School of Psychology

Exploring Educators' Viewpoints on Supporting their Pupils' Mental Health: A Q methodological Study

Isobel Fay Pritchard BA (Hons)

Thesis submitted to the University of Nottingham

for the degree of

Doctor of Applied Educational Psychology

May 2021

Table of Contents

List of Tables ... 5
List of Figures ... 6
Glossary of Acronyms ... 7

ACKNOWLEDGEMENTS ... 9

ABSTRACT ... 10

1. INTRODUCTION ... 11

1.1 Personal and Professional Motivations for this Research ... 11
1.2 Broader Social and Economic Context of this Research ... 12

2. LITERATURE REVIEW ... 13

2.1 Introduction to the Literature Review ... 13
2.2 What is meant by "Mental Health"? ... 13
2.3 The Status and Significance of Young People's Mental Health ... 16
2.4 Schools on the Frontline of Pupil's Mental Health ... 18
2.5 The Importance of Staff Views ... 24
2.6 The Role of Educational Psychologists in Supporting Frontline Educators ... 29
2.7 Systematic Literature Review ... 31
2.7.1 Objective of this Review ... 31
2.7.2 Methods of Study Selection and Screening ... 31
2.7.3 Quality Appraisal ... 43
2.7.4 Synthesis of Findings ... 46
2.7.5 Limitations to this Review ... 50
2.7.6 Review Conclusions and Implications for Future Research ... 51
2.8 Introduction to the Current Research ... 53
2.8.1 The Research Question ... 53
2.8.2 Contribution to Existing Literature ... 53
2.9 Summary of the Literature Review ... 55

3. METHODOLOGY ... 56

3.1 Introduction to the Methodology ... 56
3.2 Background to Q methodology ... 56
3.2.1 Q methodology: Overview and Aims ... 56
3.2.2 Q methodology: Origins ... 56
3.2.3 Q methodology: Procedure ... 57
3.3 Epistemological Positioning ... 61
3.4 Advantages and Limitations of Q methodology ... 63
3.5 Selection of Q methodology for this Research ... 66
3.6 Methods Employed in this Research ... 67
3.6.1 Moving the Research Online ... 67
3.6.2 Participant Recruitment ... 70
3.6.3 Procedure for Data Collection ... 74
3.6.4 Ethical Considerations ... 79
3.6.5 Data Analysis & Interpretation ... 81
3.6.6 Measures to Enhance Validity ... 81

3.7 Summary of the Methodology ... *84*

4. RESULTS ... 85

4.1 Introduction to the Results ... *85*
4.2 Data Preparation ... *85*
4.3 Factor Extraction ... *85*
4.4 Determining factors selected for retention ... *88*
4.5 Factor Rotation ... *92*
4.6 Generating Factor Estimates and Arrays ... *95*
4.7 FACTOR INTERPRETATION ... 99
4.7.1 Methods of Interpretation ... *99*
4.7.2 Viewpoint 1 - It's our duty: Well-positioned, well-equipped and highly motivated ... *102*
4.7.3 Viewpoint 2 - Help us to help them: The need for training, capacity and collaboration ... *107*
4.7.4 Consensus Statements ... *112*
4.7.5 Confounded Q-sorts ... *115*
4.8 Summary of the Results ... *117*

5. DISCUSSION ... 118

5.1 Introduction to the Discussion ... *118*
5.2 Summary of the Research Findings ... *118*
5.3 Exploration of Current Findings in Relation to Previous Literature ... *119*
5.4 Strengths and Limitations of this Research ... *138*
5.5 Implications for Professional Practice ... *146*
5.6 Implications for Future Research ... *151*
5.7 CONCLUSIONS ... 154

REFERENCES ... 156

APPENDICES ... 185

APPENDIX A: PAPERS EXCLUDED FROM SLR FOLLOWING FULL-TEXT ANALYSIS ... 185
APPENDIX B: PROCESS OF QUALITY APPRAISAL IN THE SYSTEMATIC LITERATURE REVIEW ... 187
APPENDIX C: SLR STUDY WEIGHTINGS USING THE WOE/TAPUPAS FRAMEWORKS . 192
APPENDIX D: PROCESS USED TO CONDUCT THE NARRATIVE SYNTHESIS ... 193
APPENDIX E: SELECTING THE Q-SORT SOFTWARE ... 196
APPENDIX F: TEMPLATES FOR STAKEHOLDER RECRUITMENT MATERIALS ... 197
APPENDIX G: TEMPLATES FOR PARTICIPANT RECRUITMENT MATERIALS ... 202
APPENDIX H: QUESTION PROMPT FOR SAMPLING THE CONCOURSE ... 207
APPENDIX I: PROCESS OF Q-SET CREATION ... 210
APPENDIX J: THE FINAL Q-SET ... 215
APPENDIX K: STEPWISE INSTRUCTIONS UPLOADED TO VQMETHOD ... 219
APPENDIX L: QUESTIONNAIRE FOR PILOTING ... 221
APPENDIX M: SUPPLEMENTARY Q-SORT ACTIVITY INSTRUCTIONS ... 224
APPENDIX N POST-SORT QUESTIONNAIRE ... 227
APPENDIX O: LETTER CONFIRMING ETHICAL APPROVAL ... 228
APPENDIX P: CONSENT FORMS ... 230

APPENDIX Q: DEBRIEFING LETTERS 233
.. 233
APPENDIX R: CRIB-SHEETS FOR FACTOR INTERPRETATION (WITH ANNOTATIONS) 234
APPENDIX S: COLLABORATIVE VIEWPOINT NAMING WITH 2 RATERS........................... 241

List of Tables

Table 1.1: A table providing definitions of key acronyms used throughout this thesis. 7

Table 2. 1: A table showing the inclusion and exclusion criteria determining eligibility in the systematic literature review. 33
Table 2. 2: A table summarising key characteristics of the studies included in this systematic literature review. 37
Table 2. 3: A table to show the criteria determining study weightings within the systematic literature review. 44

Table 3. 1: A table displaying participant information for the school staff who completed the Q-sort activity. 73
Table 3. 2: A table outlining key threats to validity in this research and strategies for managing them. 82

Table 4. 1: A table summarising the factor loadings, eigenvalues and percentage variance explained for the seven unrotated factors extracted using CFA................ 87
Table 4. 2: Criteria for factor retention and their respective recommendations for the number to retain from this data set. 92
Table 4. 3: A table displaying the final rotated two factor solution with their significantly loading Q-sorts, eigenvalues and percentage variance explained........ 94
Table 4. 4: A table showing the z-scores and factor array rankings for each item in the Q-set. 96
Table 4. 5: A table summarising participant information for the three confounded Q-sorts. 116

Table 5. 1: A table to summarise Tracy's (2010) 'big-tent' criteria for excellent qualitative research, with brief descriptions of how they are assessed. 139

List of Figures

Figure 2. 1: Han & Weiss's (2005) model for school-based programme sustainability (p.674).. 28
Figure 2. 2: A PRISMA flowchart summarising included and excluded articles during each stage of screening in the systematic literature review. 35

Figure 3. 1: A figure exemplifying a normal distribution Q-sort grid onto which a 60-item Q-set is arranged.. 60
Figure 3. 2: A figure illustrating a participant Q-sorting printed statements onto a paper grid (as shown in Ellingsen *et al.*, 2014)... 68
Figure 3. 3: A figure to show the normal distribution grid on VQMethod as seen by participants. (Statements were pre-sorted into the boxes at random to create this exemplar). 77

Figure 4. 1: A scree plot charting the eigenvalues for the eight factors extracted via Principal Components Analysis.. 90
Figure 4. 2: A factor array depicting the prototypical item rankings for Q-sorts loading onto Factor 1... 102
Figure 4. 3: A factor array depicting the prototypical item rankings for Q-sorts loading onto Factor 2... 107

Figure 5. 1: A figure depicting Ryan & Deci's (2000) Continuum of Motivation and Regulation.. 122
Figure 5. 2: Shelemy and colleagues' (2019b) theoretical model of teachers' experiences when supporting students with their mental health. 130

Glossary of Acronyms

Throughout this thesis I have used terms which are commonly abbreviated within education (and some other related fields). For ease of reference I have collated their meanings in Table 1.1.

Table 1.1: A table providing definitions of key acronyms used throughout this thesis.

Acronym	Refers to…
CAMHS	Child and Adolescent Mental Health Services
CPD	Continuing Professional Development
EHWB	Emotional Health and Wellbeing
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychologist
EPS	Educational Psychology Service
HLTA	Higher Level Teaching Assistant
LA	Local Authority
Ofsted	Office for Standards in Education, Children's Services and Skills
PSHE	Personal, Social, Health and Economic education
SEMH	Social, Emotional and Mental Health
SEND	Special Educational Needs and Disabilities
SENDCo	Special Educational Needs and Disabilities Co-ordinator

TA	Teaching Assistant *Note that in this thesis 'TA' will be used as an umbrella term for ancillary classroom staff, subsuming titles such as Learning Support Assistant and Learning Mentor.*
TEP	Trainee Educational Psychologist

Acknowledgements

I would like to take this opportunity to sincerely thank those who have supported me during this 3-year doctoral programme:

- Dr Sarah Atkinson and all the DAEP Tutor team for their guidance, insight and empathy throughout our training.
- Cohort 13 for their limitless peer support and for bringing so much fun and humour to this experience. Special thanks to Kirsty and Matt, the wonderful 'Q-Crew', for their invaluable feedback during this thesis.
- Dr Natalie Bradbury and my colleagues within the host Educational Psychology Service, for providing such a welcoming and inspiring professional placement.
- The school staff who gave up their valuable time (during particularly challenging circumstances), to share the perspectives that made this research possible.
- Mum, Gary and Heather whose love, support and belief in me keep me going through any challenge.
- James - for being there for me in countless ways from A-level psychology to the end of this doctorate. I am so grateful to you, and happy that we (finally!) have the time to get married.

Abstract

Evidence of declining mental health among children and young people in the UK has become a focus of increasing socio-political concern (NHS Digital, 2018; Weale, 2019; Newlove-Delgado *et al.*, 2021) . Mental health difficulties in this age group are detrimental to academic success (Deighton *et al.*, 2018) and associated with negative long-term impacts upon adult health, income and marriage stability (Jokela *et al.,* 2009; Goodman *et al.*, 2011). Government publications have consequently sought to promote schools as universal providers of tier one mental health support (DoH & DfE, 2017; DfE, 2018a). However, the success of educational reforms is moderated by their acceptability and feasibility to the frontline staff tasked with implementation (Assor *et al.,* 2009).

Stephenson's (1935) Q methodology was used to explore the holistic viewpoints educators share around their involvement in school-based mental health provision. Twenty-two members of primary and secondary school staff (including teachers, headteachers and teaching assistants), completed an online activity ranking 61 views on this topic in line with their own level of agreement. By-person factor analysis clustered participants with similar patterns of item rankings, facilitating identification of two distinct viewpoints among the group. These were interpreted and named as follows:

1) It's our duty: Well-positioned, well-equipped and highly motivated
2) Help us to help them: The need for training, capacity and collaboration

Qualitative characteristics of these viewpoints were discussed in relation to wider literature and implications for policy and practice. School staff's divergent levels of confidence in their provision suggested a continued need for more equitable access to quality-assured mental health training, tailored to their role and purposes. External professionals with expertise in child psychology and implementation science could also be further mobilised in supporting educators to identify vulnerable pupils and robustly measure the impact of their work.

1. Introduction

1.1 Personal and Professional Motivations for this Research

My interest in this topic was originally inspired by work as a teaching assistant. I thoroughly enjoyed being part of a team supporting young people with a range of additional needs. However, the issues most likely to 'come home' with me were those involving mental health; the young people whose distress and negative self-concept did not appear a transient reaction to trying circumstances, but an ingrained pattern of thinking and feeling. No matter what support we provided, I was left with persistent worries that I should have done something different, provided more, or perhaps stepped back and done less. I was aware of government guidelines and the tiered response that we as a school were part of. However, it felt as though the roles and boundaries were less defined in context than they initially appeared on paper. I remember looking at my colleagues and wondering if they carried the same concerns.

During first year on placement in an Educational Psychology Service (EPS), I shadowed a supervision for school staff who had trained as Emotional Literacy Support Assistants (ELSAs). Hearing their experiences and the barriers they were facing raised issues I had not previously considered, demonstrating the importance of listening before advising.

I developed an aim to explore the commonalities and differences in how frontline educators perceive their involvement with young people's mental health. In doing so, I hoped to increase my understanding of how to support school staff in a way that is tailored to their needs, priorities and experiences.

For reasons detailed in Chapter 3, Q methodology felt well-suited to what I hoped to achieve with this research. It uses statistical analyses to manifest holistic accounts of invisible and internally held beliefs and opinions. I personally valued its application of objective, systematic procedures while still respecting and embracing the inherent subjectivity of the people that it studies.

1.2 Broader Social and Economic Context of this Research

I began planning and developing this research in June 2019, with data collection occurring at various points during May 2020-March 2021. In March 2020, the World Health Organization announced that the viral outbreak of SARS-CoV-2 (also known as COVID-19 and coronavirus) had become a global pandemic. The pandemic remains ongoing at the time of submission and has resulted in significant social and economic disruption. This includes several periods of national lockdown, in which schools were closed to all but vulnerable pupils and the children of key workers.

For future readers it is therefore important for me to acknowledge the unusual context in which this research took place. At various points throughout this account I will refer to the coronavirus pandemic and its associated restrictions, to elaborate on the ways it has inevitably shaped my design and decision-making.

2. Literature Review

2.1 Introduction to the Literature Review

This chapter critically reviews existing literature germane to the focus of this research. I begin by acknowledging ongoing debate around the definition of mental health before clarifying its use within this study. I then explore concerns around young people's mental health and evaluate how they have been addressed within UK educational policy. This is followed by discussions of how teachers' views can influence the success of school-based initiatives, and the role for educational psychologists in supporting frontline staff. The chapter concludes with a systematic review of previous literature which investigates how school staff view their involvement with pupils' mental health. Consideration of their findings and limitations revealed key implications for how this research can valuably contribute within this topic area.

2.2 What is meant by "Mental Health"?

2.2.1 Difficulties defining mental health

Despite extensive exploration of the factors which influence our mental health, a universal definition remains elusive. Jahoda (1958) proposed six criteria for positive mental health; self-actualisation, autonomy, positive attitude towards the self, resistance to stress, environmental mastery and an accurate perception of reality. However, these have been criticised as culturally biased towards Western individualistic values (Murphy, 1978) and liable to fluctuate between contexts. To exemplify their point Galderisi and colleagues (2015) wrote that an otherwise mentally healthy person living "in the hands of terrorists, under the threat of beheading" (p.231) is unlikely to experience a sense of mastery. It has therefore been suggested that mental health is too enmeshed with the subjective constructs of 'success' and 'normality' to fully transcend specific cultural contexts (Weare, 2000; Burton *et al.*, 2014).

Yet widespread use of the term by researchers, politicians and the media suggests that it conveys a core of shared meaning. Huppert (2014) highlights some convergence on the view that mental health must encompass feeling good and functioning well (Keyes, 2002a; Marks & Shah, 2005; Seligman, 2011). This dual

construct has been conceptualized as hedonic and eudaimonic wellbeing. Hedonic wellbeing reflects the experience of pleasure and positive emotions, while eudaimonic wellbeing denotes a sense of meaning, self-fulfillment and successful functioning (Di Fabio & Pallazzeschi, 2015).

Some mental health difficulties in response to changing life circumstances can be considered normal. The diagnostic constructs of mental *disorder* and mental *illness* reflect a more sustained or habitual pattern of negative thoughts and feelings which cause significant distress and impair personal functioning (Bolton, 2008).

2.2.2 Overlaps between mental health, SEMH and wellbeing

The 2015 SEND Code of Practice adopted the term ‘Social, Emotional and Mental Health’ (SEMH) to describe a category of need previously referred to as Behavioural, Emotional and Social Difficulties. While I fully support this emphasis on the unmet social and emotional needs underlying challenging behaviours (Nasen, 2015), I have avoided using SEMH within this account to avoid implying that social and mental health needs must always co-occur. For example, social communication difficulties are associated with Autism Spectrum Disorder, but people with this disorder do not universally struggle with persistent negative emotions and impaired daily functioning. Therefore, while autism is recognised to increase the *risk* of mental health difficulties (Lai *et al.*, 2019) it should not be considered synonymous with them. Conversely, someone struggling with aspects of their mental health might continue to successfully navigate social situations.

Mental health and wellbeing have proved difficult to tease apart, with many authors using the terms interchangeably (Weare, 2000; Maynard & Harding, 2010). Their equivalence is also implied by services such as ‘Let’s Talk Wellbeing’ (National Health Service, 2021) which offer psychological assessment and treatment for “mild to moderate mental health problems.” The term wellbeing arguably helps highlight the need to actively promote good mental health, rather than assuming it is passively achieved through the absence of symptomatic illness. Huppert (2014) summarizes “Wellbeing is more than the absence of illbeing, just as health is more than the absence of disease” (p.3). Some publications (Huppert & Cooper, 2014; Mind, 2020) amalgamate the terms into ‘mental wellbeing.’ Keyes (2002b) proposed that mental

health is an overarching construct comprised of three sub-types of wellbeing: emotional, psychological and social.

2.2.3 School staff's perceptions of mental health

Ekornes and colleagues' (2012) study of Norwegian teachers found that the majority regarded mental health as an unfamiliar and negatively loaded term. Teachers of lower grades were the most likely to use wellbeing as a more agreeable alternative. Danby and Hamilton (2016) found similar perceptions among a limited sample of Welsh teachers, who were described as unanimous in their view that mental health felt too diagnostic and stigmatizing to use with children.

However, I decided not to forego the use of 'mental health' in this research. It is my hypothesis that attitudes have shifted in response to more recent government publications such as '*Transforming children and young people's mental health provision: A green paper*' (Department of Health & Department for Education, 2017) and *'Mental Health and Behaviour in Schools'* (2018a). Media coverage of a "Mental health crisis" among young people (Weale, 2019; Schraer, 2019) and initiatives such as Mentally Healthy Schools (Anna Freud Centre, 2018) have also likely contributed to popularizing the term. I therefore believe it is important for this study to use language which is consistent with the socio-political discourse that it asks participants to respond and contribute to.

2.2.4 Use of 'mental health' within this study

For the sake of clarity, Q methodological research is advised not to explore diverse *understandings* of a subject at the same time as diversity in *responses* to it (Watts & Stenner, 2012). Therefore, it is important that participants are presented with a unifying definition of mental health before expressing their opinions on the subject. As a study of people's viewpoints, it is necessary to strike an appropriate balance between technical accuracy and popular understanding. To operationalise mental health within this study I adopted the following definition:

> "A state of emotional and psychological wellbeing which enables you to fulfil your potential, be part of your community and cope with the everyday stresses of life."
> (Mental Health Foundation, 2016)

This was felt to capture captured the emotional and functional elements of mental health established in the literature, while using succinct and accessible language. Wellbeing and mental wellbeing are occasionally used for the sake of semantic variation, which is consistent with an established precedent among key authors, charitable and health organizations.

Though emotional health and emotional wellbeing reflect a specific component of mental health within Keyes' (2002b) typology, I have used this in some Q-set items to remind participants that we were discussing a holistic definition of mental health, rather than the purely psychiatric one previously perceived by some school staff (Ekornes *et al.,* 2012; Danby & Hamilton, 2016). However, I make the explicit caveat here that their use is complimentary rather than fully interchangeable.

2.3 The Status and Significance of Young People's Mental Health

The scale of mental health difficulties impacting young people has amassed concern over the past two decades (World Health Organization, 2003; Fink *et al.,* 2015; YoungMinds, 2018a). The incidence of psychological disorders among 5-19-year olds has increased, with one in eight young people now experiencing some form of mental illness at a clinically significant level (NHS Digital, 2018). Research suggests that greater numbers of young people are exhibiting self-harm and suicidal ideation (Griffin *et al.*, 2018), with adolescents' rates of hospitalisation for self-caused injury doubling between 1997 and 2017 (NHS Digital, 2018). Children are reporting lower happiness levels than previous generations (Patalay & Fitzsimmons, 2017), and in one survey two thirds of primary-aged children described themselves as worrying "all the time" (Place2Be, 2017). ChildLine, the helpline funded by the National Society for the Prevention of Cruelty to Children, received a 12% increase in calls between 2018-2019. Forty-five percent of these calls were related to mental health, with more children calling about a generalised sense of unhappiness or anxiety than to report specific issues regarding bullying and family relationships (NSPCC, 2019).

Factors suggested to underpin this apparent decline in young people's wellbeing have included the impact of high social media use (Twigg *et al.,* 2020), increased academic pressures (Hutchings & Kazmi, 2015), the impact of austerity on systemic support (Cummins, 2018) and declining sleep quality (Smaldone *et al.,* 2007).

Children with additional learning needs, those from impoverished backgrounds (Public Health England, 2016) and adolescent girls (NHS Digital, 2018) have been identified as particularly vulnerable. A large-scale survey by The Children's Society (2019) found significant decreases in young people's happiness with school, friendships and life as whole. Happiness with family remained the same, as had happiness with school*work*.

It is also recognised that a trajectory of mental ill health can take root early in our lifespan. Emotional disorders typically manifest during adolescence (Fink *et al.,* 2015), and over half of adults with psychological diagnoses were already showing symptoms by the age of 14 (Kessler *et al*., 2005). Mental health difficulties have been linked to decreased academic achievement (Deighton *et al.*, 2018), with emergent needs in early school phases associated with detrimental cascade effects on adolescent attainment (Moilanen *et al.,* 2010.) Young people experiencing mental ill health are also more likely to truant, be involved in bullying and be formally excluded from school (NHS Digital, 2018).

Further evidence suggests that the negative effects of childhood mental health difficulties persist into adult life. Goodman and colleagues (2015) cited mental health needs in primary school as a powerful predictor of psychological disorder in adults. Other studies have linked childhood mental health problems to less secure future employment and marital relationships (Goodman *et al.,* 2011), increased risk of adult substance use (Fergusson *et al.,* 2004) and a decreased life expectancy (Jokela *et al.,* 2009).

It is important to be mindful that reported increases in mental health difficulties are likely to (at least partially) reflect more optimistic shifts, such as greater awareness of wellbeing needs and increased willingness to seek help. An NHS Digital survey (2018) sampled 10000 youths across the population with the aim of measuring true incidence rather than clinical intake; Professor Tamsin Ford, one of its developers, concluded that the results highlighted a genuine increase in prevalence over time, but "not the epidemic you see reported" (Schraer, 2019). Government models for children's mental health provision often quote 'one in ten' pupils 'or three in every class' experiencing difficulties (Deighton *et al*., 2019), which is based on statistics from nearly two decades ago (Green *et al*., 2004). The NHS Digital survey (2018)

found one in eight children required targeted mental health support, while Deighton and colleagues' (2019) found closer to two in every five in their sample of 28000 adolescents.

Irrespective of the precise rates of increase (which will vary according to the demographic features of the sample), concerns remain around the adequacy of existing systems to support those who do experience mental health difficulties. Kidger and colleagues (2010) noted that demand for specialist support from the Child and Adolescent Mental Health Services (CAMHS) exceeded the supply. Consequently, they have been forced to reject one in every four referrals (British Journal of School Nursing, 2018). This in combination with long waiting lists meant that in 2017 only a third of UK children with a diagnosable mental health condition received support within the first 12 months of referral (The Children's Commissioner, 2017). CAMHS constitutes less than 1% of the total NHS budget and around 8.7% of the budget for mental health (YoungMinds, 2018b). Though the 2019 budget pledged greater investment in this area (Burton, 2019), targets to increase the children accessing treatment to 35% by 2021 were criticised as insufficient, and a long way from reflecting a "parity of esteem" between mental and physical health (Campbell, 2019).

2.4 Schools on the Frontline of Pupil's Mental Health

2.4.1 Increasing political focus on schools as 'Tier One' support

There has been a resultant push among researchers and policymakers for schools to step into the gap left by oversubscribed mental health services (Weare & Nind, 2011; Sharpe et al., 2016; DoH & DfE, 2017). As the institution in which young people spend such significant portions of time (Rutter, 1979) schools are argued to be ideally positioned for enabling access to tier one mental health support on a national scale *(*Cohen *et al.,* 2009*).* Early screening and intervention are acknowledged to play a vital role in preventing the development or escalation of mental health difficulties (DoH & DfE, 2017; House of Commons, 2014). A costs-benefits analysis based in the USA found that every dollar spent on a block of group cognitive behavioural therapy sessions for adolescents with anxiety resulted in seven dollars of long-term savings (WSIPP, 2019).

The mental health responsibilities currently held by educators in the UK can be summarised as:

- **Prevention**: via whole-school promotion of resilience and coping skills.
- **Identification**: through universal screening to spot vulnerable pupils as early as possible.
- **Early support**: using low-level, targeted and evidence-based interventions.
- **Access to specialist support:** through swift referrals to appropriate specialist agencies when needed.

(DfE, 2018a)

In 2001 the government released documents acknowledging links between good mental health and academic achievement (DfES, 2001), and suggesting appropriate early interventions for nursery, primary and secondary age settings (DfEE, 2001). The World Health Organization (2003), National Institute for Health and Care Excellence (2008) and Public Health England (2014) have all described the importance of an emotionally literate whole-school approach for promoting wellbeing. WHO (2003) stressed that by fostering a caring ethos, schools will “play a significant role in determining whether the next generation is educated and healthy in body, mind and spirit” (p. vi).

In 2005 the Social Emotional Aspects of Learning (SEAL) framework was launched, to universally foster the development of interpersonal and self-regulatory skills in 4-16-year olds (Department for Education & Skills, 2005). This was followed in 2008 by the Targeted Mental Health in Schools (TaMHS) initiative, which picked up where more broad-brush approaches were insufficient and aimed to offer more specialised support for 5-13-year olds already experiencing or at a heightened risk of mental health problems (Department for Children, Schools and Families, 2008).

The revised SEND Code of Practice (2015) recognises ‘Social, Emotional and Mental Health’ as one of four core areas in which pupils can exhibit special educational needs. That same year the Department of Health released a paper advocating the use of specialist staff (such as counsellors) to collaborate with health care professionals, though it also emphasised the responsibility of all school staff to

play their part in supporting pupils' wellbeing (DoH, 2015). This was followed by a £3 million investment to promote more interagency work between schools and mental health specialists (NHS, 2015). Public Health England (2015) deconstructed quality mental health support in schools and colleges into eight core principles:

1. An ethos with promotes respect and values diversity.
2. Curriculum teaching of social and emotional skills and resilience.
3. Valuing the voice of the pupils.
4. Staff development to support their own and students' wellbeing.
5. Working with parents and carers.
6. Targeted support and appropriate referrals.
7. Identification of need and monitoring of interventions.

These seven factors were all depicted as centrally underpinned by:

8. Leadership and management that supports and champions efforts to promote emotional health and wellbeing.

Perhaps the most significant milestone was the launch of the mental health Green Paper (DoH & DfE, 2017). This outlined plans for every school in the UK to appoint a Designated Mental Health Lead and be able to access collaborative working with health-based Mental Health Support Teams. These policies were targeted to reach one fifth to one quarter of schools by 2022/23, enabling a reduced four week waiting time for mental health treatment.

The paper received over 2700 responses during its 13-week period of public consultation. Though it's clear prioritisation of young people's mental health was broadly celebrated, some expressed concerns around increased responsibilities piling more pressure onto already overburdened educators (DfE, 2018b). Mental Health and Behaviour in Schools (DfE, 2018a) followed as a piece of non-statutory guidance emphasising the degree of overlap between mental health difficulties, broader Special Educational Needs and Disabilities (SEND) and challenging behavioural conduct. It once again reinforced the centrality of schools' role in promoting resilience and wellbeing, highlighting this as a vehicle for proactive and effective classroom management.

The British Psychological Society suggested that Ofsted, as an arbiter of school success, should support these initiatives by reducing their emphasis on exam data and celebrating schools that effectively identify and support mental health needs (BPS, 2019). The ensuing Education Inspection Framework (Ofsted, 2019) included a single bullet point stressing the imperative to "support learners to develop their character (…) and help them know how to keep physically and mentally healthy" (p.11). Following partial school closures in response to the coronavirus outbreak, Professor Ellen Townshend and a number of psychologists crafted an open letter to the Education Secretary emphasising the psychological damage that may be caused to young people by isolation of lockdown (Roxby, 2020). Recent data supports the view that rates of children with 'probable mental health disorders' have increased since the pandemic (NHS Digital, 2020; Newlove-Delgado, 2021) meaning young people's mental health is set to become an issue of even greater prominence. In August 2020 the government responded to related concerns with the 'Wellbeing for Education Return' programme, which mobilised professionals such as educational psychologists and behaviour support teachers to train school staff on how to ease pupils back into school and respond to additional concerns they experienced as a result of the pandemic (DfE, 2020a).

2.4.2 School-based mental health support in practice

Schools are complex organisations which function as self-contained systems. According to Systems theory, the operations of any system gravitate towards a state of homeostasis (Fredrickson, 1990). Policies which aim to create change, or in Lewin's (1951) terminology 'unfreeze the equilibrium', therefore require long-term support based on carefully elicited feedback to translate successfully into everyday practice (Campbell *et al.*, 1994). Lack of attention to this need has previously led to claims that "the more schools change the more they stay the same " (Sarason, 1982, p. 58). Teachers are cited as the professionals most frequently contacted regarding young people's mental health (Ford, 2007; Sharpe *et al.*, 2016), but this does not guarantee that they are thriving in the role. Rothì and colleagues (2008a) found that teachers accepted mental health support as an important aspect of their role but expressed disillusionment at feeling they were not adequately prepared to fulfil it.

However, two thirds of the schools surveyed by Sharpe and colleagues in 2016 reported involvement in some form of specialist mental health support, most commonly through whole-school preventative approaches. Despite concerns that young people would be unwilling to access school-based support due to cultural stigmatization of mental health difficulties (Gulliver *et al.,* 2010), the teachers and students surveyed did not feel that this had been a significant barrier (Sharpe *et al.,* 2016). This could potentially reflect the success of targeted large-scale campaigns such as Time to Change (TTC) (Evans-Lacko *et al.*, 2014) which aimed to reduce prejudice by increasing public understanding of mental illness in England. Following its launch in 2009, Time to Change was estimated to reach between 38-64% of the population and was associated with greater confidence to challenge mental health stigma (Evans-Lacko *et al.,* 2013). Systematic reviews of a number school-based mental health programmes have yielded promising results, indicating positive improvements across a range of concerns (Wolpert *et al.*, 2013; Sklad *et al.* 2012; Weare, 2015). The largest effect sizes were found for the interventions which more intensively targeted vulnerable individuals (Weare & Nind, 2011).

While not wishing to minimize the value of these successes, research has also highlighted a number of areas requiring improvement. A systematic review of the SEAL programme concluded that, while many teachers anecdotally reported positive effects, the overall evidence is inconclusive and the benefits overstated (Humphrey *et al.,* 2013). The programme was discontinued in 2011, though some schools opted to retain the resource materials (Abrams, 2011). TaMHS was subject to a rigorous Randomised Controlled Trial, which found that it significantly reduced behaviour problems among 8-10-year olds. It was not found to produce a corresponding reduction in their emotional difficulties or significantly impact those aged between eleven and thirteen years (Wolpert *et al.,* 2013). Both evaluation studies acknowledged that the effectiveness of interventions is likely to be moderated by the quality of implementation (Durlak & DuPre, 2008). Consequently, Wolpert and colleagues (2013) stress the need for continued exploration of potential treatment barriers, to establish what works “for whom and under what conditions” (Weisz *et al.,* 2005, p. 640).

Fazel and colleagues (2014) noted that difficulties engaging staff at all levels was a widely reported issue in school mental health studies. Furthermore, they point out the challenges of interagency working given the national shortage of trained mental health professionals. Some authors perceive tensions between the espoused prioritisation of mental health and the concurrent drive for heightened academic standards (Ainscow *et al.,* 2006). Accommodating the pressures of increased inspection and testing criteria enforced through the 'standards agenda' has argued to have effectively reduced schools' capacity for pastoral work (Baginsky, 2004). Some of these theories could potentially account for why large-scale school practice is yet to reflect the positive projections from the early evidence base. As already highlighted, the more cost-effective whole-school approaches are often deemed sufficient when targeted interventions are more statistically effective (Weare & Nind, 2011). Furthermore, secondary schools are more likely to provide specific mental health support than primary settings (Sharpe *et al*., 2016) despite consistent findings that early support at the primary age has the most significant long-term benefits (Green *et al*., 2005; Hall, 2010; Wolpert *et al*., 2013).

The Key (2015) reported that mental health difficulties were the biggest source of concern school leaders held around their pupils. Despite a recent emphasis on multiagency working, a survey of 8600 National Education Union members found that only 30% reported being able to access support from the NHS and CAMHS (Weale, 2019). Less than half reported that their school had a counsellor and only 12% had a 'mental health first aider.' Among those who had taken up the Mental Health First Aid training made available by the government (DfE & DHSC, 2017) many still communicated feeling inadequately prepared for the level of need, with one denouncing the training as "lip service." Eight out of ten educators surveyed perceived a net deterioration of students' mental health over the two years since the Green Paper was published.

The Teaching Training Agency (2005) previously communicated educators' perceptions that the government imposes new goals on schools without real investment or clarification of how to attain them. Though a number of publications have since attempted to address this concern, a need for greater clarity of role and

purpose remains a recurrent issue in more recent studies (Shelemy *et al.*, 2019a; Davies & Matley, 2020).

2.5 The Importance of Staff Views

2.5.1 Links between views and practice

My interest in educator's views stems from two fundamental principles:

- Teacher's beliefs constitute a valuable 'window' into their everyday practice and effectiveness (Rimm-Kaufman *et al.*, 2006).
- Successful educational reform therefore requires listening and responding to the individuals tasked with enacting it.

Beliefs and attitudes influence observable behaviours both consciously and unconsciously (Cross, 2005). Though not all research has established links between teachers' beliefs and practice (Simmons *et al.*, 1999; Wilcox-Herzog, 2003), differential expectations of academic potential have been found to influence their interactions with pupils (Good & Brophy, 1987). These expectations often reflect class, gender and ethnic stereotypes (Auwarter & Arugete, 2008; Holder & Kessels, 2017), yet despite their inaccuracy have been found to significantly predict students' exam performance by influencing the quality of staff support accessed (Gentrup *et al.,* 2020). Teachers' personal beliefs around the purpose and value of science (Anderson, 2015) and mathematics (Ernest, 1989) have been associated with the instructional styles and methods they employ in these subjects.

Porter (2007) acknowledged the role of teachers' views in shaping their responses to misbehaviour. When teachers attribute student misbehaviour to contextual (school- and teacher-based) factors, they are more likely to respond sympathetically and supportively (Poulou & Norwich, 2000). Conversely, when misbehaviour is viewed as stable and personality–based, teachers are more likely to report maladaptive responses such as anger and sarcasm (McAuliffe *et al.*, 2009). Alvarez (2007) found that if teachers perceive students' aggressive behaviours as intentional and controllable, they are more likely to employ punitive techniques. This relationship was mediated by educators' levels of confidence and experiences of negative affect. Access to behaviour management training targeted both of these influences, thereby

moderating the link between teachers' attributions and behavioural responses into non-significance.

Within a school, individual staff views also hold the potential to combine and crystallise into a powerful set of shared hegemonic values and norms known as the 'organizational culture' (Brown, 2004). This culture manifests on multiple levels, from overt artefacts and policies to espoused values and implicit taken-for-granted assumptions (Schein, 2016). Deal & Kennedy (1982) effectively summarized this as "the way we do things round here" (p.4). Though the organizational culture facilitates stability and cohesion, it can also be slow to adapt to new ideas (Teasley, 2017). Thus, both personally held, and socially shared constructions can potentially impact how successfully ideas and initiatives embed within everyday practice.

2.5.2 Links between teacher views and intervention success

Increased empirical attention to the real-world conditions in which interventions must operate has emphasised the importance of teacher investment in school-based initiatives (Kealey *et al*., 2000). Flay and colleagues' (2005) evidence standards highlighted the impact of *integrity* and *engagement* among those delivering evidence-based interventions. While the former represents frequency of delivery and quality of training, the latter concept incorporates more subjective qualities such as staff's compliance and acceptance. Glackin's (2016) small-scale study of six teachers in an outdoor learning programme concluded that the most successful implementers (determined by a separate evaluator) were those who believed in the value of social constructivist learning and 'authentic' science, rather than regarding outdoor teaching simply as a novelty.

