concept Three: Constraints and Conflict**

Constraints appear present in all four of the participants’ individual experiences of identifying and supporting pupil mental health needs. The experience of feeling conflicted appears to permeate across the different levels at which the pastoral leads work. The superordinate themes leading to the development of this overarching theme were interpreted as emphasising the following:

- Conflict in the culture of education,
- Precarious relationships with parents,
- Oscillating views of external agencies,
- Power and hierarchy in the system.

#### **4.6.1 Conflict in the culture of education.**

Katie, Anne and James spoke to their conflicting experiences of identifying and supporting pupil mental health needs in schools, and within education as a whole.

Within this commonality, each of the three pastoral leads seemed to experience different challenges. Anne experienced conflict in relation to what information can, and cannot be shared within the school context. Anne's perception of the school culture inhibited her sharing information regarding pupils' mental health:

I think we do have a culture of perhaps where we sit in the staff room and discuss things, and... [...] I didn't... some of those things don't need to be discussed, it doesn't, apart from knowing that the child is, struggling at some point... (Anne, lines 1429-1440)

Anne's experience of feeling restricted in what she is able to share is further exacerbated in school by her interactions with the adults involved personally and professionally with the pupils. In the following extract, Anne seems to demonstrate an awareness of the protective factors school provides:

...parents are very clear sometimes, and social workers, this is not to be, this is not in the public domain in school. [...] Because students, as I say, do feel very... (intake of breath) This is normality to them, when they come to school. (Anne, lines 1387-1398)

It seems that although Anne is aware of the “normality” provided by school, her sharp intake of breath following a reiteration of the demands placed upon her suggest some level of divergence. Anne seemed conflicted in her desire to support the student within school and adhere to the requests made:

...it’s also very difficult, when you see those children in school, and you, you *know* what’s going on at home. [...] I don’t make a thing of it in school, you know, I walk past them in the corridor, like I do every other child, but really, I want to be saying, “Are you okay?...” (Anne, lines 1514-1527)

The experience of feeling conflicted in whether or not to share information is also experienced by James. However, this was to be an experience that occurred in the context of working with other schools:

I’ll try not to be political, but [...] I think, we’ve, in education, we, a, a few years back we very much had a, a good collegiate approach. Schools would help each other. [...] Er, it wasn’t seen, as a bad thing to say, this, to be in a meeting, to say, “Actually this is happening with us, we’re not quite sure what we’re doing, can you get some help?” (James, lines 2432-2448)

For James, changes in the political climate of education have resulted in greater competition between schools, which makes him reluctant to share the difficulties he

experiences in relation to supporting pupil mental health needs. In Katie's experience, teachers vary in their levels of willingness to engage in supporting pupil's mental health needs. Katie appeared to perceive that newly qualified teachers have a greater awareness of mental health issues:

But most, to be honest, most teachers now, you know, coming out, the young teachers that are coming out of the teacher training, they've already had a lot of, well I don't know how much input, but they are *aware* of mental health issues and they've already had the training. (Katie lines, 1432-1440)

But Katie appeared to experience conflicting attitudes amongst more established teachers:

It, it varies from, from person to person. We've got some people who, you know (pause) they're there to teach and that's what's important. And you've got other kind of more pastoral teachers (pause) that, they are all given the same training, but there's some, you know, some staff are just well known for (pause) not being (pause)(laughs). (Katie, lines 1389-1400)

There does not seem to be a middle ground in Katie's account between those whose sole focus is on teaching and those who may be more willing to offer pastoral support. James echoed Katie's experience of variable willingness amongst teaching staff to engage with pupil mental health needs:

I think also, the students know, have an idea of who they can talk to. [...] About these things, about who they will become more, who they'll get a more sympathetic hearing from, etc. (James, lines 1747-1756)

In James' experience, it seems that pupils are aware of this variation and it influences their help-seeking behaviour. James, Susan and Katie spoke to the experience of attempting to address the stigma around mental health:

I think (pause) *we* as a school along with other schools have worked incredibly hard at de-stigmatizing mental health and erm talking about it... (Susan, lines 1056-1061)

In spite of this, conflicting views around mental health appear to continue to be present in education and permeate different levels of the school:

...and it has sometimes (laughs) caused some, erm, interesting discussions in leadership team meetings about the different people's views (laughs). (James, lines 1835-1840)

...you get that people sometimes have that roll of the eyes and, when they see them on the cover board and, "Oh, he's off for stress" [...] I think, and, and I'm *sure* the children pick up on that. (James, lines 2014-2023)

In James' experience, these conflicting views are openly expressed by staff members, and much to his surprise, between pupils:

...we were talking about a politician [...] saying how he'd experienced mental health issues and what he had felt like and, and things. One of the kids said, "What's he talking about that on television for? No one wants to know about that. They're not going to trust him anymore, are they?" And I just thought, "*Ohh*". (James, lines 1658-1671)

In spite of the pastoral leads' efforts to destigmatise mental health in education, they appear to experience conflicting views across the different levels ranging from pupils to senior leadership.

#### **4.6.2 Precarious relationships with parents.**

All four pastoral leads seemed to place great importance on home-school relationships. However, the process of initiating, developing and maintaining these relationships was experienced as a precarious one. The following extract from Katie seemed to demonstrate the experience of perceiving relationships with parents as precarious as they may swiftly fall apart. Katie described her experience of telephoning a parent who experiences mental health needs involving hallucinations, in an effort to support a pupil on a day when the pupil's levels of anxiety were posing a barrier to her accessing learning:

... the child saw, had seen this and she thinks that maybe that's why. And I was just thinking, (pause) "Why, why would you, put your child in the position where they would see this and then be anxious about you the whole day?" I mean, I'm probably really speaking out of turn, I'm not, I'm not trying to be critical of other people. (Katie, lines 396-407)

Katie acknowledged the mother's mental health needs, however, this does not seem to alter her view that the mother's actions were insensitive to the needs of her child, seemingly leaving Katie experiencing an inner conflict. Katie's use of the phrase "just thinking" implies that she did not share her perceptions with the parent. Given the importance placed upon the home-school relationship by all the participants, Katie seems to feel unwilling to challenge the parent would be too much of a risk, for fear of being perceived "out of turn" or "critical" and as such damage the relationship. For James the source of internal conflict with parents seemed to stem from his perception that they were not sensitive to the needs of their child, a thought he also chose not to share with the parent:

...I'd phone and they'd make appointments, and they'd always talk to me on the phone, it wasn't an issue, "Oh, I'll come in, I'll come in", etc. And, and they didn't. And I was thinking, "What, what, what is this going on? I can't believe that they're not interested in the care of..." [...] "Their, you know", student and, and I got *really* quite angry about it. (James, lines 1179-1193)

James' feelings of anger seemed to be exacerbated by repeated failed attempts to get the parent to attend a meeting in the school. When the parent attended, James appeared to experience a conflict between his feelings of frustration and empathy:

...the very next day the lady came in. And I remember meeting her in reception, and you could *just see* the effect when she walked through the door of, it was almost like, she'd obviously regressed to being when she was at school. School had not been good for her, she said. (James, lines 1206-1215)

Empathy was also a component of Katie, Anne and Susan's conflicted interactions with parents:

... it's just trying to do whatever to support the child, to support the family.

You know, they're-, it's obviously a really difficult thing for them... (Katie, lines 440-445)

Both Anne and Susan expressed empathy when contacting parents to share information about the identification of pupil mental health needs in school:

Erm, well parents, you feel sorry for them, don't you? [...] Because actually, for some things, we might have alarmed them, because they might not have known anything had been going on. [...] So, that in itself, you know, is quite difficult. (Anne, lines 681-695)

...there isn't any easy way to say some of these things you just have to say them. You know, obviously you have to be, empathetic and sympathetic and erm, you know supportive erm but I think you also have to be very clear about what you are saying, what is the issue... (Susan, lines 902-911)

Anne and Susan seemed to experience these interactions with parents as challenging. The source of the challenge appeared to be the delicate balance between trying to convey information sensitively, while simultaneously facilitating a clear understanding of the presenting concerns.

As the home-school relationships develop around supporting pupil mental health needs, actual and potential conflicts emerge. Anne experienced conflict as a recipient of parental blame for the lack of external agency support:

...weeks down the line, the parents have phoned to say, “Well, I haven’t heard anything.” And you’re like, “No, n-nor have I.” [...] they sort of feel that it’s us, to *blame*. [...] Because we were, we are the ones that have *initiated* it, I suppose.  
(Anne, lines 641-656)

Susan appeared to experience parents becoming too dependent on her for support. For Susan, it was necessary to manage the situation carefully by encouraging parents to deal with their experience of the situation more independently, while maintaining a positive perception of school to aid collaboration in the best interests of the pupil:

...sometimes you do have to manage that because we’re actually *not here to support parents* we are here to support students. (Susan, lines 971-975)

Parental attitudes towards pupil mental health needs appeared to be a further contributing factor to the experience of relationships with parents as being precarious. Negative parental attitudes towards the concept of mental health, including stigma, were expressed at a societal level and during interactions with parents by three of the four pastoral leads. In the following extracts, James talks about his experience working in collaboration with other agencies within the local community to support adults, particularly parents with mental health needs:

...we can't call it a drop-in centre for mental health awareness, we're trying to call it well-being, or something, because obviously, the thing that... because of the stigma attached to mental health... (James, lines 1046-1052)

...people assume that mental health means, that you're *mad*. (James, 1079-1081)

Susan and Katie seem to echo James' experience of parents expressing a stigma towards mental health:

...sometimes it is parents' own misunderstanding or concern about a stigma being attached to their student or, you know, it going on their record and following them into university so erm. You know sometimes parents maybe have different attitudes towards periods of ill mental health, different issues, different worries that they have, so that can sometimes be a bit of a block... (Susan, lines 409-422)

...trying to explain to him that maybe his son needed a little bit of extra support with the transition and it wasn't anything to be ashamed of... (Katie, lines 1347-1351)

Susan's use of the phrase "a block" and Katie's reference to parents' potential to feel "ashamed" suggest that the negative views around mental health held by some parents are experienced as a barrier to the pupil accessing the appropriate support.

The experience of managing difference appeared to be a delicate process when trying to support pupil mental health needs. Katie expressed a view that it is necessary to manage such differences of opinions carefully so as not to lose parent communication altogether:

Supporting, but at the same time respecting the parents' views and not trying to say, "Well, you're doing it wrong." Or, "Your way's not helping this child." You know, it's trying to (pause) do the softly, softly approach [...] if you put your views across and say, "Well actually, I don't think you should be doing that," they back away completely. (Lines 1360-1373)

Factors such as managing the impact of parental mental health, difficult conversations with parents, and parental stigma towards mental health, appear to be experienced as challenging to navigate and result in the pastoral leads internalising their views and opinions in favour of preserving home-school relationships.

#### **4.6.3 Oscillating views of external agencies.**

The experience of feeling conflicted appears to result from the wider systems around the child, family and school; specifically in the pastoral leads' interactions with external agencies. All four pastoral leads appeared conflicted in their meaning-making of experiencing a lack of support from external professionals and agencies as a whole in relation to pupil mental health needs. Their accounts oscillated between viewing external professionals and agencies as helpful but overworked, and dismissive. The sense of variation in their views around a lack of contact from external agencies are captured in the following extracts from Katie:

But it was like we hit a brick wall every time a child was, you know, needed (pause) needed (pause) to see CAMHS or needed some, you know, higher tier help. And they just wouldn't see them. (Katie, lines 182-188)

I don't know if it could have had a different outcome, had he gotten (pause) help from CAMHS sooner. But I know how stretched they were and I know it wasn't just a case of (sigh) you know, there just wasn't the funding, there such a long waiting list as well. (Katie, 246-254)

In Katie's experience, the conflict emerging appeared to be underpinned by her understanding of CAMHS' level of agency in deciding which children and young people to see. Katie's use of the phrase "just wouldn't" is suggestive of a perception of deliberate refusal to help. This certainty appears to dissipate and was replaced with a more understanding view that incorporated factors external to CAMHS such as "the funding" and seemed to highlight the conflicted nature of interactions with external agencies. The experiences of James, Anne and Susan appeared to echo such oscillating perceptions:

And they obviously prioritise. But for yourself at the time, you want the best for the child, don't you? (Anne, 615-618)

...when I ring up and make a *point*, I may have been the 15th person that has done that. [...] And yet I don't get to see that because at that point my focus is on my students... (James, lines 2214-2223)

...help it's not there *at the time* that it's needed but that's a sort of resource issue, I think. [...] Erm, I suppose I'm referring to CAMHS really erm you know it is difficult to get students into CAMHS sometimes... (Susan, lines 431-441)

#### **4.6.4 Power and hierarchy in the system.**

The concepts of power and hierarchy emerged in the pastoral leads' accounts of their experiences of the interactions between the systems around the child.

For Anne, James and Katie, the experience of administrative procedures related to the process of identifying and supporting pupil mental health needs appeared to be experienced as an unnecessary barrier and disempowering:

The bureaucracy, of it all (Laughter) seems to, which it never used to happen, I have to say, I have found that has altered, in the years. [...] You could be able to phone a service yourself, and say, "Actually, I'd like some assistance for this child." And now we have to go through this whole, you know, get parents in, fill out some paperwork, send it off, hit send, looked at a triage. [...] Then they decide what's gonna be best for this child... (Anne, lines 493-517)

...the *bureaucratic* side of it *drives me round the bend*, you know, having to fill out 15,000 different forms and get every parent to sign, double date this, or whatever. (James, 2377-2382)

...sometimes it's just to tick a box, isn't it? (Katie, lines 774-775)

Anne's laughter, James's exaggeration in the phrase "fill out 15,000 different forms" and Katie's use of "just", suggest that the participants experienced the bureaucratic aspects of their interactions with external agencies as excessive and redundant. In Anne's experience, a perceived increase in paperwork has resulted in her feeling the arrangement of support shift from her to triage, in spite of the pupil knowledge she holds:

...if you think, these children are here five days a week, every day... We see quite a lot of them. (Anne, lines 536-539)

This shift also alludes to the experience of power and hierarchy within the external systems and was shared by two other pastoral leads. For Katie, this was experienced in relation to her interactions with parents and health professionals. In the following extract, Katie reflects upon her attempts to support a pupil with ASD and high levels of anxiety:

...he moved out into the other group and his parent wasn't happy with him moving out [...] the paediatrician came into school and said that if, erm, this child's anxieties are at a high level, he shouldn't have to attend school. [...] He didn't attend the rest of the year. (Katie, lines 305-328)

...the parents requested an Education Health and Care Plan. I said I didn't feel that we needed one to meet his needs. So [the LA] said they didn't, erm, they wouldn't give him a plan. So then she said she would take them to tribunal and then they overturned and gave him an Education Health and Care Plan. So we've got the child in school at the minute, picking and choosing

when he wants to attend lessons and it, *nothing's* changed... (Katie, lines 330-347)

The extracts appear to convey Katie's experience of power in the system with regard to whose voice gets prioritised within the decision making process. Katie's attempts to support the pupil within school were undermined by a perceived alignment between the parent and paediatrician. Similar to Anne, Katie experiences her knowledge of the pupil, and the context of education as a whole, being excluded from the decision making process, with regards to provision and the statutory assessment process.

In James' experience, once the statutory assessment process has been completed and a plan issued, there is a necessity for multidisciplinary team working:

I think, with the move to the new education and healthcare plans. [...] That has brought health kicking and screaming in with education (amused laugh). Erm, and I know that's the whole mindset for, for health that have had to change because obviously, in the health service if a patient doesn't want to engage, you can't *force* them. [...] But, obviously, when you're in education and they don't have a choice because you have to engage (laughs) and we're saying, "Well, come on you, this is written into the plan, they need this help". "But they won't engage us". "But it's written (laughs) into the plan". (James, lines 2140-2172)

James' use of the phrase "kicking and screaming" implies that he experiences health professionals as reluctant to engage with education, and adapt to the statutory requirements for pupils with mental health needs to receive support. In spite of this,

James shares Anne and Katie's experience of wondering if their voices are heard, in his questioning of how he and his contributions to multidisciplinary discussions are perceived by external professionals:

I don't know how it is in the other side from the non-educational professionals, whether or not it's a case of, "Well there's a bunch of whinging teachers again" listening. (James, lines 2412-2418)

For James, further conflict seems to emerge with external professionals in regards to equality:

...To get a CAMHS appointment and then... when you find that, you know, you've been on a wait, you've been on a waiting list for seven or eight weeks and yet these sort, actions were happening, happening, happening. [...] And yet within two days of me writing to the MP they had an appointment. And I think. [...] I'm really glad [...] That the appointment was there, but I just felt that didn't really, it didn't fit with my (pause) fairness... (James, lines 691-714)

James reflected upon his interactions with CAMHS, and a conflict appeared to arise between his relief that a pupil has received an appointment and a concern over the equity of the system, or as James calls it, "fairness", again reflecting whose voice will be heard and subsequently prompt action.

## **4.7 Overarching Concept Four: Remit**

Common across all the experiences of the pastoral leads in relation to pupil mental health were the references made to the remit of their role in a context where the prevalence of pupil mental health needs are of concern. The superordinate themes leading to the development of this overarching theme were interpreted as emphasising the following:

- Feeling unskilled,
- Experiential learning,
- Collaboration is key.

### **4.7.1 Feeling unskilled.**

All four of the pastoral leads spoke to the experience of, at times, perceiving themselves to be unskilled in relation to mental health, however, this appeared particularly pertinent for Anne, Katie and James. Anne seemed to express the experience of feeling unskilled in her wondering if she was getting things “right” with regard to supporting pupil mental health needs. This manifested in several ways, the first of which was conveyed by the following comments, where Anne expressed a wish for more pastoral training:

Cause there must be people out there that are very experienced of working in schools, that have a pastoral lead, understand what it means to them, guidance for new people coming into the role. And it's very limited as to what's out

there, or *I* have found it very limited. [...] *Maybe I'm wrong*, maybe there is a lot out there, and I just haven't seen it. (Anne, lines 1728-1742)

In keeping with the overarching theme, the necessity to work uncomfortably close to the boundaries of the pastoral remit, Anne expresses a want for more training on delivering pastoral intervention. Anne expresses a wish for training from someone who is “very experienced” as a pastoral lead, in spite of her 13 years in role. It seems the experience of working with pupils with mental health needs has, in some way, led to Anne feeling deskilled and subject to self-doubt.

Katie seemed to echo Anne's experience of self-doubt. In the following extract Katie describes her experiences of feeling forced to present on topics related to mental health from a training package she had not yet completed:

It just didn't, oh, you know, a bit cringe [...] I always think the people who deliver the best training are people who are really, really knowledgeable at what they're doing. And I, I just, you know, why would people want to spend an hour listening to *me* when I'm just, I don't really know what I'm talking about? (Katie, lines 796-806)

Katie found being positioned as a mental health expert in the school uncomfortable on account of her perception that she lacks the related knowledge. Whereas for Anne self-doubt appeared to manifest as a perception of lacking experience, for Katie it seemed to manifest as a sense of lacking knowledge, and the notion that there is a “really, really knowledgeable” “other” who knows what they are “talking about”. James appeared to make reference to perceiving a more competent “other” in his local secondary schools during multi-school meetings. In the following extract James'

hesitancy to directly seek support from other school staff regarding pupil mental health, unless they first expose themselves as unsure, seems to imply an assumption that those working to support pupil mental health in other schools are more skilled and knowledgeable:

“*Oh, okay*, so they, so that’s school has gone through it”, I now know I can speak to them about that. (James, lines 2470-2473)

For James it seems almost unsafe to show vulnerability in front of other schools. When talking to their experiences of supporting pupil mental health needs, the pastoral leads conveyed a sense that the support they were offering was less substantial than that which could be provided by external professionals and disparaged their own efforts:

I just, I felt completely (pause) at a loss of what to do initially. [...] And so I felt, all I was doing was patching up the, the physical side. (James, lines 388-395)

I’m not saying the resources are very good, for where we direct these young people, or how we deal with it, but (pause) we try and deal with it effectively in school. [...] Just by being supportive really. (Anne, lines 175-184)

We can do a certain amount of kind of encouraging and you know, what would you call that (pause) counselling light maybe I don’t know (laughs). (Susan, lines 568-573)

...on a very practical level, without having any, you know, real experience, we try and do like, relaxation techniques. And we’ll do like, an art, it’s not like,

proper art therapy, but we call it kind of art therapy. And we draw and colour and *talk, just chat*, like conversations. (Katie, lines 606-615)

The pastoral leads' experiences of feeling unskilled in relation to mental health appeared to be emphasised by the situations they face in school. In the following extract, Katie talks to her experience of trying to offer support to a pupil whilst being preoccupied with what she can and cannot say when offering support, due to a concern that she may cross the boundary of her professional remit:

...I guess you don't want to do something, overstep the mark. And then I'm always really conscious of that and I know when I talk to educational psychologists, you know, there are certain things that you just can't do. Like I'm not, I can't, we're not trained counsellors... (Katie, lines 697-706)

James and Anne seem to echo Katie's experience in their perceptions of a "right or wrong" person, or establishment:

Erm, and then it became very clear (laughs) that, actually, I am not the right person to be able to do that. [...] Cause I haven't got the skills to be able to do that. (James, lines 407-415)

...actually, we are an educational establishment, at the end of the day. (Anne, 391-393)

Susan seemed to reflect the sense of awareness that pastoral leads are not trained mental health professionals. However, she also seemed to highlight the challenge of trying to remain within the professional remit of education, in situations where pupils are not able to access support elsewhere:

So in the interim period (pause) the only support that they've got is support at school. You know and we're not trained mental health professionals...