Han & Weiss (2005) reviewed previous evidence to identify teacher-level factors likely to impact the sustainability of school-based mental health programmes. The compatibility of initiatives with teachers' pre-existing beliefs and teaching styles (Kealey *et al.,* 2000), teachers' sense of self-efficacy in delivering interventions and the extent to which they anticipated clear benefits for pupils (Clark & Elliott, 1988) were key to ensuring longevity. Prior research has suggested that some teachers view increased responsibilities over mental health as incongruent with their professional identity as deliverers of pedagogy (Rothì *et al.,* 2008a). It has also been suggested that teachers feel insufficiently skilled on the topic of mental health

(Kidger *et al.,* 2010; Shelemy *et al.*, 2019b) and may perceive that students do not want their interference in personal issues (Kidger *et al.,* 2009). Such views could arguably undermine their confidence in and commitment to school-based mental health support. In a study of the Penn Resiliency Program to prevent adolescent depression, only 47% of the core intervention items were satisfactorily delivered by school facilitators (Gillham *et al.*, 2007).

Teacher burnout is also detrimental to intervention sustainability (Han & Weiss (2005). High levels of occupational stress, which are frequently found among the teaching profession (Johnson, 2005; Teacher Wellbeing Index 2018), reduce receptiveness to organisational change (Vakola *et al.,* 2004). Consequently Weare (2015) emphasized the need to remember educators' own mental health needs to ensure they have capacity to support the wellbeing of their pupils. Teachers' feelings of helplessness around their students' mental health have been found to take a negative toll on their own emotions (Rothì, 2008a), potentially perpetuating a dangerous cycle of increasing burnout and unavailability to students (The Key, 2015). A respondent in the National Education Union survey described the state of pupil's mental health as "like a slow-motion car crash (…) that I am powerless to stop and cannot bear to watch or be part of anymore" (Weale, 2019). Though this particularly evocative quote is not claimed to represent the experience of all educators, it nonetheless illuminates a particularly concerning view present within the focus population.

A culmination of the factors described above have led researchers to converge upon the view that "without attention to beliefs, transformational changes in teaching practices have a low probability of success" (Richardson, 2001, p.15484).

2.5.3 Measures to enhance intervention success

Simply telling staff what they need to do has been found to be insufficient for eliciting long-term behavioural change (Truscott *et al.*, 2012). Yet teachers have been shown to care deeply about their pupils and do want to improve their practice if they feel it feasible to do so (Fazel, 2013). Thus Shelemy (2019a) conceptualizes low intervention fidelity as symptomatic of a mismatch between programme demands and staff's needs, values or resources.

Self-determination theory proposes that people are more committed to change if they are intrinsically motivated, compared to having it imposed by external agencies (Deci & Ryan, 1985). Fazel (2013) describes working with adults as a ‘collaborative partnership’ in which the agenda should always be co-constructed. Thus, training programmes which make explicit efforts to understand staff’s points of view have been found to promote measurable attitude shifts by addressing key concerns and misconceptions (Joram and Gabriele, 1998). DuPaul and colleagues (2006) used a ‘problem identification interview’ to incorporate what staff deemed effective and feasible into their intervention designs for young people with Attention Deficit Hyperactivity Disorder.

Han and Weiss (2005) condensed these ideas into their sequential model for enhancing the sustainability of school-based mental health programmes (shown below in Figure 2.1).

This figure has been removed by the author of this thesis for copyright reasons.

Figure 2. 1: Han & Weiss's (2005) model for school-based programme sustainability (p.674).

Their model splits the change and implementation process into three key phases:

1. *Pre-implementation* – When a programme is first introduced it is crucial to foster readiness for change among staff involved in its delivery. This is achieved through high-quality training which not only teaches what to do but the principles behind why it is necessary and valuable. Explicit links should be made between intervention objectives and staff members' own capabilities and skillsets, as well as the wider values and priorities of the school and its community.
2. *Supported implementation* – When staff begin to implement the programme they should still access supplementary support and resources. Process consultation is highly valuable, as the supervisor can offer feedback and clarify any misunderstandings or questions that arise. They can also draw staff's attention to small indicators of improvement, thus providing positive reinforcement to renew energy and commitment during the early weeks (Noell *et al.*, 1997).
3. *Sustainability phase* - It is hoped that by the time staff are implementing independently they will have sufficiently internalized the core principles of the intervention. As the intervention or practice produces tangible changes in pupil behaviour or outcomes, the staff will experience feelings of reward and inspiration which perpetuate diligent implementation through a 'self-sustaining feedback loop'. The authors emphasize that the success of this phase is contingent upon sufficient time and attention being given to those preceding it.

Establishing effective mental health provision in schools can therefore be seen as underpinned by a continual process of feedback (Han & Weiss, 2005). Frontline educators are the best placed to inform researchers and policy makers of real-world barriers, in doing so exposing areas for further refinement, intervention, or alternative support both within schools and at a strategic Local Authority level (Shelemy, *et al.,* 2019a).

2.6 The Role of Educational Psychologists in Supporting Frontline Educators

Surprisingly little is said about the role of EPs within the government's mental health agenda; they are mentioned once in the 2017 Green Paper (DoH & DfE, 2017) and omitted in other publications (Public Health England, 2015). Yet research has indicated that educational psychologists are the external professional most

frequently contacted by schools regarding pupil mental health, even ahead of counsellors (Sharpe *et al.,* 2016). It therefore appears that despite concerns around rising statutory obligations, EPs are being called upon to ‘fill in the gaps’ left by other constrained services such as CAMHS (Lee & Woods, 2017).

Farrell and colleagues (2006) define EPs’ unique contribution as the application of psychological theory and insights to facilitate optimal progress for young people. The dissemination of psychological expertise within applied settings such as schools and nurseries positions EPs at the juncture of research and practice (Birch *et al.,* 2015), which is argued to make them ideally placed to help schools function in emotionally literate and resilience-building ways (Association of Educational Psychologists, 2018; Roffey, 2015).

Ideally this support should not just be given on a child-centred case-by-case basis, but through preventative large-scale reform (Baxter & Frederickson, 2005). It has long been recognised within the profession that one of the most effective ways to help children thrive is to build the capacity and skillset of those supporting them on a daily basis. Collaborative working with teachers, teaching assistants (TAs) and other educational professionals through training, supervision or consultation is therefore a core component of the role, and the necessary rapport skills a crucial aspect of professional training (Beaver, 2011). Gaskell and Leadbetter (2009) note that EPs access a unique meta-perspective through their collaborative work which allows them to observe how insights from the evidence base are being received and implemented ‘on the ground.’ In this way they do not simply apply evidence-based practice but also gather practice-based evidence which can be meaningfully returned to researchers and policymakers (Maliphant *et al.,* 2013) .

It is therefore hoped that this research will help further EPs’ understanding of the different perspectives and concerns held among the educators they work with, and therefore how best to support them in overcoming any emotional or ideological barriers they encounter during involvement with their pupils’ mental health.

2.7 Systematic Literature Review

Systematic literature reviews identify, evaluate and synthesize the findings of research addressing a similar question (Xiao & Watson, 2017). The aim is to rigorously consolidate large quantities of information into a more manageable account of the overall balance and scope of existing evidence (Petticrew & Roberts, 2008).

2.7.1 Objective of this Review

This review aims to summarize previous findings in relation to the question:

What does research tell us about how school staff view their involvement with pupils' mental health?

Exploring the pre-existing knowledge base will also enable me to clarify how this study can make a meaningful and original contribution within this topic area.

2.7.2 Methods of Study Selection and Screening

2.7.2.1 Systematic database searching

A transparent search strategy enhances researcher accountability and facilitates replication (Noyes *et al.,* 2011). My search strategy needed to account for a range of staff roles and terms often used interchangeably with "mental health". Following some exploratory key term searches, I developed the following string for the systematic search:

(teacher* OR TA OR "school staff*" OR educat* OR "teaching assistant*" OR "support staff*") AND (view* OR perspective* OR belief* OR response* OR opinion* OR attitude*) AND ("mental health" OR wellbeing OR well-being OR SEMH)

This was input to Ovid PsycINFO, Scopus and ERIC databases. Limits were applied to ensure that all studies had been published in the English language and after the year 2000 (inclusive). It is broadly accepted that systematic reviews may only examine recent research, due to the changing landscape of scientific understanding and educational policy (Ferguson *et al.*, 2007). As PsycINFO initially generated >13900 results, I selected to limit findings to within educational psychology.

2.7.2.2 Supplementary hand searching

Google Scholar can generate vast numbers of results, however the algorithms it uses to determine study relevance are noted to be unpredictable (Piasecki *et al.,* 2018). For this reason, I opted to hand search Google Scholar and NuSearch (the University of Nottingham's library meta-search software) using the simplified string ("school staff" AND views AND "mental health").

2.7.2.3 Inclusion and Exclusion Criteria

All literature was exported to Mendeley bibliographic software for efficient identification of any duplicate findings. The remaining 898 results were then screened for relevance using criteria outlined in Table 2.1.

Table 2. 1: A table showing the inclusion and exclusion criteria determining eligibility in the systematic literature review.

Study Feature	Criteria for Inclusion	Criteria for Exclusion
Country	• Data collected in England and/or Wales	• No data from England or Wales • Data from England/Wales is not clearly delineated relative to other contexts
Participant Characteristics	• Participants are employed within a primary or secondary school setting	• Participants are employed in an Early Years or Higher Education setting • School staff's responses are inextricably merged with other participant groups (e.g. views of pupils and parents)
Study Focus	• Elicits school staff's views/opinions/attitudes regarding their role, responsibilities, experiences or needs supporting pupils' mental health • Views relate to schools' typical practice	• Gathers factual information without elaborating on views (e.g. prevalence rates, what interventions are being run) • Views only relate to one specific mental health disorder • Views only relate to a specific intervention programme • Discusses mental health needs interchangeably with social and/or behavioural difficulties
Publication Status	• Direct accounts of empirical research	• Indirect summaries or reviews of research • Insufficient description of methods/procedure to enable quality appraisal

This review is limited to England and Wales due to international variations between school systems and staff responsibilities. I felt that a narrower focus on views within a specific context could more tangibly translate into recommendations for policy and practice. The 1997-98 devolution of the United Kingdom enabled each country within it to implement its own educational policies (SEN Policy Research Forum, 2019). Scotland's Curriculum for Excellence is the most markedly distinct, however there is substantial overlap between the structure and curriculum for English and Welsh schools (Oxford Open Learning, 2020). Consequently, previous researchers within education have deemed it appropriate to combine findings from these two countries (Webster *et al.,* 2011;Shelemy, Harvey & Waite, 2019a; Davies & Matley, 2020).

Though some reviews stipulate particular types of data, I wished to broadly consider any findings relevant to this topic area. This reflects my personal orientation towards a pragmatic epistemological stance (further explored in section 3.5). Quantitative and qualitative data can be synthesized in the same review on a parallel or multilevel basis, provided that their methodologies are evaluated according to their own appropriate standards (Noyes *et al.*, 2016).

I did not automatically exclude unpublished or 'grey' literature such as doctoral theses. Such accounts typically provide rich detail on the methods which lead to their conclusions (Major & Savin-Baden, 2010) and have been subject to some review by academics within their discipline.

2.7.2.4 Screening Process

Figure 2.2 shows the reduction in included studies following the application of exclusion criteria in successive phases.

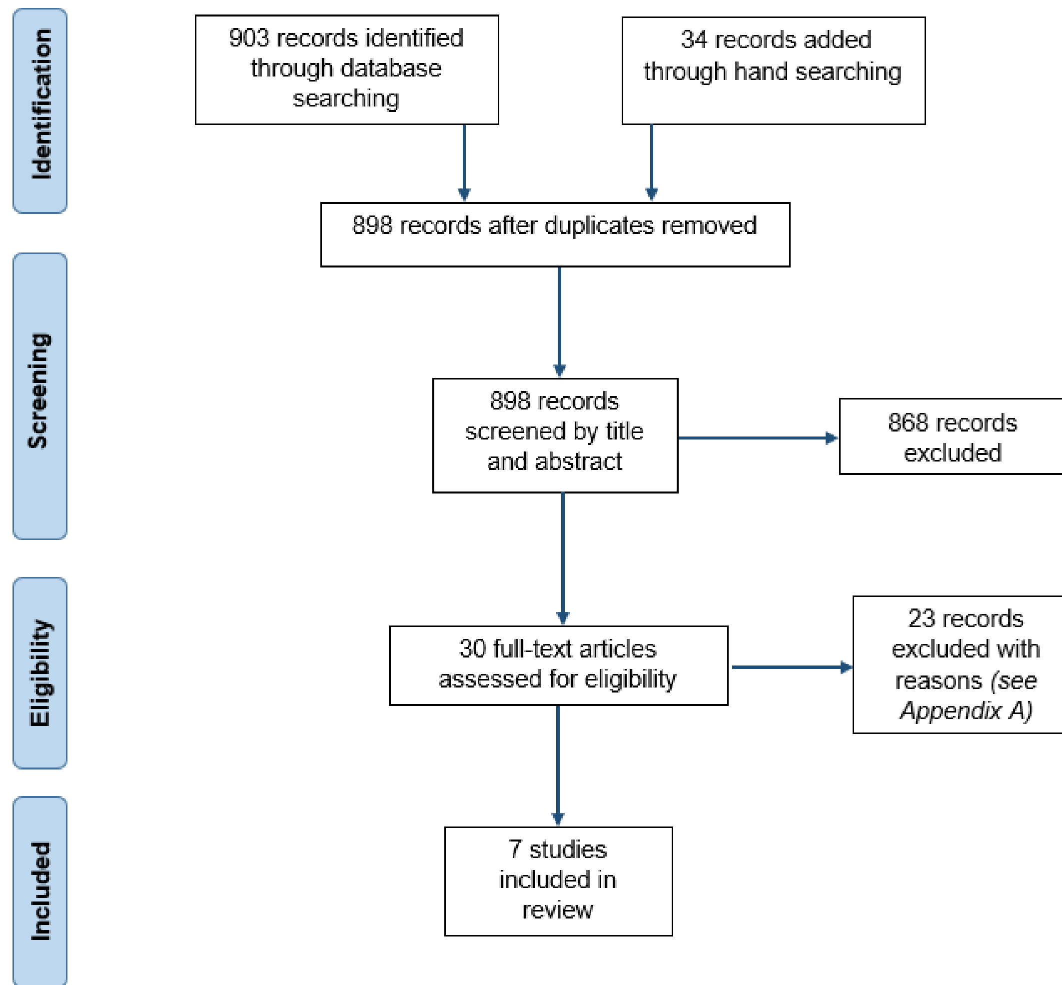


Figure 2. 2: A PRISMA flowchart summarising included and excluded articles during each stage of screening in the systematic literature review.

Of the 30 papers subjected to full-text analysis, only seven qualified for inclusion in this review. Reasons for the 23 exclusions made at this stage are stated in Appendix A.

2.7.2.5 Summaries of Included Studies

Table 2.2 summarises the participants, methods and key findings of the papers in this review.

Table 2. 2: A table summarising key characteristics of the studies included in this systematic literature review.

Study	Title	Participants	Methods	Key Findings (relative to the review question)
Rothì, Leavey & Best (2008a)	On the Front-line: Teachers as Active Observers of Pupils' Mental Health.	30 primary and secondary teachers (incl. 3 headteachers). Each participant was sourced from separate schools across England via the headteacher.	Semi-structured interviews. Transcripts subjected to thematic analysis. Qualitative coding assisted by HyperResearch software.	Four main themes: 1. Perceptions related to tier one responsibilities • Participants unanimously accepted some responsibility for supporting pupils' wellbeing, acknowledging the impact of emotional barriers on learning progress. • Maintaining classroom order seen as paramount, creating tension between sympathy vulnerable individuals versus the learning environment for the majority. • Mental health needs felt to be too often met with a disciplinary approach. 2. Mental health-related training • Participants did not feel sufficiently skilled to support mental health needs. • They expressed a sense of abandonment regarding LA promises that had not materialised. • They wanted training from mental health experts to recognise signs of need and practically manage these needs in the classroom. 3. Language and discourse • Mental health was regarded as an ambiguous term. • Some participants noted colleagues in the staffroom using stigmatising language and labels in relation to pupils. 4. Recognising pupils' mental ill-health • Staff were not confident identifying students requiring targeted support, and worried that struggling pupils were being missed.
Kidger, Gunnell, Biddle, Campbell & Donovan (2010)	Part and Parcel of Teaching? Secondary School Staff's Views on Supporting Student Emotional Health	14 staff from 8 demographically diverse secondary schools across England (incl. 5	Semi-structured interviews (some paired, some individual).	Three main themes: 1. Teaching and EHWB inevitably linked. • Wellbeing was seen as inseparably linked to pupils' learning success and broader social functioning among all participants.

	and Well-being (EHWB).	teachers, 3 TAs and 6 other Pastoral staff). Sourced through the head of Emotional Health and Wellbeing provision at their respective settings.	Transcripts subjected to thematic analysis.	• Many wanted EHWB to be integrated throughout the core curriculum to prevent it from being 'swept into a corner'. • On-site mental health specialists were seen as a valuable resource. 2. Perception that colleagues outside the sample are reluctant to engage with EHWB work • Participants speculated this was due to feeling unable, unwilling or overwhelmed. • Increased EHWB training was not predicted to be embraced by all school staff. 3. Concern that teachers own emotional needs are neglected, reducing their capacity to support pupils. High consistency was found between staff roles. Researchers concluded that the findings suggested a need for greater clarity on individuals' roles within whole-school mental health strategies.
Corcoran & Finney (2015)	Between Education and Psychology: School Staff Perspectives.	17 school staff from demographically diverse primary, secondary and specialist settings in Northern England. Exact roles were unspecified. All had previous received training from one of the researchers.	Semi-structured interviews. Audio recordings subjected to constructionist discourse analysis.	• Participant regarded aspects of education policy as an externally imposed 'regime'. Rigorous inspections and data-crunching were seen as taking time away from the real purpose of education. • Words such as "mission" and "burning desire" communicated staff's sense of vocation. All saw supporting pupil's wellbeing as an important aspect of their role, perceiving themselves as naturally engaging with on a holistic, social and emotional level. • Some communicated that a significant minority of their colleagues would disagree that educators should be taking these kinds of responsibilities. • Staff distinguished between an 'ideal world' and the reality of what they can practically deliver. The authors suggest that in this dichotomy mental health implicitly becomes a secondary objective, frequently constrained by the pressures of the 'real' teaching work.

Danby & Hamilton (2016)	Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being.	18 school staff from two focus primary schools in North Wales (incl. 9 teachers, 7 TAs and 2 additional learning needs co-ordinators.) Participants were selected at the discretion of the headteacher.	14 completed a questionnaire (mainly open-ended with three Likert scales for rating confidence levels). 7 were interviewed (3 participants completed both phases). Records subjected to general inductive analysis.	Three central themes: 1. <u>Mental health discourse</u> The term 'mental health' was unanimously viewed as inappropriate for use with children. 'Emotional health' or 'wellbeing' were felt to be less stigmatising. 2. <u>Mental health issues faced by children</u> • Staff described a range of concerns, with anxiety the most common. • Stability of home life and parental involvement were highlighted as contributing factors. 3. <u>The role of the school practitioner</u> • Staff perceived a dual role in supporting and raising awareness in pupils and parents. • The majority expressed a role in providing a safe environment and ensuring wellbeing is kept in the conversation. Early identification was mentioned once but was comparatively less represented which was potentially linked to low confidence making these kinds of judgements. • Some staff explicitly mentioned whole-class strategies to promote sharing feelings, resilience and coping skills. • Staff confidence detecting and supporting children's wellbeing was variable. • Those who perceived barriers and constraints to this provision noted limited personal knowledge on mental health, limited LA resourcing and difficulties obtaining parental consent for targeted wellbeing programmes. • 9/14 practitioners had received some related training in the past four years. All but one wanted more.
Shelemy, Harvey & Waite (2019a)	Supporting Students' Mental Health in Schools:	49 teachers from 9 demographically	Semi-structured focus groups (4-8	Four superordinate themes with "broad unanimity" between groups: 1. <u>Identifying and supporting rather than solving</u>

	What Do Teachers Want and Need?	diverse secondary schools across 3 regions of England and Wales. Participants were sourced through school Pastoral Leads who responded to a social media advert.	participants in each). Audio-recordings transcribed subjected to thematic analysis. NVIVO software assisted with coding.	• Participants focussed on supporting and containing pupil's mental health needs until specialist services are accessed; long-term support was viewed as the domain of therapists and social workers. • They expressed concerns about supporting a child on an instinctive level and inadvertently worsening the situation. 2. The need for training that has a real-world application • Participants wanted practical strategies, not "wishy-washy talks". • They wished to learn about spotting subtle signs difficulty and actions to take in situations of immediate risk such as self-harming or panic attacks. • Teachers favoured concrete resources such as checklists and illustrative case studies, while acknowledging that they would likely adapt resources for their specific class needs. 3. The need for training to be engaging and active • Participants valued training that was varied, interactive, succinct, expert-led and enabled some form of accreditation. 4. Changes needed outside the classroom • The importance of clear whole-school strategies was emphasised • Teachers valued on-site Pastoral Leads to offer immediate reassurance that they had acted appropriately. • Participants also expressed that parents and carers could seem dismissive of their children's mental health needs and wanted mechanisms to increase their awareness without appearing judgemental. Field notes indicated that teachers in schools with a dedicated counselling service were less enthusiastic about mental health training.
Shelemy, Harvey & Waite (2019b)	Secondary School Teachers' Experiences of Supporting Mental Health.	7 secondary school teachers in London and South East England who	Semi-structured interviews. Audio recordings were transcribed	Five superordinate themes: 1. Perceived role of teacher

		responded to a social media advert. It was specified that they must have previously conversed with at least one student about their mental health.	and subjected to Interpretive Phenomenological Analysis alongside detailed field notes.	• Teachers felt the boundaries of their role were ambiguous and described a "balancing act" between providing adequate support and becoming "too close" to a pupil's personal life. • They predominantly viewed their role in in relation to mental health as signposting and referring. 2. Nature of relationship • Participants expressed deep care and concern for their pupils, identifying trusting relationships as key to effective pastoral support. 3. Barriers to helping the young person • They perceived specialist mental health services as very difficult to access. • Reluctance among parents to accept school mental health interventions was felt to be a barrier to positive change. 4. Amount of training and resource • Staff described limited opportunities for training and felt what they had received was inadequate. • They described having to independently generate ideas and act on common sense. 5. Helplessness and satisfaction • Participants often spoke of feeling helpless, frustrated and as though they had let their students down. However, those who felt they had made a positive impact also described a sense of satisfaction. The authors hypothesise a model of how their themes interact with one another.
Davies & Matley (2020)	Teachers and pupils under pressure: UK teachers' views on the content and format of Personal, Social, Health and	167 secondary school staff across England and Wales (incl. 163 teachers, 4 PSHE co-ordinators).	Cross-sectional online survey uploaded to Qualtrics. Descriptive statistics generated	• Staff reported lower confidence teaching about mental health and wellbeing than about alcohol, drug use and sex and relationships • 22.9% felt teachers accessed sufficient training on this topic. Several expressed that too little attention is paid to teaching pupils practical strategies and sources of support. • Staff noted pupil's pejorative use of terms like 'crazy' and 'mental' as reflective of ongoing stigma around mental ill health.

	Economic education.	for closed question responses. Open-ended responses subjected to thematic analysis.	• Participants wanted further training on how to support different types of students, and sensitively broach the topic with pupils they feel are vulnerable.

2.7.3 Quality Appraisal

2.7.3.1 Criteria for Appraisal

Gough’s (2007) Weight of Evidence (WoE) model was used to appraise the relative weightings of each study’s contribution within this review. In this framework low, medium or high weightings are assigned to each study for three strands (WoE A, B and C), which are then combined to determine each study’s overall weighting (WoE D). The strands are relatively broad to allow the parallel evaluation of diverse designs within the same review. However, Gough (2007) supports the complimentary integration of the TAPUPAS framework (Pawson *et al.,* 2003) within his overarching headings to assist researcher’s evaluations.

Table 2.3 shows how TAPUPAS criteria were operationalized within Gough’s (2007) framework during quality appraisal. To enhance the transparency and replicability of this review, further information on how I defined and applied these criteria is provided in Appendix B. A detailed breakdown of the ratings assigned to each study is shown in Appendix C.

Table 2. 3: A table to show the criteria determining study weightings within the systematic literature review.

WoE A: Quality of Study Execution (using source-specific standards)
Low, Medium or High as an average of the following: *Transparency – Are methods and decision-making open to scrutiny?* *Accuracy – Are conclusions well-grounded on relevant evidence?* *Accessibility – Is the account intelligible?* *Specificity – Does the design meet source-specific quality standards?*
WoE B: Appropriateness of Design (for the purposes of this review)
Low, Medium or High using the following: *Purposivity – Is the design fit for the aims and purpose of this review?*
WoE C: Relevance of Study Focus (for the purposes of this review)
Low, Medium or High as a combination of the following: *Utility- Does the study provide information relevant to the focus of this review?* *Propriety – Has the research been conducted legally and ethically?*
WoE D: Overall Weight of Evidence
Assigned as an average of strands A, B and C

Italicised text indicates criteria from the TAPUPAS framework (Pawson *et al.,* 2003).
Bold text indicates criteria from Gough's (2007) Weight of Evidence model.

2.7.3.2 Summary of Appraisal and Study Weightings

All seven papers were weighted as medium or high overall, therefore I did not deem it necessary to exclude any at this stage. Corcoran and Finney (2015), Danby and Hamilton (2016) and Davies and Matley (2020) received medium weightings in this review. Rothì and colleagues (2008a), Kidger and colleagues (2010) and both papers by Shelemy and colleagues (2019a, 2019b) received high weightings.

Davies and Matley (2020) and all the highly weighted studies provided highly transparent and detailed accounts of their methods. This provided reassurance of high source-specific standards by noting specific measures taken to increase validity. For example, Kidger and colleagues checked inter-rater reliability of their coding from two external raters, and Shelemy and colleagues (2019a) utilised a research assistant to note non-verbal cues and promote equal participation among the focus groups.

Corcoran and Finney (2015) were rated as medium for Transparency. Despite providing a rich description of the geographical context of their sample, they do not specify individual roles among the "school staff". I am therefore unsure of the proportions of teachers, senior leadership and ancillary staff represented in the findings. Danby and Hamilton (2016) were rated as low in Transparency. They gave an honest account of the challenges faced and acknowledged that low response rates necessitated reframing their study as smaller scale than originally intended. However little detail was given around their analytic process, or the nature of the interviews (which were not classified as structured or semi-structured). They also received a medium weighting for source-specific standards, as aspects of their procedure appeared less rigorous than in comparable studies. For example, the interviews were recorded by hand only, thus relied on the speed of the note taker.

The only other 'low' assigned in any category was for the Utility of Davies & Matley's (2020) research focus. Their conclusions are well-grounded and appropriate for their purposes, however they explored teachers' experiences and confidence with a range in Personal, Social, Health and Economic Education (of which mental health was one example). This meant that only a portion of their findings were pertinent to the review question.

Accessibility was high among the studies reviewed. Only Corcoran and Finney (2015) received a medium rating, as some terminology felt difficult for a reader less familiar with discourse analysis. As all the studies relied on self-reports, Propriety was universally high as all participants were fully aware of the procedure they were agreeing to. I should note that this is based on the good-faith assumption that none of the staff sourced through line managers felt pressured into participating.

A difficulty for all the research reviewed proved to be accessing a sample that reflected the views of 'typical' school staff. This meant that even the most relevant papers did not receive a high 'Appropriateness of Design' in this review. Participants in Danby & Hamilton's (2016) and Rothì et al.'s (2008a) research were nominated at the headteacher's discretion, which may have resulted in a particularly skilled or confident sample designed to represent the school at its best. Similarly, Kidger and colleagues (2010) and Shelemy *et al.,* (2019a) sourced participants through pastoral leads. They acknowledged that the pastoral leads who volunteered their schools through social media may to feel their school is particularly invested in mental health support. They go on to highlight that participating schools all had 'Good' or 'Outstanding' ratings from Ofsted, further indicating that they may have different priorities and fewer restrictions than comparatively struggling settings. School staff recruited by Corcoran & Finney (2015) had all previously received "generic mental health training" from one of the researchers, which again demonstrates pre-existing investment in this area.

The high overall reliance on pre-selected participant samples suggests that the current evidence base could underrepresent the perspectives of staff holding the greatest difficulties or concerns around school-based mental health support. Only Shelemy and colleagues (2019b) and Davies and Matley (2020) asked staff to volunteer directly, though the former had a limited sample size (N=7) and the latter relied on participants from social media honestly reporting their profession despite a prize draw incentive.

2.7.4 Synthesis of Findings

As the studies in this review yielded both qualitative and quantitative data, I favoured the flexibility of a narrative strategy for synthesizing their findings. Though meta-analysis of a common statistical rubric is regarded by some as the 'gold standard',

Popay and colleagues (2006) defend narrative syntheses as accessibly integrating diverse data to tell trustworthy and convincing stories about intervention efficacy or the needs of a population. I drew upon their published guidance to increase the robustness of this synthesis; for the sake of transparency Appendix D provides further details on the specific method used. Key points of similarity and difference between the reviewed studies are explored below under four overarching themes.

1. Educator's willingness to provide mental health support

   Two highly weighted studies (Rothì et al., 2008a; Kidger *et al.*, 2010) and one medium weighted study (Corcoran & Finney, 2015) reported that participants unanimously recognised supporting mental health as an important aspect of their professional role. They expressed that students' emotional wellbeing was inextricably linked to their academic and social development (Rothì *et al.,* 2008a; Kidger *et al.,* 2010) and perceived themselves as having a vocation to engage with young people's needs on a holistic level (Corcoran & Finney, 2015). As explained in section 2.2.8, this is perhaps unsurprising given that selection procedures in these three studies are likely to have favoured practitioners with a pre-existing interest or specialism in mental health.

   In two studies (Kidger *et al.,* 2010; Corcoran & Finney, 2015) the educators described a sense of division among their colleagues, believing that a significant minority of non-participating staff believe schools should not be taking on responsibilities for young people's mental health. It was felt that related training would not be embraced by all, despite some participants' desire to 'convert' dissenting colleagues to the importance of this topic (Kidger *et al.*, 2010). Though Corcoran and Finney's (2015) participants all expressed commitment to promoting positive mental health, they also discussed related provision in terms of 'ideal world' practice. The authors posed that this reveals an implicit perception of mental health support as a luxury often discarded during times of high pressure. Consequently, they note that staff acceptance of mental health responsibilities does not automatically guarantee equal parity with the other (pedagogical) aspects of their role. In further support of this view Shelemy and colleagues' (2019b) small sample of secondary teachers distinguished between

educating as their ‘primary’ role and their additional responsibilities for screening and referring vulnerable pupils in need of specialist help.

How educators perceived their exact responsibilities in mental health support appeared to vary. Though Shelemy and colleagues (2019b) focussed on identification and referral, Danby and Hamilton’s (2016) primary participants felt reluctant making those judgements. Instead they appeared to focus on schools’ preventative capacity and whole-class resilience building. Universal preventative strategies were not emphasised in either of Shelemy *et al.*’s (2019a;2019b) studies, suggesting these may be less of a priority among secondary school practitioners.

2. Educators’ perceptions of their ability to support mental health needs

In six out of seven studies (excepting Corcoran & Finney, 2015) participants acknowledged some concerns around their ability to support young people’s mental health. Five studies linked this directly to absent or inadequate training opportunities (Rothì, *et al.*, 2008; Kidger *et al.*, 2010; Shelemy *et al.,* 2019b; Davies & Matley, 2020).

Rothì and colleagues (2008a) found that this lack of confidence induced feelings of guilt which negatively impacted staff’s own wellbeing. Similarly, Shelemy and colleague’s (2019b) participants felt they were letting pupils down, and feared worsening situations through uninformed intervention (Shelemy *et al.,* 2019a). Specific areas in which the educators felt under-skilled included identifying subtle signs of difficulty (Shelemy *et al.,* 2019b; Davies & Matley, 2020), immediate practical support in crisis situations (Shelemy *et al.,* 2019a) and sensitively broaching conversations about mental health with students (Davies & Matley, 2020) and parents (Shelemy *et al.,* 2019a).

3. Other barriers to mental health provision in schools

Five studies alluded to ongoing stigma around mental ill health, though one highlighted how this was perpetuated by teachers (Rothì *et al.,* 2008a), one students (Davies & Matley, 2020) and three among parents (Shelemy *et al.,* 2019a, 2019b;

Danby & Hamilton, 2016). One medium weighted study found staff did not wish to apply the term ‘mental health’ to children due to negative and diagnostic associations (Danby & Hamilton, 2016).

Staff’s own mental wellbeing was described as inadequately supported in two highly weighted studies (Kidger *et al.*, 2010; Rothì *et al.,* 2008a). This was felt to reduce their capacity to address the emotional needs of their students.

Two studies mentioned competing pressures from other educational policies. Corcoran and Finney’s (2015) participants referred to regular inspections and ‘data-crunching’ as an external imposition which detracts from the real purpose of education. Rothì and colleagues (2008a) highlighted a parallel emphasis on classroom management, and how this can lead vulnerable pupils’ cries for help to be met with a disciplinary approach. Two studies (Kidger *et al.*, 2010; Danby & Hamilton, 2016) expressed frustration at the lack of LA support and resourcing to back up increasing mental health responsibilities.

Shelemy and colleagues (2019b) found that teachers worried about becoming too involved in students’ personal lives, describing the maintenance of caring yet professional relationships as a “balancing act”. They emphasized that ongoing, targeted support is the domain of therapists and social workers; school staff should focus on containing needs until specialist support (e.g. CAMHS) can be accessed. However, they also perceived that these services were very difficult to access, leaving them feeling that pupils had nowhere to go (Shelemy *et al.,* 2019b).

4. Factors felt to facilitate more effective wellbeing provision in schools

Most staff expressed desire for further mental health training in six of the seven studies (excepting Corcoran & Finney, 2015). Two studies highlighted that this would ideally be delivered by a mental health specialist (Rothì *et al.,* 2008a; Shelemy *et al.,* 2019). However, the same studies emphasised that it should not be overly complex or too generic, but closely linked to their role and real classroom situations. Shelemy, and colleague (2019a) found that staff valued casework examples, interactive tasks and brief, engaging chunks of information.

Kidger and colleagues (2010) highlighted the role of the curriculum. Many staff felt that emotional health and wellbeing should be more fully integrated throughout the core curriculum, to prevent it from being “swept into a corner”.

Two highly weighted studies mentioned wanting more clarity around whole-school mental health approaches and everyone’s individual role within them (Kidger *et al.*, 2010; Shelemy *et al.,* 2019a).

Two studies also expressed concerns (Danby & Hamilton, 2016; Shelemy *et al.,* 2019b) around parents struggling to spot signs of mental health difficulties in their children and being reluctant to allow school intervention. Consequently, participants wanted support on how to raise awareness and increase parental engagement with mental support without appearing judgemental.

Kidger and colleagues (2010) suggested that staff would highly value the presence of an on-site mental health lead or specialist. This has since formed a core government pledge (DoH & DfE, 2017) meaning an increasing number of schools are now gaining access to a ‘Designated Senior Mental Health Lead’. A more recent study by Shelemy, Harvey & Waite (2019a) reinforced that secondary teachers found on-site mental health leads to be a useful source of knowledge and reassurance. However, they also found that their benefits may be less straightforward than originally hoped. They noted that the staff in schools with access to a dedicated counselling service were less enthusiastic about receiving mental health training, which could suggest that the presence of specialists encourages educators to ‘opt out’ of taking an active role in related provision.

2.7.5 Limitations to this Review

Though systematic reviews aim to provide greater objectivity and transparency than their narrative counterparts, they are still inevitably shaped by their author’s choices and judgements. Data extraction bias refers to the processes through which reviewers shape their outcomes by differentially extracting and evaluating the information most consistent with their own expectations (Wortham, 2001). The use of different inclusion criteria or methods of appraisal could potentially have produced

different conclusions (Juni *et al.*, 1999); for example authors with different review aims may wish to include the substantial body of relevant papers produced in Australia (Graham *et al.,* 2011), the United States (Reinke *et al.*, 2011) and Scandinavia (Ekornes *et al.,* 2012). Though relevant grey literature was not automatically excluded, all the qualifying papers had been published in academic journals. Therefore, their conclusions could reflect publication bias (Torgerson & Elbourne, 2002) in which studies which did not uncover significant concerns or needs were not deemed noteworthy enough for wider publication.

2.7.6 Review Conclusions and Implications for Future Research

Seven studies met the criteria for this review. Their findings suggest that educators have broadly embraced responsibilities over students' mental and emotional wellbeing, recognising its importance for facilitating positive academic and social outcomes. However, the only studies directly investigating staff willingness were conducted on participants who, for various reasons, are likely to represent a more confident or motivated subsection of the staff population. Though two studies highlighted that participants perceived some colleagues as reluctant to take on mental health responsibilities, the perspectives and motivations of these individuals were not represented and explored in the sample. Understanding more about their position would be helpful in establishing if there are further ways of meeting their needs and promoting their investment, alleviating areas of dissent with staff teams.