(Susan, lines 448-453)

Susan seems to capture the essence of “feeling unskilled”, though considered a Tier 1 mental health professional in policy, Susan clearly states a perception that she is not a trained mental health professional. Nonetheless, Susan is required to support pupil mental health needs in the interim between identification and external support.

#### **4.7.2 Experiential learning.**

All four of the participants talked about the experience of learning to identify and support pupil mental health needs through experience. The pastoral leads made reference to professional experience, personal experiences and for some, both were influential to their learning. Three pastoral leads drew upon their own life experiences. In the following extract, James talks about his experience of learning about the signs of depression:

Yeah, I mean I, I'd heard of depression, obviously, as lots of people do. And I have to say that it's only when my, my [partner] was diagnosed with it that I really saw (pause) what it was. (James, lines 1567-1572)

James appeared to make a distinction between having an awareness of depression and actually experiencing how it impacts upon an individual. Reflecting upon this personal experience in terms of his professional role, James seemed to experience a sense of being more prepared to identify and support those with depression:

...I think that made me feel more... willing to... yeah... willing to listen, to when, and, obv, yeah, willing to listen and also willing more to look out for signs...  
(James, lines 1590-1595)

Katie also talked to the experience of learning through supporting adults within her personal life:

...I've had friends who have been through difficult situations and *it* teaches you and you grow as a person, don't you? (pause) Kind of. (Katie, lines 506-509)

Though Katie provides less detail than James about the situations faced, Katie's use of "teaches" implies learning occurred and was not limited to one area but supported growth as a whole person. Both Katie and Susan utilised their experience as a parent to support pupils within their schools, with Katie again making reference to personal growth:

...I guess it's just a case of growing, isn't it? You, you know, you experience more yourself as a person. Erm, I've had my own children, so that's made a big difference...(Katie, lines 491-496)

...the sort of support I suppose that we offer because we're, we're parents, we you know I've got grown up children so do the student managers generally erm so it's the support that erm a sensible parent would *offer*.. (Susan, lines 529-536)

Anne drew upon her professional experiences to support pupil mental health needs:

...that's things you learn to deal with, I suppose, with *experience*, and over time. (Anne, lines 258-260)

Anne's emphasis on "experience" appeared to highlight this as a particularly pertinent element to her learning. In addition to learning through personal experiences, Katie also seemed to draw upon professional experiences:

She uses, erm (pause) NLP, that's her kind of basis for her, her work [...] she's kind of taught me how to, how to make, for example, if the children have got, you know, posture issues, you know, she says, "Oh, the dog won't listen to you if you stand like that. So stand up nice and straight. How do we, we need to project our voice, we need to be nice and confident.... (Katie, lines 639-652)

In contrast to Anne, who appears to learn through experiences over time in the pastoral lead role, it seems that Katie learns through experiences with other professionals. Observing external professionals implement their expertise seemed to be experienced as an opportunity for Katie to later model how she saw the external professional support pupils.

#### **4.7.3 Collaboration is key.**

All four of the pastoral leads appeared to value collaboration in the process of identifying and supporting pupil mental health needs. For Katie and Susan, information sharing was perceived as a key element in identifying pupils that may

need support. In Susan's experience, it appeared that information sharing by everyone around the pupil is both valued and viewed as crucial:

...we do rely on those erm, avenues of you know of discovery or issues either friends or parents or teachers. (Susan, lines 210-214)

In Katie's experience, parents seemed play a key role in identification when a pupil has no other presenting SEND concerns. Information sharing seemed crucial in implementing proactive support for pupil mental health:

There are some children that if they're high ability children and they're not on the SEN register, if they've got mental health issues, they could get right until Year 11 before we would even find out and then mum phones and says, "We've been to the doctor's, he's not sleeping because of his exams." And you think, you know, it would have been really useful to have known that earlier to do some stuff. (Katie, lines 1266-1278)

For Anne, information sharing seemed to be conceptualised as a two-way process. Just as it is important for teachers to notify the pastoral team, it is equally important to share information with teaching staff due to the frequency with which they interact with pupils:

I think you have to make other staff aware, tutors, particularly, need to play a big role for students, because they see them twice daily. (Anne, lines 410-414)

James, Katie and Anne also talked to the experience of perceiving a supportive team as important:

...we've also got a really good, a good team here on the senior leadership team, I'm really lucky that, being part of that. [...] That if, if there's something that's too much for one of us, they'll always be somebody that'll come by and say, "Right, I'll come in that meeting with you". (James, lines 1368-1381)

...my head teacher, who's my line manager [...] said to me, you know, "I trust that you (pause) kind of are doing what you need to do," so then it feels nice. *That* feels nice for me (Katie, lines 1186-1201)

I have felt incred-, incredibly supported. [...] By whoever I've had as a line manager, and so I think I've been very lucky. (Anne, lines 361-368)

With a supportive team offering opportunities for discussing ideas on how best to support a pupil:

At least if you can speak to someone else, you could say, "Well, do you think we should be doing this in school?" Or, "Should we be doing that?" [...] It, it's just that discussion, isn't it? [...] It's having someone else to bounce something off of. (Anne, lines 1663-1681)

In addition, ensuring all those involved in supporting a pupil are collaborating and sharing information facilitates a shared understanding of what is happening around a pupil:

...We are all working to support that student so you know it is right that we speak to each other. *Erm* and then sometimes agencies have different ideas of

what is happening and who's doing what and so you do need to make it clear, who's doing what and who, you know which bits are slipping through the, through the cracks. (Susan, lines 1024-1034)

Collaboration with external agencies also seemed valued, both in relation to providing support and in supporting school staff to support pupils:

...some of these erm issues that are coming up they are not once that we necessarily have got the ability to deal with at school, erm you know if it is a self-harming issue, erm you know, we do need to maybe further, further support from CAMHS or from the GP, erm and that would require parents generally if it's a younger student to bring that student to the GP, to initiate those kind of outside school erm school help. (Susan, lines 368-381).

And then (EP X) supervised one of the groups. Erm, but our LSAs are trained to run the session and then (EP X), erm, looks at the results and kind of analyses those, so we can pick up [...] Yeah, we can pick up any erm (tut) like, high level anxiety. (Katie, lines 71-82)

Katie talked to the experience of working with EPs in relation to identifying pupil mental health needs. Working with the EPs seems to have offered the LSAs an opportunity to take some responsibility. In Susan's experience, when collaborating, responsibility is shared, and she appeared to place equal importance on the role of parents:

...parents are part of the erm support as much as we are at school. Susan, 382-392)

As expressed by James, a collaborative approach seemed to be perceived as enabling the pastoral leads to identify and provide support for pupils with mental health needs to a greater extent than if they work in isolation:

...it's, it's about shared learning, isn't it? [...] Shared understanding. And, we all want the best for the children in our service and in, in, in our schools and in our countries, etc. (James, lines 2291-2299)

## Chapter 5 Discussion

### 5.1 Chapter Overview

In line with Smith et al. (2009), the aim of the discussion is to place the findings in context, by engaging in a dialogue with existing literature. The aim of this chapter is to consider the overarching themes in relation to the existing research literature and psychological theory to answer the research question:

*What are the experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools?*

Reflections upon the process of completing the research in regard to ethics, the method of data analysis and quality will be provided. The limitations of this research will be discussed, as will the implications for EPs working with pastoral leads. The chapter will conclude with proposed avenues for future research.

### 5.2 Multiple Conceptualisations of Role

Reflecting the overarching theme, multiple conceptualisations of role, the existing literature also highlighted findings pertaining to the roles and responsibilities of school staff in relation to pupil mental health (Bostock et al., 2011; Burton & Goodman, 2011; Connelly et al. 2008; Corcoran & Finney, 2015; Kidger et al., 2010; Rothi et al., 2008). However, such findings predominantly focused on whether or not the school staff perceived themselves to have a role in relation to mental health. All four of the pastoral leads in this study appeared aware of their role as Tier 1 mental health practitioners (DoH, 2012; DoH & NHS England, 2015).

### **5.2.1 Misconceptions of role.**

In this study, misconceptions of role were experienced by the self, individuals external to schools and in the case of Anne, from within school. Anne's experience appeared to be reflected in Burton and Goodman's (2011) findings that the secondary school staff involved in pastoral support felt that there was "little understanding of how difficult their roles actually were" in their schools (p. 138). This study also revealed that misconceptions of the lead pastoral role permeated outside the boundaries of the school and into wider society, "...you explain what's gone on, and what your day was like [...] and you see the jaws drop of people. "Really? In a school?" (James, lines 1347-1351). James' extract captures the disconnect between how the school context is experienced by those working within it and those not. This may be considered reflective of Galton and MacBeath's (2008) suggestion that the writers of policy often lack an awareness of the daily experiences of school and classroom life, which is reflected in the policies they make. It seems the pastoral leads experience other's lack of awareness of the challenges faced in their role of identifying and supporting pupil mental health needs, both within school and during their interactions with those outside of education. However, the misconceptions did not appear purely to belong to others. For two of the pastoral leads, the misconceptions of role emerged from a disconnect between their own expectations and their experiences.

### **5.2.2 Advocate for the vulnerable.**

Three of the pastoral leads in this study spoke about the experience of being an advocate for pupils and their families in relation to mental health. With regards to the school context, pastoral leads supported pupils to make the adults around them aware

of their needs. In some cases, the pastoral leads took responsibility for communicating pupils' needs to parents and members of school staff following collaboration with said pupils. This is similar to Connelly et al.'s (2008) findings that some teachers described their roles in building trust within close supportive relationships, which led to representing the views of pupils at meetings. The pastoral leads notions of performing an advocacy role may be categorised into the pastoral lead being an advocate for the pupil within the school context, or the pastoral lead being an advocate for the pupils and families in relation to interactions with external agencies. This study conveys that pastoral leads support pupils to express their views and feelings on matters affecting their mental health which facilitates the "child's voice" to be heard within the system, as stipulated by the international agreement, United Nations Convention of the Rights of the Child (1989).

### **5.2.3 A duty of care towards school staff.**

Three of the pastoral leads in this study experience a duty of care towards school staff. There was some divergence in how this perceived duty manifested, including a duty of care being incorporated into a managerial role, a belief that school staff should support one another, and the necessity to protect school staff from information which may cause them psychological harm. Nonetheless, the experience of feeling it necessary to consider the mental health of school staff as well as pupil mental health permeated across notions of the pastoral lead role. The literature review did not highlight any findings related to school staff experiencing a duty of care towards staff. This discrepancy may be related to this study focusing on lead pastoral staff, who may have managerial responsibilities.

#### **5.2.4 Dedication to pupils.**

Burton and Goodman's (2011) findings are reflective of this study's identification of a "dedication to prioritising pupils", as SENCOs and support staff considered their responsibilities to their pupils to be far broader than supporting them to access the national curriculum, highlighting that the level of commitment was such that some went "beyond what their job required to meet [pupil] needs" (p. 142). All four of the pastoral leads in this study spoke about the experience of prioritising pupils above all other demands placed upon their roles in the school context. This notion is captured in the following extract from Susan: "...the needs of the students will al-, always take precedence over anything you know that is maybe administrative or, or can wait really." (Susan, lines 653-658). This study reveals pastoral leads often provide reactive support for pupils' mental health needs. A paradox appears to emerge whereby the only constant in the pastoral leads' working day is the necessity to be flexible to respond to the particular needs of pupils at any given time.

#### **5.2.5 Multiple conceptualisations of role and psychological theory.**

When considering the multiple conceptualisations of role experienced by the pastoral leads, it may be useful to adopt a systemic lens to develop a deeper interpretation of this study's findings. Reed (2001) proposes that role is dynamic and incorporates two aspects "how I behave", the psychological, and "how they behave", the sociological role. The psychological role pertains to how an individual perceives their role whilst the sociological role incorporates the expectations and intentions of other people in the system upon the individual in role; both are managed in relation to the current context which is influenced by social, political and economic changes (Reed, 2001). Reed (2001) proposes "these complex circumstances and people

holding sociological roles will influence the person-in-role but cannot define it” (p. 4). This may be considered as reflective of the information detailed in Chapter 1, which states there does not appear to be a widely accepted definition of what pastoral care is (Calvert, 2009; Purdy, 2013) though pastoral staff are deemed responsible for the support of pupil emotional well-being and care (Harris, 2006). Political changes, such as the introduction of the Children and Families Act (DfE, 2014a), and economic changes such as plans to improve children and young people’s mental health services (HM Treasury, 2015) mean that system boundaries are always being redrawn, as are “the feelings, attitudes and expectations of all the others...imposing sociological roles on the person” (p. 4).

### **5.3 A Myriad of Emotion**

The overarching theme, A Myriad of Emotion, encapsulated finding that the lead pastoral staff experienced a range of emotions in relation to identifying and supporting pupil mental health needs, which were managed in a variety of ways.

#### **5.3.1 Shock.**

Three of the four pastoral leads expressed feelings of shock pertaining to the age of onset of pupil mental health needs and pupils’ help seeking behaviour. For two of the pastoral leads, the experience of shock emerged from pupils actively seeking help from them by seeking them out within the context of school. It appears that the pastoral leads experiences of identifying pupil mental health are experienced as being sought out within the school context. When considering the existing literature, these findings may relate to both Rothi et al. (2008) and Spratt et al. (2006), who found school staff were concerned that internalised mental health needs may be overlooked.

### **5.3.2 Frustration and anger.**

Although there was convergence and divergence across the experiences of the pastoral leads in relation to the range of emotions evoked, feelings of “anger and frustration” were present in all four of the pastoral leads’ accounts of liaising with external agencies to support pupil mental health needs. This is reflected in the existing literature with Connelly et al. (2008) revealing teachers were frustrated with “the system” around the pupils. This study revealed that the pastoral leads considered the experience of having a lack of communication from external services and long waiting lists frustrating. Furthermore, a discrepancy between perceptions of the pastoral leads and the perceptions of CAMHS staff regarding the severity of the presenting pupil’s mental health needs emerged as a further source of frustration.

Within this study, feelings of frustration appear to be related to those of isolation within the system and highlighted that identifying and supporting pupil mental health needs is often experienced as an isolating endeavour. As expressed by Anne, “I’m not sure pastorally, where the support is, for the pastoral team” (Anne, lines 268 – 270). It appears that the pastoral leads experience a sense that they are left alone to make sense of, and support pupil mental health needs.

### **5.3.3 Worry and rumination.**

Three of the pastoral leads experienced worry in relation to pupil mental health needs. For the pastoral leads in this study, it appeared the worry was related to a concern that their efforts to support pupils with mental health needs were not “good enough” or worse, that they may even be detrimental to the pupils. As conveyed by Katie, “Erm, I suppose it’s a bit worried that you’re gonna say the wrong thing and

make her situation worse” (Katie, lines 730-733). This study’s findings appear to reflect those of Knightsmith et al. (2014), who found school staff were uncomfortable talking about eating disorders and perceived talking about them may increase prevalence. Though focused on secondary school teachers, Bostock et al. (2011) highlighted the worries of school staff and found they “were more afraid of being held responsible or accountable if they are wrong” (p. 109) regarding a perceived pupil mental health need. It may be interpreted that experiencing a worry about getting things wrong implies that there is a right way to engage with pupil mental health. This appears to allude to the experience of precarious interactions with pupils whereby the individual wants to offer support to the pupil however feels that doing so may be detrimental to both parties.

For some, the worries of the school day pertaining to pupil mental health may permeate the boundaries between home and school meaning the pastoral leads “...go home...thinking constantly of it.” (Anne, lines 1657-1658). In this study, Anne made several references to a lack of supervision and appeared to struggle to process and articulate the emotions felt during her work with vulnerable pupils. This reflects Burton and Goodman’s (2011) findings that working closely with vulnerable pupils “could be extremely stressful and could impact upon staff members’ own well-being” (p. 140). There was strong belief amongst staff that if they were supporting the same severity of issues in a setting outside education, they would receive more formal support (Burton & Goodman, 2011).

### **5.3.4 Managing the emotional experience.**

A sense that the emotive aspect of the pastoral lead role is inherent appeared to emerge from the data. For three of the four pastoral leads, reflecting upon the emotions evoked and trying to change their perspectives of the varied situations they encountered appeared to facilitate their ability to manage. Nonetheless, the overarching theme highlights the degree to which identifying and supporting pupil mental health needs evokes challenging emotions within the pastoral leads. This is reflected in the existing literature. Both Kidger et al. (2010) and Corcoran and Finney (2015) found the stress that school staff were under to assess, complete paperwork and remain enthusiastic when supporting challenging pupils, was affecting the well-being of school staff as well as pupils.

### **5.3.5 A myriad of emotion and psychological theory.**

As conveyed by Smith et al. (2009) “there will be a large number of literatures, and then texts within each literature, that you could connect your work to. You need to select some of that which is particularly resonant” (p. 113). When reflecting upon the overarching theme, A Myriad of Emotion, a paper cited in the Chapter 1, pertaining to pastoral staff’s experiences of their own well-being gathered particular resonance. Partridge (2012) explored pastoral staff’s experiences of their own emotional well-being in a secondary school and explained them through the application of the psychodynamic concept containment, suggesting pastoral staff provide “containment in the system” (p. 125). The concept of containment (Bion, 1962) refers to a person’s anxiety being held by another, so that they may be supported to process the emotional experience. Partridge (2012) also introduced emotional labour theory (Hochschild, 1983) which posits that presenting an emotional

front which is incongruent to the internal emotions experienced can cause relational stress. For the pastoral leads in this study, it appeared that in the process of identifying and supporting pupil mental health needs, the interactions required a high level of emotional labour. For example, “...when you’ve got a sixteen year old girl saying to you, “The voices, the voices” and punching [...] her own head and cutting. [...] You think, well, I can’t not worry about it. [...] Because that’s what’s happened. [...] I was extremely (pause) angry. [...] Frustrated.” (James, lines 568-606). James describes a situation in which he is simultaneously trying to support a pupil presenting with mental health needs, whilst internally experiencing a myriad of emotion. This raises the question, where is the “containment” for the “container” in the system?

## **5.4 Constraints and Conflict**

Feeling conflicted appeared to permeate across the different levels at which the pastoral leads work.

### **5.4.1 Conflict in the culture of education.**

Three of the pastoral leads spoke to the challenges experienced within the culture of education when identifying and supporting pupil mental health needs. It appeared the pastoral leads experienced an internal conflict with regards to whether or not they should share their knowledge of sensitive information pertaining to pupil mental health needs, or the difficulties experienced in their attempts to manage such needs. The hesitancy to share the challenges faced regarding pupil mental health needs with other schools appeared to be experienced as relating to notions of competition between schools attributed to changes in the political climate.

The pastoral leads spoke about experiencing variation in the degree to which school staff were willing to engage with pupil mental health needs and the manner mental health was discussed in the school context. The experience of a lack of middle ground between the staff who are willing and those are not, is reflected in the existing literature. The existing literature also highlighted the perception of a dichotomy between staff, like the participants, who were more understanding, and willing to engage with pupil mental health needs, and members of school staff who were more reluctant and did not perceive it to be their responsibility (Bostock et al., 2011; Burton & Goodman, 2011; Corcoran & Finney, 2015; Kidger et al., 2010). Three of the pastoral leads spoke to the experience of effortful attempts to challenge the stigma around mental health, both within their own schools and in collaboration with others. Nonetheless, negative views towards mental health needs were experienced at all levels of the school ranging from pupil, to staff, to senior leadership. This is reflective of the existing literature. For example, Spratt et al. (2006) found that some school staff were very insensitive to the needs of vulnerable pupils and reported that schools can find it difficult to challenge such practices. Both Kidger et al. (2009) and Rothi et al. (2008) also highlighted how throwaway comments in the classroom could contribute to pupil's emotional distress, and the use of inappropriate language to describe students when away from their presence. The participants in this study alluded to the perception that pupils are acutely aware of which staff may hold such perceptions towards mental health in that they chose to seek out certain members of staff for support. This is concurrent with the literature, as Connelly et al. (2008) revealed that team issues, such as consistency of the approach and staff discussion, influence the ways in which pupils were supported.