Helping school staff feel more skilled and knowledgeable on the topic of mental health emerged as a clear priority in six of the seven studies reviewed. I should note that the review included papers published from 2008-2020, during which time there have been significant changes in mental health policy and practice in schools. Shelemy and colleagues' research (2019a, 2019b) constituted the only highly weighted studies completed after the seminal Green Paper on mental health in schools (DoH & DfE, 2017). Yet they continued to communicate the feelings of inadequate preparation and calls for further training reported by Rothì, Leavey & Best in 2008. Though this could suggest little practical change in response to government pledges, participants in Shelemy et al.'s study (2019a) were more likely

to have accessed some related training, even if these experiences were not always considered high quality.

Four studies were exclusively conducted with secondary school staff and one with primary school staff. Rothì and colleagues (2008a) and Corcoran & Finney (2015) combined both primary and secondary experiences. Only two studies explicitly sought TAs views alongside teaching staff, despite other evidence suggesting it is often ancillary staff who take on the bulk of the emotional labour (Lehane, 2016).

In addition to a lack of training and expertise, other barriers to effective mental health support described included: limited resources, lack of wellbeing support for staff, maintaining professional lines in student-teacher relationships, fears of stigmatising vulnerable pupils, lack of support or consent from parents, restricted access to specialist services and conflicting pressures on attainment and behaviour management competing with the goals and time available for pastoral support. Staff also suggested factors which could facilitate more effective mental health support for pupils. Increased staff training on mental health was the most widely endorsed suggestion, and it was emphasised that this needed to be practical and concrete in nature. Two studies concluded that staff would benefit from greater clarity on their individual contribution within whole-school mental health strategies. More frequent opportunities to liaise with mental health experts (both external and on-site) was valued for providing guidance and reassurance. Educators in some studies wished to extend their reach and understand how to better support mental health awareness among parents. One study suggested that to be sufficiently established as a key priority, emotional health and wellbeing should be emphasised throughout the broader curriculum and not isolated within PSHE sessions.

The findings of this review demonstrate the value of engaging with frontline educators to investigate the barriers to best practice which are most visible from inside the school system.

2.8 Introduction to the Current Research

In section 2.5 it was discussed that successful organizational development should be underpinned by ongoing review and refinement. It therefore remains important to expand and update the evidence base and assess how new policies and pressures continue to interact with one another. As four of the seven studies reviewed were completed prior to the landmark Green Paper on mental health in schools (DoH & DfE, 2017), comparison with more recent findings can serve as a useful indicator of change. As demonstrated by Shelemy and colleague's (2019a) suggestion that increased access to on-site experts had unintended impacts on wider staff investment (see section 2.7.4), it can also unearth fresh insights and unforeseen obstacles.

2.8.1 The Research Question

This research aims to broadly and inductively explore:

What viewpoints do educators hold regarding their involvement in school-based mental health support?

Findings will be considered in relation to the following sub-questions:

i) How do educators view their role within mental health support for young people?
ii) How do educators perceive the current impact of school-based mental health provision?
iii) Do school staff believe there is anything that would enhance the mental health support they are able to provide to pupils?

2.8.2 Contribution to Existing Literature

This research aims to make an original contribution to the existing evidence base by using Q methodology. This method combines qualitative and quantitative features to capture diverse views while distilling them into a smaller number of view*points,* which are socially shared within the participant group. Terms such as beliefs, views, attitudes and perceptions are often used interchangeably according to researcher preference (Brown, 1995). However, the unique contribution of Q methodology requires a fundamental distinction between views and view*points*. Watts and Stenner (2012) defined viewpoints as how a group of people subjectively construct or

respond to the same concept. In contrast to the more general and diffuse concept of views, viewpoints are gestalt, configurations of participants' overall pattern of views and priorities on a particular topic. It has been argued that a limited number of viewpoints exist on a subject, therefore extracting these provides evidence of simple and shared cognitive patterns (Thomas & Baas, 1992). The systematic literature review found several studies exploring educator views, but none using a method which collates them into overarching viewpoints. Section 3.5 further justifies why I believe this would be particularly useful for addressing the research question.

Previous studies have relied on samples selected by headteachers (Rothì et al., 2008; Danby & Hamilton, 2016) and pastoral leads (Kidger *et al.*, 2010; Shelemy, Harvey & Waite 2019a), or sourced through previous mental health training (Corcoran & Finney, 2015). I will therefore aim to recruit more broadly from the staff population to access those with a more diverse range of skills and experiences. Stakeholder information will explain that I am requesting permission to contact the whole staff mailing list, and I am not asking Headteachers and SENDCos to nominate or promote the study to particular individuals. I will also state in the Q-sort advertisement that no prior experience or training is required, and it is equally important for me to know if people do not feel they are involved in school mental health provision.

The views of teaching assistants are represented in just two previous studies (Kidger *et al.,* 2010; Danby & Hamilton, 2016), yet research has shown that students particularly value their 'soft skills' such as sensitivity, empathy and approachability (Dunne *et al.,* 2008). Furthermore, the ELSA project (Burton, 2004) offers teaching assistants the opportunity to take on targeted mental health training and responsibilities. This research will sample views from teachers, headteachers and TAs, as mental health responsibilities involve all of these professionals at different levels. In-keeping with the exploratory ethos of Q methodology, Watts and Stenner (2012) contend that if participant characteristics result in substantial differences between viewpoints, it is better to discover this through the research than to exclude a relevant group based on à priori assumptions. Kidger and colleagues (2010) noted remarkable similarity of views across staff roles, therefore I have no reason not to include teaching assistants in this investigation.

2.9 Summary of the Literature Review

This chapter has explored the existing literature around school-based mental health support. I have outlined ongoing concerns around young people's declining mental wellbeing, and the resultant government initiatives to expand and formalise educators' role in the provision of tier one mental health support. I have also explained the importance of feedback from school staff in ensuring that education policy translates effectively to real-world practice. The systematic literature review identified seven studies yielding conclusions relevant to this area of enquiry, from which I developed my own aims and research question*. Chapter 3: Methodology* will delineate how Q methodology was employed to address this question.

3. Methodology

3.1 Introduction to the Methodology

In this chapter I will describe the methods used in this research and provide a rationale for their selection. After an overview of Q methodology, I further describe its aims, origins, procedure and epistemological orientation. Next, I appraise its strengths and limitations and justify why Q is well-suited to my study aims and focus question. Section 3.6.1 explains the conversion of the research to an online format and discusses potential implications of this shift. I then outline details of the procedure step-by-step, addressing key decision points around sampling methods, enhancing validity and ensuring ethical practice.

3.2 Background to Q methodology

3.2.1 Q methodology: Overview and Aims

Q methodology seeks to reveal the viewpoints held by participants in relation to a complex or contested topic (De Mol & Buysse, 2008). Rich, qualitative opinion data pertaining to the topic of focus is condensed into a collection of stimulus items called the Q-set. Participants rank-order these items along a predetermined continuum in an activity known as Q-sorting (Brown, 1995). The overall configuration of item rankings within each completed Q-sort is subjected to by-person factor analysis (Watts & Stenner, 2005). This is an inversion of traditional factor analytic method, which groups participants who have sorted the items in similar ways (Stephenson, 1935). The groups are expressed as mathematical factors, with each representing a different viewpoint held in relation to the focus topic. To effectively summarize the essence of these viewpoints, holistic, qualitative interpretation is required to account for the relative positioning (thus prioritisation) of each item compared to the others. Years after the death of Q's creator (see section 3.2.2) Stenner & Stainton Rogers (2004) suggested Q stand for 'qualiquantology', in recognition of the method's ability to explore rich beliefs and values using objective mathematical operations.

3.2.2 Q methodology: Origins

William Stephenson, a British physicist and psychologist, introduced Q methodology as an adaptation of factor analysis, designed to facilitate "empirical discoveries of a qualitative kind" (Stephenson, 1936, p. 205). The method debuted in conscious contradiction to the psychometric testing and numerical scales predominant in

contemporary research. Stephenson questioned the hegemony of hypothesis-testing, arguing that researchers should also be “making discoveries rather than testing our reasoning” (Stephenson, 1953, p.151). He believed that R methodologies (which score participants on a set of objective measures) were useful for investigating observable behaviour, but Q methodology could play a crucial role exploring internal beliefs and attitudes (Stephenson, 1953). Unlike “quasi-quantitative” attitudinal and Likert scales, Q embraces nuance and subjectivity rather than striving to eradicate it (Stenner, 2011).

This departure from the zeitgeist is felt to have contributed to a history of misunderstandings and controversy surrounding Q methodology (Brown, 1980), which was slow to gain traction within Stephenson’s lifetime (Good, 2010). It was more readily adopted by American researchers, though Bradley & Miller (2010) note a British revival during the 1980’s following increased interest in social constructionist research.

It has since been employed in a number of disciplines to investigate viewpoints on topics as diverse as love (Watts & Stenner, 2005), terrorism (Nitcavic & Dowling, 1990), smoking (Farrimond *et al.*, 2010), university (Bradley & Miller, 2010) HIV/AIDs (Prasad, 2001) and egg freezing (Kostenzer *et al.,* 2021). Brown (1995) argued that no other method can match Q methodology’s scope and versatility.

3.2.3 Q methodology: Procedure

As Q remains a relatively niche method, it is helpful for researchers to outline the general procedure before detailing how it was employed within their specific study (Kitzinger, 1999). Brown (1980) summarized the process using five key stages:

1. Identifying a concourse on a topic of interest
2. Developing a representative set of statements (the Q-set)
3. Specifying the respondents for the study (P-set) and the condition of instruction
4. Administering the Q-sort
5. Factor analysis and interpretation

I will now describe each of these phases.

3.2.3.1 Identifying the Concourse

Q studies begin by gathering a vast body of items germane to their focus (Stainton Rogers, 1995). They could consist of words, pictures or even smells (Stephenson, 1953) but are most commonly statements of opinion (Watts & Stenner, 2012). The term concourse derives from Cicero's use of 'concursus' to mean 'stream of consciousness.' It represents the flow of ideas and opinions that surround a topic (Thomas & McKeown, 2013).

The researcher aims to broadly capture the "conversational possibilities" (Stephenson, 1986) pertaining to their question, so that all relevant sub-issues are represented (Herrington & Coogan, 2011). Thus, they may draw upon an eclectic range of sources which have historically included interviews, focus groups, previous research, newspapers, magazines, blogs, message boards and conversations (Thomas & McKeown, 2013).

3.2.3.2 Developing the Q-set

Next, the concourse is distilled into a comprehensive yet manageable set of numbered items for participants to read and sort. These are called the Q-set which Watts (2008) compares to a set of carpet tiles; when put together the individual items should cover the conceptual space without gaps or overlaps.

In Q methodology, the number of items in the Q-set (not the number of participants) represent the sample size (Thomas & McKeown, 2013). Determining the desired Q-set size involves weighing sufficient topic coverage against what is reasonable to practically ask participants to sort. Akhtar-Danesh and colleagues (2008) found participants took 30-60 minutes to rank-order 50 statements. Watts and Stenner (2012) suggest that 40-80 has become the 'house standard.'

Q-set development is a rigorous process which typically takes up the "bulk of time and effort" in a Q-study (Curt, 1994, p.120). Participants cannot share their true beliefs if the right statements are not made available to them (Cross, 2005). Piloting and peer review are advocated to ensure that the Q-set is as representative, comprehensible and well-balanced as possible (Herrington & Coogan, 2011).

3.2.3.3 Specifying the respondents for the study (P-set) and the condition of instruction

The participant group in Q methodology is referred to as the P-set. Their characteristics vary in line with the research question, as the P-set should consist of those whose viewpoints matter most in relation to the study focus (Webler *et al.*, 2009). For this reason, participants are unlikely to be sourced randomly or wholly on the basis of convenience (Brown, 1990), however the exploratory orientation means that highly stratified sampling is also unlikely to be necessary. Watts and Stenner (2012) suggest when there is no empirical justification that certain viewpoints 'belong' to certain types of people, it is sensible to maintain a balance between unhelpfully homogenous and overly constructed P-sets by sampling opportunistically within as many of the "obviously pertinent demographic groups" as possible (p.71).

R methodologies require at least twice as many participants as variables to enable meaningful statistical analysis (Kline, 1994). As Q methodology inverts the factor analytic procedure, it also reverses this principle. Large numbers are not required and can potentially cancel out nuances in the data (Watts & Stenner, 2012). There is significant variation among the 'rules of thumb' suggested for P-set size. Stainton Rogers (1995) wrote that the best results were achieved with 40-60 participants, yet Webler and colleagues (2009) support a ratio of 3 Q-set items to every one participant. Watts (2015) stated that a 20-40 person P-set can be considered normal, though acknowledges that some effective Q studies have been based on even fewer.

The condition of instruction is a statement guiding the context in which participants order the Q-set (Thomas & McKeown, 2013). It must be clear and contain a single preposition (Watts & Stenner, 2012); one of the most commonly used asks participants to rank items in line with their level of agreement (Thomas & McKeown, 2013).

3.2.3.4 Administering the Q-sort

Participants are asked to rank-order the Q-set in accordance with the condition of instruction based on their own subjective opinions. Cross (2005) called this activity the instrumental basis of Q methodology.

Items in the Q-set are shuffled and presented to the participants. After familiarising themselves with the items, participants must initially sort them into two opposing and one neutral category, for example ‘Agree’, ‘Disagree’ and ‘Neither agree nor disagree’ (Herrington & Coogan, 2011). They then arrange the items onto a grid which forces their preferences into a normal distribution, with more opinions in a neutral position than at either extreme (Peritore, 1989). The grid is labelled with a numerical continuum and terms of reference to guide how each column should be used (Figure 3.1).

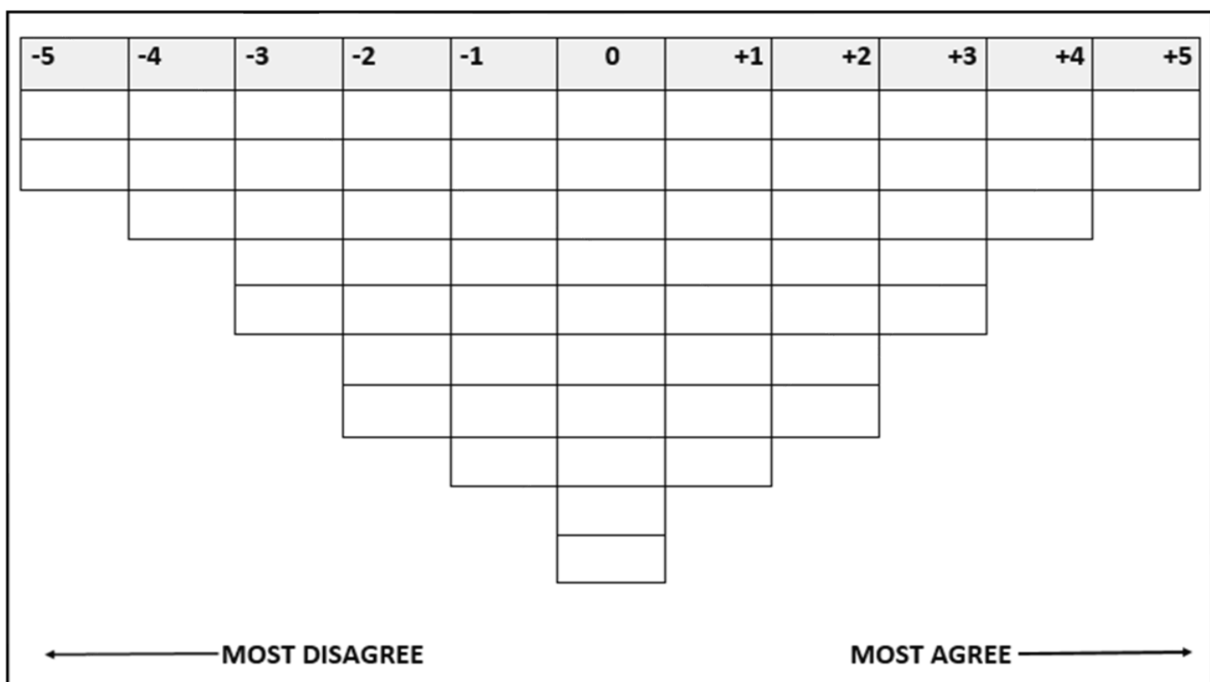


Figure 3. 1: A figure exemplifying a normal distribution Q-sort grid onto which a 60-item Q-set is arranged.

In contrast with scales used in R methodologies, items are not presumed to convey universal meanings. Participants inject them with their own understandings throughout the sorting process (Brown, 1997). For this reason the Q-sort is typically followed by a post-sort interview or questionnaire, eliciting information about items participants struggled to place, views they felt were missing and why they reacted strongly to items they placed at either end of the continuum (Watts & Stenner, 2012). This helps to provide detail and context for interpreting the factors that emerge during analysis.

3.2.3.5 Factor Analysis and Interpretation

Specialist computer programmes are available to facilitate the by-person factor analysis. This method is employed to “cluster like-minded people” (Nazariadli *et al.,* 2019) and can be summarised in three key stages:

1. Factor Extraction

The analysis groups participants who have sorted items into a similar configuration. These groups are represented as mathematical factors, which each represent a unique viewpoint or way of thinking about the focus topic (Brown, 1993).

2. Factor Rotation

The factors are rotated to generate a solution which maximises the amount of variance explained by as few factors as possible. An acceptable factor solution should aim to account for 35% or more of total study variance (Kline, 2014).

3. Factor Arrays

Individual Q-sorts within each factor will be combined to form an exemplar factor array. The factor array is a ‘single entangled product’ (Thomas & McKeown, 2013) which represents a ‘best estimate’ summary of the characteristic response pattern defining each factor (Watts & Stenner, 2005).

The researcher compares item rankings within the factor arrays, using post-sort data and pre-existing theory to help infer the ‘story told’ by each (Stainton Rogers *et al.*, 1995, p.249). This enables them to name and summarize the viewpoint each factor encapsulates.

3.3 Epistemological Positioning

Researchers’ beliefs around the nature and scope of knowledge inevitably influence the methods they adopt. Positivists, for whom knowledge is derived from the scientific study of an objective, external reality, favour quantitative methods which yield hard, numerical data about large-scale laws of human behaviour. Conversely, social constructionists believe that individuals form idiographic perceptions of reality from their own experience and interpretations. If there is not one single ‘truth’ that the researcher must access, it becomes more valuable to explore rich, qualitative data

which retains its context and individual meaning (Robson, 2011; Cohen *et al.,* Morrison, 2007).

The traditional depiction of those two opposing camps engaged in a 'paradigm war' has been criticised as a false dichotomy (Greene, 2007). Q is one example of a methodology that does not readily situate within a binary construct. It fundamentally aligns with the qualitative purpose of exploring subjective beliefs and values (Brown, 2008), yet the method of extraction utilises structures manifested through statistical analysis (Newman & Ramlo, 2010).Therefore though Q methodology predates the term 'mixed methods' by around 35 years (Ramlo, 2016), it is often retrospectively classified as such (Tashakkori & Teddlie, 2009).

Some in the Q community have embraced a mixed methods identity and inclusion in associated journals, which have arguably helped widen its audience (Stenner & Stainton Rogers, 2004; Davis & Michelle, 2011). Others regard the term as insufficient to capture Q methodology's intrinsic hybridity, which incorporates a continual interaction between qualitative and quantitative components throughout the research process (Ramlo, 2016). Stenner (2009) believes that on this basis Stephenson resisted the subsumption of Q within other research typologies.

However, mixed methods research is increasingly positioned as encompassing a diversity of practices. Qualitative and quantitative phases can occur sequentially; for example, an experiment followed by in-depth interviews (Johnson & Onwuegbuzie, 2004). However, methods which feature simultaneous interplay could be categorized based on the relative status afforded to each of the paradigms (Johnson *et al.,* 2005). From this perspective, Ramlo (2016) supports that view that Q can be considered a 'qualitative dominant' mixed methodology, as factor analytic elements are employed to assist the overarching pursuit of *theoretical* rather than statistical significance.

Irrespective of its classification, Q methodology demands a tolerance of hybridity and respect for methodological diversity from anyone looking to use it. Stenner & Stainton Rogers (2004) contended that embracing Q methodology requires an epistemological conversion, which they dubbed the 'Amish Effect' as it results in a small but devoted research community.

My personal inclination towards a pragmatic epistemology means that I value Q methodology's versatility in a way that more purist researchers would not. Pragmatism is defined by flexibility and the application of methods most appropriate to the research question (Johnson & Onwuegbuzie, 2004). It enables me to embrace the view that "good research is good research", regardless of the traditions it stems from (Onwuegbuzie, 2012, p.195). From this perspective, Q methodology was selected for its congruence with my research question and ability to combine the strengths of both qualitative and quantitative approaches, "exploring subjectivity, beliefs and values while retaining the transparency, rigour and mathematical underpinnings of quantitative techniques" (Baker *et al.,* 2006, p.2343).

3.4 Advantages and Limitations of Q methodology

3.4.1 A matter of perspective?

As acknowledged in the previous section, Q's hybrid nature can be divisive. Those who find it incoherent or overly ambitious (Kampen & Tamas, 2014) have often overgeneralized quality criteria from their own preferred paradigms (Brown *et al.,* 2015). For example, criticisms of inadequately sized P-sets (Wittenborn, 1961; Kampen & Tamas, 2014) fail to account for the rationale described in *section 3.2.3.3*. Kerlinger's (1972) calls for standardised samples, analysis of variance and significance testing similarly neglect Q's fundamental values in the pursuit of 'quantitative purity' (Ramlo, 2016). Application of generic quality criteria is therefore of limited use during consideration of a Q study; it must be evaluated in relation to its own aims.

Nonetheless, like all methodologies, there are areas in which Q excels and aspects in which it is limited. I have considered these strengths and weaknesses in relation to validity, reliability and ethics.

3.4.2 Validity

Cross (2005) concludes that the now extensive body of Q literature more than demonstrates its capacity to find sense and order within shared subjectivities. Reliance on a pre-determined Q-set has been perceived as limiting by some researchers (Block, 2008) and participants (Stenner, 2008). Even with extensive concourse sampling it remains feasible that niche views could have been missed. However, this limitation can be mitigated on two grounds:

- The post-sort data collection offers participants a chance to air opinions not available in the Q-set.
- The Q-set requires active interpretation and prioritisation from the participants, and it is the overall positioning of relative preferences that forms the unit of analysis.

Brown (1980) demonstrated that a 33-item Q-set on a continuum of -4 to +4 produces 11000 times as many unique configurations as there are people in the world, thus enabling (more than) “sufficient room for individuality to be expressed” (p.267).

Item validity is of less concern than in traditional survey methods. Q methodology only ascribes meaning to the whole configuration at the very end of the analytic process. Thus, participants are *expected* to draw upon their own unique interpretations during sorting (Brown, 1980). This focus on how views relate within a holistic configuration is arguably a strength of the methodology (Herrington & Coogan, 2011). It counters a widespread assumption that people can be accurately represented by decontextualized themes or binary correlations (Watts & Stenner, 2012). Instead, Q methodology yields well-warranted accounts which preserve the original context (thereby implicit reasoning and relative priorities) in which the participants represented their views.

As with any form of self-report, Q methodology is reliant on the participants’ honest co-operation. It is possible they could complete the grid at random or give answers they perceive as desirable. Keeping the Q-sorts anonymous can help reduce the likelihood of social desirability bias (Peritore, 1989).

As the researcher is heavily embedded in Q-set creation and factor interpretation, there is also a risk of investigator bias. Piloting and peer review can help to minimize this, while transparent accounts of decision-making help findings to be interpreted with appropriate caution and parameters.

Arranging statements onto a grid constitutes a novel and artificial task, thus reducing ecological validity. However, Watts and Stenner (2005) argue that naturalism is not an inviolable standard, as we cannot presume unfamiliar activities are incapable of

producing accurate findings. Thomas & McKeown (2013) suggest that Q-sorting draws upon selection and prioritisation skills that we apply across multiple real-life scenarios; from a viewer selecting TV channels to a teacher grading essays or a shopper selecting their preferred brands.

Though Q methodology examines individual responses for shared social constructions, it cannot be claimed to prove hypotheses or generate population statistics. It aims to sample the diversity of viewpoints in circulation; not to approximate the percentage of people expressing them (Kitzinger, 1987). Acceptance of this limitation is vital to avoid inappropriate overgeneralization, which Stephenson (1936) felt was pervasive in poorly executed R methodologies.

3.4.3 Reliability

There is conflicting evidence regarding the reliability of Q methodology . When repeated with the same individuals it has not always yielded the same responses (Cross, 2005). However, test-retest studies by Brown (1980) found correlation coefficients of .8 or higher, which were maintained with 85% consistency one year later. Prasad (2001) concluded that Q methodology is a reliable instrument for exploring attitudes, which can be used in a variety of settings, on the same individual multiple times and with short inter-test intervals. Valenta and Wigger (1997) found reliability and stability of emergent viewpoints across different P-sets, which appears to support assumptions of finite diversity among the number viewpoints on any given topic.

Stainton Rogers (1991) questioned the necessity of long-term replicability, as it is generally accepted that people's viewpoints change and evolve over time. Q methodology produces a series of atemporal 'snap-shots' reflecting what is *currently* thought around the topic; it makes no claims to reveal anything beyond the present.

3.4.4 Ethics

Q methodology respects the integrity of the respondent (Peritore,1989). It recognises that participants are complex by representing their views in a nuanced, gestalt form. The method does not test people or impose the researcher's definitions; it asks them to decide what is most significant from their own perspective (Herrington & Coogan, 2011). As Q does not speculate on the proportion of the population

holding each viewpoint, it also preserves minority perspectives and avoids privileging a majority outlook (Brown, 2006).

The Q-sort activity is voluntary, but I should acknowledge that it is more time and labour intensive than most traditional surveys. Researchers are advised not to overload participants with too many options or repeated measures to avoid sorting fatigue (Thomas & McKeown, 2013). A previous doctoral thesis reported that participants found the activity enjoyable and cathartic (Small, 2011).

3.5 Selection of Q methodology for this Research

Q methodology is an effective means of understanding complex topics from the perspective of those most affected by them (Stainton Rogers, 1995). It is also recognised to be helpful in gauging social responses to policy and legislation (Watts & Stenner, 2012). It is therefore well-suited to gathering a snapshot of the viewpoints school staff hold around their involvement in supporting pupils' mental health. Though Interpretive Phenomenological Analysis (IPA) could have yielded rich subjective accounts, its primary goal is to understand how *individuals* make sense of their experiences (Smith & Eatough, 2019). Q methodology investigates social viewpoints that are shared among groups of people. This broader outlook can help generate implications for practice, as "a distinction of audience segments (…) may be an important step toward targeted interventions" (ten Klooster *et al.*, 2008, p. 518).

Previous research on this topic has relied almost exclusively on thematic analysis of interview or survey data. Stephenson (1936) described such methods as atomistic, as they deconstruct cognitive constructions into discrete themes. Q methodology preserves interconnections between ideas, enabling richer interpretation of the perspectives it yields. I felt this could be particularly helpful for exploring topics on which people might hold seemingly incompatible views. In their study of school staff's views on mainstream inclusion, Croll and Moses (2000, p.1) noted "tensions and contradictions" in educators' simultaneous endorsement of inclusive principles and specialist settings. Similarly, Corcoran and Finney (2015) found that in high-pressure circumstances educators' espoused commitment to mental health provision became relegated to the 'ideal' relative to the 'real work' of curriculum delivery and exam support. In contrast to a series of separate scales or questions, Q's forced

distribution grid requires participants to probe their attitudes more carefully (Prasad, 2001) and establish which of their beliefs are ultimately most salient to them.

Finally, Q methodology is useful for studies interested in ‘many voices’ (Stainton Rogers, 1995). Acknowledging and accommodating diverse staff perspectives is integral for supporting their wellbeing and that of the students they support. For this reason, Q methodology felt more appropriate for this research than a large-scale aggregative survey which would emphasise the existence of a majority view (Brown, 2006).

3.6 Methods Employed in this Research

3.6.1 Moving the Research Online

3.6.1.1 The necessity of remote working

My original research proposal stated that participants would complete the Q-sort activity at individual desks under exam-style conditions. This traditional paper-based method of Q-sorting is depicted in Figure 3.2 below.

This figure has been removed by the author of this thesis for copyright reasons.

Figure 3. 2: A figure illustrating a participant Q-sorting printed statements onto a paper grid (as shown in Ellingsen *et al.*, 2014).

During the coronavirus pandemic and social distancing guidelines, it became ethically necessary to adapt this research for remote use. Postal distribution of paper materials can be cumbersome and confusing for participants (ten Klooster *et al.*, 2008). Fortunately, there is a precedent for successful Q research using online software (e.g. Lazard & Capdevila, 2020; Churruca *et al.*, 2014; Bradley *et al.*, 2018).

3.6.1.2 Selecting the Q-sort Software

I met with two doctoral colleagues (who were developing their own Q studies) to collaboratively trial and review potential platforms for our respective research.

The group unanimously favoured Nazariadli's (2019) VQMethod *(version 1.01)* for combining the following features:

- Clear, user-friendly interface.

- Free, unlimited access (so all study features could be trialled and piloted in advance).
- Customisable pre-sort consent form and post-sort questionnaire.
- Positive reviews from other students on research discussion forums.

Appendix E details the criteria I used to assist my appraisal and justifies why alternative options were not selected.

VQMethod's creator has published research on its usability, rigour and reliability (Nazariadli *et al.*, 2019). Though this is a small-scale study (arguably with vested interest), no equivalent evaluation was found for other platforms. The study also evidenced that VQMethod was adapted in response to participant feedback.

3.6.1.3 The implications of online research

High correspondence was found between the Q-sorts from online and paper-based methods (Nazariadli *et al.*,2019). The majority of online Q studies I sampled did not digress into the impact of remote delivery, perhaps indicating that the equivalence of these methods is broadly assumed.

However, Postlethwaite and colleagues (2020) reported 50% attrition of online participants during the Q-sort, compared to 0% of offline participants. The physical absence of the researcher has been broadly suggested to reduce motivation and response rates across all forms of online research (Fricker *et al.,* 2005). A potential counterpoint is that clicking a link to complete at their convenience offers flexibility to busy respondents and may broaden the pool of people who consider participation.

Some argue that remote methods reduce the quality of Q-sort data, as researcher-participant interactions stimulate reflectiveness and enrich data interpretation (Couper *et al.*, 2001). They provide reassurance that participants have correctly understood the sorting instructions. However, interactions with the researcher could also influence participants' responses (Cross, 2005). Allowing them true anonymity online could potentially alleviate fears of expressing 'frowned upon' perspectives.

It is speculated whether online research yields a different 'type' of respondent than traditional methods (Postlethwaite *et al.,* 2020). Though it can exclude participants with less computer experience (Grigorian *et al.*, 2004), I would argue that basic IT

proficiency is typically expected among school staff (for example to access work-related emails).

Limited findings suggest that Q-sorts completed on VQMethod possess higher composite reliability than those done on paper (Nazariadli *et al.*, 2019). Ultimately, I felt there was sufficient justification to proceed with the study online while remaining mindful of potential consequences of this shift.

3.6.2 Participant Recruitment

3.6.2.1 Sampling frame and strategy

All participants were currently employed in primary or secondary schools within an East Midlands county authority. I am on professional placement in this LA, which facilitated access to headteachers' contact details. The ethical implications of recruiting within my placement county are considered in section 3.6.5.

The coronavirus pandemic prohibited visiting schools to present my research and request volunteers in person. Instead, initial contact was made via an email to headteachers, which also copied in the school SENDCo. A Stakeholder Information Sheet was attached to a friendly introductory message explaining the study and my professional role (see Appendix F for stakeholder recruitment materials). The mailing lists of consenting schools were emailed the study advertisement and Participant Information Sheet for the relevant research phase (see Appendix G for all participant recruitment materials). Staff members were asked to indicate their interest by emailing me directly to arrange the online meeting or request the link for the Q-sort activity.

3.6.2.2 Recruitment for Focus Groups and Interviews

As the first research phase consisted of broadly gathering the richest concourse possible, I used purposive sampling to request contact with specific staff roles.
I planned to invite the following professionals to participate in an interview or focus group (further details provided in section 3.6.3.1):

- One group of 4-6 teachers
- One group of 4-6 TAs
- An ELSA
- A mental health/EHWB lead

- A primary headteacher
- A secondary headteacher

These roles were chosen to optimise the range of vantagepoints represented in the concourse. Accessing the domain-specific professionals required the creation of a sampling frame containing only those schools which employ ELSAs and mental health leads. This was compiled from browsing school websites, asking colleagues about schools they had worked with and the list of schools enrolled for ELSA supervision from Educational Psychology Service.

3.6.2.3 Early Adjustments to Recruitment Strategy

Though I was able to interview one ELSA and one mental health lead, response rates for these groups were low given the numbers contacted. The high stress and workload reported by many staff at this time indicated that a mass recruitment approach may not be the most appropriate or effective.

Subsequently, all stakeholder emails were addressed by name and acknowledged the difficulties of the current context. I also offered opportunities for telephone or video communication to promote engagement. To facilitate this more personalised and therefore time-consuming strategy, I arranged the county schools onto lists of primaries and secondaries, then gradually worked though the pertinent list during each phase of recruitment until sufficient numbers had volunteered. These lists were initially alphabetical; after a few weeks I asked colleagues which of their schools remained responsive to emails and appeared to be coping well during the pandemic and associated closures. These schools were then moved to the top of the lists. Watts & Stenner (2003) defend opportunity samples as in-keeping with Q's exploratory ethos, which avoids preconceptions and enables participants to self-categorize.

3.6.2.4 Recruitment for Q-sort activity

The Q-sort activity was broadly advertised to any practising teachers, headteachers or teaching support staff. Although Q researchers do not closely control participant characteristics, there is typically some effort to ensure as much variability in the P-set as is practical under the circumstances (Brown, 1980). For this reason, I

alternated between primary and secondary lists to enable staff from both types of settings to be represented in the final sample.

Recruitment for this phase concluded when the following two conditions were met:

- At least 20 participants had fully completed the activity.
- Neither primary nor secondary staff represented less than 30% of the final P-set.

3.6.2.5 Participant characteristics for the Q-sort activity

Eleven Headteachers and SENDCos consented for me to invite their staff mailing list to participate in the Q-sort. This enabled me to advertise the activity across four secondary and seven primary settings. From these schools, 22 staff members completed the activity. Their characteristics are detailed in Table 3.1, with years of experience given within a range to reduce participant identifiability. The sample was 62% primary-based and had an average of 13.7 years of experience employed in a school setting.

Table 3. 1: A table displaying participant information for the school staff who completed the Q-sort activity.

Participant	Current Role	Type of Provision	Years spent working in schools
1	SENDCo	Primary	11-15
2	Pastoral Lead	Primary	11-15
3	Teaching Assistant	Primary	11-15
4	Pastoral manager	Secondary	0-5
5	Headteacher	Secondary	26-30
6	Deputy Headteacher	Secondary	16-20
7	Teacher/Safeguarding Officer	Secondary	16-20
8	Assistant Head and Pastoral Lead	Secondary	21-25
9	Assistant SENDCo/KS3 teacher	Secondary	0-5
10	Pastoral Manager	Unspecified	11-15
11	Teaching Assistant	Primary	0-5
12	Teacher/SENDCo	Primary	31-35
13	HLTA/ELSA	Primary	16-20
14	Teacher/SENDCO	Primary	11-15
15	Teacher	Secondary	6-10
16	Assistant SENDCo	Secondary	6-10
17	Teacher	Primary	11-15
18	Teacher	Primary	0-5
19	Teacher	Primary	6-10
20	Headteacher	Primary	16-20
21	Teacher	Primary	21-25
22	Pastoral Support Worker	Primary	0-5

3.6.3 Procedure for Data Collection

3.6.3.1 Sampling the Concourse

I used a range of sources to sample the concourse surrounding educators' involvement in mental health provision.

Indirect data gathering included:

- Reviewing relevant academic literature accessed via databases (PsycInfo, ERIC, Web of Science) and search engines (Google Scholar, NuSearch). This included a focussed systematic review of previous research on the topic (see section 2.7).
- Browsing related newspaper articles, blogs and online discussion forums (such as comments posted to the *Times Education Supplement* website).

Direct data gathering comprised:

- Two semi-structured interviews with headteachers; one primary and one secondary.
- Two semi-structured interviews with domain-specific professionals; one primary-based ELSA and one secondary-based mental health lead.
- Two focus groups respectively containing 3 and 4 TAs from the same secondary school.

All were conducted remotely via Microsoft Teams video conferencing software. I loosely structured the conversations using prompts (Appendix H) created using Krueger and Casey's (2009) guidance for effective question sequencing. The views expressed were noted as a series of standalone statements; authentic phrasing was only altered to enable each to make sense as an individual sentence. I audio-recorded the sessions using the Voice Memos application, replaying each recording once before deletion to ensure nothing had been missed. I was unfortunately unable to meet with a group of 4-6 teachers within the necessary time frame (this is further discussed in section 5.4.2.2).

Focus groups yield rich data and stimulate conversations which enable participants to "explore and clarify their views in ways (…) less easily accessible in a one to one

interview " Kitzinger (1995, p.300). Though I recognise the potential for social inhibition and group conformity, this can be reduced by keeping group members homogenous in terms of status (Howitt, 2019). As individual schools typically employ more than one Teaching Assistant, I opted to speak with them via focus groups. I interviewed those staff who had no equivalents within their own setting, as they may have felt less relaxed and able to share their views if grouped with unfamiliar professionals from other schools. Each interview lasted 40-45 minutes and each focus group lasted one hour.

3.6.3.2 Developing the Q-set

The 572-statement concourse was condensed into a 61 statement Q-set. Despite being deemed the “heart of any Q study”, published research often does not detail how the Q-set was developed (Paige & Morin, 2016). For transparency I have outlined my iterative process of refinement, with examples, in Appendix I. A summary is of the key phases is given below:

1. **Statement Grouping-** I read and grouped similar statements. Each of the 83 groups was assigned one overarching statement summarizing the view it was communicating. As it is valuable to retain authentic and operant wording from the participants (Thomas & McKeown, 2013) I selected or amalgamated the summarising statements directly from the data wherever possible.
2. **Peer Review -** I consulted with two Trainee Educational Psychologist (TEP) colleagues also undertaking Q methodological studies. They provided feedback on the appropriateness of groupings and clarity of summarising statements.
3. **Statement Reduction**- I met with the same colleagues on a separate day to discuss which of the remaining statements should be discarded. This was facilitated by considering mutual exclusivity, as there is no value in keeping an “I have” and an “I have not” item for the same core idea.
4. **Informed Peer Review-** Brown and colleagues (2015) advocate ‘informed peer review’ where those experienced in a methodology advise novice researchers. A qualified EP who has conducted Q research reviewed my remaining 61 statements and the groupings they aimed to represent. I made further refinements based on her recommendations.

5. **Grammar and Readability Checks –** Sexton and colleagues (1998) suggest submitting the Q-set to a literacy specialist. I reviewed my statements with an EP who previously taught English (and is frequently sought within the service for spelling and grammar expertise), also responding to her feedback.

The full statements comprising the Q-set are shown in Appendix J.

3.6.3.3 Creating the Q-sort activity

Statements in the Q-set were renumbered at random. I created the normal distribution grid on a continuum from -6 to +6, as a thirteen-point distribution is considered best suited for Q-sets above sixty items (Brown, 1980). This grid as it appeared to participants during sorting is shown in Figure 3.3.

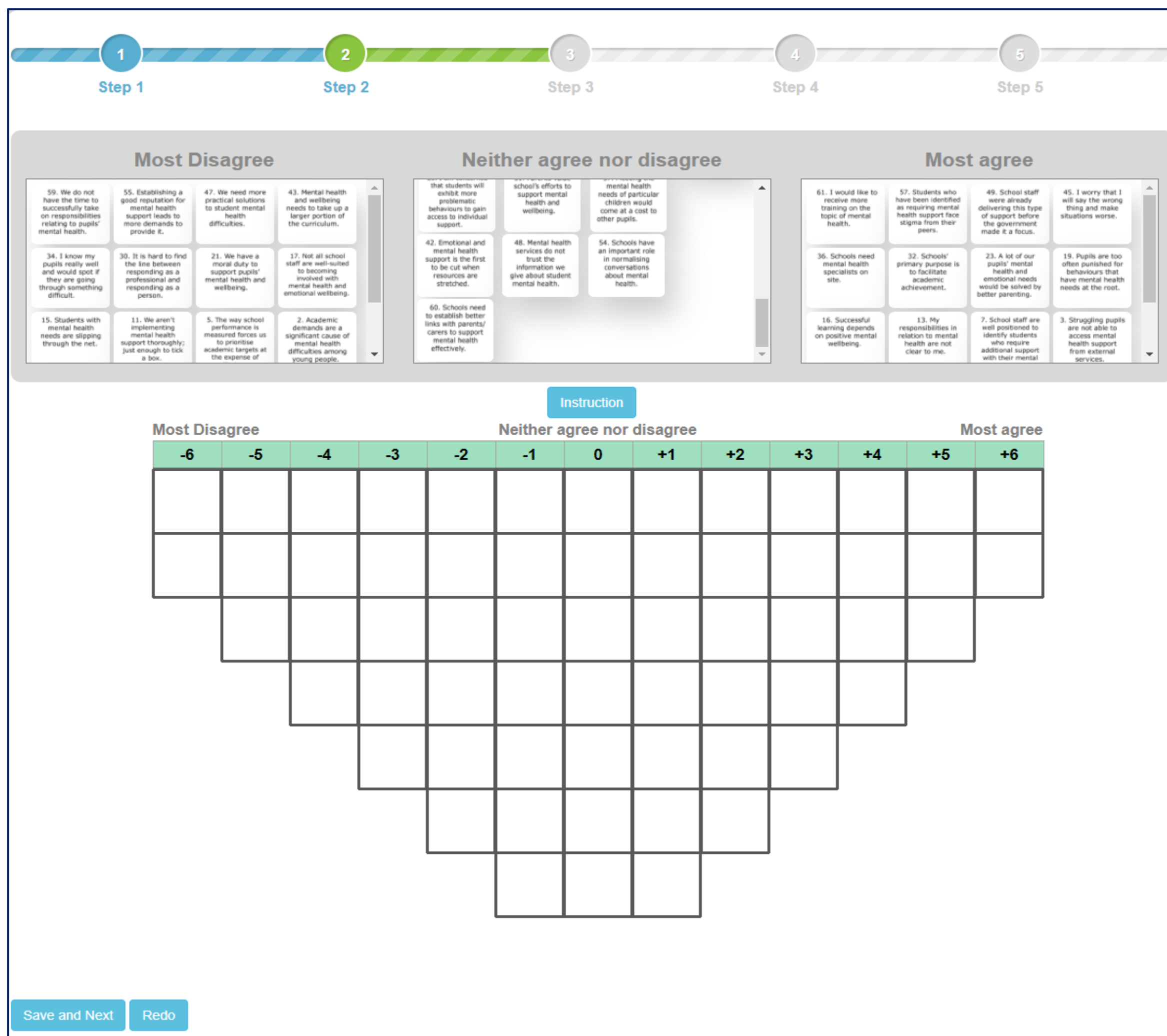


Figure 3. 3: A figure to show the normal distribution grid on VQMethod as seen by participants. (Statements were pre-sorted into the boxes at random to create this exemplar).

The quality of instructions is particularly integral to online research, as participants cannot seek direct clarification. Appendix K shows the instructions input to VQMethod for each step of the activity. The software also allows an instructional video to be uploaded at the 'Sorting onto the grid' stage. A colleague within the University of Nottingham had recorded a step-by-step demonstration of Q-sorting and kindly gave permission for me to upload this. I also typed a set of supplementary written instructions (intending to determine their necessity during piloting).

3.6.3.4 Piloting

Two teachers and two Higher Level Teaching Assistants from the same primary school piloted the Q-set and sorting software (see Appendix L for the feedback form). They did not identify any unfamiliar terminology or views missing from the Q-set, suggesting that they found it intelligible and comprehensive. Two respondents commented that items were too small to read comfortably on the screen and the text size was subsequently amended. Participants' preferences varied between text and video instructions, so both options were retained.

3.6.3.5 Administering the Q-sort

The 22 volunteering participants were emailed a document containing preliminary information and the written Q-sort Activity Instructions (Appendix M). They were advised to open the instructions when ready to participate and follow the directions and link provided. The Mental Health Foundation's (2016) definition of 'mental health' was provided in this preliminary information. After following a hyperlink to VQMethod, participants were asked to agree to the terms set out in the online Consent Form. If they clicked to proceed, they were asked to read the 61 statements and sort them into boxes labelled 'Agree' 'Disagree' or 'Neither agree nor disagree'. At all stages the Q-set items could be rearranged by clicking and dragging. Participants then arranged the items onto the normal distribution grid in accordance with the following condition of instruction:

Please read these statements and arrange them onto the grid from those you agree with least (-6) to those you agree with most (+6). Consider them in relation to the following sentence:

"As a professional working in a school, it is my view that…"

As mentioned above, more detailed instructions on how to approach this task were provided in video and written form. Immediately following the sort, participants were shown their two highest and lowest ranked items and asked to elaborate on why they responded particularly strongly to them. A post-sort questionnaire (Appendix N) asked if there were any further views they wished to express and requested the

numbers of the grid columns at which they stopped agreeing and began actively disagreeing Participants also provided some contextual information on their role and school setting.

To maximize participation, it was important to allow participants flexibility around when they completed the activity. However, I requested that they respond within two weeks of receiving the link, so that I could more accurately monitor response rates and adjust my research schedule accordingly. The final page on VQMethod directed participants to the debriefing letter attached to my email. The average time taken to complete the whole activity was 53 minutes. No participants dropped out partway through.

3.6.4 Ethical Considerations

This study was conducted in adherence to the following professional and ethical codes:

- The British Psychology Society Code of Human Research Ethics (2014)
- The Health Care and Professions Council Standards of Conduct, Performance and Ethics (2016)
- The University of Nottingham's Code of Research Conduct and Research Ethics (2020)

The research received approval from the School of Psychology Ethics Committee on 12th May 2020 (see Appendix O). As part of the application I considered the following ethical risks and how they could be avoided or appropriately minimized:

Safety of Online Data

As no online research can guarantee total data privacy, Participant Information Sheets included the following disclaimer as prescribed by the University of Nottingham (2020):

"As an online participant in this research, you should be aware there is always the risk of intrusion by outside agents, i.e., hacking, and therefore the possibility of being identified."

To minimize risk, online interviews and focus groups were hosted on software with end-to-end encryption. Audio recordings contained no identifying information and were saved under pseudonyms on a secure drive prior to deletion. The Q-sort activity was completed anonymously. I did not request contact information via VQMethod in case this was identifying in the event of a data breach.

Informed consent/ Right to Withdraw

Participants were provided with detailed information and consent forms (Appendices G and P respectively*).* They were reminded of their right to withdraw from participation at any time, and there was little pressure to continue as I was not physically present during the Q-sort. Those who completed interviews or focus groups were given two weeks in which they could request deletion of their data. It was clearly stated that following this date their information would be merged with others and become impossible for the researcher to extract.

Co-operation of a gatekeeper

For access to staff mailing lists I hoped to engage Headteachers as stakeholders in this research. Due to the multiple pressures on Headteachers during the pandemic, I also copied school SENDCo's into stakeholders in case they would prefer to delegate these conversations to another member of staff. As some staff may feel pressured to participate if asked by their manager, it was explicitly emphasised in stakeholder emails and information sheets (Appendix F) that I only wished for them to make staff aware of the opportunity; not to select or directly invite anyone to be involved. Participants had to email me directly to request the study link, so Headteachers were not certain of who ultimately decided to take part.

Information gathering on sensitive issues

As mental health can be a sensitive topic, this could have potentially elicited personal information or induced a negative mood. Mental health was clearly stated as the study focus in Participant Information, to make the choice to be involved as informed as possible. For interviews and focus groups the final question was *"What aspects of your role give you the greatest job satisfaction?"*, as the BPS (2014) state it is ethical to induce a happier mood before the participants leave. Participants in all research phases were sent a Debriefing letter (Appendix Q) which

contained contact information for an educator support and wellbeing helpline to follow up any questions or concerns.

Conflicts with Professional Role

I am practising as a TEP in the same local authority that I am conducting the research. I therefore have professional interactions with some of the schools within my sampling frame, and it was important to maintain a clear distinction between my professional and research roles. Stakeholder Information stated that the decision of whether to be involved in this study would in no way impact upon service delivery or their relationship with the EPS. Schools that I had ongoing work with were excluded from recruitment for the first research phase (interviews and focus groups) as I felt they would be most susceptible to social desirability bias. As the Q-sort could be completely anonymously, all schools were considered eligible for recruitment in this phase.

3.6.5 Data Analysis & Interpretation

Traditional factor analysis groups variables that are highly correlated with one another. In contrast, the by-person factor analysis employed in Q methodology groups participants who have sorted the items in similar ways and can therefore be inferred to share a similar viewpoint on the research topic (Brown, 1993). I used Schmolck's (2014a) purpose-built freeware, PQMethod *(version 2.35),* to conduct this analysis. As Q method analysis and interpretation entails several decision points for the researcher, further details of the exact methods used will be explored in *Chapter 4: Results.*

3.6.6 Measures to Enhance Validity

Table 3.2 summarizes key threats to the validity of this research and the actions taken to mitigate them.

Table 3. 2: A table outlining key threats to validity in this research and strategies for managing them.

Threat	Description	Management Strategies
Investigator bias	My subjective decision-making during Q-set development, data analysis and interpretation could influence the findings.	• Transparent accounts of decision-making. • Data interpreted only in the final stage of analysis. • Q-set piloted among the target population. • Conferred with TEP colleagues during Q-set development, data interpretation and viewpoint naming.
Self-selection bias	Participants are volunteers who may differ qualitatively from the non-responding population e.g. they could have more of an interest in mental health support.	• Acknowledged this limitation and gathered descriptive data around professional role and prior training. • Recruitment materials stated that no prior training or experience is required, and I wish to explore the breadth of different viewpoints.
Restrictive Q-set and Q-sort format	Participant views may not be present in the Q-set, or the forced normal distribution may inaccurately portray their level of agreement with the statements.	• Rigorous concourse sampling included direct data from current educational professionals. • Q-set piloted among the target population. • Post-sort questionnaires provided open-ended space for further feedback. • Participants were asked to indicate the grid columns at which they genuinely stopped agreeing and began to disagree with the statements.
Social desirability bias	Participants may feel pressure to express a view endorsed by their peers or organization. They may perceive that I wish to hear a particular response.	• Q-sorts were completed anonymously. • No participants shared views in front of their line manager; 1;1 interviews were used when homogenous focus groups were not possible. • Participant Information emphasised there is no right or wrong answer. • Researcher's contact details were provided to all participants in case they wished to disclose something privately after the group.

		• Participants in focus groups were asked to broadly share views they had heard expressed around the focus topic, with no pressure to state which they hold personally.
Errors in Q-sort completion	The online format of the Q-sort activity means it is not possible for participants to ask the researcher questions. This could increase the risk of errors in the way they interpret and complete the grid.	• Written instructions and a video demonstration were provided for the Q-sort activity • Instructions were piloted among the target population. • Researcher contact information provided in case of any questions/difficulties.
Impact of the coronavirus pandemic	The context of this study (undertaken during highly unusual circumstances for schools and society as a whole) could reduce the generalizability of the findings.	• Limitation acknowledged in section 5.4. • Preliminary information requested that participants complete the sort in relation to general practice in schools, not pandemic support and recovery.

3.7 Summary of the Methodology

In this chapter I have given an overview of Q methodology ; it's aims, history, procedure and epistemological orientation. I have explained why I believed Q to be the most valuable method for addressing my research question and have provided an account of exactly how it was employed within this study.

4. Results

4.1 Introduction to the Results

This chapter presents the research findings. I will provide explanations of each step, to justify the extraction and rotation methods selected and to support readers who may be unfamiliar with this less conventional 'by-person' form of factor analysis.

4.2 Data Preparation

VQMethod allowed me to download data from the 22 completed Q-sorts in a Microsoft Excel file. I manually transferred this information, the 61-item Q-set and the 13-point distribution grid structure into PQMethod. Following advice from Watts & Stenner (2012) I named each Q-sort using a code constructed from their demographic details, as this is the only way to ensure participant information is incorporated in the final output.

4.3 Factor Extraction

Each factor in a Q study represents a group of Q-sorts that are highly correlated with one another. The process of factor extraction involves delineating how many meaningful portions of common variance exist within the data. PQMethod first calculates the nature and strength of associations between all the completed Q-sorts, displaying these in a correlation matrix. Watts and Stenner (2012) liken this matrix to a cake and the extraction process to determining how the cake should be sliced. Researchers can select between two extraction methods:

Principal Components Analysis (PCA) computes a single, mathematically 'correct' factor solution. It provides a straightforward answer but lacks the ability to adapt to the unique characteristics of each dataset (Brown, 1980).

Centroid Factor Analysis (CFA) is more traditional yet remains "the method of choice among Q-researchers" (Watts & Stenner, 2012, p.99). It allows greater flexibility to explore the data (Thomas & McKeown, 2013) as the researcher can alter the number of factors extracted to compare different solutions. For this reason, CFA was selected for this research.

When determining the optimum number of factors to extract, the researcher must balance coverage and simplicity, aiming for the minimum number of factors to account for the meaningful variation within the data (Webler *et al.*, 2009). Brown (1980) advocates extracting seven factors; though this is likely to be overlarge for the

data set, Schmolck (2014b) argues there is no reason not to cast a wide net initially, as factors of little value can be discarded at subsequent stages.

The output from this seven-factor extraction is shown below in Table 4.1. The factor loadings indicate the correlations of every Q-sort with each of the seven factors. It also shows the eigenvalues and percentage variance explained by each factor, which conveys information about their explanatory power and how much meaning and variability they can account for (Watts & Stenner, 2012). The higher the eigenvalues and variance explained, the 'better' (more encompassing) the factor solution.

Table 4. 1: A table summarising the factor loadings, eigenvalues and percentage variance explained for the seven unrotated factors extracted using CFA.

Q-sort	F1	F2	F3	F4	F5	F6	F7
1	**0.7202**	-0.1585	0.0207	-0.1949	0.0787	0.0339	**0.3388**
2	**0.6066**	-0.0899	0.0061	0.0300	0.1970	0.0205	0.1730
3	**0.3754**	**-0.4106**	0.1685	-0.0296	-0.1387	0.0229	-0.1484
4	**0.7069**	0.1171	0.0136	-0.1808	**0.4102**	0.1535	-0.1438
5	**0.8210**	0.0828	0.0072	0.1883	-0.1467	0.0493	0.0408
6	**0.7469**	-0.0527	0.0019	0.1981	0.1376	0.0353	-0.0473
7	**0.6620**	0.2328	0.0527	0.1615	-0.1595	0.0460	0.0857
8	**0.6920**	0.2807	0.0778	0.2738	-0.1372	0.0783	-0.1035
9	**0.7289**	-0.3221	0.0957	-0.1402	-0.2924	0.1050	0.0876
10	**0.7005**	0.1764	0.0302	0.2020	0.2197	0.0563	0.0200
11	**0.6187**	-0.1160	0.0106	-0.0919	0.1991	0.0291	-0.0033
12	**0.4664**	-0.3003	0.0817	**0.4290**	0.0107	0.1492	-0.2143
13	**0.7775**	**0.4881**	0.2868	-0.1187	0.0405	0.0126	0.0284
14	**0.8033**	0.1736	0.0294	0.0208	-0.2917	0.0845	-0.0091
15	**0.6357**	0.1329	0.0172	-0.1216	0.0211	0.0127	**-0.4388**
16	**0.4757**	**-0.3710**	0.1321	**-0.3635**	-0.0958	0.1311	-0.1801
17	**0.7190**	0.0163	0.0004	0.1078	0.1625	0.0196	-0.0702
18	**0.6121**	0.0373	0.0016	-0.2621	-0.1462	0.0856	**0.3876**
19	**0.7294**	0.1336	0.0175	-0.2496	0.2461	0.0921	0.2160
20	**0.7257**	0.2234	0.0485	-0.0237	-0.1795	0.0351	0.0443
21	**0.7642**	-0.1885	0.0300	-0.0651	-0.0940	0.0158	-0.1775
22	**0.5949**	-0.0983	0.0074	0.2521	0.0224	0.0451	0.1175
EGV	10.0671	1.1349	0.1592	0.8736	0.7369	0.1192	0.7384
%VE	46	5	1	4	3	1	3

Bold typeface indicates a significant factor loading ≥ 0.01 significance.

EGV= Eigenvalue %VE = Percentage of total variance explained.

4.4 Determining factors selected for retention

The unrotated factor matrix can be examined for guidance on how many factors should remain in the final solution. Though there is no universal criterion, several ‘rules of thumb’ have been popularised among the Q community.

4.4.1 Two or more significantly loading Q-sorts

Brown (1980) recommends retaining factors which have at least two Q-sorts significantly loading onto them at the 0.01 significance level or less. Factors with a single Q-sort loading represent one individual’s perspective (not a socially shared viewpoint). To determine the factor loading required for 0.01 significance, the following calculation is used:

$$2.58 \times (1 \div \sqrt{\text{no. of items in Q set}})$$

Therefore, in this research:

$2.58 \times (1 \div \sqrt{61})$

$= 2.58 \times (1 \div 7.810249676)$

$= 2.58 \times 0.1280368799$

Minimum factor loading = 0.33 (to 2d.p)

As factors loadings are correlations, a minus denotes the direction rather than the strength of an association. The polarity of the loading should therefore never be accounted for when determining significance.

Table 4.1 (above) demonstrates that four factors (F1, F2, F4 and F7) have two or more Q-sorts significantly loading onto them. Therefore, these factors would be retained for further analysis if using Brown’s (1980) criterion.

4.4.2 Kaiser-Guttman Criterion

Eigenvalues indicate the amount of variance captured by a specific factor. This criterion stipulates retention of factors with an eigenvalue of 1.00 or greater. Factors with eigenvalues lower than one should be discarded as they account for less variance than a single Q-sort, therefore do not facilitate data reduction (Watts & Stenner, 2012). Again utilising Table 4.1, it appears that two factors (F1 and F2) would be retained under the Kaiser-Guttman criterion.

4.4.3 The Scree Test

A scree plot graphically depicts the eigenvalues for each factor. They were created by Cattell (1966) to guide factor retention in a manner he considered less ‘arbitrary’ than any eigenvalues greater than one. As scree tests were designed for factors extracted using Principal Components Analysis, I ran a separate PCA on my original dataset to generate the correct values. These can be seen in Figure 4.1.

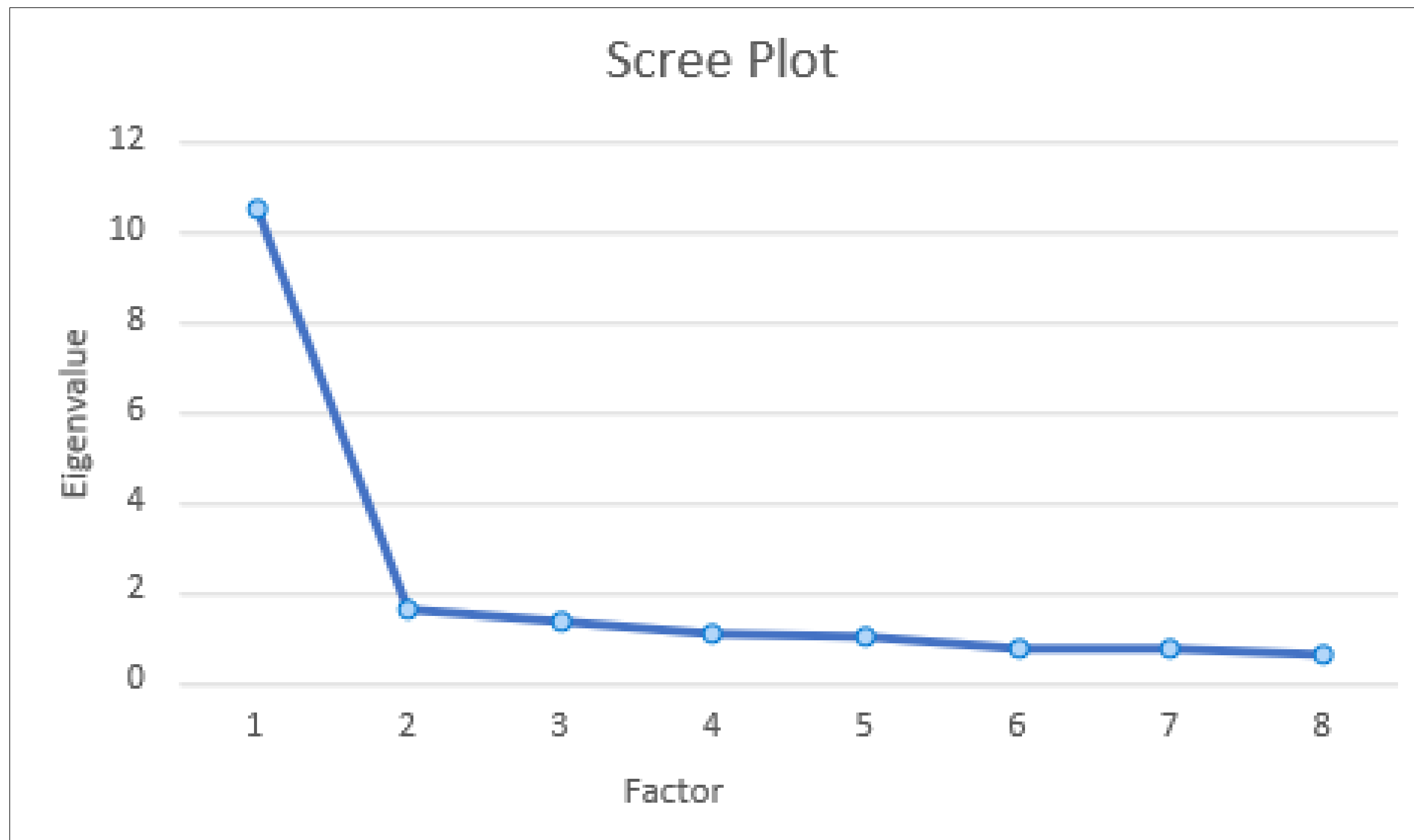


Figure 4. 1: A scree plot charting the eigenvalues for the eight factors extracted via Principal Components Analysis.

The number of factors to extract is indicated by the point on the X-axis at which the line drastically changes its slope and begins to level off; sometimes described as the ‘elbow’ of the graph (DeVellis, 2017). The rationale is that this point of transition divides the factors making “major” contributions from those whose contributions could be considered “trivial” (Ledesma *et al.* 2015). As it is acknowledged that scree plot interpretation is a heuristic method which entails some subjectivity (Ledesma *et al.* 2015), I showed Figure 4.1 to six TEP colleagues to gain inter-rater reliability.

They were each presented with the graph and descriptive paragraph above. The raters unanimously agreed that the slope starts to flatten after point two. Therefore, this test supports the view in section 4.4.2 that there are two major factors present within the data.

4.4.4 Humphrey’s Rule

Humphrey’s rule states that factors should be retained if the cross product of their two highest loadings (polarity irrespective) exceeds twice the standard error of the dataset. Standard error is calculated as follows:

$$SE = 1 / \sqrt{\text{No. of items in the Q-set}}$$

I have already calculated the standard error as 0.1280368799 in section 4.4.1. Twice the standard error is therefore ±0.26 (to 2 d.p.).

Only one factor (F1) met Humphrey’s retention criteria, as multiplying its two highest loadings (0.8210 and 0.8033) yields 0.66 (to 2 d.p.).

4.4.5 Conclusions from these strategies

As summarised in Table 4.2, the strategies above proved inconclusive for indicating the optimal number of factors to retain for rotation.

Table 4. 2: Criteria for factor retention and their respective recommendations for the number to retain from this data set.

Criterion	**Recommended number of factors to retain**
Two or more loading Q sorts	4
Kaiser-Guttman Criterion	2
Scree test	2
Humphrey's Rule	1

I consequently decided to proceed to factor rotation with several possible solutions, to determine which constitutes the best fit for my data.

4.5 Factor Rotation

Factor rotation enables as many Q-sorts as possible to significantly load onto one of the factors. This is does not involve artificially altering the data, but changing the vantagepoint from which it is viewed to more effectively expose areas of differentiation (Watts & Stenner, 2012)

Q-sorts which do not significantly load to any factor or are confounded between more than one factor should be minimized as much as possible. This is because the information they contain will not be represented in the factor arrays (Stainton Rodgers & Stainton-Rodgers, 1990).

Factor rotation can be undertaken manually or using a computer algorithm which maximizes the total variance explained by as few factors as possible. I chose the latter procedure known as varimax rotation. Manual rotation enables greater researcher control, but this is generally useful if they wish to explore specific hypotheses or highlight Q-sorts that they know to be particularly significant. The transparency and objectivity of varimax rotation therefore felt more consistent with the inductive nature of my investigation (Webler *et al.*, 2009).

Varimax rotation of a three-factor solution demonstrated that extracting three or more factors would not produce a viable solution. No Q-sorts loaded significantly onto the third factor; even its highest loading Q-sort (at -0.21) was much more closely associated with Factor 1 (0.98). As the third factor did not contribute additional explanatory power, I repeated the CFA and varimax rotation using just two factors.

Varimax rotation of a two-factor solution enabled 19 of the 22 Q-sorts to significantly load onto one of the factors and accounted for 51% of the total study variance. I had increased the threshold used to determine significant factor loadings to ≥ 0.43 as this helps transfer confounded Q-sorts onto the factor they resemble most closely, thus enabling those participants' voices to be reflected in the final solution. Three Q-sorts remained confounded and none were non-significant. The correlation between factor scores was 0.5233; applying Dancey & Reidy's (1999) criteria, this indicates that the two factors are moderately correlated with one another. Though weaker associations between factor scores indicates greater distinction between them, a moderate correlation still allows sufficient room for difference between the viewpoints the factors represent (Webler *et al.*, 2009).

Factors 1 and 2 represented 12 and 7 of the Q-sorts and 32% and 19% of the study variance respectively. I therefore felt that further reducing them into a single viewpoint would lose a significant portion of the nuances captured and impose an artificial homogeny onto the participants' views. Exploratory rotation had therefore enabled me to confidently proceed with a two-factor solution (as previously indicated by the Kaiser-Guttman criterion and scree test).

Some researchers have combined rotation methods, establishing a basic structure using varimax then manually fine-tuning it to enable a couple more Q-sorts to load (Watts & Stenner, 2012). In this case, experimental manual rotation of the results in gradual 2-degree increments did not improve upon the varimax solution. For every Q-sort it enabled to significantly load, other sorts were altered significantly and pushed into non-significance. I consequently decided to discard any manual changes.

4.5.1 The Final Factor Solution

The final loadings for Factors 1 and 2 are shown in the Factor Matrix below (Table 4.2). As PQMethod does not generate the rotated eigenvalues, these were calculated using the formula:

$$\text{Eigenvalue} = \text{Variance} \times (\text{No of Q-sorts in study}/100)$$

(Brown, 1980, p.222)

Table 4. 3: A table displaying the final rotated two factor solution with their significantly loading Q-sorts, eigenvalues and percentage variance explained.

Q-SORT	FACTOR 1	FACTOR 2
1	0.4759	0.5633
2	0.4223	**0.4398**
3	0.0489	**0.5542**
4	**0.6327**	0.3363
5	**0.7026**	0.4329
6	0.5614	0.4955
7	**0.6673**	0.2171
8	**0.7202**	0.1972
9	0.3834	**0.6985**
10	**0.6636**	0.2853
11	0.4211	**0.4679**
12	0.1882	**0.5219**
13	**0.9141**	0.0844
14	**0.7436**	0.3499
15	**0.5857**	0.2805
16	0.1526	**0.5836**
17	**0.5811**	0.4237
18	**0.5090**	0.3421
19	**0.6606**	0.3368
20	**0.7122**	0.2632
21	0.4927	0.6139
22	0.4130	**0.4494**
EIGENVALUE	7.04	4.18
% VARIANCE EXPLAINED	32	19

Significant factor loadings (≥ 0.43) are indicated in bold typeface.

Centroid factor analysis and varimax rotation were used to produce a two-factor solution on which 19 of the 22 Q-sorts significantly loaded. I determined that this solution is the simplest and most effective means of adequately capturing the commonalities and variation between participants' views. This can be justified using the following criteria:

- Both factors have an eigenvalue greater than one.
- The factors represent 12 and 7 Q-sorts respectively, therefore both exceed the minimum of 2 loadings proposed as a safeguard for factor reliability (Watts & Stenner, 2005).

- The solution accounts for 51% of the total study variance, which exceeds the minimum of 35-40% typically considered acceptable for a factor solution (Kline, 2014).

4.6 Generating Factor Estimates and Arrays

The Q-sorts significantly loading onto each factor were combined using weighted averages, so that each was represented by an exemplar sort , known as a factor array. The arrays manifest the “simple structure” Brown (1980) of relative item rankings which characterise their associated viewpoints. They are shown in the following section alongside the qualitative interpretations for factors 1 and 2.

The calculation of z-scores compensates for the different quantities of Q-sorts loading onto each factor, enabling cross-factor evaluation. Table 4.3 tabulates each statement in the Q-set, facilitating side-by-side comparisons of their z-scores and relative rankings within both factor arrays.

Table 4. 4: A table showing the z-scores and factor array rankings for each item in the Q-set.

	Factor 1		Factor 2	
Statement	z-score	Ranking	z-score	Ranking
1. Mental health needs among young people are a huge area of concern.	1.48	+5	1.55	+5
2. Academic demands are a significant cause of mental health difficulties among young people.	0.49	+1	-0.01	0
3. Struggling pupils are not able to access mental health support from external services.	-0.42	-1	0.26	+1
4. I can respond intuitively to pupils' difficulties with mental health.	0.71	+2	-0.51	-2
5. The way school performance is measured forces us to prioritise academic targets at the expense of wellbeing.	-0.10	0	0.68	+2
6. Involvement with mental health and emotional wellbeing complicates student-teacher relationships.	-1.07	-2	-0.94	-3
7. School staff are well positioned to identify students who require additional support with their mental health.	1.07	+3	-0.33	-1
8. To have a real impact schools need more financial investment in supporting mental health .	0.79	+2	0.59	+2
9. Little gestures (e.g. smiling and asking how people are) can make a big difference to pupils' wellbeing.	1.07	+3	0.79	+3
10. I do not have the required expertise to deliver mental health support.	-1.15	-3	0.37	+1
11. We aren't implementing mental health support thoroughly; just enough to tick a box.	-1.00	-2	-0.31	-1
12. We have appropriate spaces for students to receive support with their emotional wellbeing.	0.64	+2	-1.01	-3
13. My responsibilities in relation to mental health are not clear to me.	-1.72	-6	-0.38	-1
14. Staff should show pupils that they care about their problems.	1.15	+4	1.05	+3
15. Students with mental health needs are slipping through the net.	0.16	0	1.05	+3
16. Successful learning depends on positive mental wellbeing.	1.58	+5	1.93	+6
17. Not all school staff are well-suited to becoming involved with mental health and emotional wellbeing.	-0.14	-1	1.59	+5
18. Staff training on mental health has been of little value.	-1.22	-4	-0.01	0

19. Pupils are too often punished for behaviours that have mental health needs at the root.	-1.10	-3	0.57	+2
20. The Senior Leadership team determines the school stance on mental health support.	-0.35	-1	-0.08	0
21. We have a moral duty to support pupils' mental health and wellbeing.	1.48	+5	0.38	+1
22. Teaching Assistants are better placed than teachers to support student mental health.	-0.22	-1	-1.31	-5
23. A lot of our pupils' mental health and emotional needs would be solved by better parenting.	0.22	0	-0.75	-2
24. It is important for staff to share their own feelings with pupils.	0.05	0	-1.48	-5
25. I am concerned that students will exhibit more problematic behaviours to gain access to individual support.	-0.80	-2	-0.59	-2
26. External agencies work effectively with schools to help them support their pupils' mental health.	-0.04	0	-0.54	-2
27. Confidentiality rules mean that I am kept in the dark about things it is important to know.	-1.31	-4	-0.08	0
28. My colleagues share a united stance on the importance of supporting mental health in schools.	0.42	+1	-0.76	-3
29. Mental health is yet another thing educators have to become experts in.	0.56	+1	-0.71	-2
30. It is hard to find the line between responding as a professional and responding as a person.	-1.34	-5	0.42	+1
31. Parents value school's efforts to support mental health and wellbeing.	0.42	+1	-0.28	-1
32. Our primary purpose is to facilitate academic achievement.	-0.49	-1	0.12	+1
33. Young people's mental health should not be our responsibility.	-1.91	-6	-1.94	-6
34. I know my pupils really well and would spot if they are going through something difficult.	0.35	+1	0.03	0
35. Staff need to be able to look after their own wellbeing before they can support their students' wellbeing.	0.44	+1	0.94	+3
36. Schools need mental health specialists on site.	0.95	+3	-0.29	-1
37. Meeting the mental health needs of particular children would come at a cost to other pupils.	-0.64	-2	-1.28	-5
38. Supporting mental health needs to be a collective effort from all staff.	1.11	+4	1.46	+4

39. Staff authority will be diminished by involvement with mental health support.	-1.46	-5	-1.91	-5
40. Pupils don't want to talk to staff about how they are feeling.	-1.16	-3	-1.48	-5
41. The support offered by schools makes a positive difference to young people's mental health.	1.80	+6	0.78	+2
42. Emotional and mental health support is the first to be cut when resources are stretched.	-0.14	-1	-0.04	0
43. Mental health and wellbeing need to take up a larger portion of the curriculum.	0.96	+3	0.37	+1
44. The emotional needs of my pupils have a negative impact on my own wellbeing.	-1.29	-4	-0.60	-2
45. I worry that I will say the wrong thing and make situations worse.	-0.93	-2	-0.24	-1
46. Schools must act preventatively so that fewer young people develop mental health problems.	1.11	+4	1.40	+4
47. We need more practical solutions to student mental health difficulties.	0.33	0	1.62	+6
48. Mental health services do not trust the information we give about student mental health.	-0.81	-2	-0.96	-3
49. School staff were already delivering this type of support before the government made it a focus.	0.52	+1	0.55	+2
50. I worry that we are teaching young people that negative (difficult) emotions are abnormal.	-1.28	-4	-1.18	-4
51. Students should not miss out on class time to receive mental health support.	-1.38	-5	-1.97	-6
52. A caring, emotionally-attuned school ethos is beneficial for staff morale.	0.87	+2	1.61	+5
53. I do not work with the same pupils consistently enough to provide continuity of care.	-1.12	-3	-1.59	-5
54. Schools have an important role in normalising conversations about mental health.	1.72	+6	1.45	+4
55. Establishing a good reputation for mental health support leads to more demands to provide it.	-0.06	0	-0.12	-1
56. Schools have a role in the early treatment of mental health difficulties.	1.37	+4	1.41	+4
57. Students who have been identified as requiring mental health support face stigma from their peers.	-1.17	-3	-0.97	-3
58. It is rewarding to support young people with their mental health and emotional wellbeing.	1.10	+3	0.73	+2

59. We do not have the time to successfully take on responsibilities relating to pupils' mental health.	-0.46	-1	0.03	0
60. Schools need to establish better links with parents/carers to support mental health effectively.	0.71	+2	0.09	+1
61. I would like to receive more training on the topic of mental health.	0.65	+2	0.85	+3

4.7 Factor Interpretation

Both mathematical factors represent a unique viewpoint on, or way of looking at, the focus topic. I used pre-existing literature, post-sort information and abductive reasoning to qualitatively interpret their characteristic patterns of item rankings. In Q methodology it is crucial that this is undertaken holistically, accounting for the relative significance of items across the whole configuration (Stainton Rogers, 1995).