#### **5.4.2 Precarious relationships with parents.**

The importance of home-school relationships emerged from all the pastoral leads accounts and was reflected in the existing literature (Burton & Goodman, 2011; Connelly et al., 2008; Goodman & Burton, 2010; Knightsmith et al., 2013). This study revealed that the process of initiating, developing and maintaining such relationships appeared to be experienced as a precarious one. A number of difficult situations appeared to occur during the pastoral leads interactions with parents regarding pupil mental health needs. At times the pastoral leads appeared to be conflicted between being empathetic towards the needs of parents, including parental mental health needs, and frustrated in the parent's perceived lack of engagement with the school to support the needs of the pupil. Once contact with parents had been initiated, further challenges were experienced, as the pastoral leads attempted to present their concerns sensitively while ensuring that the parents gained an understanding of the presenting needs. This finding concurs with Goodman and Burton's (2010) who found that a challenge emerging from communicating with parents was being able to strike a balance between communicating positive news as well as concerns (Goodman & Burton, 2010).

This study also revealed the pastoral leads experienced a range of parental responses from becoming the recipient of blame as a result of a lack of external agency involvement, or parents becoming dependent on the pastoral lead for support. The latter is reflective of Connelly et al.'s (2008) findings that school staff often work directly with parents to provide information, help and support.

The experiences of the pastoral leads conveyed when seeking to arrange support for identified pupil mental health needs, parental attitudes towards mental health emerged as a barrier. As expressed by Susan, "...sometimes it is parents' own misunderstanding or concern about a stigma being attached to their student..." ( lines 409-412). The pastoral leads spoke about the experience of working with parents to encourage them to give parental permission for the child to receive support by gently challenging the parental views in a respectful manner. Knightsmith et al. (2013) also found that although school staff perceived relationships with parents to be key, they reported varied responses when raising concerns about pupil's mental health needs, such as being perceived as interfering, accusing the parents of poor parenting and overreacting.

#### **5.4.3 Oscillating views of external agencies.**

This study revealed the experience of feeling conflicted appeared to be evoked in the pastoral leads' interactions with external agencies from the domains of health and care. All four pastoral leads appeared conflicted in their meaning-making of experiencing a lack of support from external professionals and agencies as a whole in relation to pupil mental health needs. Their accounts appeared to oscillate between viewing external professionals and agencies as overworked, and dismissive. The findings of this study are reflected in the existing literature, which appears to reflect the mixed views towards multi-agency working. For example, Connelly et al. (2008) revealed that school staff perceived the main systemic sources of frustration to be "delays in accessing assessment or suitable provision, funding difficulties, gaps in services, difficulties in working within their own organisations and the impact of policies." (p. 14). Connelly et al. (2008) found in spite of school staff expressing

feelings of frustration in their dealing with other agencies, “several respondents gave examples of successful multi-agency working” (p. 12). Spratt et al. (2006) found “generally good relationships” were seen at the management and pastoral care level of the school. Whereas Goodman and Burton (2010) found that teachers were concerned that as a result of long waiting lists, pupils were not receiving the emotional and psychological support they needed due to specialist staff, such as EPs and counsellors, not being available.

#### **5.4.4 Power and hierarchy in the system.**

The concepts of power and hierarchy seemed to emerge in the pastoral leads’ accounts of their experiences of the interactions between the systems around the child. For three of the pastoral leads the experience of administrative procedures related to the process of identifying and supporting pupil mental health needs appeared to be experienced as an unnecessary barrier and disempowering. The experience of disempowerment was also reflected in the pastoral leads’ interactions with parents and health professionals in regard to whose voice gets prioritised within the decision making process. For example, it appeared that Anne perceived the decision making regarding support shift from her to triage, in spite of the pupil knowledge she holds: “...if you think, these children are here five days a week, every day... We see quite a lot of them.” (Anne, lines 536-539). The experiences of the pastoral leads in this regard are reflected in the existing literature. Connelly et al. (2008) found that school staff experience a sense of powerlessness when other agencies made decisions without consulting them. The school staff believed that their direct pupil knowledge was perceived as less important than the opinions of other, “typically more specialised professionals” (Connelly et al., p. 15). As expressed by

James in relation to multi-disciplinary meetings: “I don’t know how it is in the other side from the non-educational professionals, whether or not it’s a case of, “Well there’s a bunch of whinging teachers again”...” (James, lines 2412-2418). The experience of questioning whose voice gets heard also occurred during the process of arranging supporting for pupils leading James in particular to question the equity of the system regarding access to services.

#### **5.4.5 Constraints and conflict and psychological theory.**

When reflecting upon the overarching theme, Constraints and Conflict, adopting a systemic perspective may provide a greater understanding of the conflicted experiences expressed by the pastoral leads. The systemic concepts of both interactional cycles and punctuation, defined as the point at which sequences of events are disturbed to give a certain meaning, are closely linked (Dowling, 1994). The notion that no punctuation is correct or incorrect but that each one reflects one possible view of reality (Dowling, 1994) may explain the pastoral leads oscillating views of external professionals and agencies as being overworked or dismissive, depending at the point at which the interaction was punctuated. Whilst whole school approaches to promoting well-being and mental health are advised (DoH, 2012; DOH & NHS England, 2015) the experiences of the pastoral leads revealed varied attitudes towards pupil mental health needs within their schools, and concerns about stigma arising from within-school and within-family systems. Such challenges within the systems with which pastoral leads interact appear to pose barriers to identification and support. Adopting a systemic framework highlights the necessity to explore the varied meanings attributed to pupils’ behaviours and needs by the different systems (Dowling, 1994). The experiences of the pastoral leads may be considered as

reflecting Gameson and Rhydderch's (2008) notion that it is important to achieve an understanding of each system's construction of the 'reality' of the situation, as if not understood the constructions may manifest barriers to accessing support and the effectiveness of interventions.

## **5.5 Remit**

The overarching theme, Remit represents what seemed to be a commonality across the experiences of the pastoral leads in references made to their remit in a context where the prevalence of pupil mental health needs is of concern.

### **5.5.1 Feeling unskilled.**

All four of the pastoral leads spoke about the experience of, at times, perceiving themselves to be unskilled in relation to mental health, "...I felt completely (pause) at a loss of what to do initially..." (James, lines 388-389). This concurs with existing literature which conveyed that school staff perceived they had received little or no training for their Tier 1 mental health role (Bostock et al., 2011; Connelly et al., 2008; Goodman & Burton, 2010; Knightsmith et al., 2013; Knightsmith et al., 2014).

Nonetheless, it appeared the pastoral leads perceived themselves as being positioned as a mental health expert within the context of school, which was experienced as uncomfortable on account of them feeling lacking in experience or knowledge. A perception emerged pertaining to the idea that pastoral leads at other schools may be more knowledgeable and it appeared to be experienced as unsafe or exposing to initiate the process of seeking support from other schools unless they know the schools has experienced similar challenges.

This study revealed that the pastoral leads seemed to experience a sense that the support they offered was less substantial than that which could be provided by external professionals and focused on the practical aspects of support or disparaged their own efforts. Similar to Rothi et al.'s (2008) findings, in which the school staff "robustly asserted that they [we]re not mental health experts" p. 1223), the pastoral leads expressed a perception they are not trained mental health professionals.

Nonetheless, the pastoral leads experience the challenge of remaining within the bounds of their remit whilst pupils need support, "... in the interim period (pause) the only support that they've got is support at school..." (Susan, lines 448-451). The pastoral leads' experiences of feeling unskilled in relation to mental health appeared to be emphasised by the situations they face in school whereby they appear to occupy the boundary between their professional remit and that of someone providing therapeutic input, conscious about what can and cannot be said.

### **5.5.2 Experiential learning.**

All four of the participants talked about the experience of learning to identify and support pupil mental health needs through experience. The pastoral leads drew upon their personal experiences to identify pupil mental health needs as well as utilising their personal experiences to support pupils in school.

The pastoral leads drew upon their professional experiences, both with regard to the length of time in role and collaborative working with other professionals in the school context by modelling what was observed to support pupil mental health needs. This is reflective of the existing literature which highlighted a perception that training would

be more beneficial if those delivering it had an understanding of schools and classrooms (Goodman & Burton, 2010; Rothi et al., 2008; Spratt et al., 2006).

### **5.5.3 Collaboration is key.**

The perceived importance of collaboration during the process of both identifying and supporting pupil mental health needs was highlighted by the pastoral leads in this study. These findings are reflected in the literature in relation to multi-agency working. Kidger et al. (2010) found school staff perceived relationships with external agencies as a key factor determining how well teaching staff were able to support pupils' needs. It appeared the pastoral leads in this study perceived multi-agency working to represent a shared responsibility for pupil mental health, in which ideas may be shared to facilitate the best outcomes.

In addition to the importance of multi-agency working, the pastoral leads highlighted the perceived importance of working with staff in school and parents collaboratively so that responsibility for identifying and supporting pupil mental health needs may be shared amongst those around the pupils. In regard to identifying pupil mental health needs, information sharing appeared to be experienced as a key element in arranging proactive support.

### **5.5.4 Remit and psychological theory.**

The pastoral leads in this study experience the challenge of remaining within the boundaries of their professional remit whilst pupils need targeted and specialist (Tier 2 onwards) mental health support, "... in the interim period (pause) the only support that they've got is support at school..." (Susan, lines 448-451). At a national

level, the NHS (2016) recommends pastoral leads as individuals with whom children, young people and their families may discuss mental health concerns and CAMHS referral routes. Once again, adopting a systemic framework offers a deeper understanding of the experiences of pastoral leads operating in a school system, heavily influenced by the national context in which their role is defined by the expectations and intentions of those in the wider systems (Reed, 2001).

Whilst the LA Transformation Plan for Children and Young People's Mental Health and Wellbeing (LA, 2015a) strategy states that "teachers and other front-line professionals need more support to identify and work with children and young people who have emotional wellbeing difficulties" (LA, 2015b, p.10), the experiences of the pastoral leads in this study suggest the needs of some pupils they are required to support are beyond the remit of Tier 1 Universal Services. Whilst the pastoral leads in this study express that being positioned as the mental health expert in the school system is experienced as uncomfortable on account of feeling unskilled, it appears the situation within the local context offers little alternative. Recent figures indicate the pastoral leads are operating in a LA where waiting times for access to CAMHS appointments fall into the list of the ten providers with the longest median waiting times for treatment nationally (Frith, 2017). Whilst on the front-line of Universal Services, the pastoral leads experience a sense of being pushed outside of their professional remit and skillset by the expectations of others, and lack of resources within the wider systems around pupils with mental health needs. Nonetheless the pastoral leads appear to take up this role in order to provide at least some support and containment (Bion, 1960) to those in need of more specialist intervention. Again, it is

necessary to ask, where is the containment (Bion, 1960) for the container at a school, LA or national level?

## **5.6 Reflection upon the Research Process**

The aim of this section is to reflect upon the research process in regard to ethics, the quality of this research generally and then specifically as an IPA study.

### **5.6.1 Ethics.**

As outlined in Chapter 3, the BPS Code of Human Research Ethics (2010) principles were followed to ensure the research was ethical from its inception, to completion. When considering the dissemination of this research, further reflections regarding ethics emerged.

Brooks, te Riele and Maguire (2014) propose “the dissemination of research findings through various kinds of reporting poses its own ethical challenges” (p. 136).

Regardless of the level at which this research may be disseminated, ranging from research presentations given to fellow TEPs to possible publication, the researcher will be required to make decisions about what to include when presenting the research. This poses an ethical challenge related to representing the complexity of the research data in different mediums, so that the lived experiences of the pastoral leads are represented when reporting the findings (Brooks et al., 2014). As the data analysis method adopted for this research was IPA, it is also important to foster a sense that IPA is inherently interpretive within any reader of the research, in all mediums (Smith et al., 2009).

A further ethical issue may arise in relation to the LA within which this research took place. If this research is disseminated within the professional community of secondary school staff, there may be a potential for peer pressure such as “tell me your pseudonym if I tell you mine” or attempts to identify the individual behind the pseudonym (Bruckman, 2002, p. 220). As stated in Chapter 3, every effort was made to protect the anonymity of participants, however, they were informed that the small sample size may have implications for anonymity (BPS, 2010; 2014). It is possible that if participants identify their pseudonym, they may choose to share it. However, in line with the principle Respect for the Autonomy and Dignity of Persons, “a reasoned balance should be struck between protecting participants and recognising their agency and capacity” (BPS, 2010, p. 9). As suggested by Brooks et al. (2014) researchers have little control over the actions of participants following dissemination of the research.

### **5.6.2 Quality.**

In relation to qualitative research, Smith et al. (2009) state there is “growing dissatisfaction with qualitative research being evaluated according to the criteria for validity and reliability which are applied to quantitative research” (p. 179). The aim of this section is to further reflect upon Yardley’s (2000) four principles in relation to this piece of research as the process draws to a close.

### **5.6.3 Sensitivity to context.**

Yardley’s (2000) principle, “Sensitivity to Context” is comprised of having an awareness of the relevant literature, the socio-cultural context of the study and sensitivity to the balance of power. To expand upon the information previously given

in Chapter 3, as the completion of this research approaches, additional reflections emerge. Firstly, the researcher's awareness of the extent of this principle has expanded when considering the implications for educational psychology practice and suggestions for future research. As stated by Smith et al. (2009), "interpretations are presented as possible readings and more general claims are offered cautiously" (p. 181). As such, the researcher was committed to offering claims tentatively, aiming for them to reflect the idiographic underpinnings of IPA and its focus on particular people in a particular context (Smith et al., 2009). Suggestions made intend to reflect consideration of previous literature, the data and contexts within which EPs work.

#### **5.6.4 Commitment and rigour.**

The principle Commitment and Rigour (Yardley, 2000) encompasses prolonged engagement with the topic, development of competence with the method and immersion in the data. To develop a greater understanding of the method, the researcher attended IPA groups held at The Tavistock. Through developing competence with the method of data analysis, confidence also increased which supported the researcher to overcome challenges; an inherent part of any real world research. Most notable of which related to the decision to change from contacting co-educational schools only, to also contacting single-sex schools during the recruitment process. Participant recruitment from contacting mixed-sex schools resulted in three participants however, Smith et al. (2009) suggest that between four and ten interviews is suitable. To sustain the commitment to the participants in regard to informed consent it was not considered appropriate to contact them for a second interview, however it was also a concern that including single-sex schools would affect the homogeneity of the sample. After consideration and drawing upon a developing

understanding of IPA, the decision was made to invite pastoral leads in single-sex schools to participate after two phases of recruitment, as this would still achieve a sample that Smith et al. (2009) refer to as fairly homogenous and for whom the research question would be meaningful.

### **5.6.5 Transparency and coherence.**

The principle Transparency and Coherence (Yardley, 2000) relates to the degree to which the researcher discloses all relevant aspects of the research process. The researcher endeavoured to maintain this principle from the beginning, in presenting the initial motivation for this research, through to the end in highlighting its limitations. In presenting information in the appendices to support transparency of the research process, it is hoped that a sense that IPA is inherently interpretive is fostered within the reader. During the process of data analysis a large volume of data was produced and though the researcher endeavoured to bracket off preconceptions, it is acknowledged that there is an element of subjectivity involved, as there may be in any piece of qualitative research because “the researcher is the instrument for analysis” (Starks & Trinidad, 2007, p. 1376). The researcher acknowledges that other readers of the data may produce different interpretations, as such the researcher does not make a claim that this research represents the definitive account of the experiences of pastoral leads identifying and supporting adolescent pupil mental health needs (Smith & Eatough, 2007).

### **5.6.6 Importance and impact.**

Yardley’s (2000) fourth principle Importance and Impact relates to the impact and utility of research. In Chapter 1, the rationale of this research was provided in

relation to the international, national and local contexts. The justification of relevance was later expanded upon in the Chapter 2 where gaps in the knowledge base were highlighted. With regard to notions of “impact” and “the community for whom the findings were deemed relevant”, implications for educational psychology practice will be provided. Furthermore, moving away from notions of a professional community, the local community within which the research was conducted have a strategic framework for well-being which states that “teachers and other front-line professionals need more support to identify and work with children and young people who have emotional well-being difficulties” (LA, 2015b, p.10). Disseminating this research within the local context, such as at the EPS continued professional development events, may foster change which provides school staff with greater support.

### **5.7 The Method of Data Analysis**

A general critique of the method of IPA was presented in Chapter 3. The aim of this section is to critically evaluate the quality of this study, specifically as an IPA study using Smith’s (2011) guide to build upon Yardley’s (2000) more generic assessment of quality criteria.

Smith (2011) proposes that a good IPA study is well focused and offers an in-depth analysis of a specific topic. To answer the research question this study adopted a constructivist epistemological position, in which knowledge is viewed as being developed from people’s “subjective meanings of their experiences” (Creswell, 2009, p. 8). IPA compliments this epistemology because a commitment to individuals’ perceptions of experience is central to both (Smith et al., 2009; Willig, 2013). Unlike

previous literature which appeared predominantly to focus on a range of school staff performing a pastoral role in a variety of educational provisions, this research focused on lead pastoral staff, identifying and supporting adolescent pupil mental health needs in mainstream secondary schools. A possible critique of this study in relation to “a specific” topic may be the use of the broad definition of mental health as opposed to focusing on individual diagnoses. However, the researcher chose to use the broad term “mental health” to reflect legislation (DfE, 2014a), policy (DoH & NHS England, 2015), guidance for schools (DfE, 2016b) and the move away from a dichotomy between normal and abnormal mental states in the field of psychology (Bennett, 2015).

Smith (2011) also suggests a good IPA study will have strong data derived from good interviewing. The researcher is aware that a number of leading questions were used during the interviews on occasion. Although not intended, upon reflection, the leading questions appear similar to those utilised during an educational psychology consultation to clarify interpretation and demonstrate active listening. The accidental use of such questions during the research process marks a learning point in the transition from practitioner to researcher. Given the method of analysis of this study and its hermeneutic underpinnings, and the importance of transparency to ensure rigour (Yardley, 2000), the researcher provided examples of the orienting questions (Appendix 18) “thereby providing the reader of [this] interview [data] with an opportunity to evaluate their influence on the research findings and to assess the validity of the findings” (Kvale & Brinkmann, 2009, p. 201).

Smith (2011) further suggests that a good IPA paper will be rigorous, demonstrated by the researcher providing “some measure of prevalence for a theme” and ensuring that the corpus “is well represented in the analysis” (p. 24). In line with Smith’s (2011) guidance, the extracts in Chapter 4 were selected to represent the convergence and divergence across each overarching theme, by presenting patterns of similarity across the participants and highlighting the uniqueness of the individual experience. In addition, the information presented in the appendices was intended to provide the reader with an understanding of the breadth and depth of the themes.

It is recognized that “novice researchers tend to be too cautious, producing analyses that are too descriptive” (Smith et al., 2009, p. 103). It was challenging to maintain a balance between staying close to the participant’s individual experiences, for example by providing a micro-analysis of the text, whilst also seeking to connect back to the whole. The researcher acknowledges aspects of the data analysis may be considered as more descriptive than interpretative, however, in an attempt to meet Smith’s (2011) standards of a good IPA study in relation to the depth of interpretation, the researcher aimed to provide an interpretive commentary for each extract.

## **5.8 Limitations**

The aim of this section is to build upon the previous section which provided a critique of the study in relation to IPA, and present and discuss further limitations identified by the researcher during the process of completing the research. The rationale for this decision is so that the reader may consider them in regard to the findings and suggested implications for educational psychology practice.

This research used a small sample size of four participants however as proposed by Smith et al. (2009) “the issue is quality, not quantity, and given the complexity of most human phenomena, IPA studies usually benefit from a concentrated focus on a small number of cases” (p. 51). To facilitate theoretical transferability (Smith et al., 2009), contextual data about each of the pastoral leads was provided to allow readers to “explore the extent to which the study may, or may not have applicability beyond the specific context in which the data were generated” (Willig, 2013, p. 170). The data collection method involved one interview per participant, of which they were only four interviewed. It is possible that a second interview with each participant may have provided more data and unexpected insights into lived experiences of pastoral leads identifying and supporting pupil mental health needs.

A further limitation relates to the self-selecting nature of the sample. Within IPA studies, the aim is to purposively obtain a homogenous sample from an identified “expert group” (Smith et al., 2009). As detailed in Chapter 3, pastoral leads were contacted by email and provided with the research information poster and information sheet to read, as part of the process of informed consent. From this point the participants self-selected by expressing an interest in participating. It is possible that the pastoral leads each had their individual motives for participation, such as an interest in mental health or the opportunity to express their grievances about how pupil mental health is supported within their school or LA. Though the motivations remain unknown, the findings appear to indicate a convergence (Smith, 2011) in the similarity across the participants’ individual experiences.

## **5.9 Implications for Stakeholders**

The aim of this section is to propose the implications of this research for the LA, educational psychology practice and schools. The implications are derived from reflecting upon the four overarching themes, in combination with previous literature, psychological theory, and national and local policy and legislation.