4.7.1 Methods of Interpretation

As this process utilises the researcher's subjective inferences and judgements, I used the following strategies to increase the transparency and accountability of my conclusions.

4.7.1.1 Crib sheets

I created crib-sheets for each factor (shown in Appendix R) based on Watts and Stenner's (2012) template, which was designed to promote the use of systematic and replicable interpretive methods. The structure of the crib sheets encourages methodological holism by forcing the creator to engage with all item positionings. Sections on each crib sheet include:

- Items ranked the highest on the factor array (columns +6 and +5)
- Items ranked the lowest on the factor array (columns -6 and -5)
- Items that this factor ranked higher than the other factor
- Items that this factor ranked lower than the other factor
- Information on participants who held this viewpoint (have a Q-sort that significantly loaded to this factor only).

4.7.1.2 Considering the point of zero interest

An item placed in the zero column is not guaranteed to be viewed with complete neutrality; merely less vehement agreement or disagreement than those in the

adjacent columns (Watts & Stenner, 2012). Only two participants did not note the numbers of the columns in which they stopped agreeing and began disagreeing with the statements. From this information I could see that most of the participants stopped agreeing in the +1 column and started disagreeing in the -1 column. However, substantial variation among the P-set means this was be treated as an approximate guide rather than an absolute rule, and all items continued to be considered within the context of their gestalt arrangement.

4.7.1.3 Creating descriptive summaries

When constructing qualitative accounts describing each viewpoint, I aimed to make my reasoning as transparent as possible by referencing supporting evidence within the factor arrays. The number of the relevant Q-set item will be stated in brackets, followed by its column ranking in that viewpoint's factor array; for example (41:+6). I have also emulated Baker's (2006) incorporation of direct quotes from post-sort questionnaires. As well as providing evidence to justify my interpretations, this creates opportunities for the reader to hear participants' views in their own words.

I also condensed what I and two TEP colleagues interpreted as key overarching features of these viewpoints into a more succinct summary paragraph for each.

4.7.1.4 Seeking alternative interpretations

To reduce the impact of researcher bias, I sought feedback from TEP colleagues around my qualitative interpretations of the viewpoints. Watts and Stenner (2012) also advise naming the viewpoints to make them more memorable for the reader. To do this I utilised a multi-stage process of peer scrutiny, loosely inspired by Meehl and colleagues' (1971) Recaptured Item Technique, devised to minimise bias in factor naming in conventional factor analysis. However, in Recaptured Item Technique each factor is divided into two and several judges independently, then collaboratively, name each factor based on knowledge of half of the variables. A second set of judges is given the factor names and the other half of the variables and asked to match them. Splitting the item rankings of each viewpoint between separate sets of judges would undermine the holistic goals of this research. I therefore needed to adapt the technique, whilst still triangulating a range of interpretations and devising names which effectively captured the 'essence' of each viewpoint.

This process consisted of three main stages:

1. Myself and two TEP colleagues (who possessed a good working knowledge of Q methodology) read each other's crib sheets. We provided written feedback of our interpretations and hypotheses of how the item rankings may interconnect. We each compiled our own descriptive accounts of the viewpoints, taking into account the feedback given.

2. On a subsequent occasion I met with the same colleagues and we reviewed each of our descriptive accounts. Verbal feedback was given on any alternative interpretations that had not been considered , and the key characteristics of each viewpoint that should be reflected in the overall summaries.

3. One-paragraph summaries of each viewpoint were presented to two different TEP colleagues with no prior knowledge of my findings. They read the summaries and generated names for each viewpoint. After 10-15 minutes I re-joined the group and presented my own ideas for viewpoint names. We collaboratively combined features from the different names to capture the viewpoints most effectively.

Changing the colleagues between appraisals of the detailed accounts and one-paragraph summaries helped to ensure a clear line of coherence throughout each phase of data reduction. If viewpoint names generated from the objective colleagues were vastly different to my own, this would have suggested that I needed to revisit how I had summarized the viewpoints' key characteristics. The list of potential names discussed is in Appendix S. The finalised viewpoint names are shown in the following section (4.7.2).

4.7.2 Viewpoint 1 - *It's our duty: Well-positioned, well-equipped and highly motivated*

4.7.2.1 Qualitative account of viewpoint 1

This viewpoint explained 32% of the study variance and significantly loaded 12 Q-sorts. Its factor array is shown on a normal distribution grid in Figure 4.2.

Factor 1 Array

-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6
13	30	18	10	6	3	5	2	4	7	14	1	41
33	39	27	19	11	17	15	28	8	9	38	16	54
	51	44	40	25	20	23	29	12	36	46	21	
		50	53	37	22	24	31	52	43	56		
			57	45	32	26	34	60	58			
				48	42	47	35	61				
					59	55	49					

Figure 4. 2: A factor array depicting the prototypical item rankings for Q-sorts loading onto Factor 1. The factor crib sheet can be viewed in Appendix R.

Participants holding this viewpoint saw mental health needs as a 'huge area of concern for young people' (1:+5). They strongly agreed that they had a moral duty to support their pupil's mental health (24:+5), and that this needed to be a 'collective effort from all staff '(38:4). This notion of an ethical imperative was further reinforced in their post-sort questionnaires:

> *"We are morally bound to act on this issue as it plays such a huge role in a pupil's life prospects." – Participant 15*

“We have a duty to shape and raise young people to be well rounded and healthy individuals, which heavily involves their mental health.” – Participant 4

Consequently, these educators strongly disagreed with the view that young people’s mental health should not be their responsibility (33:-6).

This viewpoint possessed a clear idea of their responsibilities and purpose within mental health provision (13:-6). They agreed that school staff are ‘well positioned to identify students requiring additional support with their wellbeing’ (7:+3) and to provide early intervention (56:+4). They equally agreed that they should also be working preventatively, so that fewer young people develop mental health difficulties (46:+4). These participants particularly emphasized their role in normalizing conversations about mental health (56:+6). Their qualitative feedback indicated that they regard their work in this area as an investment in the long-term health of individuals and society as a whole:

“Giving the pupils strategies they need at a young age could support them as they grow into adult life, meaning there could be less need for adult intervention.” – Participant 14

“As far as I understand it, the vast majority of adults with serious mental health issues developed them as children (…) we'd all be better at dealing with and understanding our emotions if mental health provision in schools was improved.” – Participant 15

“If younger children suffer from mental health issues and these are not recognised or addressed at an early age then they will worsen and deepen as a child gets older.” – Participant 20

Educators in this group appeared confident in their ability to deliver mental health support to their students. They moderately agreed that they could respond intuitively to pupils’ wellbeing concerns (4:+2), and correspondingly disagreed that they lack requisite knowledge (10:-3), worry about making situations worse (45:-2) or struggle to maintain professional boundaries when giving emotional support (30:-5). These staff highlighted the significant portions of time spent with their students to explain why they were ideally placed to act:

"School see a child 6 hours a day and in a supportive school this means that small changes in attitudes and behaviours can be picked up on and reported, no matter how small." – Participant 8

"By working in schools, we see students for more time than they see their friends and most family members."– Participant 4

Their strong disagreement with the view that school-based mental health training has been 'of little value' (18:-4) suggests that their confidence may partially be attributed to accessing relevant and good-quality training opportunities.

This viewpoint expressed that positive wellbeing is necessary for learning success (16:+5), therefore disagreed with the statement that 'students should not miss class time to receive support with their mental health' (51:-5). Though they clearly drew links between wellbeing and attainment, I did not perceive that they viewed the former as supplementary to the latter. Little significance was assigned to statements that 'school performance measures force academic targets to be prioritised over wellbeing' (5:0) or that 'schools' primary purpose is to facilitate academic achievement' (32:+1). Though a ranking of +1 could potentially indicate tacit agreement, in the context of their whole configurations and post-sort responses I gained the impression that this group regarded wellbeing provision as a worthy priority in its own right:

"I became a teacher to teach children about more than just academic subjects."- Participant 18

Broadly this group endorsed statements regarding the benefits of school-based mental health provision (16:+5, 52:+2, 9:+3, 41:+6) while disagreeing that it encouraged peer stigmatisation (57:3), focussed too much time onto small groups of students (37:-2), or had detrimental impacts on behaviour (25:-2) student-teacher relationships (6:-2) and staff authority (39:-5).

These participants did not seem to hold significant concerns around practical barriers such as time and room availability (59:-1,12:+2). However, their relatively neutral ranking for the idea that they do not have time to adequately enact mental health

responsibilities appeared at odds with some of their qualitative comments. For example:

"At the moment, we either leave our classes for a few minutes to support students with their mental health or we have to give up parts of our breaktimes/lunchtimes to support them. I already work about 60 hours a week in term time so need a bit of downtime for my own sanity." – Participant 15

"I teach part time, but I will always have time for my pupils, sometimes using my PPA to speak to them. I will always make myself available as it's my duty of care." – Participant 19

"I provide continuity of care, albeit the time pressures." – Participant 4

It is therefore possible that this item's middling position does not reflect lack of agreement, but a broader tendency to attribute less significance to items relating to their own needs. The statement that 'staff must be able to look after their own wellbeing in order to support their pupils'' was similarly placed towards the middle of the grid (35:+1). Therefore, these educators' strong sense of moral obligation towards their pupils could potentially be manifesting in self-sacrificing tendencies to find the time and space wherever is possible.

Overall, this viewpoint strongly believed that 'the support offered by schools makes a positive difference to young people's mental health' (41:+6). Their comments made specific references to positive changes they have witnessed:

"Since we started teaching students about mental health in PSHE lessons, we have seen talking about mental health become more normalised." – Participant 5.

"I can see the improvement in their self-esteem, self-worth, behaviour and happiness which in turn leads to a change in their attitude to learning. When this support is also offered by other members of staff, even just a hello in passing, it makes all the difference to that child's day." – Participant 13.

They perceived students as valuing the opportunity to talk about their feelings (40:-3) and found providing this kind of support rewarding (58:+3). It is therefore unsurprising that this group appears to desire continued expansion of their work with mental health, including further training (61:+2), more financial investment (8:+2),

access to school-based mental health specialists (36:+3), stronger links with parents/carers (60:+2) and devoting a greater portion of the curriculum to mental health and wellbeing (43:+3).

4.7.2.2 Participant information for viewpoint 1

The staff that significantly loaded onto this viewpoint included four teachers, one HLTA, three pastoral leads, one SENDCo, two headteachers and one assistant headteacher. This group had spent an average of 14.5 years working in schools; slightly above the average of 13.7 years for the whole P-set. There was an even split between those based in primary and secondary schools. All participants in this group had received some form of professional development in relation to mental health, though the amount, focus and nature of training varied substantially. They gave between one and eight examples of different types of training received. Some were a formal accreditation, while others were brief online modules. Some examples of training were broad and multi-purpose (e.g. Mental Health First Aid) while others focussed on a specific aspect of psychological theory (e.g. attachment and trauma). None of the 12 participants had accessed mental health training outside of or prior to their professional role.

4.7.2.3 Viewpoint 1 Summary

Young people need support with their mental health and school staff have a moral responsibility to provide this so they can develop into emotionally healthy adults who can cope with the stresses of life. Educators work closely and consistently with young people, so are ideally placed to normalize conversations about mental health and act in both a preventative and restorative capacity. School staff have accessed good quality training and feel confident in their knowledge and skills to deliver this support. The benefits of school-based mental health provision clearly outweigh the costs. Staff make time to provide wellbeing support as it is a fundamental aspect of their professional role and they can see the tangible difference that it makes.

4.7.3 Viewpoint 2 - *Help us to help them: The need for training, capacity and collaboration*

4.7.3.1 Qualitative account of viewpoint 2

This viewpoint explained 19% of the study variance and significantly loaded 7 Q-sorts. Its factor array is shown on a normal distribution grid in Figure 4.3.

Factor 2 Array

-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6
33	39	22	6	4	7	2	3	5	9	38	1	16
51	40	24	12	23	11	18	10	8	14	46	17	47
	53	37	28	25	13	20	21	19	15	54	52	
		50	48	26	31	27	30	41	35	56		
			57	29	36	34	32	49	61			
				44	45	42	43	58				
					55	59	60					

Figure 4. 3: A factor array depicting the prototypical item rankings for Q-sorts loading onto Factor 2. The factor crib sheet can be viewed in Appendix R.

Participants holding this viewpoint were also very concerned about young people's mental health needs (1:+5), and strongly disagreed that they should not be school staff's responsibility (33:+6). This stressed the importance of staff showing pupils that they care about their problems (14:+3). However, in contrast to viewpoint 1, they placed less emphasis on moral duty (21:1), instead even more strongly emphasising the pragmatic benefits to academic attainment (16:+6):

"I strongly believe that children are not able access their learning successfully if they have issues and worries that are consuming them." – *Participant 2*

“If you have low or poor mental health your capacity to focus is reduced. Not only that your capacity to actually retain any information that is taught will be greatly reduced.” – Participant 11

They indicated either cautious agreement or ambivalence to the idea that their primary purpose is to facilitate academic achievement (32:+1). This group also moderately agreed that ‘the way school performance is measured forces us to prioritise academic targets at the expense of wellbeing’ (5:+2):

“Teachers are managing many other children at the same time and have deadlines and targets to meet with their education, and I think this puts barriers in place to becoming involved in mental and emotional well-being.” - Participant 22

However, they strongly disagreed that pupils ‘should not be missing class time to receive mental health support’ (51:-6) suggesting that, similarly to viewpoint 1, they view emotional wellbeing as foundational to learning.

This viewpoint saw their role within mental health support as relating to both early treatment (56:+4) and prevention (46:+4). They showed slight disagreement or uncertainty regarding school staff being well-placed to identify students requiring additional mental health support (7:-1), despite reporting consistent relationships with their pupils (53:-5) who they strongly viewed as wanting opportunities to talk about their feelings (40:-5). Within the context of the entire item configuration, this reluctance may be linked to a lack of confidence in their related knowledge and skills. Compared to viewpoint 1, these educators do not reject the idea that they do not possess the required expertise to support mental health (10:+1) and expressed that they did not feel able to respond intuitively to mental health needs (4:-2). Though in general they do not think involvement with wellbeing complicates student-teacher relationships (6:-2), they did slightly agree that ‘it can be hard to find the line between responding as a professional and responding as a person’ (30:+1). Their neutral stance in relation to the value of staff mental health training (18:0) suggests either a lack of opportunities or experiences that have been mixed or uninspiring. These items in combination with their desire for more training (61:+3) and their strong emphasis that ‘we need more practical solutions to student mental health difficulties**’** (47:+6) communicates a need to feel better equipped to meet the needs they are currently facing:

“I don't feel I have had enough specific training to always support a young person at a level I would like to effectively support them.” – Participant 16

“Teachers know children very well and this must be seen as positive and be respected, although I don't feel they are always equipped well enough to support directly with mental health, or even show awareness of the difficulties that some children are under.” – Participant 22

Lack of appropriate spaces to provide emotional support were highlighted as a concern (12:-3). They also moderately agreed that there needs to be greater financial investment in school-based mental health support (8:+2). However, they placed less significance on more curriculum time for wellbeing (43:+1) and accessing on-site mental health specialists (36:-1).

Educators in this group strongly agreed that ‘not all school staff are well-suited to involvement with mental health’ (17:+5). Though this could suggest a desire to ringfence pastoral responsibilities among those best qualified, I doubt this is the case due to the viewpoint’s broader emphasis on equity of responsibility. These participants agreed that ‘supporting mental health needs to be a collective effort from all staff’ (38:+4) and strongly disagreed that teaching assistants are better placed than teachers to address mental health concerns (22:-5):

“We should all be responsible for keeping the children in our care safe and mentally well, we should be attuned and open to recognise and support any difficulties they may be having, no matter what our relationship or responsibility for the child.” – Participant 2

From this perspective, placing such significance on the view that not all staff are well-suited to this provision could reflect a degree of dissonance or even frustration between colleagues with different approaches. This is further reinforced by their clear disagreement that their colleagues ‘share a united stance on the importance of mental health’ (28:-3) and concerns that ‘pupils are too often punished for behaviours that have mental health needs at the root’ (19:+2). Qualitative comments also communicated the importance of feeling adequately supported by colleagues:

“If the ethos of the school believes that mental health is a priority then it is easier and more effective to support those that need it. The negative views of one person or a small group of people can have a huge effect on the whole school.” - Participant 9

Participants holding this viewpoint more strongly endorsed the benefits of an emotionally attuned ethos for staff morale (52:+5) and assigned greater significance to the importance of staff’s own wellbeing in enabling responsiveness to their pupils’ (35:+3):

If staff feel supported and cared for then they will work harder, put more effort in and their attendance will be better. This is turn leads to positive support and teaching of the students. – Participant 9.

However, they strongly disagreed that staff should openly share their emotions with pupils (24: -5).

These staff moderately agreed that school-based mental health support is making a positive difference to young people (41:+2) and feels rewarding to be a part of (58:+2). Residual concerns were reflected in their agreement that ‘some students with mental health needs are slipping through the net’ (15:+3), and in some post-sort questionnaires:

“The numbers do not seem to be decreasing and it also feels sometimes that low level interventions for children don't appear to make lasting long-term change. It is unclear for me personally as to the reason for this.” – Participant 22

They also believed that external services are not collaborating effectively with schools to deliver multiagency wellbeing provision (26:-2):

“Waiting lists for support with mental health have always been long, but currently they are virtually inaccessible (…) This leaves school in the unenviable position of trying to keep families and children supported without being able to signpost them to further help.” – Participant 2

“Access to mental health services is very poor. There is almost always a fight to even get on the waiting list. Once on the waiting list the time you are waiting is so long that their mental health gets worse.” – Participant 11

Yet despite the pressures described, this group still disagreed that dealing with their students' emotional needs negatively impacts their own wellbeing (44: -2). This could suggest that they developed strategies to compartmentalize work stresses and focus on the needs of the young people more effectively.

4.7.3.2 Participant information for viewpoint 2

The participants holding this viewpoint consisted of two teachers, two pastoral leads, one SENDCo and two teaching assistants. No Headteachers, or Deputy/Assistant Headteachers were represented under this viewpoint. Five participants were based in primary schools and two were based in secondary schools. They had an average of 10.2 years of experience working in schools (slightly below the P-set average). One participant reported receiving no training relevant to mental health. Five of the seven reported at least one relevant training module accessed through their professional role though, as before, the amount and nature of the training was diverse. Three felt they had gained relevant preparation through qualifications undertaken outside of their professional role (a psychology diploma and undergraduate degree).

4.7.3.3 Viewpoint 2 Summary

Young people are struggling with their mental health and it is important that school staff show that they care and engage them in conversations about their wellbeing. Schools are under pressure prioritise academic results which reduces their capacity for pastoral work, even though mental health provision would help support attainment. Unfortunately, not all staff think this way, so there is a lack of consensus and collaboration with school settings. Schools are insufficiently supported by specialist agencies, which increases the pressure on educators to provide what they are under-equipped to give. Staff work hard to develop trusting relationships with their students, but this does not make them mental health experts. School staff need more training and practical solutions to help them navigate difficult situations while maintaining professional boundaries. School-based mental health support is making a difference, but young people are still slipping through the net.

4.7.4 Consensus Statements

Consensus statements are Q-set items whose rankings do not significantly differ between the separate viewpoints. They are therefore useful to highlight areas of similarity across the whole of the P-set. As the two viewpoints are moderately correlated with one another, there was substantial overlap between participants' responses to nearly half of the Q-set. All 30 consensus statements are listed below, grouped according to qualitative themes where possible. The remaining 31 statements were *distinguishing statements*, as they were ranked significantly differently between factors (Herrington & Coogan, 2011) and therefore assisted in differentiating between the two viewpoints.

Young people's need for mental health support

	F1 Ranking	F2 Ranking
1.Mental Health needs among young people are a huge area of concern.	5	5
40.Pupils don't want to talk to staff about how they are feeling.	-3	-5

School staff's role in mental health provision

	F1 Ranking	F2 Ranking
54. Schools have an important role in normalising conversations about mental health	6	4
46. Schools must act preventatively so that fewer young people develop mental health difficulties	4	4
56. Schools have a role in the early treatment of mental health	4	4
14. Staff should show pupils that they care about their problems.	4	3

33. Young people's mental health should not be our responsibility	-6	-6
38. Supporting mental health needs to be a collective effort.	4	4

Practical factors

	F1 Ranking	F2 Ranking
8. To have a real impact schools need more financial investment in mental health support.	2	2
59. We do not have the time to successfully take on responsibilities related to pupils' mental health.	-1	0
42. Emotional and mental health support is the first to be cut when resources are stretched.	-1	0

Links between wellbeing support and other aspects of schooling

	F1 Ranking	F2 Ranking
16. Successful learning depends on positive mental wellbeing.	6	5
39. Staff authority will be diminished by involvement with mental health support.	-5	-5
51. Students should not miss out on class time to receive mental health support.	-6	-6
2. Academic demands are a significant cause of mental health difficulties	1	0

Relationships with specialist agencies

	F1 Ranking	F2 Ranking
26. External agencies work effectively with schools to help them support their pupil's mental health.	0	-2
48. Mental health services do not trust the information we give about our students' wellbeing.	-2	-3

Student-staff relationships

	F1 Ranking	F2 Ranking
6. Involvement with mental health and emotional wellbeing complicates student-teacher relationships.	-2	-3
53. I do not work with the same pupils consistently enough to provide continuity of care.	-3	-5
34. I know my pupils really well and would spot if they are going through something difficult.	1	0

Potential for negative outcomes

	F1 Ranking	F2 Ranking
7. Students who have been identified as requiring mental health support will face stigma from their peers.	-3	-3
50. I worry that we are teaching young people that difficult emotions are abnormal.	-4	-4

25. I am concerned that students will exhibit more problematic behaviours to access individual support.	-2	-2

Potential for positive outcomes

	F1 Ranking	F2 Ranking
9. Little gestures (e.g. smiling and asking how people are) can make a big difference.	3	3
58. It is rewarding to support young people with their mental wellbeing.	3	2

Uncategorised

	F1 Ranking	F2 Ranking
61. I would like to receive more training on the topic of mental health.	2	3
9. School staff were already delivering this type of support before the government made it a priority.	1	2
20. The Senior Leadership team determines the school stance on mental health support.	1	0
55. Establishing a good reputation for mental health support leads to increased demands to provide it.	0	-1

4.7.5 Confounded Q-sorts

Q methodology is represented as technique for studying the marginalised (Brown, 2006). Therefore Q-sorts that are unrepresented in the factor arrays should not be discarded without some consideration.

There were no participants whose Q-sorts did not load onto any factor, so I did not find evidence of a further distinct but marginal or individual viewpoint. Three Q-sorts

(1, 6 and 21) were confounded between viewpoints 1 and 2, suggesting that their perspectives are hybrids of those discussed above. The characteristics of participants with confounded Q-sorts are presented in Table 4.4.

Table 4. 5: A table summarising participant information for the three confounded Q-sorts.

Participant No.	Job Title	Years Spent Working in Schools
1	SENDCo	11-15
6	Deputy Headteacher	16-20
21	Teacher	21-25

All had received some form of professional training on mental health with two listing more than three different modules and courses.

Closer examination of their item-configurations and post-sort questionnaires revealed that:

- Participant 1 expressed viewpoint 1's clear sense of purpose and confidence in their approach towards mental health needs. However, they also emphasised a lack of support and consensus among colleagues and services as seen in viewpoint 2.
- Participant 6 placed particularly strong emphasis on the dual importance of student *and* staff wellbeing.
- Participant 21 emphasised the holistic role of schools in developing young people, stating that "The whole child is our responsibility." They reflected that they felt their school was becoming "progressively better" in the area of mental health support.

The views of these participants were consistent with those expressed through the consensus statements, therefore some of their feedback has also been incorporated into *Chapter 5: Discussion.*

4.8 Summary of the Results

This chapter explored how the 22 completed Q-sorts were analysed and interpreted to reach the study findings. Centroid factor analysis was used to extract seven potential factors, of which two were retained as meaningful. Varimax factor rotations produced a final two-factor solution which accounted for 51% of the study variance. It was not possible to improve on this solution with further manual rotations. Factor arrays and estimates assisted in the qualitative interpretation of the viewpoints these factors represented. There was a significant degree of consensus between the two viewpoints in relation to the clear necessity of school-based mental health support and its broader benefits to learning success. However key points of difference emerged around staff's levels of confidence and perception of support from colleagues and external services. Chapter 5 will consider these findings in further detail.

5. Discussion

5.1 Introduction to the Discussion

This chapter will explore and evaluate the findings in greater detail. I will examine what has been revealed in relation to the guiding questions identified in section 2.8.1, and how this situates alongside pre-existing literature. This is followed by a critical appraisal of the methods and procedure employed, and suggestions of how findings may inform professional practice and future research. This chapter (and the investigation as a whole) concludes with an overarching summary of what has been done and learnt throughout the research process.

5.2 Summary of the Research Findings

At the start of this investigation I stated my intention to explore the following:

What viewpoints do educators hold regarding their involvement in school-based mental health support?

To address this question, 22 members of school staff in one county authority completed an online Q-sorting activity. The 61-statement Q-set was developed from a rich concourse sampled from academic, media and direct data sources to the represent key opinions in circulation around the focus topic.

During by-person factor analysis, a two-factor solution emerged as statistically viable. It captured 51% of the overall study variance via the simplest possible structure (Webler *et al.*, 2009), and enabled 19 of the 22 completed Q-sorts to successfully load onto one of the factors; the remaining three Q-sorts were confounded between both. Factor arrays were interpreted and contrasted to describe the qualitative characteristics of the distinct viewpoints they represent. These were named and summarised as follows:

1. It's our duty: Well-positioned, well-equipped and highly motivated
   Educators loading onto this viewpoint were highly motivated to support pupil's mental health and perceived that they were doing so effectively. The necessity of wellbeing provision in schools appeared strongly internalised as both a moral responsibility and pragmatic necessity to prevent further long-term decline. This viewpoint did not assign strong significance to potential barriers and disagreed

that increased mental health responsibilities had negative consequences for staff, pupils or the schools' broader functioning. This viewpoint's name reflects its broadly positive outlook and beliefs that effective mental health support in schools is both necessary and achievable.

2. Help us to help them: The need for training, capacity and collaboration
   These participants believed they were undertaking valuable and necessary work by consistent relationships with pupils and providing opportunities for them to talk about their feelings. However, they questioned their specific knowledge of mental health needs and desired further training and practical strategies to fulfil their role more effectively. This viewpoint saw pupils' mental health as a collective responsibility, but also believed that not all staff are equally skilled or invested in this support. They perceived that academic targets were prioritised at the expense of wellbeing, despite personally viewing the latter aim as foundational to the former. Lack of appropriate spaces and multiagency support were also highlighted as barriers to implementation. This viewpoint's name aims to capture its belief in the value of school-based mental health support, contextualized alongside concerns that this work is currently constrained by gaps in knowledge, inconsistent application, competing curricular demands and a lack of joined-up working.

Despite key points of divergence, a high number of consensus statements revealed areas of similarity between both viewpoints, which will also be considered in forthcoming sections. I will now attempt to apply these findings alongside prior evidence to address the three sub-questions formulated in section 2.8.1.

5.3 Exploration of Current Findings in Relation to Previous Literature

5.3.1 How do educators view their role within mental health support for young people?

5.3.1.1 Young people's need for mental health support

Consensus statements indicated that participants were broadly concerned about young people's mental health and agreed that educators should play their part in addressing this. Deteriorating mental health among children and adolescents has been noted in research and wider societal discourse (NHS Digital, 2018; Patalay &

Fitzsimmons, 2017; Campbell, 2019). Though increased prevalence rates of psychological disorders could also reflect positive changes such as greater awareness and reduced fear of stigma (Schraer, 2019), these educators perceived that the young people they work with are genuinely at greater risk compared to previous cohorts.

"I have seen a huge increase in the prevalence of mental health concerns amongst the young people I work with." – Participant 4 (Viewpoint 1)

"The number of children with low mood, or anxiety, or those displaying challenging behaviour is huge and extremely frightening. It shocks me every day how many children present as generally unhappy or worrying about very adult issues and this figure is constantly changing." – Participant 22 (Viewpoint 2)

In post-sort questionnaires, participants variously identified exam pressures, social media, inconsistent home routines, societal materialism and pressure to explore sexual identity at younger ages as potential explanations for these declines.

Consistent with previous findings, no participants expressed that young people's mental health should not be their responsibility (Rothì *et al.,* 2008; Kidger *et al.*, 2010; Corcoran & Finney, 2015). However participants in two other studies believed that a significant minority of non-participating colleagues did not embrace mental health responsibilities or training (Kidger *et al.*, 2010;Corcoran & Finney, 2015) . Similarly, in this research, participants loading onto viewpoint 2 believed that not all their colleagues were united on the importance of wellbeing provision. One went on to describe negative past experiences.

I have worked in schools that have not cared enough about their staff and students and this leads to a toxic environment for all involved – Participant 9 (Viewpoint 2)

By avoiding members of senior leadership teams to preselect participants, I had hoped to enable those staff holding concerns and criticisms to come forward. Though participants' post-sort questionnaires did not appear reticent in identifying areas for improvement, I still did not access anybody who actively resisted involvement in mental health support. This may suggest that the methods I employed

were still ineffective in motivating a particularly disillusioned group to engage (see section 5.4.2.2 for further discussion). Alternatively, it could reflect that a lack of understanding or capacity among some educators is being misconstrued by colleagues as a lack of willingness.

5.3.1.2 Staff's motivation to provide mental health support

Participants holding viewpoint 1 strongly regarded mental health support as a moral duty. Research suggests that when teachers view practices as a moral responsibility, they display increased dedication and professionalism (Hansen, 2001). They have also been described as more perseverant in 'fighting' for necessary resources; (López, 2010); a sentiment I perceived as reflected in some of viewpoint 1's qualitative comments. Participants in this group described themselves as 'advocates' and said that they 'make the time' to support pupil wellbeing even if this is during breaks or planning time.

Of Bayles' (1989) four underpinning values of professional ethics, Colnerud (2015) highlighted protection from harm as the most salient within the teaching profession. Viewpoint 1's high sense of moral duty and emphasis on the long-term benefits of wellbeing support suggests they perceive equipping young people to manage life's stressors as fundamental to their professional identity. Professional identity constitutes a mental representation of the attributes, values and beliefs one associates with their occupation (Sachs, 2001). Educators in Kidger and colleagues' (2010) study similarly perceived wellbeing support as "inseparably linked" to their role. These findings could potentially be linked to one of the core tenets of self-determination theory; that people act most diligently in pursuit of goals they have internalized as their own (Deci & Ryan, 1985). Described as 'intrinsic motivation', this is juxtaposed against extrinsic motivation; behaviours enacted in response to external pressures. Ryan & Deci (2000) depict motivation as a continuum underpinned by perceptions of autonomy and self-determination (see Figure 5.1 below). At the polar ends are amotivation (the absence of interest and engagement) and intrinsic motivation, the most positive type for both wellbeing and productivity (Taylor, 2015).

ontinuum of

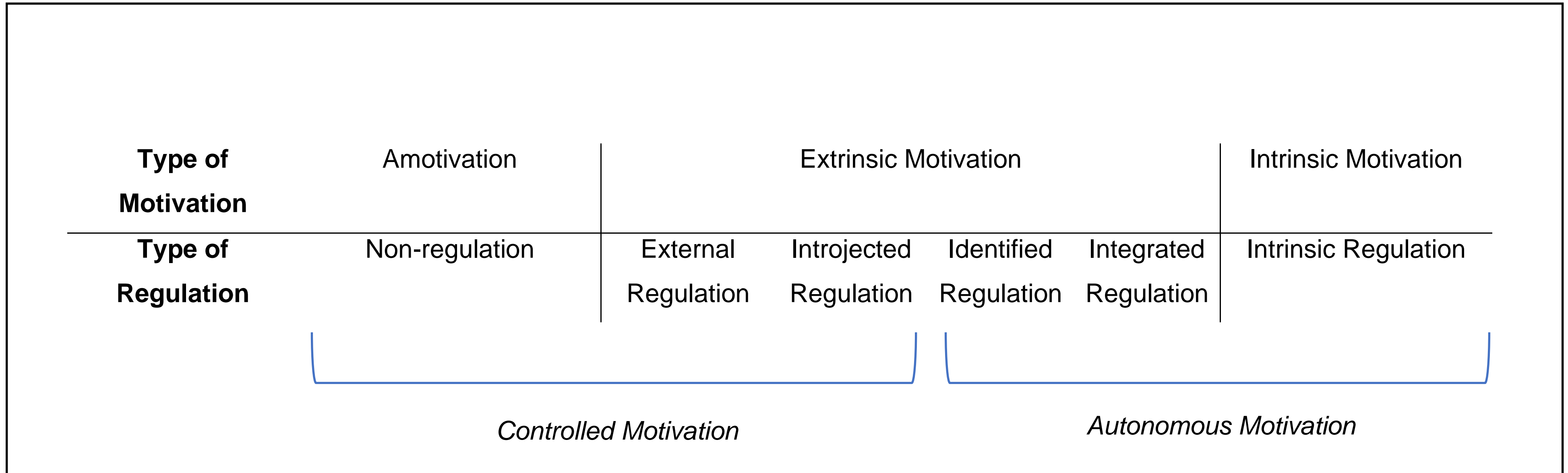


Figure 5. 1: A figure depicting Ryan & Deci's (2000) Continuum of Motivation and Regulation.

Participants in both viewpoints endorsed the need for and benefits of school-based mental health support. The framework in Figure 5.1, would therefore suggest that they are all experiencing a degree of *identified regulation*, in which individuals understand the need for and relevance of a particular activity. I hypothesized that viewpoint 1's strong feelings of moral duty suggested that supporting pupil's wellbeing had been incorporated into their personal values and identity. This would suggest they have moved closer to intrinsic motivation through the experience of *integrated* regulation; when the performance of particular activity forms part of an individual's self-concept. Participants that loaded onto viewpoint 2 did not reject the notion of a moral duty but assigned it lower psychological significance.

The defining characteristic of intrinsic motivation is that the activity becomes inherently rewarding (Deci, 1975) . Both viewpoints said it is rewarding to support their pupil's wellbeing, though viewpoint 1 agreed more emphatically and endorsed fewer statements that could be interpreted as caveats to this. López (2010) found that teachers with a greater sense of moral responsibility went 'the extra mile' without expectation of additional reward, similarly to staff in viewpoint 1 who described giving up their personal time.

5.3.1.3 Staff's perceived responsibilities within mental health provision

The Department for Education (2018a) describes schools' tier one responsibilities as:

- whole-school promotion of resilience and coping strategies
- low-level interventions for vulnerable pupils
- early identification of mental health needs
- referral to specialist agencies when necessary

Comparing the relative rankings of Q-set statements pertaining to these roles enables exploration of how each viewpoint construes their core responsibilities. Statements respectively emphasising involvement in proactive and reactive mental health provision were assigned significant and equal levels of agreement within and between both factor arrays. Educators across both viewpoints therefore agreed that school staff have a key part to play in the universal prevention of mental health difficulties *and* the provision of early targeted support when they arise. This contrasts with findings from Shelemy and colleagues' (2019b) sample of secondary

teachers, who characterised their role as predominantly providing short-term containment while signposting to specialist services.

While viewpoint 1 agreed they were well-placed to identify students requiring additional mental health support, viewpoint 2's ranking suggested greater reservations. Yet there was no evidence to suggest that staff in viewpoint 2 possessed less knowledge of the pupils they work with; in fact, they disagreed more strongly with the view that they do not provide consistent care. Similar doubts around educator's ability to accurately identify at-risk pupils emerged in previous research (Rothì *et al.,* 2008; Danby & Hamilton, 2016; Shelemy *et al.,* 2019b). Shelemy and colleagues (2019b) hypothesised that teachers may be less confident in their appraisal of others' mental health if they construed the term as highly medicalised.

I therefore hypothesize that viewpoint 1's relative confidence in making these judgements could be linked to a tendency to frame mental health needs in broader, more universalistic terms.

"As we all have mental health (positive and negative) it is something that we all need to be aware of." – (Participant 7, Viewpoint 1)

The conception of mental health described above does not draw a stark divide between the mentally 'ill' and the mentally 'well'; instead implying that everyone is at differing positions on the same continuum. Keyes (2002b) utilizes a continuum model, running from 'languishing' to 'flourishing'. Therefore, while some staff hold concerns around making judgements with diagnostic connotations, identification of vulnerable pupils may feel less daunting for those who see themselves as simply noticing those who are not currently able to flourish.

The role of school staff in referring to specialist agencies did not emerge as a salient priority for staff during concourse-gathering, and therefore was not directly represented as a standalone Q-set item. As staff holding viewpoint 2 lacked confidence identifying the need for additional support, it might reasonably be inferred that they would also be reluctant to share their judgements with external professionals. Though they disagreed with the view that mental health specialists do not trust the information schools provide, they also did not perceive them to be collaborating particularly effectively with schools at present. They also indicated slight agreement with the view that external services are difficult for pupils to access,

which could also reduce their motivation to make initial referrals. Viewpoint 1's perspective on external mental health agencies is difficult to ascertain and explored further in section 5.3.3.5. However, their disagreement with the view that school staff lack the expertise to support mental health could potentially imply a lack of perceived need to refer externally.

5.3.2 How do educators perceive the current impact of school-based mental health provision?

5.3.2.1 Perceived benefits for young people and schools

Both viewpoints agreed that the support offered by schools makes a positive difference to young people's mental health. They perceived that young people valued opportunities to talk to staff about their emotions and, contrary to concerns noted by Davies & Matley (2020), did not believe offering support to vulnerable pupils marked them for peer stigma. A recent US survey identified teenagers as the group 'leading the movement' against mental health stigma, with 81% believing it is time to talk more openly and honestly about mental health issues (The Harris Poll, 2020).

Neither viewpoint perceived that increased wellbeing provision was detrimental to other aspects of school functioning. As in previous research (Rothì *et al.*, 2008; Kidger *et al.,* 2010) they were aware of the links between wellbeing and academic success (Deighton *et al.*, 2018). Furedi (2009) suggested a major factor constraining contemporary education is the erosion of adult authority by increasingly 'psychologised' policy, which encourages "pandering" to the individual learner over enforcing universal standards. However, consensus statements indicated that staff in this study strongly disagreed that supporting pupils' emotional wellbeing undermined student-teacher relationships or behaviour management.

"It shouldn't be about authority. It should be about creating a supportive environment, free of judgement and full of respect. When those things are in place, there is little need for lots of authoritative practices." – Participant 1 (Confounded)

"I know from personal experience that students who feel supported and cared for by staff have more respect for them and behave better for them." – Participant 9 (Viewpoint 2)

These sentiments appear to reflect the core assumptions of Dreikurs' (1968) social discipline model of classroom behaviour management. He positioned that good behaviour in school is based on a sense of mutual respect and high investment in the group, which motivates pupils to act constructively. Problematic behaviours were framed as the 'mistaken goals' of young people unable to access a sense of belonging, which manifests as feelings of inadequacy and needs for attention, power or revenge. Many contemporary researchers continue to emphasise the importance of belonging, relatedness and social connections for positive behaviour and engagement (Allen *et al.*, 2020; Riley *et al.,* 2018). A meta-analysis of research between 2000-2018 found that school belonging had small-to-moderate positive correlations with achievement and behavioural engagement, and small negative correlations with absence and dropout rates (Korpershoek *et al.*, 2020). For educators who view misbehaviour as symptomatic of low feelings of connection or belonging in school, an emotionally-attuned ethos would be therefore be seen as broadly beneficial to both engagement and compliance.

5.3.2.2 Different perceptions of success between viewpoints

Participants loading onto viewpoint 2 agreed more moderately about the impact of their support relative to those in viewpoint 1. As they also expressed concerns that some young people were 'slipping through the net', I inferred that this viewpoint sees their support as valuable but do not believe it is achieving all it needs to. To further understand the discrepancy in perceived success between the two viewpoints, I considered the potential influence of other aspects in which their viewpoints appeared to diverge.

5.3.2.3 Confidence in mental health knowledge and skills

Staff holding viewpoint 2 appeared to doubt their specific knowledge and skills in relation to mental health; a finding shared with a number of previous studies (Rothì *et al.,* 2008; Danby & Hamilton, 2016; Shelemy *et al.,* (2019b); Andrews *et al.*, 2014). It is possible that lower confidence levels of confidence among viewpoint 2 do not reflect genuine disparities in topic knowledge, but rather the perception that a higher level of expertise is required.

No headteachers or deputy/assistant headteachers were represented by viewpoint 2; three loaded onto viewpoint 1 and one was confounded. This could suggest that feelings of competence in supporting mental health are higher among school leaders. As it typically takes time to reach more senior positions, this could simply reflect the benefits of experience (discussed further below). However, the nature of staff roles might also account for differences in the viewpoint they aligned with most. Headteachers and deputy headteachers may ensure that they are particularly well-versed in mental health policy and practice so that they can model and cascade this effectively among their staff. Alternatively, they might perceive greater levels of staff unity and success in this area because they are more 'removed' from day-to-day delivery, therefore less likely to personally encounter practical barriers or witness areas of tension.

Of the three participating ancillary staff, the one that loaded onto viewpoint 1 had undertaken additional training to be a HLTA, then specific mental health training to become an ELSA. The other two, who purely identified as teaching assistants, loaded onto viewpoint 2. One stated that she had no training in mental health support, and the other had only acquired some through a psychology course taken outside of work. The idea that teaching assistants could be less confident on average due to lack of access to relevant CPD appears particularly problematic considering their noted preponderance in emotional and pastoral provision (Lehane, 2016). However, I should emphasise that although it is helpful to reflect on demographic information to inspire further investigation, the small numbers of staff represented in this study cannot evidence large-scale demographic trends (Watts & Stenner, 2012).

Participant information showed that the educators in viewpoint 1 (who communicated greater confidence in their ability to support pupils' mental health) had spent an average of 4.3 more years working in schools than those in viewpoint 2. Loinaz (2019) found that teachers in the UK and Sweden were significantly more confident in their ability to develop students' emotional competencies when they had ten or more years of experience. They were also more likely to perceive 'Social and Emotional Education' (SEE) as improving their relationships with pupils. Participants in viewpoint 1 were not only more confident in their knowledge and impact, but strongly agreed that they had previously received valuable mental health training. Viewpoint 2 appeared neutral on the value of previous training, which I speculate could suggest either a lack of opportunities or variable past experiences. Increased exposure to quality training opportunities could therefore potentially be mediating a relationship between experience and confidence. In Loinaz's (2019) survey targeted training increased teachers' beliefs in the importance of SEE but did not significantly increase their confidence in delivering it (Loinaz, 2019). He therefore suggested that the benefits of experience are the 'knacks' and 'rules of thumb' acquired through cumulative practical experience, and highlighted implications for establishing colleague mentorship programmes for newly qualified teachers. However, no links were found between years in role and confidence supporting wellbeing among teachers in Spain and Greece (Loinaz, 2019) or in a related doctoral study based in the USA (Frame, 2017).

The demographic information in this study also revealed substantial diversity in the amount, duration, source and focus of the training participants had accessed. Within such a range some variation in quality appeared likely and one educator complained

of some modules being “not long enough or useful enough.” In their study of teachers’ experiences supporting pupils’ mental health, Shelemy and colleagues (2019b) constructed a model to explore how their key themes may be interacting with one another. This is shown in Figure 5.2.

Figure 5. 2: Shelemy and colleagues' (2019b) theoretical model of teachers' experiences when supporting students with their mental health.

In this model they contended that improvements in student's mental health are determined by the staff training and resources received, in conjunction with staff's perception of their professional role in relation to mental health. Applying this framework could therefore suggest that the success of interventions provided by those in viewpoint 2 is being hindered by limited knowledge and skills due to inadequate training opportunities.

5.3.2.4 Perceived conflict between different aspects of the role

Though viewpoint 2 emphasised links between positive wellbeing and learning success, they also believed school performance measures detract from the time and resourcing dedicated to wellbeing objectives. This was also indicated by Corcoran and Finney (2015), the same year as the National Union of Teachers commissioned a study in which 84% of teachers agreed 'The focus on academic targets means that social and emotional aspects of education tend to be neglected.' (Hutchings, 2015). This paper argued that the gradual expansion of high-stakes testing and school accountability measures had been detrimental to staff workload and student-teacher relationships, forcing schools to operate as 'exam factories' rather than preparing them for life after their qualifications.

Participants in viewpoint 2 therefore experience greater barriers to mental health support in both training experience and perceptions of their role; the two elements Shelemy and colleagues (2019b) identified as influencing student improvement.

5.3.2.5 Collaboration between colleagues

Within this context, collaboration refers to the co-operative actions educators undertake for job-related purposes (Kelchtermans, 2006). In contrast to viewpoint 1, viewpoint 2 expressed that some school staff were ill-suited or uninvested in mental health provision, despite strongly believing that it *should* be a collective effort.

> *Some staff members might think they are doing/saying the right thing but could in fact be causing further problems down the line. Some staff might not have an understanding of mental health and therefore not able to be objective in their*

responses. Others may be doing it for the wrong reasons and whilst they think they are doing it for the children they are doing it for their own kudos. - Participant 3 (Viewpoint 2)

Given the diversity in prior training experiences, it is perhaps unsurprising that some staff do not feel 'on the same page' with all their colleagues. Even some in viewpoint 1, who broadly felt they were well-prepared with clear responsibilities and cohesion among staff, reported receiving little structural support to cultivate this:

There isn't really a clear approach to mental health in schools with good resourcing. Schools have to learn and find things out for themselves a lot of the time – Participant 20 (Viewpoint 1)

Evidence links teacher collaboration with more effective problem-solving, decision-making and skill-building (Blanchard, 2007), which likely mediates the small but significant benefits noted to student achievement (Johnson, 2006; Lomos *et al.*, 2011). Perceptions of collaboration among staff teams also generate feelings of togetherness which promote respectful interactions (Krovetz & Arriaza, 2006) and positive collegial relationships (Kelchtermans, 2006). In turn, positive professional relationships are linked to more successful school improvement (Marzano, 2003). Rothì and colleagues (2008) concluded that "Consultation with *and collaboration between* front-line professionals is both urgent and crucial for the success of any school-based mental health initiatives" (p.1231).

Social interdependence theory has been argued to be one of the most applicable psychological frameworks within educational practice (Johnson & Johnson, 2009). In a state of positive interdependence, goal attainments of group members become positively correlated with one another, as though functioning as a dynamic whole. At its best this encourages promotive interactions in which colleagues encourage and facilitate each other's efforts. However, different forms of interdependence can exist either individually or additively. If, as indicated in the responses of viewpoint 2, colleagues do not value shared goals then they are simply tied to the same resources. Resource interdependence without outcome (goal) interdependence decreases achievement and productivity compared to individual efforts (Johnson *et*

al., 1990) as group members need to divide available resources while working at cross-purposes.

Bandura (1977) coined the term ‘collective efficacy’ to describe beliefs around the ability of a group to execute particular courses of action. Group members undergo a process of ‘updating’ to take stock of their collective success (Bandura, 1997). It is argued that this feedback tangibly influences the continued effort and staying power individuals reinvest into shared goals (Bandura, 1982). From this basis, it may be that the division among colleagues perceived by those in viewpoint 2 is damaging to both the success of wellbeing provision and the long-term motivation of those providing it. A number of studies directly link teacher’s beliefs in whole-organisation commitment, to their assessments of their own efficacy (Goddard & Goddard, 2001; Cialdini *et al.*, 2001). Put simply, they do not see how they can achieve their aims without support and consistency from others. This potential for individual demotivation increases in line with group size (Kerr, 2001) meaning the impact of low colleague collaboration is likely to be particularly detrimental in larger school settings.

“If the ethos of the school believes that mental health is a priority then it is easier and more effective to support those that need it. The negative views of one person or a small group of people can have a huge effect on the whole school. I don't believe that all staff need to be experts or even involved on a day to day basis, but they need to understand the importance and play their role in that.”

- Participant 9 (Viewpoint 2)

5.3.2.6 The experience of success as a self-fulfilling prophecy

Bandura’s (1982) notion of updating is not the only theoretical framework which suggests that intervention success can become self-perpetuating. As shown in section 2.5.3, Han & Weiss (2005) emphasised the importance of recognising early success for long-term programme sustainability. Taylor (2015) similarly notes that a state of amotivation can become self-confirming, as it actively biases information-processing to focus on why enacting the behaviour would be futile. Without sufficient reassurance of positive impact, it is argued that staff can become trapped in a vicious cycle of failure and demoralisation. Thus, a possible critique of Shelemy and colleagues’ (2019b) model (Figure 5.2) is that it does not acknowledge a feedback

loop between intervention success and teacher's subsequent engagement in or perceptions of their role.

5.3.2.6 Impacts upon staff?

I noted that the barriers to implementation experienced by those with viewpoint 2 appeared to closely resemble Deci & Ryan's (2000) core components of motivation. Their self-determination theory states that motivation and wellbeing thrive when three psychological needs are met:

- **Autonomy** – a sense that one's actions are volitional and in harmony with our values and integrated self.
- **Competence** – a belief that one is effective and given sufficient opportunities to demonstrate mastery over a particular task or domain.
- **Relatedness** – a feeling of connection to and cohesion with others.

Applying these principles, it could be inferred that interventions to target these needs will be important for sustaining these professionals' investment in mental health provision and safeguarding against feelings of guilt and disillusionment.

Previous authors have highlighted the importance of maintaining staff's wellbeing so that they are better able to respond to the needs of their pupils (Weare, 2015; Kidger *et al.*, 2010). Viewpoint 2 agreed with this statement while viewpoint 1 assigned it little significance. Shelemy and colleagues (2019b) depict staff's emotional experiences as influenced by their investment in a pupil's outcomes and assessment of whether this pupil's mental health is improving or declining (see Figure 5.2). As viewpoint 1 perceive themselves as well-supported, well-equipped and making a significant difference it is therefore unsurprising that they did not feel the emotional needs of their pupils negatively impacted their own wellbeing.

More surprisingly, viewpoint 2 also disagreed with this view, in contrast to previous findings that staff who felt some pupil's needs were not being met experienced feelings of failure, guilt and isolation (Shelemy *et al.,* 2019b). As it is clear from their comments and overall factor array that this group care deeply about their pupils, I hypothesised that this response could represent a protective psychological mechanism developed to reduce their risk of emotional burnout. Donker and colleagues (2020) described teachers' use of two emotion regulation strategies.

Cognitive reappraisal involves explicitly challenging thoughts by reframing antecedent triggers before an emotion has fully developed, while expressive suppression aims to regulate the expression of an emotion that is already experienced. The former strategy is broadly considered to be more helpful in the long-term. However the notion of suppression appears reinforced by participants in viewpoint 2's strong disagreement that "It is important for staff to share their feelings openly with pupils."

"Staff's feelings are irrelevant to the child, as an adult you need to remain impartial, professional and not offer your emotions whilst being understanding of how the child is feeling" – Participant 3 (Viewpoint 2)

"Staff should not share their own feelings as this may influence what a child says or does." – Participant 12 (Viewpoint 2)

Teachers have been noted to frequently modulate their emotions in the classroom, however evidence suggests that in the long term this 'emotional inauthenticity' can detrimental to their mental health (Taxer & Frenzel, 2015; Barber *et al.*, 2011).

5.3.3 Do school staff believe there is anything that would enhance the mental health support they are able to provide to pupils?

5.3.3.1 Staff training needs

Consistent with a number of previous studies (Rothì et al., 2008; Kidger *et al.*, 2010, Shelemy *et al.* (2019a, 2019b); Davies & Matley, 2020), staff loading onto both viewpoints wanted further training around mental health. Lack of specificity and practical relevance was highlighted as a key critique teachers made of prior school mental health training (Shelemy *et al.*, 2019a). They disliked "wishy-washy talks" and favoured the use of concrete strategies, checklists and illustrative case studies. As viewpoint 2 also strongly agreed that educators need more practical solutions to support wellbeing, this suggests they would similarly value programmes that directly link to real classroom scenarios. Staff interviewed by Kidger and colleagues (2010) wanted expert-led training on how to recognise signs of need and practically manage these in the classroom; findings nearly a decade later indicated little change. Shelemy and colleagues (2019a) highlighted a desire to know more about subtle

signs of mental health difficulties, and actions to take in situations of immediate risk such as self-harming or panic attacks. Davies and Matley (2020) found school staff wanted to know how to sensitively broach the subject of mental health with vulnerable pupils.

Though participants in viewpoint 1 would like to receive more training, they agreed less strongly than those in viewpoint 2. Within the context of their whole arrays I theorised that this may be due to less perception of necessity and a greater desire for revision and expansion. One participant explicitly framed their response in the context of continuing professional development.

> *"It is important to keep up to date with the latest information/training to best support pupils in school". – Participant 18 (Viewpoint 1)*

5.3.3.2 Resourcing needs

Both viewpoints moderately agreed that further financial investment in wellbeing provision would support more effective delivery of mental health support. Participants holding viewpoint 2 strongly felt that they were lacking adequate spaces in school to work with pupils discreetly. The two viewpoints also diverged on the value of on-site mental health specialists. While viewpoint 1 agreed that 'schools need mental health specialists on site', participants in viewpoint 2 assigned this a significantly lower ranking, which suggested either neutrality or slight disagreement. It initially appears surprising that this group expressed less desire for on-site specialists, given their relatively lower confidence in their own skills and knowledge. It may be that these participants viewed taking on specialists as increasing schools' commitment to deliver in this area (before they feel fully confident with their current responsibilities). A colleague also highlighted an alternative explanation that I had not considered; that these staff may have experienced previous interactions with mental health specialists that they perceived as unhelpful or negative.

5.3.3.3 Curriculum changes

Viewpoint 1 agreed that mental health and wellbeing needs to occupy a larger portion of the curriculum. This was similarly expressed by Kidger and colleagues' (2010) participants, who felt this was needed to prevent the topic being 'swept into a corner'. Some of viewpoint 1's qualitative comments indicated a belief that the current curriculum emphasises the wrong skillset.

"Teachers feel the pressure to be churning out students who've got good academic intelligence, rather than prioritising intrapersonal or interpersonal intelligence… I sincerely hope that facilitating pupils to understand themselves and others will move up the priority scale." – *Participant 15 (Viewpoint 1)*

Viewpoint 2 gave a neutral or slightly positive ranking to wellbeing needing to take up more of the curriculum. I again hypothesized that broadly reflect this viewpoint's focus on improvements to current provision, relative to viewpoint 1's focus on expansion and further investment in a system that they regard as currently successful.

5.3.3.5 Improved interagency working

Teachers have previously critiqued lack of responsiveness and long waiting times among external mental health services (Ford and Nikapota, 2000; Rothì and Leavey, 2006). The 2017 Green Paper proposed Mental Health Support Teams to facilitate more effective communication between healthcare and education. However, poor communication between different aspects of the tiered response system (particularly schools and CAMHS) continues to be cited as a significant issue (Shelemy *et al.,* 2019b). Although only viewpoint 2 disagreed that external services are working effectively with schools, and mildly agreed that there is nowhere outside of school for students to access mental health support, I also noted some discontent among the comments of viewpoint 1.

"I have found a lot of pressure to support mental health falls on schools. Unless students reach extremely high thresholds of need school can rarely get support from outside agencies." – *Participant 4 (Viewpoint 1)*

Examining individual Q-sorts and qualitative comments, it appears that responses to this item were particularly polarised which, as with reports around training, suggests significant variation among staff experiences.

5.3.3.6 Collaboration with parents

Viewpoint 1 moderately agreed that schools need to establish better links with parents and carers as part of effective wellbeing provision. Previous studies have often been depicted parent disengagement or reluctance as a key barrier to school-based mental health support (Walters *et al.*, 2006; Shelemy *et al.*, 2019b). Both

viewpoints appeared neutral on whether parents valued school's efforts in relation to mental health. As one participant pointed out, this may be due to variation between experiences with different parents, whose views on this topic are unlikely to be homogenous. Neither viewpoint agreed that 'better parenting' would 'solve' many of the emotional needs they were witnessing, which emphasises that they do not see school's role as subsidiary (or worse, redundant) compared to home. Though some participants in both viewpoints felt that parents could exacerbate some mental health needs, they did not communicate blame as much as concern for the parents own mental health needs and understanding:

> *"Parents also need support and education around mental health and emotional needs. It's not fair to say it is down to parenting." - Participant 18 (Viewpoint 1)*

> *"More help could be given to parents as some of their anxieties are being projected onto their children." – Participant 3 (Viewpoint 2)*

Such beliefs appear reminiscent of findings that staff felt dually responsible for helping students and their parents better understand and promote positive mental health (Danby & Hamilton, 2016).

5.4 Strengths and Limitations of this Research

A researcher's insight into their own biases and decision-making is a critical component of rigorous and accountable research (Johnson *et al.,* 2020). I will therefore reflect on what went well during this investigation, as well as the areas in which compromises were made.

5.4.1 Selecting an appraisal tool

As discussed in section 3.3, qualiquantology does not neatly conform to design standards rooted in purist quantitative and qualitative paradigms. Though mixed methods evaluation frameworks have been devised (Heyvaert *et al.*, 2013; O'Cathain, 2010) Q's place in this group remains contested (Ramlo, 2016), and many of these appear more applicable to sequential use of distinct methodologies (rather than a single hybrid procedure.)

In Chapter 2: Methodology, I adopted a 'threats minimization' approach, identifying aspects which could compromise validity and reliability during data collection and

analysis (Creswell & Plano Clark, 2007) . However, I concur with Ramlo's (2016) assessment that Q is a qualitative-dominant methodology, which borrows aspects of quantitative procedures to ultimately pursue rich, qualitative understandings. For this reason, positivist terminologies of validity, reliability and generalizability felt less appropriate for evaluating the end product of this research.

In the absence of a purpose-built appraisal tool for Q methodology, I have opted to use Tracy's (2010) 'Big-Tent Criteria for Excellent Qualitative Research'. These appear consistent with my research goals and are designed to be flexibly applied across a diverse range of methods, evaluating the "common end goals of strong research" (p. 839) irrespective of the methods through which they are reached.

Table 5.1 summarises these eight quality criteria and how they are determined.

Table 5. 1: A table to summarise Tracy's (2010) 'big-tent' criteria for excellent qualitative research, with brief descriptions of how they are assessed.

Quality Criteria	Meaning/Indicators
Worthy topic	Research topic is relevant, timely, significant and interesting.
Rich rigour	Design is appropriate to the research aims and undertaken with appropriate care, thoroughness and theoretical grounding.
Sincerity	Account is transparent and the researcher is reflexive on their own subjective values and potential for biases.
Credibility	Findings are represented in sufficient detail, appearing trustworthy and plausible.
Resonance	Research impacts upon its audience through evocative representation and transferable findings.
Ethical	Researcher upholds appropriate ethical codes and values.
Meaningful coherence	There is coherence between the research goals, procedures, findings and interpretations; the study 'hangs together' well.
Significant Contribution*	Research makes a significant contribution to theory, practice and/or future research.

* Tracy (2010) lists this criterion sixth, however I have decided to present it last so that it more naturally flows into the discussion of the study implications.

5.4.2 Application of quality criteria

5.4.2.1 Worthy topic

Topics can be worthy for several reasons; they may be theoretically compelling, responsive to societal needs or raising awareness on issues of moral importance (Tracy, 2010). Chapter 2 details my rationale for selecting the focus topic in a climate of increasing concerns over the mental health of young people (Fink *et al.,* 2015; Young Minds, 2018a). With recent guidance emphasising the role of schools within the national response to this impending "crisis" (Weale, 2019), it is important to assess how effectively they are enacting these responsibilities. The deleterious effects of the coronavirus pandemic on adult (Pierce *et al.*, 2020), child and adolescent mental health (Newlove-Delgado *et al.,* 2021) is also likely to increase this topic's relevance post-hoc, by heightening the demand for quality public provision (Mind, 2020). I explored the efficacy of school provision through staff viewpoints, in recognition of their central role and unique insight. High professional stress and falling retention rates in the teaching profession (Teacher Wellbeing Index 2018; DfE, 2020b) emphasise the need for educators to be able to air their concerns and not be treated as passive implements through which external agendas are made manifest.

5.4.2.2 Rich rigour

The methods employed were planned and conducted in close reference to guidance from experienced Q researchers (Watts & Stenner, 2012; Webler *et al.*, 2009; Brown, 1980). I also explored concerns around the impact of an online format, which resulted in dual use of video and written instructions to reduce the risk of misunderstandings.

The concept of 'rich' rigour stems from the qualitative valuation of findings that are detailed and convey complexity. The selection of Q methodology reflects my intention to pursue holistic and well-warranted accounts of staff perspectives. Though the sorting process is considered more effortful than many alternative methods, "it takes a complicated sensing device to register a complicated set of events" (Weick, 2007, p. 16).

Tracy (2010) also highlights the importance of an appropriate sample for the chosen design. I should reiterate that, in Q methodology, the sample refers to the Q-set and

not the participant group. This Q-set consisted of 61 statements distilled from a 572-item concourse which was compiled from a range of direct and indirect data sources. In addition to the interviews and focus groups described in section 3.6.3.1, I originally planned to moderate a focus group containing 4-6 teachers from same setting. This was unfortunately not achieved within the necessary time frame due to low response rates. I justified the decision to move on to the next phase of research on the grounds that:

- Teachers were the most represented group in the previous literature and relevant media sources.
- The concourse was already extensive and exceeded Brown's (1993) stipulation that it should be at least 3 times the size of the aimed-for Q-set.

I consulted with peers, an experienced Q researcher and a literacy specialist during several iterative phases of Q-set refinement. The final set was piloted with a small sample of four primary practitioners, who did not identify any concerns with coverage or phrasing.

The P-set consisted of 22 members of school staff based in the East Midlands. As participants constitute the variables rather than the sample in Q analysis, the method is relatively tolerant of small groups. I initially intended to recruit 30 educators but quickly realised from response rates that this would be ambitious. At the time of recruitment, school closures meant that staff were coordinating remote learning for the majority of pupils alongside on-site classes (for vulnerable pupils and children of key workers). To ensure it was feasible to complete the study on time, I reduced my minimum criterion to 20 participants. Though this was still within method-specific guidelines (Webler *et al.*, 2009), the literature does vary and I have considered whether a 40 person Q-set (as advocated by Watts and Stenner (2012) might have captured more diversity and revealed a greater number of viewpoints. Section 5.4.2.5 also acknowledges limitations to the composition of the P-set.

I should also acknowledge that participants were sourced opportunistically from a single local authority. Though this has been justified as coherent with an inductive approach, I cannot rule out the possibility that other regions might have introduced other viewpoints due to unforeseen qualitative differences.

5.4.2.3 Sincerity

Lincoln and Guba (1985) suggest that a distinguishing feature of disciplined enquiry is that the process and products should be reported "in such a way that all of its aspects can be examined publicly" (p.49).

I have aimed to provide an open and reflexive account of my procedure and decision-making throughout the research process. A first-person narrative style has been chosen in explicit recognition of my own active presence and degree of influence within this study.

Section 1.1 discloses my own background in relation to the topic of focus and describes the circumstances which inspired this research. I also completed my Q-sort prior to data collection, which helped me be mindful of my own subjective inclinations when interpreting the findings.

The factor analysis of Q-sorts is mathematical and transparent, yielding factor estimates and arrays which are open for scrutiny by the reader. Section 4.7.5 explicitly acknowledges the confounded Q-sorts which did not fit neatly within the central two-factor narrative of this account.

Research materials and supplementary information regarding the concourse, Q-sort platform and factor interpretation crib sheets are included in the Appendices to provide a clear audit trail (Creswell & Miller, 2000).

5.4.2.4 Credibility

Qualitative accounts and discussions of the viewpoints include sufficient detail for readers to compare their own inferences to those I have drawn. These sections are interwoven with direct quotations from the P-set, to 'show rather than tell' how I reached my interpretations (Tracy, 2010).

To reduce my own potential for investigator bias, I sought frequent opportunities for discussion and collaboration during Q-set development and factor interpretation (see sections 3.2.3.2 and 4.7.1). Ellingson (2008) proposed the alternative term '*crystallization'* to describe the usefulness of seeking multiple perspectives within qualitative research. Reality is compared to compared to a crystal, which reflects different colours and shapes in different directions; therefore "what we see depends

on our angle of repose" (Richardson, 2000, p.234). It is thus argued that gaining feedback from others does not guarantee a more 'correct' answer but does enable a more multifaceted exploration of the topic.

A key limitation to this research was that I did not seek member reflections, in which the researcher takes "findings back to the field determining whether the participants recognize them as true or accurate" (Lindlof & Taylor, 2002, p. 242). The online format of the Q-sort produced ethical concerns around asking participants to input contact information to a third-party website. I noted that published online Q studies similarly avoided the use of member reflections, though their reasoning was not stated explicitly. The protection of personal data had to take priority, however I regret not being able to discuss my interpretations with the P-set, as I feel this would be highly in-keeping with the collaborative and humanistic ethos of Q methodology, and its espoused preservation of participants' authentic voices.

5.4.2.5 Resonance

Resonance is achieved when readers can link findings to a variety of potential contexts (Lincoln & Guba, 2005). Q methodology undertakes rich, nuanced study of a relatively small group; it therefore cannot describe the distribution of viewpoints within the broader population. However, failing to specify which viewpoint has more adherents ensures that minority voices are considered equally noteworthy (Brown, 2006), thus preventing the dismissal of some groups' concerns.

This method does, however, aim to achieve theoretical generalisability as the knowledge and understanding gained may be relevant to the wider experiences of others (Shelemy *et al.,* 2019b). Theoretically significant findings aim to "bring clarity to confusion, make visible what is hidden (…) and generate a sense of insight and deepened understanding" (Tracy, 1995, p. 209).

Shelemy and colleagues (2019b) noted that only schools with 'Good' or 'Outstanding' Ofsted ratings consented for them to recruit for their study. Of the 11 participating schools in this study, 8 are rated as 'Good' and one as 'Requires Improvement'. The remaining two schools were rated as 'Inadequate' prior to academisation and are now awaiting reassessment.

Following concerns that much of the previous literature relied on staff pre-selected by headteachers or pastoral leads, I ensured that this research was advertised to all frontline staff within consenting schools. The recruitment materials also emphasised the importance of accessing a range of views, including those of people who do not feel confident on the topic area. Nonetheless there are biases associated with participant self-selection (Elston, 2021), and I recognise that those who volunteered may be disproportionately motivated or confident in relation to mental health provision when compared with the broader population of educators.

Despite my intention to recruit a range of frontline educational professionals, only three members of ancillary staff participated in this study. Secondary school staff were comparatively underrepresented (constituting 38% of the P-set) and no headteachers of specialist provisions consented for me to recruit among their staff mailing lists. My inductive approach avoids assuming that different demographics automatically produce diverse viewpoints. However, I also cannot dismiss the possibility that groups such as ancillary staff do have a distinct experience in this area, which might have revealed alternative viewpoints if they participated in sufficient numbers.

Temporal transferability is of some concern in this study. The coronavirus pandemic significantly altered educational practice, with potential knock-on effects for the study findings. For example, it may have increased staff's awareness of mental health needs or reduced the salience of academic pressures following exam cancellations. Some staff openly acknowledged the impact of the pandemic in their post-sort questionnaires:

"I am aware this survey was not about views since COVID and my responses reflect my pre-covid thoughts, however I agree even more strongly with the views stated since this crisis has hit us. Every day, typical pressures we see amongst young people in schools have been entirely exacerbated since the COVID crisis and this is only set to get worse." - Participant 4 (Viewpoint 1)

"Over the lockdown periods the number of mental health concerns amongst students that we have logged on our CPOMS system has risen by 41%."

- Participant 8 (Viewpoint 1)

It may be that some staff are less aware of how their views have changed, thus were unable to separate this influence from their answers.

Broader dissemination of this research, for example through subsequent publication in appropriate journals, could also expand the reach and therefore resonance of the conclusions. My placement local authority has recently hosted a school conference on the topic of mental health; it would therefore be in-keeping with pre-existing service interests for me to present my findings to colleagues.

<u>5.4.2.6 Ethics</u>

Section 3.6.5 details the measures taken to ensure this research was conducted ethically and respected the integrity of its participants. Participants were volunteers who were fully informed of the nature and purposes of the research. Storage of personal data was a key consideration; signed consent forms were saved to a secure personal drive. Audio recordings of online meetings were also saved to this drive, contained no identifying information and were deleted within two weeks (following transcription).

To uphold good 'exit ethics' I have presented information in ways which prohibit the identification of individual participants.

There were times in which Tracy's (2010) quality criteria appeared at odds with one another, requiring sacrifices to be made in some areas. In addition to the conflict between data protection and member reflections described in 5.4.2.4, ethical concerns also impacted upon participant recruitment. Low response rates from school staff were a consistent issue throughout this research. Some staff expressed regret that they would typically be happy to assist, but simply could not find the capacity. Despite the temptation to send out greater numbers of mass recruitment emails, feedback such as "working ourselves into the ground" and "the teachers are on their knees" indicated that this approach would not have been appropriate, and realised I needed to reduce my expectations of P-set size. One way to potentially boost participation would have been to convert the method into a less time-consuming survey, however this would have had a corresponding impact on the rich rigour of the findings. Such dilemmas are presented to highlight the practical

necessity of balancing *relative* concerns within any piece of research. The creator of the big-tent framework acknowledges that “Even with a conceptualization for quality in hand, we should not kid ourselves into thinking that we actually attend to their edicts at every turn.” Tracy (2010).

5.4.5.6 Meaningful coherence

Throughout this account I have attempted to underline how each section connects to and informs one another. In section 2.8.2 I describe how the literature review has informed the current study design, and in section 3.5 I justify why I believed Q methodology to be the most apposite for addressing my research question. The discussion reflects on guiding questions established at the start of the research.

5.4.5.8 Significant Contribution

Practically significant research aims to shed light on or helpfully frame contemporary issues, with potential implications for future action and intervention (Tracy, 2010). This research was conducted with the aim that a greater understanding of staff viewpoints would reveal avenues through which they could best be supported, with dual benefits to them and the students they work with. Abbott (2004) also coined the term ‘heuristic significance’ to describe how research can contribute to future discoveries by sparking curiosity and inspiration in others. The implications that have arisen in relation to practice and future research are considered over the next two sections.

5.5 Implications for Professional Practice

As the beliefs of frontline school staff offer valuable insights into the success of educational reforms (Richardson, 2001), findings from this research can help identify how practitioners and policymakers could target support and resources to where they are most needed.