### **5.9.1 Dissemination within the local context.**

This research will be disseminated to EPs working within the LA as part of the continuing professional development (CPD) conferences held and as such has the potential to impact upon EP practice with pastoral leads at a LA level. Upon completion of the research, the four pastoral leads will be offered the opportunity to either meet with the researcher individually to discuss, or receive a summary sheet of, the research findings and proposed implications. In light of the LA's Transformation Plan for Children and Young People's Mental Health and Wellbeing, the researcher will apply to join the EPS' 'Mental Health Task and Finish Group', and seek to disseminate this research within the wider LA to professionals involved with achieving the plan's aims (LA, 2015a; 2015b; LA, 2016). Thus a potential implication of this research for the participants is to feel empowered by the opportunity to have their experiences heard at a LA level during the process of strategic planning.

### **5.9.2 Implications for educational psychology.**

The perception of EPs' role in relation to mental health is considered tenuous (Al-khatib & Norris, 2015). This appears to be reflected in policy documents such as the non-statutory guidance on mental health and behaviour in schools (DfE, 2016)

where references made to external professionals predominantly focus on CAMHS, with EPs mentioned on one occasion. However, the link between mental health and educational psychology has been made in legislation. The introduction of the Special Educational Needs Code of Practice (2015) and the Children and Families Act (2014a) have explicitly introduced mental health as a SEN category, SEMH. Furthermore, the SEND Code of Practice (2015) states that the LA must seek advice and information from an EP when assessing if a pupil's SEN warrants an education, health and care plan.

Whilst some of the pastoral leads in this research made reference to working with EPs in relation to pupil mental health needs, the predominant focus seemed to be on accessing CAMHS. A commonality emerged across the previous literature and the lived experiences of all four of the pastoral leads in this study in relation to frustration in accessing external support. EPs are increasingly working in schools to provide a variety of psychotherapeutic approaches to pupils within a mental health remit (Al-khatib & Norris, 2015). As such, it may be of benefit for EPs to clearly convey the potential for EPs to work with schools to identify and support pupil mental health needs, as appropriate to the educational psychology remit and, individual competence.

It may also be argued that the inclusion of mental health into the categorical definitions of SEN, means that EPs have a professional responsibility (British Psychological Society, 2002; Health and Care Professions Council, 2015) to develop a detailed understanding of both the psychological theories underpinning 'SEMHS needs' and competence in applying said theories to practice when supporting schools

with their responsibility of fostering whole school approaches to promoting mental health and well-being (DoH & NHS England, 2015).

This study highlights the pastoral leads' experience of feeling unskilled in relation to pupil mental health and supports the existing literature which highlighted a desire for more training, delivered by those who are familiar with the context of education and knowledgeable about mental health. In line with professional guidelines, EPs are proficient in being able to plan, design and deliver training which takes the needs and goals of the participants into account (Health and Care Professions Council, 2015). At a LA level, EPs could liaise with pastoral leads and CAMHS to develop training. This may be delivered in schools or online as e-courses to support school staff to develop their understanding of their role in relation to pupil mental health needs, and provide clarity regarding the boundaries of their remit.

Furthermore, EPs knowledge of the priorities and constraints within schools, in addition to their understanding of how these factors impact upon children's social and emotional development, places EPs in an ideal position to promote more universal interventions and support staff to deliver them, for example, cognitive behavioural approaches (Rait et al., 2010). Given constraints on time and funding, if EPs are able to work more frequently at a group and organisational level, psychology may be shared further and benefit more pupils with mental health needs.

The pastoral leads in this study experienced a range of emotions in relation to identifying and supporting pupil mental health needs, which at times permeated the boundary between work and home. Though some pastoral leads had access to supervision, this study and the previous literature indicate such support is not

universally provided. EPs are well placed to provide such support in light of their psychological knowledge, experience of the education system and understanding of supervision models. This may be offered on an individual basis as an opportunity for pastoral leads to reflect upon their practice and process the emotions evoked. The researcher acknowledges the lack of supervision may also relate to the context in which austerity is a dominant topic. The introduction of possibly more economically viable supervision, such as group supervision for pastoral leads facilitated by an EP, may provide a multitude of benefits in relation to the findings of this research. In addition to providing a containing space in which to consider the emotions resulting from their work with pupils, fellow school staff, parents and external agencies, the pastoral leads in this study highlighted the value of collaboration through sharing ideas. The opportunity to attend work discussion groups may meet these needs (Jackson, 2008; Marchant & Ellis, 2015).

This study highlights the value pastoral leads place upon collaboration in spite of at times experiencing constraints and conflict. This may offer EPs the opportunity to provide pastoral leads with more positive experiences of multi-agency working. Skilled in a range of consultation approaches, EPs are well placed to acknowledge the strengths within the school system and facilitate an increased sense of agency within the pastoral leads when considering ways in which they might support pupils with mental health needs in school; both reactively and in relation to early intervention. EPs are also able to support pastoral leads think about ways to initiate, or manage challenging conversations with parents.

The pastoral leads in this study revealed the experience of advocating on behalf of pupils, which was also reflected in previous research (Connelly et al., 2008). As highlighted by Roffey (2015), EPs are also well placed to be pupil advocates and may support pastoral leads to elicit the child's voice when other needs in addition to SEMH, such as communication needs are present, ensuring views expressed are taken into account during the process of decision making. One way in which this may be achieved is through the use of personal construct psychology (PCP) techniques to elicit the views of pupils so they may feel empowered and more able to contribute to the decision making processes which impact upon their lives (Kelly, 1955). This decision making may be at school level during the intervention planning stages of home-school consultation where the pupil does not feel comfortable attending, during multi-agency meetings such as Team around the Child (TAC) meetings and considered during EPS meetings when developing the services offered.

### **5.9.3 Implications for schools.**

A number of implications for schools arise from the overarching themes in this research:

- **Multiple Conceptualisations of Role** – Whilst the notion of role requires some flexibility (Reed, 2001), the pastoral leads in this study expressed the sense that the only constant in their working day was the need to be responsive to pupils. The reactive nature of the pastoral lead role and subsequent unpredictability highlight the necessity for pastoral leads to be provided with some non-contact time in order to effectively be able to attend to the other aspects of their role.

- A Myriad of Emotion – Whilst the non-statutory guidance on Mental Health and Behaviour in Schools (DfE, 2016b) explicitly refers to escalating issues within the school pastoral system, the range of emotions experienced by those with overall responsibility for said system, indicates the necessity for school leadership to consider how pastoral leads are supported in their role. The experiences of the pastoral leads indicate that once issues pertaining to mental health are escalated within the school’s pastoral system, the responsibility for the issue is held by the pastoral lead, and the pastoral lead alone. Whilst this may be appropriate in relation to pupil mental health needs encapsulated by Tier 1 Universal Services, figures from the Education Policy Institute’s Mental Health Commission (Frith, 2016; 2017) indicate that pastoral leads are being required to support pupils in schools with needs requiring targeted and specialist support (Tier 2 onwards) by default due to unsuccessful referrals and long waiting times for treatment. The overarching theme indicated the significant impact of this upon the pastoral leads’ own well-being. Which means that for schools to continue to successfully promote mental health and well-being through whole school approaches (DoH & NHS England, 2015), the needs of pastoral leads should be taken into consideration too.
- Constraints and Conflict – The aims of the Children and Young People’s Mental Health Taskforce, as detailed in ‘Future in Mind’ (DoH & NHS England, 2015), included an anti-stigma campaign to raise awareness and promote improved attitudes towards children and young people with mental health needs. At a local level, the experiences of the pastoral leads within school, and when liaising with parents, reflect the necessity for all school

staff to be supported to challenge mental health stigma, raise awareness of adolescent mental health needs and challenge attitudes which prevent access to appropriate support; such as notions that having an identified mental health need will impact upon a pupil's future career prospects.

- Remit – Collaboration with parents and other school staff, particularly class teachers, is essential to the swift identification of pupil mental health needs and supports the process of implementing early intervention. Whilst all four pastoral leads expressed feeling unskilled in relation to mental health, all found collaboration with the adults operating in the multiple systems around a pupil to be a key part of providing support and a way in which to develop competence in this area.

### **5.10 Implications for Future Research**

Discussion of the overarching theme Multiple Conceptualisations of Role highlighted the pastoral leads experienced misconceptions of their role in relation to identifying and supporting pupil mental health needs. The existing literature does not appear to directly address how pastoral leads experience their role, and the literature review highlighted the range of school staff involved in pastoral support. Although there does not appear to be a widely accepted definition of what pastoral care is (Calvert, 2009; Purdy, 2013), pastoral staff are deemed responsible for the support of pupil emotional well-being and care (Harris, 2006). It was previously noted routine pastoral care has received little attention in the literature (Kendal et al., 2014; Partridge, 2012) and this research has sought to further add to the knowledge base. However, further research which aims to explore and describe how those responsible for pastoral care

within a variety of educational settings experience, or define their role, in a national context of legislative and policy changes, may be of benefit to address this ambiguity.

In light of the overarching theme *A Myriad of Emotion*, research into pastoral leads participating in peer supervision or receiving individual supervision from EPs, or other suitable professionals, to support their emotional well-being when working with vulnerable pupils may further contribute to the knowledge base.

A possible avenue relates to what Smith et al. (2009) term as a “bolder design” in IPA. In light of the overarching theme *Constraints and Conflict*, the use of a bolder design, such as a multi-perspectival study involving other stakeholders in addition to pastoral leads such as pupils, parents, or external professionals, may facilitate an exploration from multiple perspectives and provide a detailed multifaceted account of the phenomena (Smith et al., 2009).

Discussion of the overarching theme *Remit* in relation to previous literature highlighted the value those working in a pastoral role place upon collaboration and experiential learning. Research investigating effectiveness and/or experiences of pastoral leads participating in training on identifying and supporting pupil mental health needs facilitated by EPs may be a beneficial avenue to pursue.

## Chapter 6 Conclusions

The aim of this research was to explore the experiences of lead pastoral staff identifying and supporting adolescent pupil mental health needs in mainstream secondary schools.

The rationale for undertaking this piece of research was underpinned by a range of related factors. The first of which was national and local concern about the prevalence of adolescent mental health needs. Changes in government policy overtime have led to an increasing role for schools in relation to identifying and supporting pupil mental health needs, and in 2014, changes to the SEND Code of Practice led to the introduction of the new SEND category 'SEMH'. This change in terminology introduced an explicit responsibility for schools to identify and support mental health needs, whilst adhering to wider guidance related to whole school approaches to mental health. An in depth understanding of the lived experiences of those tasked with the overall responsibility for pupils' emotional well-being and care in mainstream secondary schools, lead pastoral staff, was considered important because pastoral care has received little attention in the literature. The existing literature on the experiences of pastoral staff identifying and supporting pupil mental health needs in secondary schools was limited, and no research conducted after the date of changes in legislation was found.

IPA was used to analyse the data collected from the pastoral leads and the findings revealed four overarching themes relevant to all participants: Multiple Conceptualisations of Role, A Myriad of Emotion, Constraints and Conflict and Remit. Convergence and divergence amongst the individual experiences were

discussed. The experience of identifying and supporting pupil mental health needs involves misconceptions of the pastoral lead role, in addition to a sense of duty of care towards staff, as well as pupils, who are the key priority. The pastoral leads spoke to the experience of advocating for pupils and their families. A range of emotions including shock, frustration, feelings of isolation and worry are evoked when identifying and supporting pupil mental health needs. The pastoral leads draw upon different approaches to manage the emotional experience. The experience of feeling constrained and conflicted appears to permeate across the different levels at which the pastoral leads work, such as within education, in relationships with parents and during interactions with external agencies. The pastoral leads spoke to the experience of feeling unskilled in relation to pupil mental health needs, drawing upon personal and professional experiences for learning and placing value upon collaboration during the process of identification and providing support.

Plans for the dissemination of the research within the local context are presented, and implications for educational psychology practice and schools are discussed. The exploration of pastoral leads' experiences in relation to identifying and supporting pupil mental health needs highlights the need for EPs to be responsive to the needs of their schools, and the local context in relation to pupil mental health. EPs are able to work at different levels to support pastoral leads, such as offering therapeutic support for pupils, or supervision to pastoral leads (individual), facilitating peer group supervision (group), and through training and organisational change (organisational). Limitations of this research are discussed and directions for future research related to pastoral leads identifying and supporting pupil mental health needs are suggested.

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# Appendices

**Appendix 1 – Literature review inclusion and exclusion criteria.**

<b>Factor</b>	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>	<b>Rationale</b>
<b>Language</b>	Published in the English language only.	Not published in the English language.	There are a number of challenges associated with translating documents such as time, money and ensuring the accuracy of the content.
<b>Timeframe</b>	Published after 2000 only.	Published before 2000.	Due to the introduction of the NHS Implementation Programme in 2000 which introduced the requirement for health services and local authorities to work together in producing a local CAMHS strategy.
<b>Location</b>	England, Wales, Scotland and/or Northern Ireland only.	Countries outside of the United Kingdom.	Global differences in education systems, legislation, policy and guidelines.
<b>Quality Assessment</b>	Peer reviewed only.	Not peer reviewed.	To ensure quality. The process of a peer review involves assessing the quality of empirical research.
<b>Literature Type</b>	Journal articles.	Books and editorials.	Journal articles contain a detailed focus on empirical research which will contribute information towards a critical review.
<b>Population</b>	Research that includes mainstream	Research that focuses on pupils, parents,	The focus of the literature review question is the experiences of secondary school

	secondary school staff involved in pastoral care.	carers or other professionals and does not include the views of mainstream secondary school staff.	pastoral staff.
<b>Study Design</b>	Research that includes a qualitative element to the design	Research that has a quantitative design only	Research adopting a qualitative design allows for an inductive approach that engages with participants at an idiographic level. As such, they will facilitate answering the literature review question about the experiences of secondary school staff.
<b>Outcome</b>	Research that focuses on the experiences of secondary school staff identifying and supporting adolescent pupil mental health needs.	<p>Early Years, Primary or Higher Education Provisions.</p> <p>Other aspects of SEND.</p> <p>Experiences of pupils, parents, carers or other professionals.</p>	<p>The topic of study is the lived experiences of pastoral leads identifying and supporting pupil mental health needs in mainstream secondary schools.</p> <p>As such the aim of the literature review is to investigate what the existing literature tells us about the experiences of secondary school staff.</p>

**Appendix 2 – Literature search keywords.**

What does the literature tell us about the **experiences** of **pastoral staff** identifying and supporting adolescent **pupil mental health** needs in mainstream secondary schools?

	<b>Keywords</b>
<b>Experiences</b>	Experience OR View OR Attitude OR Perspective OR Perception
<b>Pastoral staff</b>	Pastoral OR Teacher OR School staff OR SENCO OR Special educational needs coordinator OR Inclusion
<b>Mental health</b>	Mental health OR Wellbeing OR Well-being OR SEMH OR BESD OR Mental illness OR Mental disorder
<b>Pupil</b>	Adolescent OR Teenage OR Young people OR Youth OR Pupil OR Student

## Appendix 3 – Database searches.

### PsycINFO

Date of search: 30<sup>th</sup> December 2016

**Table of search terms entered into database**

Term	Terms used in database search
Experiences	Experience* OR View* OR Attitude* OR Perspective* OR Perception*
Pastoral staff	Pastoral* OR Teacher* OR School staff* OR SENCO* OR Special educational needs co* OR Inclusion*
Mental health	Mental health* OR Wellbeing* OR Well-being* OR SEMH OR BESD OR Mental illness OR Mental disorder
Pupil	Adolescen* OR Teenage* OR Young people* OR Youth* OR Pupil* OR Student*

Additional search to exclude results from outside the chosen geographical region as this limiter was not included in the database options:

Term	Terms used in database search
United Kingdom	England OR United Kingdom OR Great Britain OR Scotland OR Wales OR Northern Ireland

### Screenshot evidencing records returned

The screenshot displays the PsycINFO search interface. At the top, the search term 'PsycINFO' is entered. Below the search bar, there are options for 'Search', 'Create Alert', and 'Clear'. The search results are displayed in a table with columns for 'Search Terms', 'Search Options', and 'Actions'. The search terms listed are:

- S7: S5 AND S6
- S8: PL England OR PL United Kingdom OR PL Great Britain OR PL Scotland OR PL Wales OR PL Northern Ireland
- S5: S1 AND S2 AND S3 AND S4
- S4: AB adolescen\* OR AB teenage\* OR AB young people\* OR AB youth\* OR AB pupil\* OR AB student\*
- S3: AB mental health\* OR AB wellbeing\* OR AB well-being\* OR AB semh OR AB besd OR AB mental illness OR AB mental disorder
- S2: AB experience\* OR AB view\* OR AB attitude\* OR AB perspective\* OR AB perception\*
- S1: AB pastoral\* OR AB teacher\* OR AB school staff\* OR AB senco\* OR AB special educational needs co\* OR AB inclusion\*

The search options for each term include 'Search modes - BooleanPhrase', 'Limiters - Published Date: 20000101-20161231; Peer Reviewed; English', 'Expanders - Apply related words', and 'Search modes - BooleanPhrase'. The actions column provides links for 'View Results', 'View Details', and 'Edit' for each search term.

**ERIC**Date of search: 30<sup>th</sup> December 2016**Tables of search terms entered into database**

Term	Terms used in database search
Experiences	Experience* OR View* OR Attitude* OR Perspective* OR Perception*
Pastoral staff	Pastoral* OR Teacher* OR School staff* OR SENCO* OR Special educational needs co* OR Inclusion*
Mental health	Mental health* OR Wellbeing* OR Well-being* OR SEMH OR BESD OR Mental illness OR Mental disorder
Pupil	Adolescen* OR Teenage* OR Young people* OR Youth OR Pupil OR Student

Additional search to exclude results from outside the chosen geographical region as this limiter was not included in the database options:

Term	Terms used in database search
England	England OR United Kingdom OR Great Britain OR Scotland OR Wales OR Northern Ireland

**Screenshot evidencing records returned**

The screenshot shows the ERIC search interface. At the top, there is a search bar with the text 'Searching ERIC - Choose Databases'. Below the search bar, there are several search filters and options, including 'AND - Select a Field (optional)', 'Search', 'Create Alert', and 'Clear'. The search history section is visible, showing a list of search terms and their corresponding results. The search terms are: 57 (S5 AND S8), 58 (England OR United Kingdom OR Great Britain OR Scotland OR Wales OR Northern Ireland), 55 (S1 AND S2 AND S3 AND S4), 54 (AB adolescen\* OR AB teenage\* OR AB young people\* OR AB youth\* OR AB pupil\* OR AB student\*), 53 (AB mental health\* OR AB wellbeing\* OR AB well-being\* OR AB semh OR AB besd OR AB mental illness OR AB mental disorder), 52 (AB experience\* OR AB view\* OR AB attitude\* OR AB perspective\* OR AB perception\*), and 51 (AB pastoral\* OR AB teacher\* OR AB school staff\* OR AB senco\* OR AB special educational needs co\* OR AB inclusion\*). The search results are displayed in a table with columns for Search Options and Actions. The search results are: 57 (Search modes - BooleanPhrase), 58 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), 55 (Search modes - BooleanPhrase), 54 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), 53 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), 52 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), and 51 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase). The search results are displayed in a table with columns for Search Options and Actions. The search results are: 57 (Search modes - BooleanPhrase), 58 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), 55 (Search modes - BooleanPhrase), 54 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), 53 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), 52 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase), and 51 (Limits - Peer Reviewed, Date Published: 20000101-20161231, Expanders - Apply related words, Search modes - BooleanPhrase).

## PEP Archive

Date of search: 30<sup>th</sup> December 2016

**Table of search terms entered into database**

Term	Terms used in database search
Experiences	Experience* OR View* OR Attitude* OR Perspective* OR Perception*
Pastoral staff	Pastoral* OR Teacher* OR School staff* OR SENCO* OR Special educational needs co* OR Inclusion*
Mental health	Mental health* OR Wellbeing* OR Well-being* OR SEMH OR BESD OR Mental illness OR Mental disorder
Pupil	Adolescen* OR Teenage* OR Young people* OR Youth* OR Pupil* OR Student*

**Screenshot evidencing records returned**

The screenshot displays the EBSCOhost search interface. At the top, there is a search bar with the text 'Searching PEP Archive | Choose Databases'. Below the search bar, there are several search options and filters, including 'AND -' and 'Select a Field (optional)'. The main content area shows a table of search history/alerts with the following columns: Search ID, Search Terms, Search Options, and Actions.