5.5.1 Implications for schools

A desire for more mental health training was expressed in both viewpoints and other recent research (Shelemy *et al.*, 2019b; Davies & Matley, 2020). That further training was still prioritised among those in viewpoint 1 (despite reporting valuable previous experiences) appears to indicate that ‘one-off’ sessions are insufficient, and mental health training should be actively embedded into ongoing professional development. Han and Weiss’s (2005) model (shown in Figure 2.1, described in section 2.5.3) suggests that the sustainability of school mental health programmes could be

enhanced by a 'supported implementation' phase, in which external support is gradually reduced as staff confidence increases. During this phase, training facilitators continue to supervise school staff while they begin to implement strategies, providing opportunities to troubleshoot emerging concerns. Assor and colleagues (2009) similarly proposed that, after initial training, facilitators should meet with small staff groups every 2-3 weeks to elicit feedback and assist the assimilation of new practices. Staff in early trials particularly valued the programme's explicit application of motivation theory, including teaching them to recognise their psychological needs for autonomy, mastery and relatedness, and problem-solving how to prevent new practices from encroaching upon these.

Participant information from this study highlighted the patchwork nature of staff's prior training which suggests that they may be approaching new initiatives from diverse knowledge bases and confidence levels. Interactive training models such as Dynamic Adaptive Coaching (Bridge *et al.*, 2018) respond to the expressed needs of specific staff groups and may therefore be preferable to one-size-fits-all programmes. Enlisting headteacher investment would be crucial both in terms of commissioning and protecting time for these more sustained development packages (Assor *et al.*, 2009).

School leaders also play an integral role in promoting collaborative working within their setting, which participants holding viewpoint 2 perceived as lacking in relation to mental health provision. A clearer sense of purpose and teamwork may therefore increase these staff's perceptions of success by ensuring staff are working cohesively in this area. Straus (2002) emphasised that collaboration is not self-sustaining and must be actively fostered throughout schools' major operations. A critical component is felt to be a shared vision of specific objectives (Hall & Simeral, 2008). This appears consistent with previous suggestions that schools would benefit from strategic planning meetings to develop shared goals for their mental health provision and clearly delineate each role's expected contribution (Kidger *et al.*, 2010; Shelemy *et al.,* 2019a).

As with the training programmes described above, opportunities for targeted collaboration require protected time. They could potentially be facilitated by increased non-contact time supported by cover supervisors, meetings during

extended lunch periods or longer working hours on specific weekdays repaid in additional holiday. With time being a perennially scarce resource in schools (De Bruyckere & Simons, 2016), the practical costs must inevitably be weighed against the projected benefits.

5.5.2 Implications for Educational Psychologists

A key implication of my findings is the need for external professionals liaising with schools to understand the diversity of staff's perspectives on school wellbeing provision. Recognising that some educators feel underprepared cautions EPs against recommending new programmes and strategies without engaging staff in dialogues around their confidence and capacity to deliver them.

By sensitively eliciting staff's concerns, EPs also have a role to play in developing and facilitating the types of high-quality professional training described in the previous section. Educators have called for training to be expert-led, (Kidger *et al.,* 2010; Shelemy *et al.,* 2019a) but also strongly value practical solutions which link directly to their professional role and experiences (Davies & Matley, 2020). Educational psychologists are ideally placed to combine empirical knowledge of psychology and child development with their contextual understanding of educational settings. EPs' involvement in and access to research on staff motivation and implementation science is arguably valuable for designing professional development programmes which facilitate sustainable change.

The National Scottish Steering Group for Educational Psychologists (2019) also highlighted the potential for EPs to use their research skills in helping teachers develop effective pre- and post- measures to evaluate their practice more robustly. The resulting outcome data could be used to inspire further improvements or help encourage investment from other schools and school leaders. Noting tangible successes has been shown to enhance staff collaboration (Bandura, 1977) and fidelity to new interventions and practices (Han & Weiss, 2005).

However, fully outsourcing training would underutilise skills present within the school system. Participants in viewpoint 1 strongly believed they were making a positive difference to pupil's mental health and felt more comfortable navigating dilemmas such as personal and professional boundaries. Efficacy beliefs can be increased vicariously, through observing the successes of others (Bandura, 1977). Therefore,

there may be no one better placed to enthuse and engage school staff than those who have faced and overcome similar barriers. As professionals liaising with a wide range of school communities, EPs could also assist in arranging networks of peer support and resource-sharing.

EPs are experienced with planning tools such Planning Alternative Tomorrows with Hope (Pearpoint *et al.*, 1993), Soft-Systems Methodology (Checkland & Scholes, 1990) and Appreciative Inquiry (Cooperrider & Srivastva, 1987). Thus, it may be helpful for schools to commission them as external facilitators for meetings clarifying mental health strategy and fostering intra-school collaboration. These methods help groups to frame difficult conversations, draw on their collective skills and plan systemic change. This could help to ensure that staff experience genuine collaboration, rather than surface-level 'contrived collegiality', which fosters negativity when time spent in meetings fails to address key issues or meaningfully alter practice (Fullan & Hargeaves, 1996).

Educational Psychology Services' involvement in these areas ultimately rests upon demand and availability. EPs should continue to promote and advertise their value in preventative working, in addition to the pupil-centred 'firefighting' schools commonly associate them with (Rothì *et al.,* 2008b). Lack of EP availability has been noted as a key barrier to their involvement in mental health support (Rothì *et al.,* 2008b). Within a climate of increasing statutory demands it can be difficult to find time to work proactively, such methods benefitting greater numbers of children in the long-term (NSSGEP, 2019). EPs capacity in this area is thereby partially determined by the staffing made available within their local authorities.

5.5.3 Implications for local authorities and national policy

Participants in viewpoint 2 perceived tension between academic and wellbeing targets, suggesting that schools would benefit from greater policy-level clarity around how separate initiatives can be implemented in complimentary ways. Some have called for mental health provision to be given greater weighting within Ofsted frameworks, to demonstrate its value within government agendas. However, external mechanisms such as Ofsted can be viewed as punitive by staff (Hutchings, 2015), which could undermine educators' sense of autonomy and thereby reduce intrinsic motivation (Ryan & Deci, 2000).

A lack of shared knowledge base is detrimental to both individual confidence and colleague collaboration. One way of promoting greater consistency could be further investment in training pitched at a universal level. It has been suggested that mental health should be more prominent within initial teacher training (Ward, 2019; Weare, 2015). A systematic review found that trainee teachers could spend anything from three hours to two terms on the topic (Shepherd *et al.*, 2016). The current ITT Core Content Framework (DfE, 2019) provides a supplementary paragraph relating to mental health but does not use the term under any of its eight core standards. Standardization of support in this area might therefore be promoted through revision of these standards. Applied psychologists such as EPs could also be instrumental in developing these modules with training providers, facilitating ongoing "symbiosis" between research and practice (NSSGEP, 2019, p.4).

For ancillary staff or teachers already in the workforce, one possibility could be to devise a centrally agreed upon 'mental health toolkit'. The government announced that a two-day Mental Health First Aid (MHFA) course would be available to at least one member of staff in every secondary school within three years (DfE & DHSC, 2017). Roberts-Holmes and colleagues (2018) found it enhanced staff confidence with mental health issues enough to close the gap between educators with and without prior training in this area. However, concerns have been voiced around the course's relative brevity and emphasis on reactive rather than proactive provision (O'Hare, 2017). There are also continued limitations in terms of reach; it has not been offered to primary schools, MHFA 'Champions' may struggle to cascade the information within their settings and one fifth of eligible schools did not take up the opportunity (Carr, 2020). These findings perhaps demonstrate the delicate balance between enforcing national standards while preserving schools' autonomy and right to commission from a range of sources according to their own priorities and budgets. An appropriate balance might be to continue a competing market of training providers but develop a centrally determined method of quality assurance. Working groups of professionals throughout the tiered provision structure could contribute to the development of this mechanism.

Participants in viewpoint 2, as well as some in viewpoint 1, felt they were not communicating effectively with external professionals. Previous research discusses the need for effective information exchange between frontline school staff and

CAMHS workers (Hart & O'Reilly, 2018). Findings from this study suggest that a particularly valuable area of conversation would be how to identify the pupils in need of more specialised support. The 2017 Green Paper (DoH & DfE) introduced Mental Health Support Teams (MHSTs), comprised of clinicians, therapists and education mental health practitioners to work closely with localised clusters of schools. This has been criticised as slow to disseminate and had not been established in the focus LA at the time of this investigation. In light of the increased focus on mental health during the pandemic, a further £79 million has been pledged to accelerate this initiative (Henshaw, 2021) which will enable more extensive empirical evaluation.

5.6 Implications for Future Research

This research employed Q methodology to identify the holistic viewpoints held among a group of school staff in relation the mental health support they provide to pupils. This section explores how these findings might be expanded, refined or used to inspire future investigations.

5.6.1 Alternative applications of Q methodology

As identified in section 5.4.2.5, the unique socio-economic climate of the pandemic may have reduced the temporal transferability of these findings. Repeating this study after a period of recovery and stabilisation could provide an interesting point of comparison to these results. Conducting the research outside of social distancing measures would enable use of the traditional paper-based Q method, and the secure gathering of contact information to seek member reflections on the findings. The relative lack of empirical comparisons between data from online and paper-based Q studies mean that a concurrent evaluation of both could help future researchers to make informed decisions between the two methods.

I chose to explore the efficacy and suitability of school-based mental health support through the viewpoints of those implementing it. However, it is also important to understand the perspectives of the recipients. Developing a Q-set appropriate for use with children or adolescents could help to capture their collective voices around the issues that matter most to them in school wellbeing provision. Focusing on a narrower group of adolescents with diagnosed mental health conditions could also enable a more focussed investigation of the support they would find most helpful from their schools (though this would of course require sensitive engagement and careful management of ethical risks).

5.6.2 Investigations using other methods

Part of the rationale for selecting this method was its ability to yield findings that are socially shared yet situationally specific; "more than knowing the unique (...) but not a search for nomic generalisations" (Lincoln & Guba ,1985, p.110). From findings at this level, future research could select aspects for either large-scale exploration or detailed microscopic study.

A positivist approach to this research would be to convert the Q-set statements into questionnaire items. A questionnaire could be distributed more widely, with the aim of sampling views that are more statistically representative across the population. Regression analyses could be employed on the findings to explore potential interactions between different views. Broad dissemination conducted through a national database or teaching organization would also help to address the persistent methodological critique that research may not be accessing the most struggling or dissenting staff.

Alternatively, it may be helpful to focus in on the daily experiences of a narrower subgroup of participants. In section 2.8.2 I explained my interest in teaching assistant's views on the topic of wellbeing provision. However only four members of ancillary staff completed the activity. Three TAs loaded onto viewpoint 2 and described relatively low levels of prior training. Only the HLTA (who had specialised as an ELSA) felt sufficiently confident to identify with viewpoint 1. It is not possible from these numbers to determine if this reflects a wider trend. However more in-depth conversations with ancillary staff could provide useful insight on whether they feel overlooked when it comes to mental health support and training opportunities. Interpretive Phenomenological Analysis, as used in Shelemy and colleagues' (2019b) study of teachers, could be used to conduct a similar exploration of TAs experiences and emotions while working with children exhibiting mental health needs.

I was intrigued that staff in viewpoint 2 strongly disagreed that it is important for staff to share their own feelings with pupils. Loinaz (2019) found this view to be more commonplace in the UK than in Spain and Sweden. Spanish teachers particularly emphasised the importance of showing that they are 'human' and modelling appropriate emotional responses (whether positive or negative). Discourse analysis could be therefore be employed to explore UK staff's constructions around emotion

in the workplace and understand how self-repressive habits might be reinforced through culture and interactions.

Finally, Action Research constitutes a useful tool for moving these findings forward and applying them to real-world settings. Cycles could be set up to develop and evaluate the kinds of interventions described in section 5.5, such as a new training programme or initiative to foster staff collaboration. The iterative process highlights key barriers as they emerge and broadly promotes reflective and innovative working. Tangible data on the effectiveness of such programmes could also help foster enthusiasm in staff and understanding among key stakeholders. For example, parents may be more accepting of fewer contact days per term if they felt confident that activities on those days enabled teachers to perform their role with greater purpose and efficacy.

5.7 Conclusions

This research utilised Q methodology to explore educators' viewpoints around supporting their pupil's mental health. Twenty-two primary and secondary school staff practising in an East Midlands local authority completed an online statement-sorting activity. Two distinct, socially shared viewpoints emerged among this group. Their characteristic patterns of item rankings were subjected to detailed, multi-rater interpretation, which resulted in the viewpoints being named and summarized as follows:

1) It's our duty: Well-positioned, well-equipped and highly motivated

2) Help us to help them: The need for training, capacity and collaboration

Consensus statements revealed substantial areas of similarity among all the participants. They indicated that, irrespective of the viewpoint loaded onto, the educators were highly concerned about their students' mental health and saw a clear rationale for their own involvement in related support. They perceived effective wellbeing provision as broadly beneficial for emotional, academic and behavioural outcomes.

However, there were also key areas of distinction. Relative to those in viewpoint 1, participants holding viewpoint 2 were less confident in their mental health knowledge and skills, felt more constrained by academic pressures and experienced less effective collaboration with colleagues and external agencies. It is therefore tentatively suggested that a cumulation of these barriers contributed to this group's more moderate beliefs in the difference they are currently making to their pupils' mental health. The amount and nature of prior training varied substantially, demonstrating diversity in preparation and support even among this small staff group recruited within the same local authority.

The application of Q methodology within this topic area constituted an original contribution to the pre-existing literature. I believe that it yielded rich and holistic accounts of educators' views which would not have been accessible via questionnaires and interviews. Instead of constraining staff's responses to discrete items prioritised by the researcher, participants were able to present their relative

agreement with 61 different views extracted from wider academic and popular discourse.

Limitations to this study are acknowledged so that its findings can be interpreted within appropriate context. Though the conclusions are not generalizable across the population, it is hoped that they do possess theoretical significance which enables them to resonate with educators beyond this study context. I have explored some of the ways in which future research may address limitations of the present study or continue to build upon its findings. Greater awareness of staff's viewpoints on school-based mental health provision has implications for developing resources and training which could support educators more evenly across the profession; thus, facilitating universal quality of care for the young people they work with.

References

Abbott, A. (2004). *Methods of discovery: Heuristics for the social sciences.* New York. W.W. Norton.

Abrams, F. (2011, March 13). *Analysis – Testing the Emotions.* [Radio Broadcast]. BBC. http://www.bbc.co.uk/programmes/b00z5bqd

Adams, S. (2020). School mental health for All. *Management in Education, 34(1), 28-30. http://dx.doi.org/10.1177/0892020619881111*

Ainscow, M., Booth, T., & Dyson, A. (2006). Inclusion and the Standards Agenda: Negotiating Policy Pressures in England. *International Journal of Inclusive Education 10*, 295–308. https://doi.org/10.1080/13603110500430633

Akhtar-Danesh, N., Baumann, A., & Cordingley, L. (2008). Q-methodology in nursing research: A promising method for the study of subjectivity, *Western Journal of Nursing Research, 30*(6), 759-773. https://doi.org/10.1177/0193945907312979

Allen, T., Riley K., & Coates, M. (2020). *Belonging, Behaviour and Inclusion: A Literature Review of What we know and What we don't know.* London: National Education Union

Alvarez, H., K. (2007). The impact of teacher preparation on responses to student aggression in the classroom. *Teaching and Teacher Education, 23*(7), 1113–1126. https://doi.org/10.1016/j.tate.2006.10.001

Anna Freud Centre. (2018). *About Mentally Healthy Schools.* https://www.mentallyhealthyschools.org.uk/about/

Anderson, D. (2015). Nature and Influence of Teacher Beliefs and Knowledge on the Science Teaching Practice of Three Generalist New Zealand Primary Teachers, *Res Sci Educ, 45*, 395–423. https://doi.org/10.1007/s11165-014-9428-8

Andrews, A., McCabe, M., & Wideman-Johnston, T. (2014). Mental Health Issues in the Schools: Are Educators Prepared? *The Journal of Mental Health Training, Education and Practice 9* (4) 261-72. https://doi.org/10.1108/JMHTEP-11-2013-0034

Assor, A., Kaplan, H., Feinberg, O., & Tal, K. (2009). Combining vision with voice. *Theory and Research in Education*, *7*(2), 234–243. https://doi.org/10.1177/1477878509104328

Auwarter, A., & Aruguete, M. (2008). Effects of Student Gender and Socioeconomic Status on Teacher Perceptions. *The Journal of Educational Research, 101*(4), 243-246. https://doi.org/10.3200/JOER.101.4.243-246

Baginsky, W. (2004). *School Counselling in England, Wales and Northern Ireland: A Review.* http://docplayer.net/19979952-School-counselling-in-england-wales-and-northern-ireland-a-review-william-baginsky-for-the-nspcc-and-keele-university.html

Baker, R., M. (2006). Economic rationality and health and lifestyle choices for people with diabetes, *Social Science and Medicine*, *63*(9), 2341–2353. https://doi.org/10.1016/j.socscimed.2006.06.007

Baker, R., M., Thompson, C., & Mannion, R. (2006). Q methodology in health economics, *Health Services Research Policy*, *11*(1), 38–45. https://doi.org/10.1258/135581906775094217

Baxter, J., & Frederickson, N. (2005). Every child matters: Can educational psychology contribute to radical reform? *Educational Psychology in Practice, 21*(2), 87–102. https://doi.org/10.1080/02667360500128697

Bayles, M. (1989). *Professional ethics.* Belmont. Wadsworth.

Bandura, A. (1977). Self-Efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review, 84,* 191-215.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist,* 122–147.

Bandura, A. (1997). *Self-efficacy: The Exercise of Control.* New York. W.H Freeman and Co.

Barber L. K., Grawitch M. J., Carson, R. L., Tsouloupas C. N. (2011). Costs and benefits of supportive versus disciplinary emotion regulation strategies in teachers. *Stress Health, 27,* 173–187. https://doi.org/10.1002/smi.1357

Beaver, R. (2011). *Educational Psychology Casework*. Jessica Kingsley Publishers. London.

Birch, S., Fredrickson, N., & Miller, A. (2015) What do educational psychologists do? In Cline, T., Gulliford, A., & Birch, S. (Eds.) *Educational Psychology* (2nd ed., pp 1-27). Hodder Education.

Bridge, C., Ashton-Jones, R., & McLean, T. (2018). Adaptive Coaching: Combining MI, Coaching and Knowledge Content to Support a Group of Foster Carers. In E. McNamara (Ed.) Motivational Interviewing Children and Young People III: Education and Community Settings (pp.152-163). Positive Behaviour Management.

Blanchard, K. (2007) *Leading at a higher level: Blanchard on leadership and creating high performing organizations.* Upper Saddle River, NJ. Prentice Hall.

Block, J. (2008) *Q-sort in Character Appraisal: Encoding Subjective Impressions of Persons Quantitatively*. Washington, DC. American Psychological Association.

Bolton, D. (2008) *What is Mental Disorder: An Essay in Philosophy, Science, and Values*. OUP. Oxford.

Bradley S., Alderson S., Ford, A.,C., Foy R. (2018) General practitioners' perceptions of irritable bowel syndrome: a Q-methodological study. *Fam Pract, 35*(1), 74-79.

Bradley, J., & Miller, A. (2010) 'Widening participation in higher education: Constructions of "going to university"', *Educational Psychology in Practice*, *26* (4): 401- 413.

British Journal of School Nursing (2018). More than 55 000 refused mental health treatment as CAMHS rejects one in four. *British Journal of School Nursing,* 13(9), 422–423.

British Psychological Society. (BPS). (2018). *Code of Human Research Ethics*. Leicester .The British Psychological Society.

British Psychological Society. (BPS). (2019). *Promoting mental health and wellbeing in schools.* https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Briefing%20Paper%20-%20Promoting%20Mental%20Health%20and%20Wellbeing%20in%20Schools.pdf

Brown, S. R. (1980). *Political Subjectivity: Applications of Q Methodology in Political Science*. New Haven, CT. Yale University Press.

Brown, S. R. (1993). A Primer on Q methodology. *Operant Subjectivity, 15*, 91-138.

Brown, S. R. (1995) Q methodology as the foundation for a science of subjectivity, *Operant Subjectivity*,*18*, 1–16.

Brown, S. R. (2004). *School culture and organization: Lessons from research and experience* [A background paper for the Denver Commission on Secondary School Reform]. https://www.dpsk12.org/pdf/culture_organization.pdf.

Brown, S. R. (2006) A match made in heaven: A marginalized methodology for studying the marginalized, *Quality and Quantity*, *40* (3), 361–382. https://doi.org/10.1007/s11135-005-8828-2

Brown, S., R. (2008). Q methodology. In Given, L. M. (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 700-704). Thousand Oaks, CA. Sage.

Brown, S., R., Danielson, S., & van Exel, J. (2015). Overly ambitious critics and the Medici Effect: A reply to Kampen and Tamás. *Quality & Quantity, 49*, 523-537. https://doi.org/10.1007/s11135-014-0007-x

Burton, S. (2004). ELSAs to cover Hampshire. Emotional Literacy Update, 4.

Burton, M. (2019). Suicide and self-harm: vulnerable children and young people. *Practise Nursing, 20*(5), 218-223. https://doi.org/10.12968/pnur.2019.30.5.218

Burton, M., Pavord, E., & Williams, B. (2014), *An introduction to child and adolescent mental health.* London. SAGE Publications Ltd.

Campbell, D. (2019, January 4). May to promise NHS mental healthcare boost for under-18s. *The Guardian*. https://www.theguardian.com/society/2019/jan/04/may-to-offer-increase-in-nhs-mental-health-support-for-under-18s

Campbell, D., Coldicott, T., & Kinsella, K. (1994). *Systemic work with organisations: a new model for managers and change agents.* London. Karnac books.

Carr, J. (2020, November 6). One in five schools shun May's mental health scheme. https://schoolsweek.co.uk/one-in-five-schools-shun-mays-mental-health-scheme/

Cattell R. B. (1966). The Scree test for the number of factors. *Multivariate Behavioral Research*, *1*, 245–276.

Cefai, C., & Askell-Williams, H. (2017). School staff's perspectives on mental health promotion and wellbeing in school. In Cefai, C., & Cooper, P. (Eds) *Mental health promotion in schools: Cross cultural narratives and perspectives.* Netherlands. Sense Publications.

Checkland, P.B., & Scholes, J. (1990). *Soft Systems Methodology in Action.* John Wiley & Sons, Inc. New York.

Children's Society (2019) *The Good Childhood Report 2019.* https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/the-good-childhood-report-2019.

Childs-Fegredo, J., Burn, A., M., Duschinsky, R., Humphrey, A., Ford, T., Jones, P. B., & Howarth, E. (2020) Acceptability and Feasibility of Early Identification of Mental Health Difficulties in Primary Schools: A Qualitative Exploration of UK School Staff and Parents' Perceptions. School Mental Health, 13(1), 143–159. https://doi.org/10.17863/CAM.59365

Churruca, K., Perz, J., & Ussher, J., M. (2014). Uncontrollable behavior or mental illness? Exploring constructions of bulimia using Q methodology. *Journal of Eating Disorders, 2*(1), 22. https://doi.org/10.1186/s40337-014-0022-2

Cialdini, R. B. (2009). *Influence: Science and practice*. Boston, MA. Pearson Education.

Clark, L., & Elliott, S. N. (1988). The influence of treatment strength information on knowledgeable teachers' pre-treatment evaluations of social skills training methods. Professional School Psychology, 3, 241–251.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education* (6th ed.) Abingdon. Routledge

Cohen, J., McCabe, L., Michelli, N. M., & Pickeral, T. (2009). School climate: Research, policy, practice, and teacher education. *Teachers College Record 111* (1), 180-213.

Colnerud, G. (2015). Moral stress in teaching practice. *Teachers and Teaching, Theory and Practice, 21*(3), 346-360. https://doi.org/10.1080/13540602.2014.953820

Cooperrider, D., & Srivastva, S. (1987). Appreciative Inquiry in Organizational Life. In *Research in Organizational Change and Development* (pp. 81-142). Emerald Publishing Limited.

Corcoran, T., & Finney, D. (2015). Between Education and Psychology: School Staff Perspectives. *Emotional and Behavioural Difficulties*, *20*(1), 98–113. https://doi.org/10.1080/13632752.2014.947095

Couper, M. P., Traugott, M. W., & Lamias, M. J. (2001). Web survey design and administration. *Public Opinion Quarterly, 65*(2), 230–253. https://doi.org/10.1086/322199

Creswell J.W. , & Miller D.L.(2000). *Theory into Practice, 39*, 124-13. https://doi.org/10.1207/s15430421tip3903_2

Creswell, J. W., & Plano Clark, V. (2007). *Designing and conducting mixed methods research.* Thousand Oaks, CA. Sage.

Croll, P., and Moses, D. (2000). Ideologies and Utopias: Education Professionals' Views of Inclusion. *European Journal of Special Needs Education, 15*(1), 1-12. https://doi.org/10.1080/088562500361664

Cross, R., M. (2005). Exploring attitudes: the case for Q methodology. *Health Education Research, 20* (2), 206-213. https://doi.org/10.1093/her/cyg121

Cummins, I. (2018). The Impact of Austerity on Mental Health Service Provision: A UK Perspective. *International Journal of Environmental Research and Public Health*, *15*(6), 1145. https://doi.org/10.3390/ijerph15061145

Curt, B. (1994). *Textuality and Tectonics: Troubling Social and Psychological Science*. Buckingham. Open University Press.

Danby, G., & Hamilton, P. (2016). Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being. *Pastoral Care in Education*, *34*(2), 90–103. https://doi.org/10.1080/02643944.2016.1167110

Dancey, C. P., & Reidy, J. (2007). Statistics without maths for Psychology (4th ed.). Pearson Education Limited.

Davies, E., & Matley, F. (2020). Teachers and pupils under pressure: UK teachers' views on the content and format of Personal, Social, Health and Economic Education.

Pastoral Care in Education, 38 (1), 4-22. https://doi.org/10.1080/02643944.2020.1713868

Davis, C., H., Michelle, C. (2011). Q methodology in audience research: Bridging the qualitative/quantitative “divide?” *Participations, 8*, 559-593.

Deal, T. E., & Kennedy, A. A. (1982). *Corporate cultures*. Reading, Mass. Addison-Wesley.

De Bruyckere P.,& Simons M. (2016). Scarcity at school. *European Educational Research Journal*, *15*(2), 260-267, 10.1177/1474904115627821

Deci, E., L & Ryan, R., M. (1985). *Intrinsic motivation and self-determination in human behavior.* New York, NY. Plenum.

Deci, E. L., & Ryan, R, M. (2000). The "What" and "Why" of Goal Pursuits: Human Needs and the Self-Determination of Behavior. *Psychological Inquiry*, *11*(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

Deighton, J., Humphrey, N., Belsky, J., Boehnke, J., Vostanis, P., & Patalay, P. (2018). Longitudinal pathways between mental health difficulties and academic performance during middle childhood and early adolescence. *British Journal of Developmental Psychology, 36*(1), 110–126. https://doi.org/10.1111/bjdp.12218

Deighton, J., Lereya, S., T., Casey, P., Patalay, P., Humphrey, N., & Wolpert, M. (2019). Prevalence of Mental Health Problems in Schools: Poverty and Other Risk Factors among 28 000 Adolescents in England. *The British Journal of Psychiatry: The Journal of Mental Science 215* (3) 1-3. https://doi.org/10.1192/bjp.2019.19

Deighton, J., Patalay, P., Belsky, J., Humphrey, N., Vostanis, P., Fugard, A. and Wolpert, M. (2013). Targeted mental health provision for children with behaviour difficulties in primary schools: Results of a national randomised trial. *Psychology of Education Review*, *37*, 40–45.

De Mol, J., & Buysse, A. (2008). Understandings of children’s influence in parent child relationships: A Q-methodological study. *Journal of Social and Personal Relationships, 25*(2), 359–379. https://doi.org/10.1177/0265407507087963

Department for Children, Schools and Families. (DCSF). (2008) *Targeted Mental Health in Schools Project*. Nottingham. DCSF Publications.

Department for Education. (DfE). (2015). *Special educational needs and disability code of practice: 0-25 years.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf.

Department for Education. (DfE). (2019). *ITT Core Content Framework*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974307/ITT_core_content_framework_.pdf

Department for Education .(DfE). (2018a). *Mental health and Behaviour in Schools.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

Department for Education (2018b). Government Response to the Consultation on *Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps* .https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf

Department for Education (DfE). (2020b, June 25). School Workforce in England. https://explore-education-statistics.service.gov.uk/find-statistics/school-workforce-in-england#releaseHeadlines-dataBlock-1

Department for Education (DfE). (2020a, August 25). *£8m programme to boost pupil and teacher wellbeing.* https://www.gov.uk/government/news/8m-programme-to-boost-pupil-and-teacher-wellbeing

Department for Education (DfE) & Department of Health and Social Care (DHSC). (2017, June 27) *PM: mental health training for teachers will "make a real difference to children's lives.* https://www.gov.uk/government/news/pm-mental-health-training-for-teachers-will-make-a-real-difference-to-childrens-lives

Department for Employment and Education. (DfEE). (2001). *Promoting children's mental health within early years and school settings.* http://www.mentalhealthpromotion.net/resources/promoting-childrens-mental-health-with-early-years-and-school-settings.pdf.

Department for Education and Skills .(DfES). (2001). *Supporting school improvement: Emotional and behavioural development*. London. QCA Publications.

Department for Education and Skills. (DfES). (2005) *Primary Social and Emotional Aspects of Learning (SEAL): Guidance for Schools*. Nottingham. Department for Education and Skills.

Department of Health (DoH). (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Department of Health & Department of Education (DoH & DoE). (2017). *Transforming children and young people's mental health provision: A green paper* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment

DeVellis R. F. (2017) *Scale development: theory and applications.* 4. Los Angeles. SAGE Publications.

Di Fabio, A., & Palazzeschi, L. (2015) Hedonic and Eudaimonic Well-being: The Role of Resilience beyond Fluid Intelligence and Personality Traits. *Frontiers in Psychology 6,* 1367. https://doi.org/10.3389/fpsyg.2015.01367

Donker, M. H., Erisman, M. C., van Gog, T., & Mainhard, T. (2020). Teachers' Emotional Exhaustion: Associations With Their Typical Use of and Implicit Attitudes Toward Emotion Regulation Strategies. *Frontiers in Psychology*, *11*, 867–867. https://doi.org/10.3389/fpsyg.2020.00867

Dreikurs, R., & Grey, L. (1968). *A new approach to discipline: Logical consequences*. New York, NY. Hawthorne Books.

Dunne, L., Goddard, G., & Woodhouse, C. (2008) Teaching assistants' perceptions of their professional role and their experiences of doing a foundation degree, *Improving Schools* ,*11*(3), 239–249. https://doi.org/10.1177/1365480208098175

DuPaul, G. J., Jitendra, A. K., Volpe, R. J, Tresco, K. E., Lutz, J., G., Junod, R. E. V., Cleary, K. S, Flammer, L. M, & Mannella, M. C. (2006). Consultation-based Academic Interventions for Children with ADHD: Effects on Reading and Mathematics Achievement. *Journal of Abnormal Child Psychology*, *34*(5), 633–646. https://doi.org/10.1007/s10802-006-9046-7

Durlak, J. A., & DuPre, D., E. (2008). Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. *American Journal of Community Psychology, 41*, 327–350. https://doi.org/10.1007/s10464-008-9165-0

Education Support. (2018). *Teacher Wellbeing Index 2018.* https://www.educationsupport.org.uk/sites/default/files/teacher_wellbeing_index_2018.pdf

Ekornes, S., Hauge, T., & Lund, I. (2012). Teachers as mental health promoters: a study of teachers' understanding of the concept of mental health, *International Journal of Mental Health Promotion 14* (5), 289-310.

Ellingsen, I., T, Thorsen, A., A., & Størksen, I. (2014) Revealing Children's Experiences and Emotions through Q Methodology. *Child Development Research*, 1–9. https://doi.org/10.1155/2014/910529

Ellingson, L. L. (2008*). Engaging crystallization in qualitative research.* Thousand Oaks, CA. Sage.

Elston, D., M. (2021). Participation bias, self-selection bias, and response bias. *Journal of the American Academy of Dermatolog*y. https://doi.org/10.1016/j.jaad.2021.06.025.

2021,

,

ISSN 0190-9622,

https://doi.org/10.1016/j.jaad.2021.06.025.

Ernest, P. (1989). The impact of beliefs on the teaching of mathematics. In Ernest, P.(Ed.), *Mathematics teaching: The state of the art* (pp. 249–254). London. Falmer Press.

Evans, D (2002). Systematic reviews of interpretive research: interpretive data synthesis of processed data. *Australian Journal of Advanced Nursing, 20,* 22-6.

Evans-Lacko, S., Corker, E., Williams, P., Henderson, C., & Thornicroft, G. (2014) Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma among the English population in 2003–13: An analysis of survey data. *The Lancet Psychiatry*, *1*, 121– 128. https://doi.org/10.1016/S2215-0366(14)70243-3

Evans-Lacko, S., Henderson, C., & Thornicroft, G. (2013) Public knowledge, attitudes and behaviour regarding people with mental illness in England 2009–2012. *British Journal of Psychiatry 202*, 51– 57. https://doi.org/10.1192/bjp.bp.112.112979

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G. & O'Conner, M. (2006). *Function and contribution of educational psychologists in light of the 'Every Child Matters: Change for Children' agenda.* London. HMSO.

Farrimond, H., Joffe, H., & Stenner, P. (2010) A Q-methodological Study of Smoking Identities. *Psychology & Health, 25*(8), 979-98. https://doi.org/10.1080/08870440903151080

Fazel, P. (2013). Teacher-coach-student Coaching Model: A Vehicle to Improve Efficiency of Adult Institution. *Procedia, Social and Behavioral Sciences, 97*, 384-391. https://doi.org/10.1016/j.sbspro.2013.10.249.

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *Lancet Psychiatry, 1*(5), 377-387. https://doi.org/10.1016/S2215-0366(14)70312-8

Ferguson, C., J., San Miguel, C., Kilburn, J., C., & Sanchez, P. (2007). The Effectiveness of School-Based Anti-Bullying Programs: A Meta-Analytic Review. *Criminal Justice Review, 32*(4), 401-14. https://doi.org/10.1177/0734016807311712

Fergusson, D., M., Horwood, L., J. & Ridder, E., M. (2004). Show me the child at seven: The consequences of conduct problems in childhood for psychosocial functioning in adulthood. *Journal of Child Psychology and Psychiatry, 45*, 1–13. https://doi.org/10.1111/j.1469-7610.2004.00387.x

Fink, E., Patalay, P., Sharpe, H., Holley, S., Deighton, J., & Wolpert, M. (2015). Mental Health Difficulties in Early Adolescence: A Comparison of Two Cross-Sectional Studies in England from 2009 to 2014. *Journal of Adolescent Health, 56,* 502 - 507. https://doi.org/10.1016/j.jadohealth.2015.01.023

Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, Sheppard, M., Eve K, S., Steven, V., Jeffrey C., & Ji, P. (2005). Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination. *Prevention Science*, *6*(3), 151–175. https://doi.org/10.1007/s11121-005-5553-y

Ford, T., Hamilton, H., Meltzer, H., & Goodman, R. (2007). Child mental health is everybody's business: the prevalence of contact with public sectors services by type of disorder among British school children in a three-year trial. *CAMH*, *12*, 13–20. https://doi.org/10.1111/j.1475-3588.2006.00414.x

Frame, L., B. (2017). *Teachers' confidence in addressing student mental health concerns.* [Unpublished manuscript]. School of Psychology. Texas A & M University.

Fredrickson, N. (1990). Systems Work in Educational Psychology Practice: A Re-evaluation. In Jones, N. & Fredrickson, N. *(Eds.) Refocusing Educational Psychology.* Lewes. Falmer Press.

Fricker, S., Galesic, M., Tourangeau, R., & Yan, T. (2005). An experimental comparison of web and telephone surveys. *Public Opinion Quarterly, 69*(3), 370-392. https://doi.org/10.1093/poq/nfi027

Fullan, M., & Hargreaves, A. (1996). *What's worth fighting for out there?.* New York, NY. Teachers College Press.

Furedi, F. (2009). *Wasted: Why Education Isn't Educating*. London. Continuum.