Search ID	Search Terms	Search Options	Actions
55	S1 AND S2 AND S3 AND S4	Search.modes - BooleanPhrase	<a href="#">View Results (2)</a> <a href="#">View Details</a> <a href="#">Edit</a>
54	AB.adolescen* OR AB.teenage* OR AB.young people* OR AB.youth* OR AB.pupil* OR AB.student*	Limiters - Publication Year: 2000-2016 Expanders - Apply related words Search.modes - BooleanPhrase	<a href="#">View Results (500)</a> <a href="#">View Details</a> <a href="#">Edit</a>
53	AB.mental health* OR AB.wellbeing* OR AB.well-being* OR AB.SEMH OR AB.BESD OR AB.mental illness OR AB.mental disorder	Limiters - Publication Year: 2000-2016 Expanders - Apply related words Search.modes - BooleanPhrase	<a href="#">View Results (226)</a> <a href="#">View Details</a> <a href="#">Edit</a>
52	AB.experience* OR AB.view* OR AB.attitude* OR AB.perspective* OR AB.perception*	Limiters - Publication Year: 2000-2016 Expanders - Apply related words Search.modes - BooleanPhrase	<a href="#">View Results (4,134)</a> <a href="#">View Details</a> <a href="#">Edit</a>
51	AB.pastoral* OR AB.teacher* OR AB.school staff* OR AB.SENCO* OR AB.special educational needs co* OR AB.inclusion*	Expanders - Apply related words Search.modes - BooleanPhrase	<a href="#">View Results (144)</a> <a href="#">View Details</a> <a href="#">Edit</a>

At the bottom of the screenshot, there is a 'Refine Results' button and a status bar indicating 'Search Results: 1 - 2 of 2'. There are also links for 'Date Next', 'Page Options', and 'Share'.

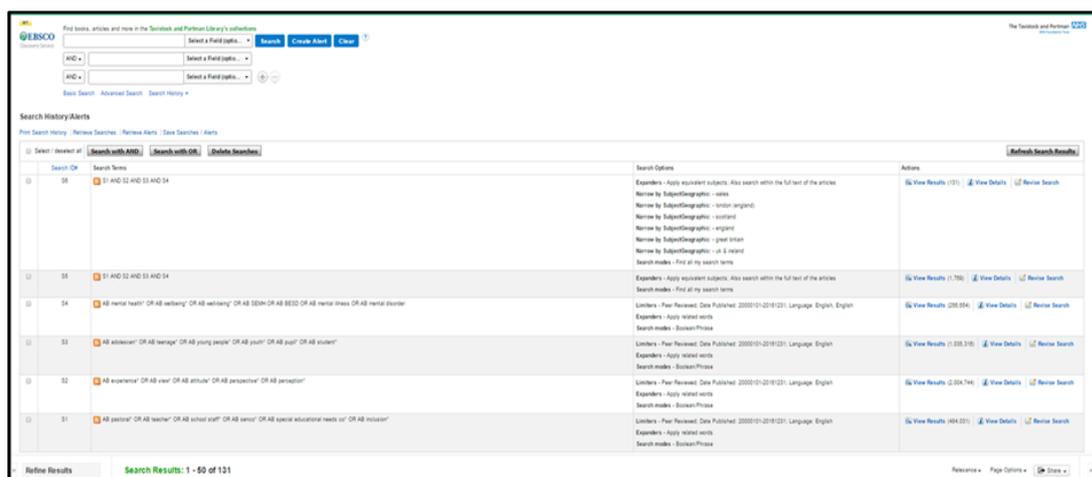
## EBSCO

Date of search: 30<sup>th</sup> December 2016

**Table of search terms entered into database**

Term	Terms used in database search
Experiences	Experience* OR View* OR Attitude* OR Perspective* OR Perception*
Pastoral staff	Pastoral* OR Teacher* OR School staff* OR SENCO* OR Special educational needs co* OR Inclusion*
Mental health	Mental health* OR Wellbeing* OR Well-being* OR SEMH OR BESD OR Mental illness OR Mental disorder
Pupil	Adolescen* OR Teenage* OR Young people* OR Youth* OR Pupil* OR Student*

## Screenshot evidencing records returned



**Appendix 4 – Articles removed during second-pass (abstract) review.**

Reference	Rationale for exclusion
<p>Burton, D. M., Bartlett, S. J., Anderson de Cuevas, R. (2009). Are the contradictions and tensions that have characterised educational provision for young people with behavioural, emotional and social difficulties a persistent feature of current policy? <i>Emotional and Behavioural Difficulties</i>, 14(2), 141-155.</p>	<p>The primary focus of the research is on legislation and policy not the experiences of school staff identifying and/or supporting pupil mental health needs.</p>
<p>Broomhead, K. E. (2013). Preferential treatment or unwanted in mainstream schools? The perceptions of parents and teachers with regards to pupils with special educational needs and challenging behaviour. <i>Support for Learning</i>, 28(1), 4-10.</p>	<p>Research focuses on the perceptions of parents and teachers regarding the differential treatment or stigma experienced by pupils with challenging behaviour instead of teachers' own experiences of pupil mental health needs.</p>
<p>Chaplain, R. P. (2008). Stress and psychological distress among trainee secondary teachers in England. <i>Educational Psychology</i>, 28(2), 195-209.</p>	<p>Research focused on trainee teachers not qualified teachers. Focus on trainee teachers' stress levels and not pupil mental health.</p>
<p>Conlon, M. M. M. (2014). Myths and mysteries of mental health: An interagency collaboration. <i>Nurse Education in Practice</i>, 14(4), 422-426.</p>	<p>Research focused on the perspectives of pupils and nursing students instead of the views of school staff.</p>
<p>Coombes, L., Appleton, J. V., Allen, D., Yerrell, P. (2013). Emotional Health and Well-Being in Schools: Involving Young People. <i>Children and Society</i>, 27(3), 220-232.</p>	<p>Research does not include the views of school staff. Instead the focus is on the views of pupils.</p>
<p>Cooper, M., Evans, Y., &amp; Pybis, J. (2016). Interagency collaboration in children and young people's mental health: A systematic review of outcomes, facilitating factors and inhibiting factors. <i>Child Care, Health and Development</i>,</p>	<p>Research is focused on the interagency collaboration between mental health services and does not include the experiences of secondary school staff. Presents a review of</p>

42(3), 325-342.	information but no empirical research conducted.
Davies, S., Heyman, I., & Goodman, R. (2003). A population survey of mental health problems in children with epilepsy. <i>Developmental Medicine and Child Neurology</i> , 45(5), 292-295.	Research does not include the views of school staff. Instead the focus is on the prevalence of mental health problems.
Farrand, P., Parker, M., & Lee, C. (2007). Intention of adolescents to seek professional help for emotional and behavioural difficulties. <i>Health and Social Care in the Community</i> , 15(5), 464-473.	Research focused on the views of secondary school pupils and does not include the views of school staff.
Fombonne, E., Simmons, H., Ford, T., Meltzer, H., & Goodman, R. (2003). Prevalence of pervasive developmental disorders in the British nationwide survey of child mental health. <i>International Review of Psychiatry</i> , 15(1-2), 158-165.	Research participants were parents and children instead of school staff.
Galloway, D. (2001). Jack Tizard Memorial Lecture: Educational reform and the mental health of vulnerable children and young people. <i>Child and Adolescent Mental Health</i> , 6(4), 150-158.	No research is conducted. The author presents an editorial on the topic of legislative changes.
Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. <i>BMC Psychiatry</i> , 10(1), 113-121.	Research focused on the views of young people and does not include the views of school staff.
Hackett, L., Theodosiou, L., Bond, C., Blackburn, C., Spicer, F., & Lever, R. (2010). Mental health needs in schools for emotional, behavioural and social difficulties. <i>British Journal of Special Education</i> , 37(3), 148-155.	Research focused on the views of teachers working in specialist educational provisions instead of mainstream secondary schools.
Hastings, R. P., & Bham, M. S. (2003). The	Research focused on teacher burnout

<p>Relationship Between Student Behaviour Patterns and Teacher Burnout. <i>School Psychology International</i>, 24(1), 115-128.</p>	<p>and school staff working in primary schools only.</p>
<p>Kilgour, L., Matthews, N., Christian, P., &amp; Shire, J. (2015). Health Literacy in Schools: Prioritising Health and Well-Being Issues through the <i>Curriculum</i>. <i>Sport, Education and Society</i>, 20(4), 485-500.</p>	<p>Research does not focus on mental health or emotional well-being. The focus of the research is pupils' and teachers' knowledge of physical health and well-being issues.</p>
<p>Lynagh, M., Gilligan, C., &amp; Handley, T. (2010). Teaching about, and Dealing with, Sensitive Issues in Schools: How Confident Are Pre-Service Teachers? <i>Asia-Pacific Journal of Health, Sport and Physical Education</i>, 1(3-4), 5-11.</p>	<p>Research conducted in New South Wales Australia not the United Kingdom.</p>
<p>Marlow, R., Hansford, L., Edwards, V., Ukoumunne, O. C., Norman, S., Ingarfield, S., Sharkey, S., Logan, S., &amp; Ford, T. (2015). Teaching Classroom Management-- A Potential Public Health Intervention? <i>Health Education</i>, 115 (3-4), 230-248.</p>	<p>Research focused on school staff working in primary not secondary schools.</p>
<p>Onnela, A. M., Vuokila-Oikkonen, P., Hurtig, T., &amp; Ebeling, H. (2011). Mental health promotion in comprehensive schools. <i>Journal of Psychiatric and Mental Health Nursing</i>, 18(5), 618-627.</p>	<p>Research conducted in Finland not the United Kingdom. Research focused on the relationship between mental health nurses and pupils instead of school staff and pupils.</p>
<p>Parker, S., Robertson, C., Allen, N., Beezhold, J., Bhutto, A., Laverack, R., Parry, L., Piper, L., Smith, R., &amp; Wade, T. (2013). 2855 - Evaluating the headucate educational intervention to raise mental health awareness among school children in the UK. <i>European Psychiatry</i>, 28(1), 1-1.</p>	<p>Research does not include the views of school staff. The focus of the research is on reviewing an intervention aimed at raising adolescent pupils' awareness of the signs of poor mental health.</p>
<p>Pratt, B. M., &amp; Woolfenden, S. (2002). Interventions for preventing eating disorders in</p>	<p>Systematic review of interventions aimed at the prevention of eating</p>

<p>children and adolescents. <i>Cochrane Database of Systematic Reviews</i>, 2(1), 1-43.</p>	<p>disorder. Does not include the views of school staff. Includes studies conducted outside of the United Kingdom.</p>
<p>Richards, L., Wood, N., &amp; Ruiz-Calzada, L. (2006). The mental health needs of looked after children in a local authority permanent placement team and the value of the Goodman SDQ. <i>Adoption and fostering</i>, 30(2), 43-52.</p>	<p>Research aimed to identify a suitable screening tool for mental health needs in looked after children. The research does not include the views of school staff instead they, along with foster carers were asked to complete various screening tools.</p>
<p>Rose, R., Howley, M., Fergusson, A., Jament, J. (2009). Mental Health and Special Educational Needs: Exploring a Complex Relationship. <i>British Journal of Special Education</i>, 36(1), 3-8.</p>	<p>Research was conducted in residential special schools instead of mainstream secondary schools.</p>
<p>Rothì, D. M., Leavey, G., &amp; McLaughlin, C. (2006). Mental Health Help-Seeking and Young People: A Review. <i>Pastoral Care in Education</i>, 24(3), 4-13.</p>	<p>Journal article focused on the experiences of pupils not secondary school staff.</p>
<p>Russell, A., &amp; Lloyd, C. (2004). Partnerships in mental health: addressing barriers to social inclusion...including commentary by Cockburn L. <i>International Journal of Therapy and Rehabilitation</i>, 11(6), 267-274.</p>	<p>Research conducted in Australia not the UK. Focus of research was on the role of occupational therapists supporting those of all ages with mental health needs.</p>
<p>Sakellari, E., Leino-Kilpi, H., &amp; Kalokerinou-Anagnostopoulou, A. (2011). Educational interventions in secondary education aiming to affect pupils' attitudes towards mental illness: a review of the literature. <i>Journal of Psychiatric and Mental Health Nursing</i>, 18(2), 166-176.</p>	<p>Research does not include the views of school staff. The focus of the research is on reviewing interventions aimed at changing the attitudes of adolescents towards mental illness.</p>
<p>Sinkinson, M. (2014). Technology devices and social media as determinants of youth health and well-being: pre-service health education teachers</p>	<p>The focus of the research is trainee teachers' impressions of the impact of technology on pupil well-being</p>

<p>interpret implications for their own practice. <i>International Journal of Health Promotion and Education</i>, 52(5), 235-244.</p>	<p>and predictions for future practice. The research explores predictions of future practice not experiences of current practice.</p>
<p>Seymour, C. (2004). Access to education for children and young people with medical needs: a practitioner's view. <i>Child Care, Health and Development</i>, 30(3), 249-254.</p>	<p>No research conducted. The author presents opinion. The practitioner works in a hospital school instead of a mainstream secondary school.</p>
<p>Warwick, I., Aggleton, P., Douglas, N. (2001). Playing it safe: Addressing the emotional and physical health of lesbian and gay pupils in the U.K. <i>Journal of Adolescence</i>, 24(1), 129-140.</p>	<p>The focus of the research is on school staff's perceptions of homophobic bullying and the responses made to this type of bullying.</p>

**Appendix 5 – Articles removed during third-pass (full text) review.**

Reference	Rationale for exclusion
Lamont, E., & Atkinson, M. (2008). Joint working between CAMHS and schools. <i>Education Journal</i> , 110 (1), 37-37.	The article focused on the views of CAMHS and local authority staff instead of school staff.
Putwain, D. W. (2008). Supporting assessment stress in key stage 4 students. <i>Educational Studies</i> , 34(2), 83-95.	Research does not focus on experience. The aim was to explore the conceptualisations of assessment stress, and what policies and strategies are adopted.
Timson, D., Priest, H., & Clark-Carter, D. (2012). Adolescents Who Self-Harm: Professional Staff Knowledge, Attitudes and Training Needs. <i>Journal of Adolescence</i> , 35(5), 1307-1314.	The aim of the research was to investigate professional staff attitudes and knowledge about adolescent self-harm. The article was read and re-read before it was decided the article did not meet the inclusion criteria. Staff attitudes were collected through the use of a questionnaire containing closed items. Though appropriate for measures of attitude (Robson, 2011) it was decided that closed questions about attitude do not allow for the subjective nature of experience to be recognised (Langdridge, 2004).
Wadman, R., Glazebrook, C., Beer, C., & Jackson, G. M. (2016). Difficulties experienced by young people with Tourette syndrome in secondary school: A mixed methods description of self, parent and staff perspectives. <i>BMC Psychiatry</i> , 16(14), 1-11.	The focus of the research is on the difficulties associated with Tourette's syndrome in the secondary school environment. The views of school staff provided relate to their perceptions of the difficulties faced by the pupils not the experiences of school staff identifying or supporting

	mental health needs.
Wolpert, M., Humphrey, N., Belsky, J., & Deighton, J. (2013). Embedding mental health support in schools: learning from the Targeted Mental Health in Schools (TaMHS) national evaluation. <i>Emotional and Behavioural Difficulties</i> , 18(3), 270-283.	The focus of the research is to evaluate the impact and experience of the TaMHS programme instead of the experiences of school staff in relation to identifying and supporting pupil mental health needs.
<b>Articles found through hand searching and excluded at third – pass review</b>	
Rothi, D. M., Leavey, G., Best, R. (2008). Recognising and managing pupils with mental health difficulties: teachers' views and experiences on working with educational psychologists in schools. <i>Pastoral Care in Education</i> , 26(3), 127-142.	The focus of the research is on teachers' experiences of working with educational psychologists in order to support pupils with mental health needs. As such the focus was teachers' experiences with educational psychologists, not their experiences working with pupils.

**Appendix 6 – Articles included.**

Search Method	Reference
Electronic search	Bostock, J. A., Kitt, R., & Kitt, C. (2011). Why wait until qualified?: the benefits and experiences of undergoing mental health awareness training for PGCE students. <i>Pastoral Care in Education</i> , 29(2), 103-155.
Electronic search	Burton, D., & Goodman, R. (2011). Perspectives of SENCOs and support staff in England on their roles, relationships and capacity to support inclusive practice for students with behavioural emotional and social difficulties. <i>Pastoral Care in Education</i> , 29(2), 133-149.
Electronic search	Connelly, G., Lockhart, E., Wilson, P., Furnivall, J., Bryce, G., Barbour, R., & Phin, L. (2008). Teachers' responses to the emotional needs of children and young people. Results from the Scottish Needs Assessment Programme. <i>Emotional and Behavioural Difficulties</i> , 13(1), 7-19.
Electronic search	Corcoran, T., & Finney, D. (2015). Between education and psychology: school staff perspectives. <i>Emotional and Behavioural Difficulties</i> , 20(1), 98-113.
Electronic search	Goodman, R. L., & Burton, D. M. (2010). The inclusion of students with BESD in mainstream schools: teachers' experiences of and recommendations for creating a successful inclusive environment. <i>Emotional and Behavioural Difficulties</i> , 15(3), 223-237.
Electronic search	Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views of supporting student emotional health and well-being. <i>British Educational Research Journal</i> , 36(6), 919-935.
Electronic search	Knightsmith, P., Treasure, J., & Schmidt, U. (2014). We don't know how to help: an online survey of school staff. <i>Child and Adolescent Mental Health</i> , 19(3), 208-214.
Electronic search	Rothi, D. M., Gerard, L., Best, R. (2008). On the front-line:

	Teachers as active observers of pupils' mental health. <i>Teaching and Teacher Education</i> , 24(5), 1217-1231.
Electronic search	Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006). Interprofessional support of mental well-being in schools: A Bourdieuan perspective. <i>Journal of Interprofessional Care</i> , 20(4), 391-402.
Citation search	Knightsmith, P., Treasure, J., Schmidt, U. (2013). Spotting and supporting eating disorders in school: recommendations from school staff. <i>Health Education Research</i> , 28(6), 1004-1013.
Reference list	Kidger, J., Donovan, J. L., Biddle, L., Campbell, R. & Gunnell, D. (2009). Supporting adolescent mental health in schools: a mixed methods study of student and staff views in England. <i>BMC Public Health</i> , 9, 1-18.

### Appendix 7 – CASP review of remaining articles.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Bostock, J. A., Kitt, R., Kitt, C. (2011). Why wait until qualified?: the benefits and experiences of undergoing mental health awareness training for PGCE students. <i>Pastoral Care in Education</i> , 29(2), 103-155.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The relevance of the research was clearly presented and followed by the broad aim, to investigate whether teachers and PGCE students understand the importance of their role as Tier 1 mental health professionals.
<b>Is the methodology appropriate?</b>	Yes. A mixed-methods approach was appropriate to ascertain whether or not the teacher and PGCE students' attitudes differ.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. Justification of the research design was provided. The study used a case-study methodological approach to investigate a specific phenomenon in practice using multiple types of evidence: questionnaires, focus groups and critical incident reflection logs. Kruskal-Wallis analysis of the Likert scale responses on the questionnaire for 67 PGCE students and 35 teachers allowed the researchers to investigate different attitudes.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Somewhat. Purposive sampling appears to have been used and the recruitment strategy was clearly explained. No information was provided regarding the inclusion and exclusion criteria.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. The methods of data collection are explicitly stated and justified. The settings in which data collection occurred have been stated. The Likert Scale questions were provided.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Not explicitly in the article however reference was made to the researcher modifying the questionnaire to add additional questions for qualified teachers.
<b>Have ethical issues been taken into consideration?</b>	No ethical considerations were discussed in the article. It is clear that efforts were made to maintain anonymity in the presentation of results.
<b>Was the data analysis sufficiently rigorous?</b>	Somewhat. A description of the quantitative analysis process was provided, along with a triangulation of the quantitative and qualitative data. However it could be argued that there is a lack of transparency regarding the qualitative findings as no verbatim extracts were presented in the article and the analysis appeared largely descriptive.
<b>Is there a clear statement of findings?</b>	Yes. The quantitative findings were clearly presented in tables and discussed. The result of qualitative analysis are presented and discussed. The results triangulate the attitudes of the PGCE students and teachers when addressing the research question.
<b>How valuable is the research?</b>	This research has some relevance as it indicates a rationale for making PGCE students aware of their role as Tier 1 mental health professionals and providing training to support them. It highlights the attitudes of teachers regarding identifying and supporting pupil mental health needs in secondary schools.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Burton, D., & Goodman, R. (2011). Perspectives of SENCOs and support staff in England on their roles, relationships and capacity to support inclusive practice for students with behavioural emotional and social difficulties. <i>Pastoral Care in Education</i> , 29(2), 133-149.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The research aims to investigate the perceptions of SENCOs and support staff of their roles, relationships and capacity to support inclusive practice for pupils with BESD.
<b>Is a qualitative methodology appropriate?</b>	Yes. The research aim was to explore the perceptions of school staff and so a qualitative method was appropriate.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. The use of semi-structured interviews enabled the researchers to address the research aims.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. Purposive sampling was used. The process of selecting participants was explained in a clear manner and details of the inclusion criteria were presented.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. The data was collected through semi-structured interviews and later transcribed for analysis. The topic guide was provided which facilitated the transparency of the research.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Somewhat. Though no explicit reference is made to the relationship between researchers and participants in the article, the participants were provided with the opportunity to check the researchers' transcription of their interviews. The researchers later acknowledge the limitations of using Thematic Analysis but do not provide detail i.e. the potential for subjective interpretation.
<b>Have ethical issues been taken into consideration?</b>	No ethical considerations were discussed in the article.
<b>Was the data analysis sufficiently rigorous?</b>	Yes. The transcribed interviews were analysed using Thematic Analysis. The process of analysis was described and verbatim extracts were provided to show how the themes were derived from the data.
<b>Is there a clear statement of findings?</b>	Yes. The findings were clearly presented and discussed in relation to the aims of the research.
<b>How valuable is the research?</b>	This research is valuable. The findings were clearly presented and discussed in relation to previous research. Limitations of the research were acknowledged, implications for practice were provided and ideas for future research were suggested.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Corcoran, T., & Finney, D. (2015). Between education and psychology: school staff perspectives. <i>Emotional and Behavioural Difficulties</i> , 20(1), 98-113.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The stated aim of the study was to investigate how school staff perceive the changes in the education system related to mental health policy about promotion and intervention.
<b>Is a qualitative methodology appropriate?</b>	Yes. The aim of the research was to explore perspectives therefore a qualitative approach is appropriate.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. The semi-structured interviews were analysed with discourse analysis. The research design was justified and the epistemological position explained.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. Purposive sampling was used. The recruitment strategy was explained in depth and a rationale for selecting experienced participants was provided. There appears to be a discrepancy between the number of participants stated in the main body of the text and the table of participants, 17 and 16 respectively.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. Semi-structured interviews were used.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Somewhat. The researchers appeared to present the prior relationship to the participants in a transparent manner (all participants had attended mental health training courses delivered by the researchers). However this was not discussed in relation to the potential for bias. Is this important given the methodology is discourse analysis?
<b>Have ethical issues been taken into consideration?</b>	Yes. Explicit mention of ethical issues such as informed consent, anonymity and confidentiality.
<b>Was the data analysis sufficiently rigorous?</b>	Somewhat. The method of data analysis is stated and explained at a theoretical level however not explained in relation to the specific study. Raw extracts are provided to support the findings.
<b>Is there a clear statement of findings?</b>	Somewhat. The findings are presented however it is not possible to differentiate between the views of primary, secondary or special school staff. Minimal extracts are provided meaning that the majority of the findings section is dominated by the perspectives of the researchers not the participants, as stated in the aim.
<b>How valuable is the research?</b>	Somewhat. The aim of the research was to consider the perspectives of school staff however the findings presented do not appear to present their views in any depth. Limitations of the study and suggestions for future research are not discussed. Implications for the research are presented in one sentence.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Connelly, G., Lockhart, E., Wilson, P., Furnivall, J., Bryce, G., Barbour, R., & Phin, L. (2008). Teachers' responses to the emotional needs of children and young people. Results from the Scottish Needs Assessment Programme. <i>Emotional and Behavioural Difficulties</i> , 13(1), 7-19.
<b>Was there a clear statement of the aims of the research?</b>	Somewhat. The broad aim of the research was to describe how teachers respond to the emotional and behavioural difficulties of children and young people.
<b>Is the methodology appropriate?</b>	Somewhat. A mixed methods methodology was used. This allowed for the triangulation of data.
<b>Was the research design appropriate to address the aims of the research?</b>	Somewhat. The aim of the study was to gain an understanding of experiences and as such a mixed methodology has the potential to meet this aim. However the use of a questionnaire only could be perceived as limiting the degree to which participants could express their experiences.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Somewhat. The study appears to use purposive sampling which would be appropriate given the focus on teachers. Reference was made to providing a guide for inclusion criteria to the Director of Education in each local authority, however the Director ultimately selected the teachers. This may have affected how close the sample was to the intended criteria.
<b>Was the data collected in a way that addressed the research issue?</b>	Somewhat. The data was collected through the use of a questionnaire which provided three open ended questions each with three supplementary questions. An interview may have allowed for a greater exploration of the experience.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Yes. The coding frame which reflected the main themes identified was presented to, and discussed during research team meetings attended by a wide range of professionals that work with children. It is not clear however if they were the original participants or simply those familiar with the phenomena being explored.
<b>Have ethical issues been taken into consideration?</b>	There is no mention of ethical issues included in the research article.
<b>Was the data analysis sufficiently rigorous?</b>	Somewhat. A computer package was used to systematically code the data though it is not explicit what method of data analysis was used. Some extracts are used however more would provide the reader with a greater understanding of how the themes emerged.
<b>Is there a clear statement of findings?</b>	Somewhat. The findings are explained in detail however the themes are not explicitly stated. Quantitative data is presented to some extent however the qualitative findings form the majority of the findings sections. There is no mention of how many teachers contributed to each theme.
<b>How valuable is the research?</b>	The findings are valuable. The research provides some insight into the challenges faced by teachers and the findings are discussed in relation to policy and previous research.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Goodman, R. L., & Burton, D. M. (2010). The inclusion of students with BESD in mainstream schools: teachers' experiences of and recommendations for creating a successful inclusive environment. <i>Emotional and Behavioural Difficulties</i> , 15(3), 223-237.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The aim of the research was to explore the experiences of classroom teachers and subject heads working with pupils with BESD in mainstream secondary schools.
<b>Is a qualitative methodology appropriate?</b>	Yes. The research aim was to explore the experiences of school staff and so a qualitative methodology was appropriate.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. The use of semi-structured interviews enabled the researchers to address the research aims.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. Purposive sampling was used. The process of selecting participants was explained in a clear manner and details of the inclusion criteria were presented.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. The data was collected through semi-structured interviews and later transcribed for analysis. Reference was made to the topics covered in the semi-structured interview schedule which facilitated the transparency of the research.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Somewhat. Though no explicit reference is made to the relationship between researchers and participants in the article, the participants were provided with the opportunity to check the researchers' transcription of their interviews.
<b>Have ethical issues been taken into consideration?</b>	No ethical considerations were discussed in the article.
<b>Was the data analysis sufficiently rigorous?</b>	No explanation was provided about the method of data analysis. The findings presented were largely descriptive.
<b>Is there a clear statement of findings?</b>	Yes. Findings were presented clearly and appear to be organised into themes and subthemes. Extracts from the transcripts were provided which supported the transparency of the research.
<b>How valuable is the research?</b>	This research is of value as it provides some insight into the experiences of secondary school teachers. In light of changes in legislation (Department of Education, 2014) the terminology is less relevant however the experiences of school staff are clearly discussed in relation to previous research.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Kidger, J., Donovan, J. L., Biddle, L., Campbell, R. & Gunnell, D. (2009). Supporting adolescent mental health in schools: a mixed methods study of student and staff views in England. <i>BMC Public Health</i> , 9, 1–18.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The aims of the research were clearly stated. The aims were to examine the views of school staff involved in emotional health work and students regarding current school-based emotional health provision.
<b>Is the methodology appropriate?</b>	Yes. A mixed methods approach was used to both quantify the level of emotional health provision in the schools and conduct a qualitative investigation of pupil and school staff views.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. Justification for the research design was provided.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. The recruitment strategy was clearly explained for both the quantitative and qualitative aspects. For the quantitative aspects, random stratified sampling was used to ensure the questionnaire was sent to a range of schools as measured by students eligible for free school meals. Purposive sampling was used for the qualitative aspect of the study.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. Qualitative data was obtained from school staff through interviews which followed a topic guide though it was not explicitly stated whether the interviews followed a structure or semi-structured format. Qualitative data was gathered from pupils through the use of focus groups. Quantitative data was gathered through the use of a questionnaire.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Somewhat. Initial school staff interview transcripts were analysed independently by two members of the research team and later compared to check inter-rater reliability.
<b>Have ethical issues been taken into consideration?</b>	Yes. Ethical issues are discussed explicitly and reference is made to informed consent, confidentiality and anonymity.
<b>Was the data analysis sufficiently rigorous?</b>	Yes. The process of data analysis is described in detail. The researchers used constant comparative techniques and extracts were provided to support the findings. Quantitative analysis was largely descriptive and presented the percentage of schools engaging in the different emotional health and well-being activities listed on the questionnaire.
<b>Is there a clear statement of findings?</b>	Somewhat. There is a clear distinction between the quantitative and qualitative findings. It appears the findings of the pupil focused groups were prioritised and staff views were presented in less detail.
<b>How valuable is the research?</b>	The research provides valuable information on the views of pupils' and school staff which were triangulated with quantitative data. The findings are discussed in regard to implications for policy and future research.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views of supporting student emotional health and well-being. <i>British Educational Research Journal</i> , 36(6), 919-935.
<b>Was there a clear statement of the aims of the research?</b>	Yes. This research aimed to address gaps in knowledge about how secondary school staff feel about supporting pupil 'mental or emotional health'.
<b>Is a qualitative methodology appropriate?</b>	Yes. The research aimed to explore the perceptions of school staff in depth.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. The use of semi-structured interviews provided the participants with the flexibility to raise issues they identified as important.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. The research explicitly presents the steps taken in the process of recruitment and provides some justification for the inclusion criteria. There appears to be a discrepancy between the number of participants stated in the main body of the text and the table of participants, 14 and 15 respectively.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. The range of settings in which the data collection took place were justified. A clear explanation of how the data was collected and in what form is provided. The method of data collection was explicitly stated and the topic guide for the semi-structured interviews was provided. Individual and paired interviews took place however it is not explicit which participants took part in individual or paired interviews.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Somewhat. Initial interviews were coded independently by two members of the research team to ascertain the inter-rater reliability of the coding framework, which was modified accordingly. The study does not make reference to the relationship between the researchers and participants.
<b>Have ethical issues been taken into consideration?</b>	Yes. Explicit mention was made to informed consent and other issues relating to the interviews with participants.
<b>Was the data analysis sufficiently rigorous?</b>	Yes. Constant comparison techniques were used and a description of the steps involved was provided along with a description of the inter-rater reliability. The use of verbatim quotes was also useful in presenting how the themes emerged from the data.
<b>Is there a clear statement of findings?</b>	Yes. The findings are clearly presented and discussed in relation to the original research question.
<b>How valuable is the research?</b>	This research is valuable. The findings were clearly presented and discussed in relation to policy, previous research and future directions for research. The limitations of the study were also considered.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Knightsmith, P., Treasure, J., Schmidt, U. (2013). Spotting and supporting eating disorders in school: recommendations from school staff. <i>Health Education Research</i> , 28(6), 1004-1013.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The aim of the research was to explore the experiences of school staff in relation to eating disorders within the school setting.
<b>Is a qualitative methodology appropriate?</b>	Yes. The research aim was to explore the experiences of school staff and so a qualitative method was appropriate.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. Focus groups were used.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. Purposive sampling was used. The recruitment strategy was presented clearly. No information was provided regarding the inclusion and exclusion criteria.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. The setting for the data collection was justified. Data was collected through focus groups, recorded and later transcribed. The focus groups followed a semi-structured format through the use of a topic guide whilst the lead researcher allowed relevant conversation to develop freely.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Yes. The relationship between researcher and participants was explicitly discussed in relation to the process of data collection. Limitations of the study were discussed.
<b>Have ethical issues been taken into consideration?</b>	Yes. Explicit reference was made to ethical approval and informed consent. The importance of participants feeling at ease was also discussed.
<b>Was the data analysis sufficiently rigorous?</b>	Yes. Basic Content Analysis was used. The steps of analysis were described in detail. The transcripts were independently categorised by two researchers and inter-rater reliability was discussed.
<b>Is there a clear statement of findings?</b>	Yes. The five key themes were explicitly stated and later discussed in detail. Verbatim extracts were provided.
<b>How valuable is the research?</b>	This piece of research is valuable. The process of conducting the research was presented in a transparent manner. The findings were discussed in relation to previous research and detail is provided in relation to implications and future recommendations for supporting schools.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Knightsmith, P., Treasure, J., & Schmidt, U. (2014). We don't know how to help: an online survey of school staff. <i>Child and Adolescent Mental Health, 19</i> (3), 208-214.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The aims of the research were clearly stated. The main aim was to gain an understanding of the experiences of UK school staff in relation to eating disorders in school. The secondary aim was to generate recommendations from school staff about how they could be best supported in helping pupils with eating disorders.
<b>Is the methodology appropriate?</b>	Somewhat. A mixed methods methodology was used. This allowed for triangulation of data.
<b>Was the research design appropriate to address the aims of the research?</b>	Somewhat. The aim of the study was to gain an understanding of experiences and as such mixed methodology has the potential to meet this aim. However the use of a questionnaire only could be perceived as limiting the degree to which participants could express their experiences.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Convenience sampling was used. The researchers explained the recruitment process and noted that school email addresses were obtained from a training provider and the individuals had expressed an interest in mental health training. The staff came from primary, secondary and special schools across the UK. The recruitment strategy allowed for a large number of school staff to be contacted and therefore involved in the research. However the use of a convenience sample allows for a critique of the potential for selection bias.
<b>Was the data collected in a way that addressed the research issue?</b>	The method of data collection was clearly stated and transparency was supported by providing the list of closed and open questions on the questionnaire. The researchers explain the process of developing and pre-testing the questionnaire.
<b>Has the relationship between researcher and participants been adequately considered?</b>	No discussion about this was provided in the article however mention is made to the possibility of sampling bias as the participants had previously expressed an interest in mental health training.
<b>Have ethical issues been taken into consideration?</b>	Yes. Explicit reference was made to ethical approval and informed consent.
<b>Was the data analysis sufficiently rigorous?</b>	Yes. The analysis for both the quantitative and qualitative data was described. The quantitative analysis appears to be largely descriptive as percentages were calculated. The qualitative data was analysed using content analysis and categories were derived. The interrater reliability for applying responses to the categories was assessed and deemed suitable.
<b>Is there a clear statement of findings?</b>	The findings are clearly presented. The themes identified from the qualitative data are triangulated with the quantitative data. Extracts from the open ended questions are provided to facilitate transparency of the qualitative themes. It is not possible
<b>How valuable is the research?</b>	The research is valuable. The findings are discussed in relation to previous research and implications for practice.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Rothi, D. M., Gerard, L., Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. <i>Teaching and Teacher Education</i> , 24(5), 1217-1231.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The relevance of the research was clearly explained and the aims were presented clearly. The aim of the research was to examine the perceptions and experiences of school teachers regarding their self-perceived duty and competency in the recognition and management of pupil mental health needs.
<b>Is a qualitative methodology appropriate?</b>	Yes. The research aimed to explore perspectives and perceptions and so a qualitative methodology is appropriate.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. Semi-structured interviews were used to guide in-depth discussions with individual teachers.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. Purposive sampling was used. The research article explicitly presents the steps taken in the process of recruitment and provides justification for the inclusion criteria.
<b>Was the data collected in a way that addressed the research issue?</b>	Yes. A clear explanation of how the data was collected, and in what form, is provided.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Somewhat. The article does not make reference to the relationship between the researchers and participants. The researchers acknowledge the support of the National Union of Schoolmasters and Union of Women (NASUWT) and defend against claims of potential bias by making reference to views being their own.
<b>Have ethical issues been taken into consideration?</b>	Somewhat. The article does not mention ethics explicitly however reference was made to maintaining the anonymity of participants.
<b>Was the data analysis sufficiently rigorous?</b>	Yes. Thematic Analysis was used and a description of the steps involved was provided. The use of verbatim extracts was also useful in presenting how the themes emerged from the data.
<b>Is there a clear statement of findings?</b>	Yes. The findings were clearly presented and discussed in relation to the research questions. Verbatim extracts were provided from all participant groups (i.e. primary and secondary school staff).
<b>How valuable is the research?</b>	This research is valuable. The findings were clearly presented and discussed in relation to policy and previous research. Implications for practice are discussed.

	<b>Journal Article Title</b>
<b>CASP Appraisal Tool Questions</b>	Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006). Interprofessional support of mental well-being in schools: A Bourdieuan perspective. <i>Journal of Interprofessional Care</i> , 20(4), 391-402.
<b>Was there a clear statement of the aims of the research?</b>	Yes. The aims of the research were clearly stated. The broad aim of the research was to explore the interactions between different professional groups in relation to supporting mental health needs in schools, from the perspectives of staff in education, health and social services.
<b>Is a qualitative methodology appropriate?</b>	Yes. The research seeks to interpret the subjective experiences of the participants.
<b>Was the research design appropriate to address the aims of the research?</b>	Yes. Justification of the research design was provided. The study used a case-study methodological approach to investigate a specific phenomenon in practice using multiple types of evidence.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Yes. Purposive sampling was used to obtain a range of participants including pupils, parents, school staff and those from health, social care and the voluntary sector. Neither the final number of participants nor details of representation from each of the participant groups were detailed.
<b>Was the data collected in a way that addressed the research issue?</b>	It appears so. Face to face interviews were used. Group interviews were conducted with pupils and parents and twenty one to one interviews were conducted with practitioners. However it was not clear if all practitioner interviews were conducted on a one to one basis.
<b>Has the relationship between researcher and participants been adequately considered?</b>	Not explicitly discussed.
<b>Have ethical issues been taken into consideration?</b>	Yes. Ethical issues are discussed in depth with regard to informed consent and confidentiality. The steps taken to protect participants from psychological distress with regards to discussing mental health were described.
<b>Was the data analysis sufficiently rigorous?</b>	The researchers stated that a grounded approach was used to analyse the data obtained in the case study however the steps taken were not provided. Some extracts were used which facilitated transparency and provided evidence for some of the themes.
<b>Is there a clear statement of findings?</b>	Somewhat. The findings are presented clearly overall however it is not possible to differentiate the views of the different participant groups.
<b>How valuable is the research?</b>	The research is valuable. The findings are discussed in relation to policy and previous research. Implications for professional practice with schools are discussed.

**Appendix 8 – Themes identified across the studies during the literature review.**

<b>Theme 1: Role and Responsibilities</b>	<b>Theme 2: Identification of Mental Health Needs</b>	<b>Theme 3: Challenges within the School Context</b>	<b>Theme 4: Relationships with Pupils and Parents</b>	<b>Theme 5: Multi-agency working</b>	<b>Theme 6: Impact on Staff Well-being</b>	<b>Theme 7: Training Needs</b>
Bostock et al. (2011)	Burton and Goodman (2011)	Burton and Goodman (2011)	Burton and Goodman (2011)	Kidger et al. (2010)	Kidger et al. (2010)	Kidger et al. (2010)
Burton and Goodman (2011)	Spratt et al. (2006)	Goodman and Burton (2010)	Goodman and Burton (2010)	Goodman and Burton (2010)	Burton and Goodman (2011)	Bostock et al. (2011)
Kidger et al. (2010)	Knightsmith et al. (2013)	Kidger et al. (2009)	Connelly et al. (2008)	Connelly et al. (2008)	Corcoran and Finney (2015)	Goodman and Burton (2010)
Rothi et al. (2008)	Rothi et al. (2008)	Connelly et al. (2008)	Knightsmith et al. (2013)	Spratt et al. (2006)	Connelly et al. (2008)	Spratt et al. (2006)
Connelly et al. (2008)		Knightsmith et al. (2013)				Knightsmith et al. (2013)
Corcoran and Finney (2015)		Rothi et al. (2008)				Rothi et al. (2008)
		Spratt et al. (2006)				

**Appendix 9 – Letter of ethical approval.**

The Tavistock and Portman **NHS**

NHS Foundation Trust

Quality Assurance & Enhancement  
Directorate of Education & Training  
Tavistock Centre  
120 Belsize Lane  
London  
NW3 5BA

Tel: 020 8938 2699  
[www.tavi-port.org](http://www.tavi-port.org)

Lucy Flint  
By email

19 April 2016

**Re: Research Ethics Application**

Title: *Exploring the lived experiences of mainstream secondary school pastoral staff identifying and supporting pupil mental health needs*

Dear Lucy,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,



**Paru Jeram**  
Secretary to the Trust Research Degrees Subcommittee  
T: 020 938 2699  
E: [pieram@tavi-Port.nhs.uk](mailto:pieram@tavi-Port.nhs.uk)

cc. Brian Davis, Course Lead

## Appendix 10 – Recruitment poster.

**RESEARCH PROJECT**

*Exploring The Lived Experiences Of Lead Pastoral Staff Identifying and Supporting Adolescent Pupil Mental Health Needs in Mainstream Secondary Schools*

**WHO CAN TAKE PART?**

Anyone who works in a mainstream secondary school performing the lead pastoral role

**WHAT WILL I BE ASKED TO DO?**

If you consent to participating you will meet with the researcher for 1 hour and answer a series of open ended questions about the research topic

The interview will be at your school at a time convenient for you

**WHAT ARE THE BENEFITS?**

Your participation will contribute to developing an understanding of the experiences of pastoral staff identifying and supporting mental health needs in mainstream secondary schools

This information may be used to inform educational psychology practice and develop training

You may find it beneficial to reflect on your current job role

**WHO IS CONDUCTING THIS RESEARCH?**

This study is being conducted as part of an educational psychology doctorate and is supported by The Tavistock and Portman NHS Foundation Trust and X Educational Psychology Service

**HOW DO I GET INVOLVED?**

*If you are interested in taking part, or have any questions about this study, please do not hesitate to contact the researcher Lucy by email:*

LFlint@Tavi-Port.nhs.uk  
Lucy.Flint@X.gov.uk



## **Appendix 11 – Information sheet and consent form.**

The Tavistock and Portman   
NHS Foundation Trust

### **INFORMATION ABOUT THE RESEARCH**

*Exploring the lived experiences of pastoral staff identifying and supporting pupil mental health needs in mainstream secondary schools*

**The researcher:** Lucy Flint, Trainee Educational Psychologist

#### **Invitation to take part in a research study**

This study will contribute to the Doctorate in Child, Community and Educational Psychology for the researcher, Lucy Flint. The following information sheet will tell you the rationale for the research, why it is being done and what is involved in participation. Please read the following information carefully and take time to consider if you would like to participate in this research.

#### **What is this study about?**

The aim of this study is to explore the lived experiences of lead pastoral staff identifying and supporting pupil mental health needs within mainstream secondary schools. Therefore the researcher is interested in speaking with you about your experiences of identifying and supporting mental health needs in a mainstream secondary school setting.

#### **Do I have to take part?**

No, participation in this study is entirely voluntary. Your decision to participate or not, will not affect your, or the school's current or future, professional working relationship with the local educational psychology service in which this research is taking place.

#### **What will taking part involve?**

Participation in the study will involve:

- Talking through this information sheet and ensuring the consent form has been completed. You will be provided with the opportunity to ask any questions you may have about the research.
- Completing a brief demographic information sheet regarding your gender and job role.

- Being interviewed about your experiences of identifying and supporting pupils' mental health needs. The interview will last 45 minutes. During the interview you will be asked a series of questions relating to your experiences of this topic. The interview will be audio recorded and the researcher will make some written notes.
- Following the interview, you will be provided with a 15 minute opportunity to debrief should you wish to ask questions or discuss concerns.

### **What are the potential benefits and costs of taking part in the study?**

The research itself may not be of direct benefit to you. However, if the findings are able to provide more information about pastoral staff's experiences of identifying and supporting mental health needs in schools, these may be used to inform educational psychology practice and training. The interview will be conducted at a convenient time for you, though will involve you volunteering your time to meet with the researcher. It is anticipated that the interviews will take place during school hours, therefore every effort will be made to conduct them at a time that causes the least disruption to you, your colleagues and pupils.

### **Data Protection and Anonymity**

Your personal information will be stored separately from the research data. All information stored will be done so in accordance to the local authority's information governance, data protection and confidentiality procedures. If there are concerns about imminent harm to the self or others, information will be passed on outside of the research team, to the local authority.

The interview will be audio recorded so that it may later be transcribed. The digital recordings will be stored in a locked cabinet prior to being transcribed, after which the digital recording will be deleted. A numerical coding system will be used to anonymise the data so that you will not be identifiable from the transcriptions. Quotations from the data may be used in the completed research which may be submitted for publication in journals and/or presentation at conferences. The small sample size of this study may have implications regarding anonymity. However, every effort will be made to ensure that you are not identifiable from the data you provide, meaning that details such as gender, may be changed to protect your anonymity. The only people to have access to the audio recordings prior to transcription will be the research team and potentially a transcription company.

### **Right to Withdraw**

Should you wish to withdraw from the research, at any time, before or during the interview you may do so without explanation. During the interview process you have the right to refuse to respond to any question without explanation, after which you

may continue to the next question or end the interview. You may request for your data to be withdrawn and destroyed **up to two weeks after the interview**.

### **Sharing Results**

The research findings will be sent to you, and to the other participants that took part in the study. As mentioned previously, the research may be submitted for publication in journals and/ or be presented at conferences.

### **Ethical Assurance**

The proposed research has received formal approval from the Tavistock and Portman Trust Research Ethics Committee (TREC).

If participants have any concerns about the researcher or any other aspect of this research project, they should contact Louis Taussig, the Trust Quality Assurance Officer [LTaussig@tavi-port.nhs.uk](mailto:LTaussig@tavi-port.nhs.uk) at the Tavistock and Portman Trust

OR

Dale Bartle, Research Supervisor, [DBartle@Tavi-Port.nhs.uk](mailto:DBartle@Tavi-Port.nhs.uk)

### **Further Information**

If you have further queries please do not hesitate to contact the researcher, Lucy Flint. These contact details may also be used if you consent to take part in the research but later chose to withdraw:

**Lucy Flint**  
**E-mail: [LFlint@Tavi-Port.nhs.uk](mailto:LFlint@Tavi-Port.nhs.uk)**

### Consent Form

**Name of researcher:** Lucy Flint

**Title of Study:** Exploring the lived experiences of pastoral staff identifying and supporting pupil mental health needs in mainstream secondary schools.

**Please read and complete this form carefully.**

1. I can confirm that I have read and understood the information sheet for the above study.

**Yes / No** (*please circle as appropriate*)

2. I understand that participation is voluntary and that I may withdraw from this study up to two weeks after the interview date.

**Yes / No** (*please circle as appropriate*)

3. I understand that any audiotape material will be used solely for the research purposes and be destroyed on completion of the transcription process.

**Yes / No** (*please circle as appropriate*)

4. I understand that the interview will be audio-recorded and that anonymous direct quotes may be used in the study reports.

**Yes / No** (*please circle as appropriate*)

5. I understand that my responses are subject to the legal limits of confidentiality.

**Yes / No** (*please circle as appropriate*)

6. I have read and understood the above and I agree to take part in the study.

**Yes / No** (*please circle as appropriate*)

Name of participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 12 – Interview schedule.

### Interview Schedule

#### Introduction and Questions (45 minutes)

- Introduce myself – background and role
- Look at information sheet – explain the content and purpose of the study
- Explain the interview process – ask permission to tape record and make written notes  
*“I’m going to ask you some questions; you may or may not have answers for all of these. That is not a problem, we can simply move on.”*  
*“Please feel free to ask me for clarification or interrupt.”*
- Discuss confidentiality and its limits – sign consent form and complete demographic form
- *“Do you have any questions before we begin?”*

### Role

**Question 1:** Please could you tell me what you do in your job role?

- *How would you describe your role?*
- *Can you tell me a bit about the school you work in?*

### Identifying

**Question 2:** Can you tell me about any experiences of identifying pupil mental health needs in your work?

- *Can you describe a recent experience of identifying pupil mental health needs?*
- *What was that like for you? Personal feelings towards this?*
- *In your experience, was anything helpful in that situation?*
- *In your experience, was anything less helpful in that situation?*

### Supporting

**Question 3:** Can you tell me about any experiences of supporting pupil mental health needs in your work?

- *Can you describe a recent experience of supporting pupil mental health needs?*
- *What was that like for you? Personal feelings towards this?*
- *In your experience, was anything helpful in that situation?*
- *In your experience, was anything less helpful in that situation?*

### Additional Comments

**Question 4:** Is there anything relevant to what we have discussed that you would like to add?

*\*General probes: Can you tell me a bit more about that? What do you mean by ‘X’? What was your view? What was that like for you?*

#### Debrief (15 minutes)

- Thank participant for their time
- *“Do you have any questions?”*

### Appendix 13 – Key to extracts.

The following table is a key to the verbatim extracts used in the main body of this thesis:

<b>Notation</b>	<b>Representing</b>
(pause)	Pause
(laugh)	Laugh
“ ...	Extract begins mid-sentence
...”	Extract ends mid-sentence
[ ]	Researcher added contextual information or anonymised information in the brackets
[...]	Researcher removed part of extract to aid readability

## Appendix 14 – Rich data extract.

Key: (green = descriptive comments) (blue = linguistic comments) (pink = conceptual comments) (grey = emergent themes)  
 Example: James' transcript

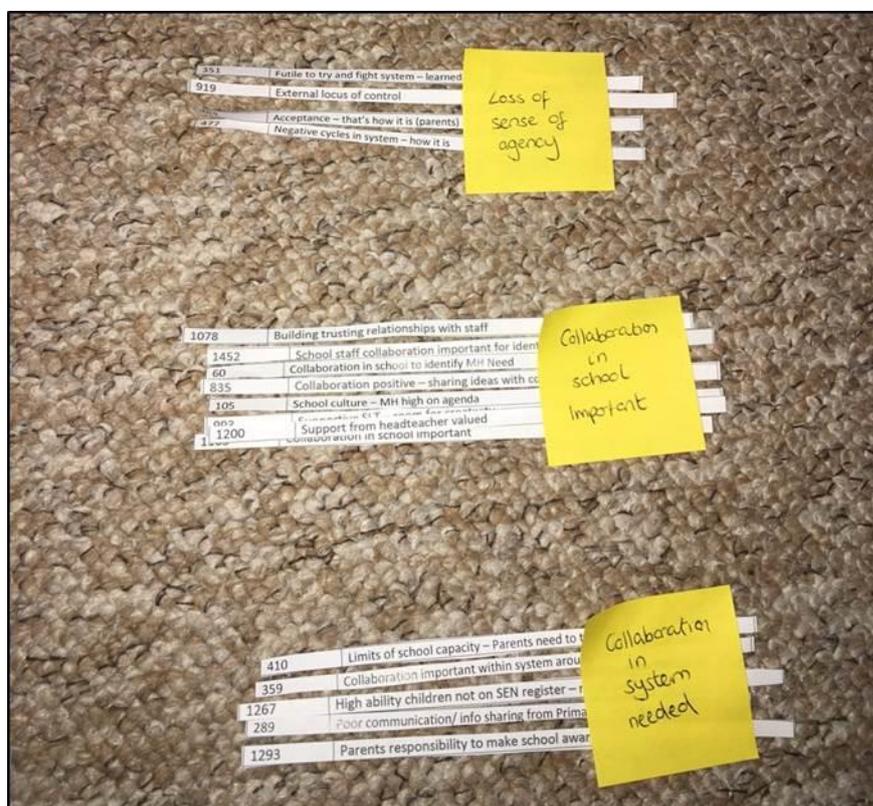
Feeling inadequate (unskilled)	351.			
	352.	P:	Initially it was, "Oh, I've <u>really</u> got no idea what to do here".	- Initially - things changed now? - Unsure what to do in that situation (student self-harm) <i>Feeling deskilled?</i>
Stocked (overwhelmed)	353.			
	354.			
PC coping mechanism - practical support?	355.	R:	Hmmhmm.	- use of 'really', adds emphasis to 'no idea' what to do. - to do - action, manage or 'deal with'?
	356.			
PC coping - humour	357.	P:	For, in that <u>split second</u> and then	- initial shock for 'split second?' <i>Shock?</i>
	358.		it's, okay, the practical side	- Additional sides - practical side <i>into pilot?</i>
Relationships with students - collaboration	359.		takes over, you know.	- 'you know' - seeking reassurance or agreement?
	360.			
Attempts to understand pupil mental health need.	361.	R:	Hmmhmm.	
	362.			
need	363.	P:	Stop dripping on my carpet,	- use of humour - defence against anxiety of not knowing what to do ... feeling stuck?
	364.		come on, <u>let's</u> go. (slight laugh)	- dripping - detail, graphic! <i>Graphic detail - memorable?</i>
	365.			
	366.	R:	Yeah.	<i>Let's</i> - we'll - going together - support? - other staff from school involved - nurse <i>collaboration? in school.</i> - talking from specific experience.
	367.			
	368.	P:	And <u>we'll</u> see the nurse, etc.	
	369.		Erm, but the particular young	
	370.		lady that I'm thinking of.	
	371.			
	372.	R:	Hmm.	
	373.			
	374.	P:	That this, this, is that <u>occurrence</u>	- hard to articulate thoughts? <i>pupil trusting of PC? explained / opened up?</i>
	375.		has happened, she also has, she	
	376.		says it's her way of controlling	
	377.		things because the voices in her	
	378.		head.	Understanding of why student may self-harm voices in head. <i>PC's understanding of mental health?</i>
	379.			
	380.	R:	Yeah.	
	381.			
	382.	P:	And <u>obviously</u> , we're in contact	<i>obviously</i> - to who? <i>Procedures - solid / known</i> - procedure in this situation?

Procedural support (CAMHS)	383.	with CAMHS.	- External agency involvement - CAMHS CAMHS referral
Feelings of lacking competence	384.	R: Okay.	
	385.	R: Okay.	
	386.	P: And, things like that, but...	
	387.	yeah, I just, I felt completely... at	- Talking to P's own feelings <sup>level of perceived competence?</sup> - 'completely' - emphasis on not knowing... last. - initially - change or learning now?
	388.	a loss of what to do <u>initially</u> .	
	389.	R: Yeah.	
	390.	R: Yeah.	
Only able to offer temporary support	391.	R: Yeah.	
	392.	P: And so I felt, all I was doing was	- all - sense of it not being enough/effective? - Perception of dealing with physical aspects - 'patching up' - temporary <sup>Physical vs. Mental</sup> - Distinction between physical and mental health
	393.	patching up the, the <u>physical</u>	
	394.	side.	
	395.	R: Hmmhmm.	
	396.	R: Hmmhmm.	
Distinction between physical and mental health	397.	R: Hmmhmm.	
	398.	P: You know, so I could wash, get	- Describes practical steps <sup>Control over situation</sup>
	399.	her arms cleaned up and etc. But	
	400.	I wasn't ever dealing	- reactive as opposed to proactive - control
	401.	with...the... the <u>causes</u> if you	- sense of not dealing <del>physical</del> actual MH
Competence offering physical support (reactive)	402.	like.	- issue/need.
	403.	R: Yeah.	- unsure of terminology (2x pauses)? <sup>understanding - unsure of 'causes'?</sup>
	404.	R: Yeah.	
	405.	P: Erm, and then it became <u>very</u>	- 'very clear' - no doubt
Learning through experience	406.	clear (laughs) that, actually, I am	- attempt? difficult to admit or laughing at own
	407.	not the <u>right person</u> to be able to	- attempts? right vs. wrong? PL stating not right person to deal with
	408.	do that.	underlying causes of MH needs. <sup>right vs. wrong? trained vs. untrained?</sup>
	409.	R: Okay.	
Working outside of remit	410.	R: Okay.	
	411.	R: Okay.	
	412.	P: 'Cause I haven't got the <u>skills</u> to	PL states they do not have the skills to deal with MH.
sense of right vs. wrong person feel unskilled	413.	R: Okay.	
	414.	P: 'Cause I haven't got the <u>skills</u> to	

Conceptualisation of role	<p>415. be able to do that.</p> <p>416.</p> <p>417. R: Okay.</p> <p>418.</p> <p>419. P: So <u>it's</u> about, signposting and, and supporting.</p> <p>420.</p> <p>421.</p> <p>422. R: Yeah.</p> <p>423.</p> <p>424. P: Where <u>we</u> can, but making sure that she, <u>she and</u> people like, like her are able to get help.</p> <p>425.</p> <p>426.</p> <p>427.</p> <p>428. R: Yeah.</p> <p>429.</p>	<p>Sees role as signposting and supporting role?</p> <p>Aware of level of competence?</p> <p>- use of 'we', more from talking about the self to pastoral team -</p> <p>- shared responsibility</p> <p>- Get students the help they need</p> <p>Role</p>
Level of skill of self and others - mental health	<p>430. P: From the professionals that, that have that skill.</p> <p>431.</p> <p>432.</p> <p>433. R: Hmmhmm. And what was that like in the moment, you said like at a loss and..?</p> <p>434.</p> <p>435.</p>	<p>Other professionals have that skill set 'that' skill - vague - what is the skill set? Is it unknown?</p> <p>Concept of a professional?</p> <p>Does PL see themselves as a professional?</p>
Extreme emotions evoked	<p>436.</p> <p>437. P: Oh it was <u>awful</u>.</p> <p>438.</p> <p>439. R: Yeah.</p> <p>440.</p> <p>441. P: I just... and because they, students... I'm sure it's students everywhere, but students here particularly...</p> <p>442.</p> <p>443.</p> <p>444.</p> <p>445.</p> <p>446. R: Hmmhmm.</p>	<p>More to emotional experience of PL. Awful - extreme feeling</p> <p>Extreme feelings/emotions</p> <p>3x pauses hesitant / hard to find words?</p> <p>Students - in school / all students</p> <p>Students in context.</p> <p>Students are distinct? special? key?</p>

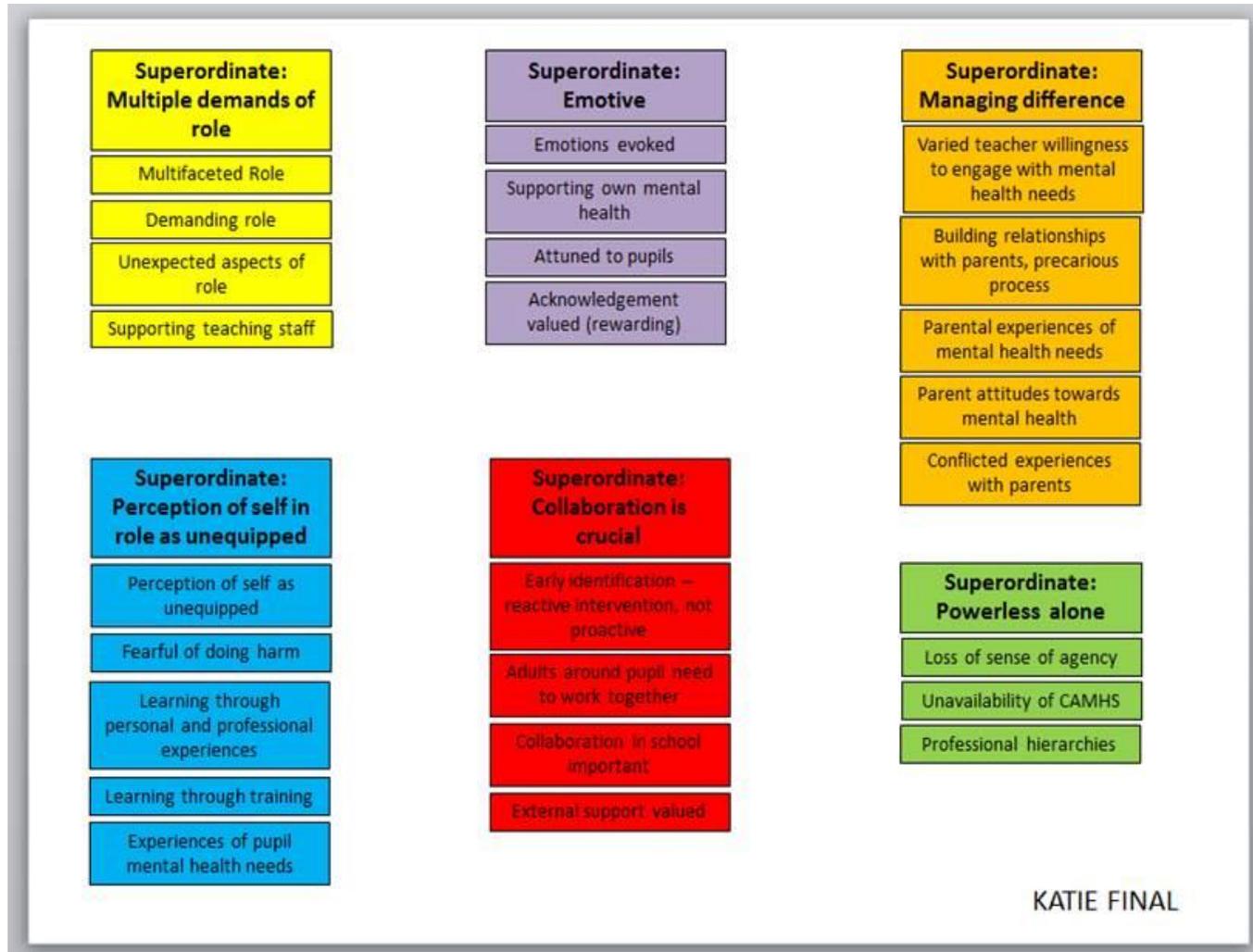
Trust in PL and pupil relationship	<p>447. 448. P: If they <u>trust</u> you, they <u>trust</u> you <u>complicity</u>... and it, and it's...</p>	<p>Student trust in school staff <u>Trust?</u> - <u>Emphasis</u> on trust and use of <u>complicity</u>. <u>Relationships</u> - responsibility?</p>
Student help seeking	<p>450. 451. R: Hmmhmm. 452. 453. P: You know, "I've come to you because you can help me", and I 454. felt that I'd <u>let them down</u>... 455. because I <u>couldn't help them</u>.</p>	<p>Student seek help - trusting relationship Emotional experience - guilt? disappointed? Unable to help. <u>Unable to meet student needs?</u></p>
Emotional experience	<p>456. 457. R: Yeah.</p>	<p><u>Wanting to be helpful</u> - support</p>
Benefits of supervision	<p>458. 459. P: So that was a, we talked about it in our supervision, erm, that 460. actually we <u>have</u> to recognise 461. that our <u>role only goes so far</u>, 462. and our <u>expertise only stretches so far</u>.</p>	<p><u>Supervision</u> <u>Collaboration</u> - <u>acceptance of limits?</u> <u>shore anchors</u></p>
Hard to acknowledge limits of own competence	<p>463. <u>so far</u>. 464. 465. R: Hmmhmm.</p>	<p>- recognise school pastoral role only goes so far... <u>Remit - stretched?</u></p>
- challenge of helping role	<p>466. R: Hmmhmm.</p>	<p>- <u>Expertise/skill</u></p>
Emotional exp of identification	<p>467. P: Erm, but, but yeah, it was, it was quite <u>shocking</u>. I just, 'cause it's 468. not what you would <u>expect</u> to see when you're in school.</p>	<p>- <u>stretches</u> - needing to extend beyond <u>expertise</u>? <u>remit?</u> - Emotional experience - feelings of shock - 'shocking' - unexpected in context. - context of a school</p>
Expectations of role vs. experience	<p>469. R: No.</p>	<p>Expectation vs. reality of job? <u>Misconception of school life experienced</u></p>
	<p>470. P: But, er.</p>	
	<p>471. R: And you say that you have</p>	
	<p>472. 473. 474. 475. 476. 477. 478.</p>	

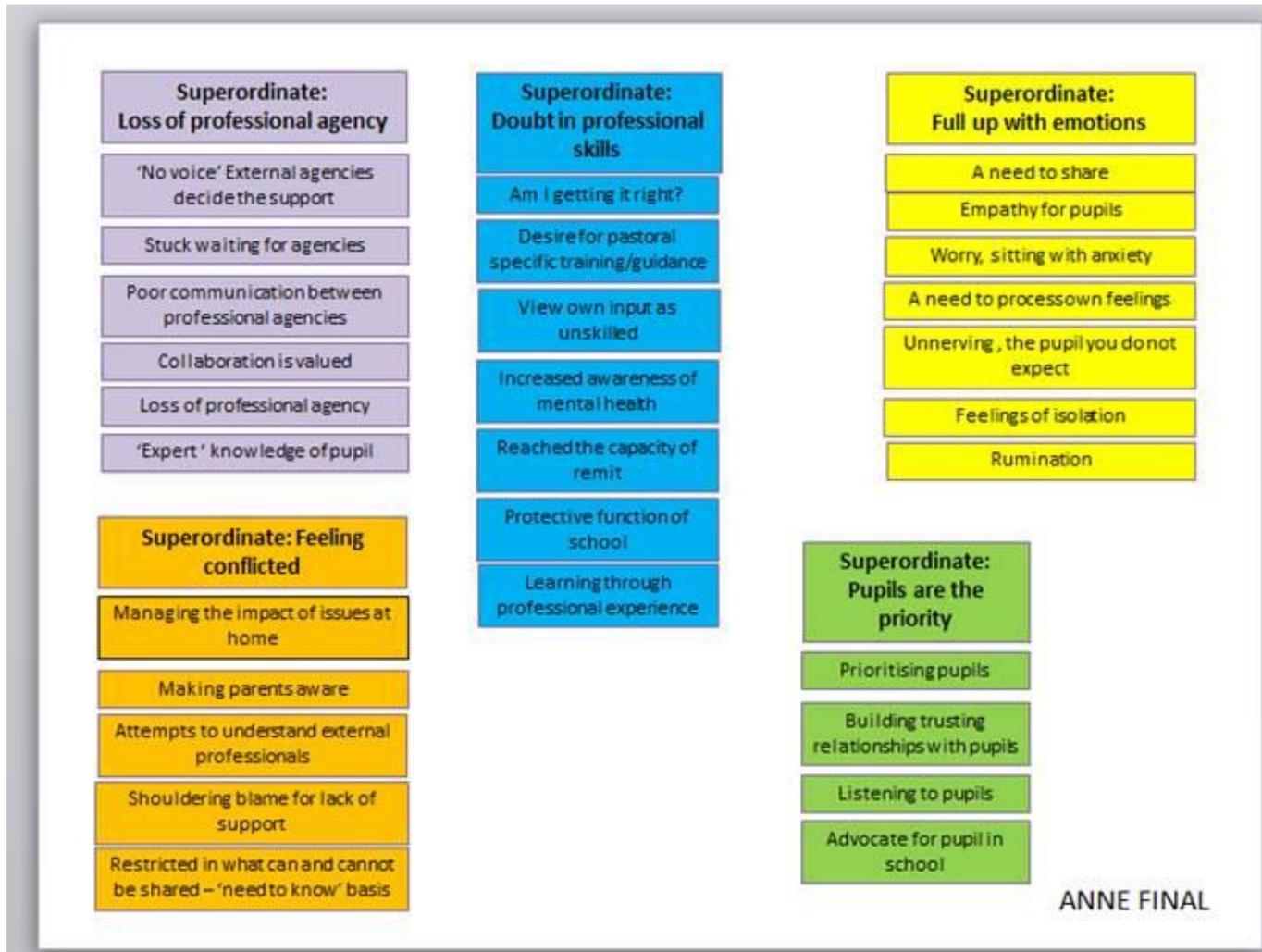
## Appendix 15 – Looking for connections across emergent themes (Katie).

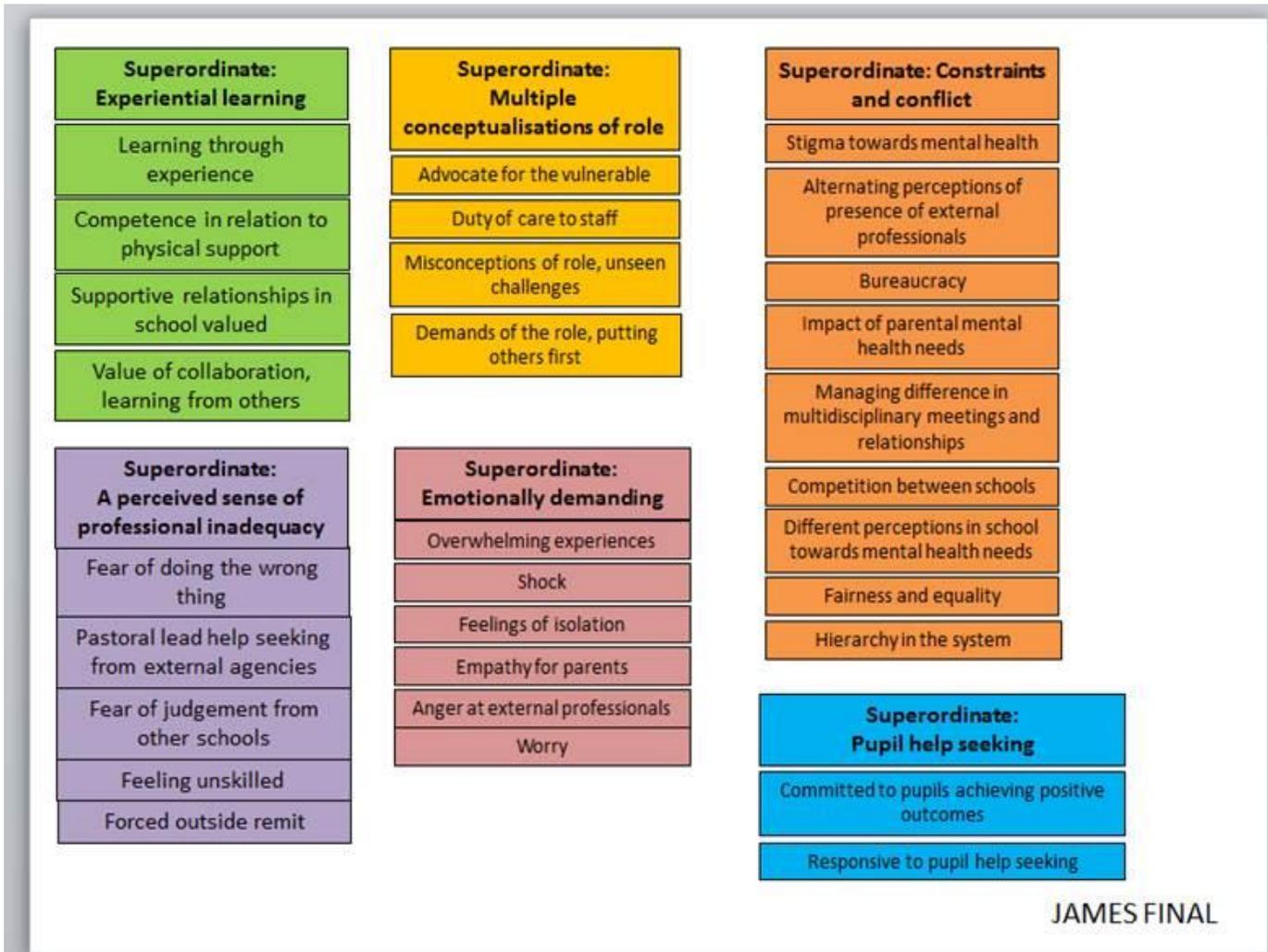


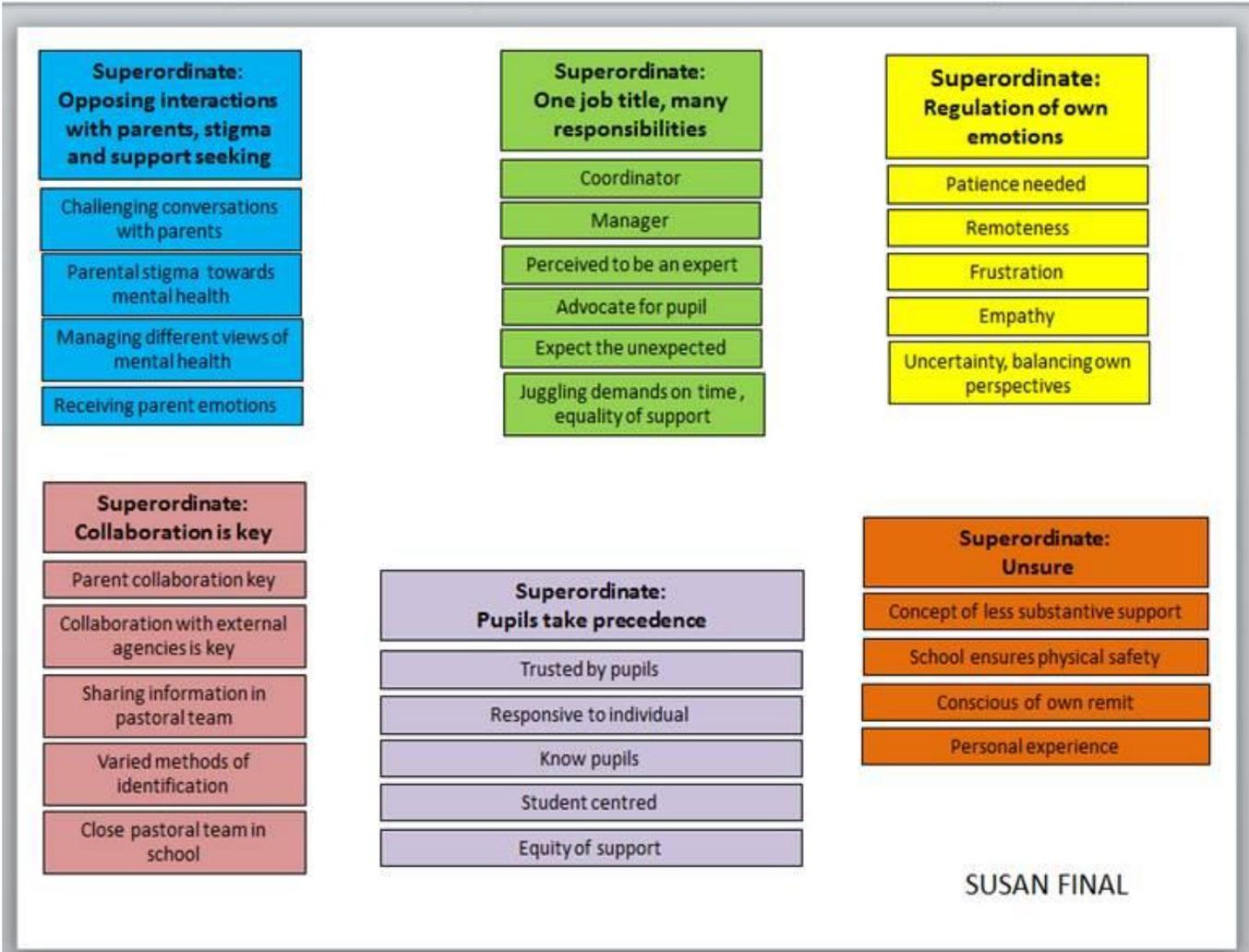
The emergent themes were grouped to create subordinate themes. Subordinate themes were written onto yellow post-it notes and then collated into a PowerPoint document. The researcher switched from using paper post-it notes to ‘electronic’ post-it notes (text boxes in PowerPoint) so that spatial representations of how the subordinate themes may relate to each other could be explored and colour coded more easily.

Appendix 16 – Subordinate to superordinate themes.









Appendix 17 – Table of themes.

<b>Overarching Theme One: Multiple Conceptualisations of Role</b>				
<b>Participant</b>	<b>Katie</b>	<b>Anne</b>	<b>James</b>	<b>Susan</b>
<b>Superordinate Theme(s)</b>	<b>1. Multiple demands on role</b>	<b>1. Pupils are the priority</b>	<b>1. Multiple conceptualisations of role 2. Pupil help seeking</b>	<b>1. One job title, many responsibilities 2. Pupils take precedence</b>
<b>Synthesised Themes</b>	<b>Evidence – Line Numbers</b>			
<i>Misconceptions of the role, perceived by the self and others</i>	1056-1062	319-327	469-472 1335-1351	
<i>Duty of care towards school staff</i>	1062-1066	1460-1479	1862-1877	
<i>An advocate for the vulnerable</i>	322-332 465-474	1267-1278 683-673	1634-1645 689-695	
<i>Dedication to prioritising pupils</i>	1066-1013	72-79	1542-1549	641-653 653-658

<b>Overarching Theme Two: A Myriad of Emotion</b>				
<b>Participant</b>	<b>Katie</b>	<b>Anne</b>	<b>James</b>	<b>Susan</b>
<b>Superordinate Theme(s)</b>	1. Emotive	1. Full up with emotions	1. Emotionally demanding	1. Regulation of own emotions
<b>Synthesised Themes</b>	<b>Evidence – Line Numbers</b>			
<b><i>Shock</i></b>	589-596	1142-1151	279-285	
<b><i>Frustration and anger</i></b>	159-171	597-693 850-854 479-482	568-606	504-510
<b><i>Isolation</i></b>		517-519 268-286	2455-2458	206-210
<b><i>Worry and rumination</i></b>	730-733	248-254 1656-1663 407-415	2493-2495	
<b><i>Attempts to manage the emotional experience</i></b>	464-468	800-802 719-739	1358-1368	514-519

<b>Overarching Theme Three: Constraints and Conflict</b>				
<b>Participant</b>	<b>Katie</b>	<b>Anne</b>	<b>James</b>	<b>Susan</b>
<b>Superordinate Theme(s)</b>	1. Managing difference 2. Powerless alone	1. Feeling conflicted 2. Loss of professional agency	1. Constraints and conflict	1. Opposing interactions with parents, stigma and support seeking
<b><i>Synthesised Themes</i></b>	<b>Evidence – Line Numbers</b>			
<b><i>Conflict in the culture of education</i></b>	1389-1400	1429-1440 1514-1527 1387-1398	2432-2448, 2014-2023 11747-1756, 1658-1671 1835-1840	1056-1061
<b><i>Precarious relationships with parents</i></b>	1347-1351, 1360-1373, 396-407, 440-445	681-695 641-656	1179-1193, 1079-1081, 1046-1052, 1079-1081, 1206-1215	902-911, 971-975, 409-422
<b><i>Oscillating views of external agencies</i></b>	182-188 246-254	615-618	2214-2223	431-441
<b><i>Power and Hierarchy in the System</i></b>	774-775 305-328 330-347	493-517 536-539	2140-2172 2377-2382 2412-2418 691-714	

Overarching Theme Four: Remit				
Participant	Katie	Anne	James	Susan
Superordinate Theme(s)	1. Perception of self in role as unequipped 2. Collaboration is crucial	1. Doubt in professional skills	1. A perceived sense of professional inadequacy 2. Experiential learning	1. Collaboration is key 2. Unsure
Synthesised Themes	Evidence – Line Numbers			
<i>Feeling Unskilled</i>	796-806 606-615	1728-1742 391-393 175-184	2470-2473 388-395 407-415	568-573 448-453
<i>Experiential Learning</i>	506-509 491-496 639-652	258-260	1567-1572 1590-1595	529-536
<i>Collaboration is Key</i>	1186-1201 1266-1278 71-82	410-414 361-368 1663-1681 368-381	1368-1381 2291-2299	383-392 210-214 1024-1034

**Appendix 18 – Leading questions.**

In the following examples, P refers to the Participant speaking and R refers to the Researcher speaking:

Katie Lines 115-127

P: So it, it, while it seems to be on the increase, the support's there as well, so that's quite (pause) I feel quite good about that.

R: Okay. And I mean, when you say good, is that in terms of you feel supported or..?

P: I feel supported, but I also feel that if there is an issue, we can get help.

Anne Lines 579-592

R: Yeah, and I guess, kind of when you were talking there, two things came up for me, about the kind of sitting and waiting.

A: Yeah.

R: Erm... yeah, I'm just curious like, what that's like, and in, in a school such as this, with 450 pupils, what it's like to kind of wait, and..?

A: Well, it is frustrating.

## **Appendix 19 – Research diary extract.**

### Pilot interview – July 2016

The pilot interview was intended to allow me to practise the reduced number of semi-structured interview questions. The choice to reduce the number of questions asked was made following a supervision in which my supervisor and I discussed the initial lengthy number of questions which included exploring professional involvement, what helps and what hinders the process. My supervisor suggested an unstructured interview schedule but I was intimidated by this option. We discussed the importance of keeping the schedule open and so I settled on four questions – the best of both worlds?

In the pilot interview I was particularly interested in whether the participant found the questions leading and the timescale within which they were completed. I was surprised at how quickly the interview slot, 45 minutes, seemed to pass. The questions appeared sufficiently open, what appeared to be more pertinent was my use of the probes and prompts to encourage the participant to elaborate on their experiences. Throughout the process I was incredibly cautious about being leading which stifled my approach to the interview initially. I recalled my supervisor's guidance to "get interested" and after the initial nerves subsided, I found myself enjoying the interview process. This seemed to relax the pilot interviewee too. I also realised the importance of clearly displaying the time, so that my checking of it would not discourage the participant's talking or rupture the rapport. I decided to place my watch on the desk in future interviews as opposed to on my wrist, as this would make viewing the time more accessible.

Next steps? Having discussed the interview questions with my supervisor and completed the pilot interview, I will present my questions to fellow trainees also completing IPA studies before arranging the first interview.

### Analysis - January 2017

As advised by Smith et al. (2009) I am going to start analysing the interview I found the most detailed and engaging.

Thoughts:

- The participant sounds like they are enjoying themselves. Keen to share more.  
How often do they get the opportunity to be heard?
- Lots of automatic thoughts emerging: ideas, gender and mental health, educational experiences, the attitudes of others occurring again and again.  
Bracket these off!
- TEP hat keeps emerging. Evoked a sense of wanting to help with solutions.  
Paused tape. I am listening as a researcher.
- Listening to the tapes brings the transcripts alive. Listen again!

Reflections? It was uncomfortable to listen to my voice at first as I checked through the transcript. Taking a coffee break helped. Whilst listening to the interview I noticed the participant talking more freely about their experiences, and my probes and prompts became less frequent. The interview seems rich as lots of topics were covered. This is reflected in my initial noting – I have written a lot?! Too much? No. I have a duty to reflect the experience of the participant. I do not want the analysis to be considered in any way rushed or brief. As my supervisor says, “stay with the process”...

Reflections on attending the London IPA Group – February 2017

I was nervous to ‘introduce’ my research to the outside world... The group was a mix of people from different institutions across London. Some PhD students and others completing master’s degrees. I sat next to a woman completing her PhD, based on a topic related to education but she was not training to be an EP. She saw my transcript notes over my shoulder and asked to take a look. I was taken aback by both my ability to explain my thinking and my recollection of Smith et al. (2009) guidance – good viva prep?! The woman asked about my rationale for printing the transcript and I explained the volume of comments I was making made it challenging to align them to the line numbers using a Word document. Since I had her attention, I asked her what she thought of the initial noting to emergent theme ‘links’ on the page we were looking at. I was pleased by her feedback. She felt the notes captured ‘the experience’ and were incredibly detailed. I said it took me a long time and she reassured me that’s typical of the analysis process. I left the group feeling reassured and motivated to stick with the many, many pages...

**Appendix 20 – Data CD-ROM.**

## Contents:

1. Anonymised transcripts for each participant
2. List of emergent themes for each participant