Galderisi, S., Andreas, H., Kastrup, M., Beezhold, J., & Sartorius, N. (2015) Toward a New Definition of Mental Health. *World Psychiatry, 14*(2), 231-33. https://doi.org/10.1002/wps.20231

Gaskell, S., & Leadbetter, J. (2009) Educational Psychologists and Multi-Agency Working: Exploring Professional Identity, *Educational Psychology in Practice*, 25(2), 97-111. https://doi.org/10.1002/wps.20231

Gentrup, S., Lorenz, G., Kristen, C., & Kogan, I. (2020). Self-fulfilling prophecies in the classroom: Teacher expectations, teacher feedback and student achievement. *Learning and Instruction, 66*, 101296. https://doi.org/10.1016/j.learninstruc.2019.101296

Glackin, M. (2016). 'Risky fun' or 'Authentic science'? How teachers' beliefs influence their practice during a professional development programme on outdoor

learning. *International Journal of Science Education, 38*(3), 409-433. https://doi.org/10.1080/09500693.2016.1145368

Gillham, J. E., Reivich, K. J., Freres, D. R., Chaplin, T. M., Shatté, A. J., Samuels, B., Elkon, A. G. L., Litzinger, S., Lascher, M., Gallop, R., & Seligman, M. E. P. (2007). School-Based Prevention of Depressive Symptoms. *Journal of Consulting and Clinical Psychology*, *75*(1), 9–19. https://doi.org/10.1037/0022-006X.75.1.9

Goddard, R. D., & Goddard, Y. L. (2001). A multilevel analysis of the relationship between and collective efficacy in urban schools. Teaching in Teacher Education, 17, 807–818. https://doi.org/10.1016/S0742-051X(01)00032-4

Good, J.M.M. (2010) Introduction to William Stephenson's quest for a science of subjectivity, *Psychoanalysis and History*, *12*(2), 211–43.

Good, T. L., & Brophy, J. E. (1987). *Looking in classrooms* (4th ed.). Harper & Row.

Goodman, A., Joshi, H., Nasim, B., & Tyler, C. (2015). *Social and emotional skills in childhood and their long-term effects on adult life.* London. Institute of Education.

Goodman, A., Joyce, R., & Smith, J. P. (2011) The long shadow cast by childhood physical and mental problems on adult life. *Proceedings of the National Academy of Sciences, 108*(15), 6032–6037. https://doi.org/10.1073/pnas.1016970108

Gough, D. (2007). Weight of Evidence: A Framework for the Appraisal of the Quality and Relevance of Evidence. *Research Papers in Education, 22*(2), 213–228. https://doi.org/10.1080/02671520701296189

Gowers, S., Thomas, S., Deeley, S. (2004) Can Primary Schools Contribute Effectively to Tier I Child Mental Health Services? *Clinical Child Psychology and Psychiatry, 9*(3), 419-425. https://doi.org/10.1177/1359104504043924

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting Children's Mental Health in Schools: Teacher Views. *Teachers and Teaching, 17*(4), 479-496. https://doi.org/10.1080/13540602.2011.580525

Green, H., McGinnity, A., Meltzer, H., Ford, T., Goodman, R. (2004). *Mental Health of Children and Young People in Great Britain.* Report No.: 1403986371. Office for National Statistics.

Greene, J. (2007). *Mixed methods in social inquiry.* San Francisco, CA. John Wiley.

Griffin, E., McMahon, E., McNicholas, F., Corcoran, P., Perry, I., & Arensman, J. (2018). Increasing Rates of Self-harm among Children, Adolescents and Young Adults: A 10-year National Registry Study 2007–2016. *Social Psychiatry and Psychiatric Epidemiology, 53*(7), 663-671. https://doi.org/10.1007/s00127-018-1522-1

Grigorian, K.H., Sederstrom, S., & Hoffer, T.,B. (2004) Web of intrigue? Evaluating effects on response rates of between web SAQ, CATI, and mail SAQ options in a national panel survey. Paper presented at the American Association for Public Opinion Research 59th Annual Conference. Phoenix, US.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*,*10*, 113. https://doi.org/10.1186/1471-244X-10-113

Hackett, L., Theodosiou, L., Bond, C., Blackburn, C., Spicer, F., & Lever, R. (2010). Mental Health Needs in Schools for Emotional, Behavioural and Social Difficulties. *British Journal of Special Education, 37*(3), 148-55. https://doi.org/10.1111/j.1467-8578.2010.00451.x

Hall, P., & Simeral, A. (2008). *Building teachers' capacity for success: A collaborative approach for coaches and school leaders*. Alexandria, VA. Association for Supervision and Curriculum Development.

Hall, S. (2010). Supporting mental health and wellbeing at a whole-school level: Listening to and acting upon children's views. *Emotional and Behavioural Difficulties, 15*(4), 323–339. https://doi.org/10.1080/13632752.2010.523234

Han, S.S, & Weiss, B. (2005). Sustainability of Teacher Implementation of School-Based Mental Health Programs. *Journal of Abnormal Child Psychology, 33*(6), 665-679. https://doi.org/10.1007/s10802-005-7646-2

Hansen, D. T. (2001). *Exploring the Moral Heart of Teaching. Toward a Teacher's Creed.* New York. Teachers College Press.

Hart, T., & O'Reilly, M. (2018). The Challenges of Sharing Information When a Young Person Is Experiencing Severe Emotional Difficulties: Implications for Schools and CAMHS. *Child and Adolescent Mental Health, 23*(3), 235-42. https://doi.org/10.1111/camh.12245

Henshaw, P. (2021, March 9). *Mental Health Support Teams: Expansion welcomed but will it be too little, too late?* https://www.sec-ed.co.uk/news/mental-health-support-teams-expansion-welcomed-but-will-it-be-too-little-too-late-schools-wellbeing-covid-pandemic-lockdown/

Health Care and Professions Council (HCPC). (2016) *The Health Care and Professions Council Standards of Conduct, Performance and Ethics*. https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

Herrington, N., & Coogan, J. (2011). Q methodology: an overview. *Research in Teacher Education, 1*(2), 24-28. https://doi.org/10.15123/uel.8604v

Heyvaert, M., Hannes, K., Maes, B., & Onghena, P. (2013). Critical Appraisal of Mixed Methods Studies. *Journal of Mixed Methods Research*, *7*(4), 302–327. https://doi.org/10.1177/1558689813479449

Holder, K., & Kessels, U. (2017). Gender and ethnic stereotypes in student teachers' judgments: A new look from a shifting standards perspective, *Social Psychology of Education, 20,* 471-490. https://doi.org/10.1007/s11218-017-9384-z

House of Commons. (2014). *Children's and adolescents' mental health and CAMHS: Third report of Session 2014-2015*. https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

Howitt, D. (2019) *Introduction to Qualitative Research Methods in Psychology: Putting Theory into Practice*. (4th ed.) Pearson.

Humphrey, N., Lendrum, A., & Wigelsworth, M. (2013) Making the Most Out of School-based Prevention: Lessons from the Social and Emotional Aspects of Learning (SEAL) Programme. *Emotional and Behavioural Difficulties, 18*(3), 248-260. https://doi.org/10.1080/13632752.2013.819251

Huppert F., A. (2014) The state of wellbeing science: concepts, measures, interventions, and policies. In: Huppert F.,A. & Cooper C.,L. (Eds.) *Interventions and Policies to Enhance Wellbeing*. (pp1-50). Oxford. Wiley Blackwell.

Huppert F., A. & Cooper C., L. (Eds.) (2014). *Interventions and Policies to Enhance Wellbeing*. Oxford. Wiley Blackwell.

Hutchings, M., & Kazmi, N. (2015). Exam Factories? The Impact of Accountability Measures on Children and Young People. National Union of Teachers. https://www.basw.co.uk/system/files/resources/basw_112157-4_0.pdf.

Jahoda, M. (1958) *Current concepts of positive mental health.* New York. Basic Books.

Johnson, S. (2006, July). *The workplace matters: Teacher quality retention and effectiveness.* National Education Association. https://files.eric.ed.gov/fulltext/ED495822.pdf

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology, 20,* 178–187. https://doi.org/10.1108/02683940510579803

Johnson, D., W., & Johnson, R., T. (2009). An Educational Psychology Success Story: Social Interdependence Theory and Cooperative Learning. *Educational Researcher*, *38*(5), 365–379. https://doi.org/10.3102/0013189X09339057

Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed Methods Research: A Research Paradigm Whose Time Has Come. *Educational Researcher, 33*(7), 14-26. https://doi.org/10.3102/0013189X033007014

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L., A. (2007). Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research, 1*(2), 112-133 https://doi.org/10.1177/1558689806298224

Johnson, D. W, Johnson, R., Stanne, M., & Garibaldi, A. (1990). The impact of leader and member group processing on achievement in cooperative groups. *Journal of Social Psychology, 130,* 507-516.

Jokela, M., Ferrie, J. & Kivimäki, M. (2009). Childhood problem behaviors and death by midlife: The British National Child Development Study. *Journal of the American Academy of Child & Adolescent Psychiatry, 48* (1), 19–24. https://doi.org/10.1097/CHI.0b013e31818b1c76

Joram, E., & Gabriele, A., J. (1998). Preservice teachers' prior beliefs: Transforming obstacles into opportunities, *Teaching and Teacher Education, 14*(2), 175-191. https://doi.org/10.1016/S0742-051X(97)00035-8

Juni, P., Witschi, A., Bloch, R., & Egger, M. (1999). The hazards of scoring the quality of clinical trials for meta-analysis. *Journal of the American Medical Association, 282*, 1054– 1060.

Kampen, J., K., Tamas, P. (2014). Overly ambitious: Contributions and current status of Q methodology. *Quality & Quantity, 48*, 3109-3126. https://doi.org/10.1007/s11135-013-9944-z

Kealey, K. A., Peterson, A. V., Jr., Gaul, M. A., & Dinh, K. T. (2000). Teacher training as a behavior change process: Principles and results from a longitudinal study. Health Education and Behavior, 27, 64–81.

Kelchtermans, G. (2006). Teacher collaboration and collegiality as workplace conditions: A review. *Zeitschrift für Pädagogik, 52*, 220–237.

Kendal, S., Keeley, P., & Callery, P. (2014) Student help seeking from pastoral care in UK high schools: a qualitative study. *Child and Adolescent Mental Health, 19*(3), 178-184. https://doi.org/10.1111/camh.12029

Kerlinger, F.N. (1969). *Foundations of Behavioural Research: Educational and Psychological Enquiry*. London. Holt, Rinehart and Wilson.

Kerlinger, F. (1972). Q methodology in behavioral research. In Brown, S. R., Brenner, D. J. (Eds.), *Science, psychology, and communication: Essays honoring William Stephenson* (pp. 3-38). New York, NY. Teachers College Press.

Kerr, N. (2001). Motivational gains in performance groups: Aspects and prospects. In Fargas, J., Williams, K., & Wheeler, L. (Eds.), *The social mind: Cognitive and motivational aspects of interpersonal behavior* (pp. 350-370). New York : Cambridge University Press.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., Walters, E., E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602.

Keyes, C. L. M. (2002a). Promoting a life worth living: Human development from the vantage points of mental illness and mental health. In Lerner, R., M., Jacobs, F., & Wertlieb., D. (Eds.) Promoting positive child, adolescent and family development: A handbook of program and policy innovations (pp. 257– 274). New Brunswick, NJ. Transaction Publishing.

Keyes, C. L. M. (2002b). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 4* , 207– 222. https://doi.org/10.2307/3090197

Kidger, J., Donovan, J., Biddle, L., Campbell, R., & Gunnell, D. (2009). Supporting Adolescent Emotional Health in Schools: A Mixed Methods Study of Student and Staff Views in England. *BMC Public Health, 9*(1), 403. https://doi.org/10.1186/1471-2458-9-403

Kidger, J., Gunnell, D., Biddle, L., Campbell, R. & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal, 36*(6), 919–935. https://doi.org/10.1080/01411920903249308

Kitzinger, C. (1987) *The Social Construction of Lesbianism.* Sage. Bristol.

Kitzinger, J. (1995). Qualitative Research: Introducing Focus Groups. *BMJ, 311* (7000), 299-302.

Kitzinger, C. (1999). Researching Subjectivity and Diversity. *Psychology of Women Quarterly, 23,* 267-276. https://doi.org/10.1111/j.1471-6402.1999.tb00358.x

Kline, P. (1994). *An Easy Guide to Factor Analysis*. London. Routledge.

Korpershoek, H., Canrinus, E. T., Fokkens-Bruinsma, M., & de Boer, H. (2020). The relationships between school belonging and students' motivational, social-emotional, behavioural, and academic outcomes in secondary education: a meta-analytic review. *Research Papers in Education, 35*(6), 641–680. https://doi.org/10.1080/02671522.2019.1615116

Kostenzer, J., Bos, A. M. E., Bont, A., & Exel, J. (2021). Unveiling the controversy on egg freezing in The Netherlands: A Q-methodology study on women's viewpoints. *Reproductive Biomedicine & Society Online, 12*, 32-43. https://doi.org/10.1016/j.rbms.2020.09.009

Kratt, D. (2018) Teachers' perspectives on Educator Mental Health Competencies: A Qualitative Case Study. *American Journal of Qualitative Research 2*(1), 22-40.

Krovetz, M. L., & Arriaza, G. (2006). *Collaborative teacher leadership.* Thousand Oaks, CA. Corwin Press.

Krueger, R. A., & Casey, M., A. (2000). *Focus Groups: A Practical Guide for Applied Research.* California. Sage Publications.

Lai, M., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., Ameis, S. H. (2019) Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *Lancet Psychiatry, 6*(10), 819-829. https://doi.org/10.1016/S2215-0366(19)30289-5

Lazard, L., Capdevila, R. (2020) She's so vain? A Q study of selfies and the curation of an online self. *New Media & Society*, 146144482091933. https://doi.org/10.1177/1461444820919335

Ledesma, R. D., Valero-Mora, P., & Macbeth, G. (2015). The scree test and the number of factors: a dynamic graphics approach. *Spanish Journal of Psychology, 18*(11), 1-10. https://doi.org/10.1017/sjp.2015.13.

Lee, K., & Woods, K. (2017). Exploration of the developing role of the educational psychologist within the context of "traded" psychological services. *Educational Psychology in Practice*, *33*(2), 111–125. https://doi.org/10.1080/02667363.2016.1258545

Lehane, T. (2015). Cooling the Mark Out: Experienced Teaching Assistants' Perceptions of Their Work in the Inclusion of Pupils with Special Educational Needs in Mainstream Secondary Schools. *Educational Review, 68*(1), 4-23. https://doi.org/10.1080/00131911.2015.1058753

Lewin, K. (1946). Action research & minority problems. *Journal of Social Issues, 2*(4), 34-46.

Lewin, K (1951) Field Theory in Social Science: Selected Theoretical Papers (Ed. Cartwright, D). New York. Harper & Row.

Lindlof, T. R., & Taylor, B.C. (2002). *Qualitative communication research methods* (2nd ed.). Thousand Oaks, CA. Sage.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry.* Beverly Hills, CA. Sage.

Loades, M. E., & Mastroyannopoulou, K. (2010) Teachers' Recognition of Children's Mental Health Problems. *Child and Adolescent Mental Health, 15*(3), 150-56. https://doi.org/10.1111/j.1475-3588.2009.00551.x

Loinaz, E. S. (2019) Teachers' Perceptions and Practice of Social and Emotional Education in Greece, Spain, Sweden and the United Kingdom. *The International Journal of Emotional Education, 11*(1), 31-48.

Lomos, C., Hofman, R., H, & Bosker, R., J. (2011). The relationship between departments as professional communities and student achievement in secondary schools. *Teaching and Teacher Education*, *27*(4), 722–731. https://doi.org/10.1016/j.tate.2010.12.003

López, C. (2010). Moral Responsibility and Confidence as Factors that Influence Teacher Involvement in Educational Change. *Profile: Issues in Teachers' Professional Development*, *12*(1), 63-78.

Mælan, E., Nesset, T., Hege, E., Baklien, B., Samdal, O., & Thurston, M. (2018). Supporting Pupils' Mental Health through Everyday Practices: A Qualitative Study of Teachers and Head Teachers. *Pastoral Care in Education, 36*(1),16-28. https://doi.org/10.1080/02643944.2017.1422005

Major, C. H., & Savin-Baden, M. (2010). *An introduction to qualitative research synthesis: Managing the information explosion in social science research*. Routledge.

Maliphant, R., Cline, T., & Fredrickson, N. (2013). Educational psychology practise and training: The legacy of Burt's appointment with the London county council? *Education and Child Psychology*, *30*(3), 46-59.

Marks, N., & Shah, H. (2005). A well-being manifesto for a flourishing society. In Huppert, F., Baylis, N., &Keverne, B. (Eds.), *The science of well-being.* Oxford. Oxford. University Press.

Marzano, R. J. (2003). *What works in schools: Translating research into action.* Alexandria, VA. Association for Supervision and Curriculum Development.

Maynard, M., & Harding, S. (2010). Ethnic differences in psychological well-being in adolescence in the context of time spent in family activities. *Social Psychiatry and Psychiatric Epidemiology, 45*, 115-123. https://doi.org/10.1007/s00127-009-0047-z

McAuliffe M. D., Hubbard J. A., Romano L. J. (2009). The role of teacher cognition and behavior in children's peer relations. *J. Abnorm. Child Psychol, 37*, 665–677. https://doi.org/10.1007/s10802-009-9305-5

Meehl, P., Lykken, D. T., Schofield, W., & Tellegen, A. (1971). Recaptured-Item Technique (RIT): A method for reducing somewhat the subjective element in factor naming. *Journal of Experimental Research in Personality, 5*, 171-190.

Mental Health Foundation. (2016, February 18) *What is mental health?* https://www.mentalhealth.org.uk/your-mental-health/about-mental-health/what-mental-health

Mind (2020, July) *How to improve your mental wellbeing*. https://www.mind.org.uk/information-support/tips-for-everyday-living/wellbeing/wellbeing/

Moilanen, K. L., Shaw, D. S., & Maxwell, K. L. (2010). Developmental cascades: Externalizing, internalizing, and academic competence from middle childhood to early adolescence. *Development and psychopathology, 22*(3), 635–653. https://doi.org/10.1017/S0954579410000337

Monducci, E., Battaglia, C., Forte, A., Masillo, A., Telesforo, L., Carlotto, A., Piazzi, G., Patanè, M., De Angelis, G., Romano, A., Fagioli, F., Girardi, P., Cocchi, A., Meneghelli, A., Alpi, A., Pafumi, N., Moreno Granados, N., Preti, A., Masolo, F., Benzoni, S., Cavenaghi, S., Molteni, I., Salvadori, L., Solbiati, S., Costantino, A., Di Lauro, R., Piccinini, A., Collins E., A, Holmshaw, J., & Fiori Nastro, P. (2018). Secondary School Teachers and Mental Health Competence: Italy–United Kingdom Comparison. *Early Intervention in Psychiatry, 12*(3), 456-63. https://doi.org/10.1111/eip.12345

Murphy, H. B. M. (1978) The meaning of symptom check-list scores in mental health surveys: a testing of multiple hypotheses. *Soc Sci Med*, *12*, 67-75.

Nasen.(2015). *The SEND Code of Practice: 0 to 25 years: A quick guide to the SEND Code of Practice: 0 to 25 years (2014) and its implications for schools and settings.* Staffordshire, Nasen. https://nasen.org.uk/resources/send-code-practice-0-25-years

National Health Service (NHS) .(2021, March 29). *Let's Talk Wellbeing*. https://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=99944

National Health Service (NHS). (2015, December 3). *Hundreds of schools to benefit from £3 million investment in mental health in schools.* https://www.england.nhs.uk/2015/12/mh-in-schools/

National Institute for Health and Care Excellence (NICE). (2008). *Social and emotional wellbeing in primary education.* https://www.nice.org.uk/guidance/ph12/resources/social-and-emotional-wellbeing-in-primary-education-pdf-1996173182149.

National Scottish Steering Group for Educational Psychologists. (NSSGEP). (2019) *Making a difference to excellence and equity for all: The future of educational psychology services in Scotland.* https://education.gov.scot/Documents/EPSReportApril2019.pdf

Nazariadli, S. (2017). VQMethod [Online research tool]. https://vqmethod.com; http://doi.org/10.17605/OSF.IO/D3WH6.

Nazariadli, S., Morais, D. B., Supak, S., Baran, P. K., & Bunds, K. S. (2019). Assessing the visual Q method online research tool: A usability, reliability, and methods agreement analysis. *Methodological Innovations, 12*(1), 205979911983219. https://doi.org/10.1177/2059799119832194

Newlove-Delgado, T., McManus, S., Sadler, K., Thandi, S., Vizard, T., Cartwright, C., & Ford, T. (2021). Child mental health in England before and during the COVID-19 lockdown. *The Lancet. Psychiatry*, *8*(5), 353–354. https://doi.org/10.1016/S2215-0366(20)30570-8

Newman, I., Ramlo, S. (2010). Using Q methodology and Q factor analysis to facilitate mixed methods research. In Tashakkori, A., Teddlie, C. (Eds.), *Handbook of mixed methods in social & behavioral research* (2nd ed., pp. 505-530). Thousand Oaks, CA. Sage.

NHS Digital.(2018, November 22). *Mental Health of Children and Young People in England, 2017.* https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

NHS Digital (2020, October 22). *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey.* https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

Nitcavic, R.G., & Dowling, R. E. (1990). American perceptions of terrorism: a Q methodological analysis of types. *Political Communication and Persuasion,* 7, 147–166.

Noell, G. H., Witt, J. C., Gilbertson, D. N., Ranier, D. D., & Freeland, J. T. (1997). Increasing teacher intervention implementation in general education settings through consultation and performance feedback. School Psychology Quarterly, 12, 77–88. https://doi.org/10.1037/h0088949

Noyes, J., Hendry, M., Booth, A., Chandler J., Lewin, S., Glenton, C., & Garside, R. (2016). Current use was established and Cochrane guidance on selection of social theories for systematic reviews of complex interventions was developed. *Journal of Clinical Epidemiology, 75*, 78-92. https://doi.org/10.1016/j.jclinepi.2015.12.009

National Society for the Prevention of Cruelty to Children. (NSPCC). (2019) *ChildLine Annual Review 2018/19.* https://learning.nspcc.org.uk/media/1898/childline-annual-review-2018-19.pdf.

O'Cathain, A. (2010) Assessing the Quality of Mixed Methods Research: Toward a Comprehensive Framework. In Tashakkori, A., & Teddlie, C. (Eds.) *SAGE Handbook of Mixed Methods in Social & Behavioral Research* (pp. 531-556). SAGE Publications, Inc.

Ofsted. (2019). Education Inspection Framework (IEF). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/801429/Education_inspection_framework.pdf.

O'Hare, D. (2017, January 10). *Where are the EPs? Theresa May, mental health and schools.* https://edpsy.org.uk/blog/2017/eps-theresa-may-mental-health-schools/

Onwuegbuzie, A. J. (2012). Introduction: Putting the MIXED back into quantitative and qualitative research in educational research and beyond: Moving toward the radical middle. *International Journal of Multiple Research Approaches, 6*, 192-219. https://doi.org/10.5172/mra.2012.6.3.192

O'Reilly, M., Adams, S., Whiteman, N., Hughes, J., Reilly, P., & Dogra, N. (2018). Whose Responsibility Is Adolescent's Mental Health in the UK? Perspectives of Key Stakeholders. *School Mental Health, 10*(4), 450-61. https://doi.org/10.1007/s12310-018-9263-6

Oxford Open Learning (2020) Devolved Education at School in the Home Nations. Accessed at: www.ool.co.uk/devolved-education-in-the-uk.

Paige, J. B., & Morin, K. H. (2016). Q-Sample Construction. *Western Journal of Nursing Research*, *38*(1), 96–110. https://doi.org/10.1177/0193945914545177

Patalay, P., & Fitzsimons, E. (2017). *Mental ill-health among children of the new century: Trends across childhood with a focus on age 14*. London. Centre for Longitudinal Studies. https://www.ucl.ac.uk/ioe/sites/ioe/files/patalay_fitzsimons_mental_ill-health_among_children_of_the_new_century_-_september_2017.pdf

Pawson, R., Boaz, A., Grayson, L., Long, A. & Barnes, C. (2003). *Types and quality of social care knowledge. Stage two: towards the quality assessment of social care knowledge. (Working paper No. 18).* https://www.kcl.ac.uk/sspp/departments/politicaleconomy/research/cep/pubs/papers/assets/wp18.pdf.

Pearpoint, J., O'Brien, J., & Forest, M. (1993). *PATH: A workbook for planning positive, possible futures and planning alternative tomorrows with hope for schools, organizations, businesses and families*. Toronto. Inclusion Press.

Peritore, P. N. (1989) Brazilian party left opinion: a Q-methodology profile. *Political Psychology*, *10*, 675–702.

Petticrew, M., & Roberts, H. (2008). *Systematic reviews in the social sciences: A practical guide.* John Wiley & Sons.

Piasecki, J., Waligora, M., & Dranseika, V. (2018). Google Search as an Additional Source in Systematic Reviews. *Science and engineering ethics*, *24* (2), 809–810. https://doi.org/10.1007/s11948-017-0010-4

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S., & Abel, K. M. (2020). Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *The Lancet. Psychiatry*, *7*(10), 883–892. https://doi.org/10.1016/S2215-0366(20)30308-4

Place2Be. (2017, February 6). *Survey: Pupils share their views for Children's Mental Health Week.* https://www.place2be.org.uk/our-story/news/survey-pupils-share-their-views-for-children-s-mental-health-week.aspx

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). Guidance on the Conduct of Narrative Synthesis in

Systematic Reviews: A product from the ESRC Methods Programme. 10.13140/2.1.1018.46.43.

Porter, L. (2007). *Behaviour in Schools. Theory and Practice for Teachers (2nd ed.).* Milton Keynes. Open University Press.

Postlethwaite, A., Kellett, S., & Simmonds-Buckley, N. (2020). Exploring emotions and cognitions in hoarding: A Q-methodology analysis. *Behavioural and Cognitive Psychotherapy, 48*(6), 1-16. https://doi.org/10.1017/S1352465820000181

Poulou M., & Norwich, B. (2000) Teachers' causal attributions, cognitive, emotional and behavioural responses to students with emotional and behavioural difficulties. *British Journal of Educational Psychology 70*(4), 559–581. https://doi.org/10.1348/000709900158308

Powers, J., D., Bower, H., A.. Webber, K., C., & Martinson, N. (2010) Promoting School-Based Mental Health: Perspectives From School Practitioners. *Social Work in Mental Health, 9*(1), 22-36. https://doi.org/10.1080/15332985.2010.522929

Prasad, R.S. (2001) Development of the HIV/AIDS Q-sort instrument to measure physician attitudes [Clinical Research Methods]. *Family Medicine*, 772–778.

Public Health England (2014) *The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings.* London. Public Health England.

Public Health England. (2015). *Promoting children and young people's emotional health and wellbeing: A whole school and college approach.* London. Public Health England.

Public Health England. (2016) *The mental health of children and young people in England.* London. Public Health England.

Ramlo, S. (2016). Mixed Method Lessons Learned From 80 Years of Q Methodology. *Journal of Mixed Methods Research, 10*(1), 28-45. https://doi.org/10.1177/1558689815610998

Richardson, L. (2000). Writing: A method of inquiry. In Denzin, N., K. & Lincoln, Y. S. (Eds.). *Handbook of qualitative research* (2nd ed., pp. 923-948). Thousand Oaks, CA. Sage.

Richardson, V. (2001) Teaching: Trends in Research. In *International Encyclopedia of the Social and Behavioral Sciences* (Vol. 23, pp. 15483–15487). Elsevier, Ltd.

Rimm-Kaufman, S., Storm, M., Sawyer, B.,Pianta, R., & LaParo, K. (2006). The Teacher Belief Q-Sort: A measure of teachers' priorities in relation to disciplinary practices, teaching practices, and beliefs about children. *Journal of School Psychology, 44,* 141-165. https://doi.org/10.1016/j.jsp.2006.01.003

Reinke, W., M., Stormont, S., Herman, K., C., Puri, R., & Goel, N. (2011) Supporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers. *School Psychology Quarterly, 26*(1), 1-13. https://doi.org/10.1037/a0022714

Riley, K., Coates, M., & Martinez, S. P. (2018). *Place & belonging in schools: Unlocking Possibilities*. London: UCL Institute of Education.

Roberts-Holmes, G., Mayer, S., Jones, P., & Lee, S.F. (2018). *An Evaluation of Phase One of the Youth Mental Health First Aid (MHFA) in Schools programme: "The training has given us a vocabulary to use."* https://mhfaengland.org/mhfa-centre/research-and-evaluation

Robson, C. (2011) *Real world research : A resource for users of social research methods in applied settings* (3rd ed.). Chichester. Wiley.

Roffey, S. (2015). Becoming an agent of change for school and student well-being. *Educational & Child Psychology, 32*(1), 21–30.

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

Rothì, D., M., Leavey, G., and Best, R. (2008b) Recognising and Managing Pupils with Mental Health Difficulties: Teachers' Views and Experiences on Working with Educational Psychologists in Schools. *Pastoral Care in Education, 26*(3), 127-142. https://doi.org/10.1080/02643940802246419

Roxby, P. (2020, June 14) Coronavirus: Child psychologists highlight mental health risks of lockdown. *BBC News*. https://www.bbc.co.uk/news/health-53037702.

Rutter, M. (1979). *Fifteen Thousand Hours: Secondary Schools and Their Effects on Children*. London. Open, Print.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist 55,* 68-78. https://doi.org/10.1037/0003-066X.55.1.68

Sachs, J. (2001) Teacher professional identity: Competing discourses, competing outcomes. *Journal of Educational Policy, 16*(2), 149–161. https://doi.org/10.1080/02680930010025347

Salinger, R. (2019) Mental Health Perceptions and School-based Treatments in the United States, United Kingdom, and China. *International Journal of School & Educational Psychology, 7*(1), 3-17. https://doi.org/10.1080/21683603.2017.1385552

Schein, E. (2016). *Organizational culture and leadership* (5th ed.). Hoboken, N.J. Wiley.

Schmolck, P. (2014a). PQMethod (Version 2.35) [Computer software]. Available at: http://schmolck.org/qmethod/downpqwin.htm

Schmolck, P. (2014b). PQMethod Manual. Available at: F:\PQMethod\pqmanual.htm

Schraer, R. (2019, February 11). Is young people's mental health getting worse? *BBC News.* https://www.bbc.co.uk/news/health-47133338

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being.* New York. Free Press.

SEN Policy Research Forum (2019). Policy for SEND and Inclusion: examining UK national and some European differences. *Journal of Research in Special Educational Needs*, *19*(3), 241–280. https://doi.org/10.1111/1471-3802.12455

Sexton, D., Synder, P., Wadsworth, D., Jardine, A., & Ernest, J. (1998). Applying Q Methodology to Investigations of Subjective Judgments of Early Intervention Effectiveness. *Topics in Early Childhood Special Education, 18*, 95-107. https://doi.org/10.1177/027112149801800205

Sharpe, H., Ford, T.,Lereya, S., T., Owen, C., Viner, R., M., & Wolpert, M. (2016). Survey of Schools' Work with Child and Adolescent Mental Health across England: A System in Need of Support. *Child and Adolescent Mental Health, 21* (3), 148-53. https://doi.org/10.1111/camh.12166

Shelemy, L., Harvey, K. & Waite, P. (2019a). Supporting Students' Mental Health in Schools: What Do Teachers Want and Need? *Emotional and Behavioural Difficulties, 24*(1), 100-116. https://doi.org/10.1080/13632752.2019.1582742

Shelemy, L., Harvey, K., & Waite, P. (2019b). Secondary School Teachers' Experiences of Supporting Mental Health. *The Journal of Mental Health Training, Education, and Practice, 14* (5), 372-83. https://doi.org/10.1108/JMHTEP-10-2018-0056

Shepherd J., Pickett, K., Dewhirst, S., Byrne, J., Speller, V., Grace, M., Almond, P., Roderick, P. (2016). Initial teacher training to promote health and well-being in schools – A systematic review of effectiveness, barriers and facilitators. *Health Education Journal*, *75*(6), 721-735. 10.1177/0017896915614333

Simmons, P. E., Emory, A., Carter, T., Coker, T., Finnegan, B., Crockett, D, . . . Labuda, K. (1999). Beginning Teachers: Beliefs and Classroom Actions. *Journal of Research in Science Teaching, 36*(8), 930-954.

Sklad, M., René, D., De Ritter, M., Ben, J., & Gravesteijn, C. (2012) Effectiveness of School-based Universal Social, Emotional, and Behavioral Programs: Do They Enhance Students' Development in the Area of Skill, Behavior, and Adjustment? *Psychology in the Schools, 49*(9), 892-909. https://doi.org/10.1002/pits.21641

Smaldone, A., Honig, J., C., & Byrne M.W. (2007) Sleepless in America: inadequate sleep and relationships to health and well-being of our nation's children. *Pediatrics 1, 19*(1), 29–37. https://doi.org/10.1542/peds.2006-2089F

Small, C. (2011). *Effective Solution Focused Coaching: A Q-methodology Study of Teachers' Views of Coaching with Educational Psychologists.* [Unpublished manuscript]. School of Psychology. University of Nottingham.

Speck, D. (2019, May 8). Schools' mental health support should be inspected by Ofsted. *Times Education Supplement* . https://www.tes.com/news/schools-mental-health-support-should-be-inspected-ofsted

Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006). Part of Who We Are as a School Should Include Responsibility for Well-Being: Links between the School Environment, Mental Health and Behaviour. *Pastoral Care in Education 24* (3) 14-21. https://doi.org/10.1111/j.1468-0122.2006.00374.x

Stainton Rogers, W. (1991). *Explaining Health and Illness: An Exploration of Diversity*. London. Harvester Wheatsheaf.

Stainton Rogers, R. (1995). Q methodology. In Smith, J. A., Harré, R.,& Van Langenhove, L. (Eds.) *Rethinking Methods in Psychology*. (pp.178-192) London. SAGE.

Stainton Rogers, R., & Stainton-Rogers, W. (1990). What the Brits got out of Q: And Why Their Work May Not Line Up with the American Way of Getting into It! *Electronic Journal of Communication 1,*(1). http://www.cios.org/www/ejc/v1n190.htm

Stainton Rogers, R., Stenner, P., Gleeson, K., & Stainton Rogers, W. (1995). *Social Psychology: A Critical Agenda*. Cambridge. Polity Press.

Straus, D. (2002). *How to make collaboration work.* San Francisco, CA. Berrett-Koehle.

Stenner, P. (2008). Q methodology as a constructivist method, *Operant Subjectivity*, 32, 46–69.

Stenner, P. (2009). Between method and ology: Introduction to special issue. *Operant Subjectivity, 32,* 1-5.

Stenner, P. (2011). Q Methodology as qualiquantology: Comment on "Q methodology and its position in the mixed methods continuum." *Operant Subjectivity, 34,* 192-208.

Stenner, P., & Stainton-Rogers, R. (2004). Q methodology and qualiquantology: The example of discriminating between emotions. In Todd, Z., Nerlich, B., McKeown, S., Clarke, D. D. (Eds.), *Mixing methods in psychology* (pp. 99-118). Hove, NY. Psychology Press.

Stephenson, W. (1935). Techniques of factor analysis. *Nature*, *136,* 297.

Stephenson, W. (1936). The inverted factor technique, *British Journal of Psychology*, *26*(4), 344–361.

Stephenson, W. (1953) *The Study of Behavior: Q Technique and its Methodology.* Chicago. University of Chicago Press.

Stephenson, W. (1986). Protoconcursus: The concourse theory of communication. Operant Subjectivity, 9(3), 73–96.

Tashakkori, A., Teddlie, C. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences.* Thousand Oaks, CA. Sage.

Taxer J. L., Frenzel A. C. (2015). Facets of teachers' emotional lives: a quantitative investigation of teachers' genuine, faked, and hidden emotions. *Teach. Teach. Educ. 49,* 78–88.

Taylor, B., M. (2015). The Hierarchical Model of Motivation: A Lens for Viewing the Complexities of Motivation. *Performance Improvement (International Society for Performance Improvement)*, *54*(4), 36–42.

Teacher Training Agency (2005) *Handbook of Guidance.* TTA. London.

Teasley, M. L. (2017). Organizational Culture and Schools: A Call for Leadership and Collaboration, *Children & Schools 39*, (1) 3–6. https://doi.org/10.1093/cs/cdw048

Ten Klooster, P. M., Visser, M., De Jong, M. D. T. (2008). Comparing two image research instruments: The Q-sort method versus the Likert attitude questionnaire. *Food Quality and Preference, 19*(5), 511–518. https://doi.org/10.1016/j.foodqual.2008.02.007

The Children's Commissioner (2017, August 1). *Children's Mental Healthcare in England.* https://dera.ioe.ac.uk/30171/1/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf

The Harris Poll (2020, May). State of Teen Mental Health During COVID-19 in America: a 4-H and Harris Poll Youth Mental Health Survey. https://theharrispoll.com/the-state-of-teen-mental-health-during-covid-19-in-america-a-4%E2%80%91h-and-harris-poll-youth-mental-health-survey/

The Key (2015) *Summer Report: School leaders' concerns about pupil wellbeing.* https://thekeysupport.com/wp-content/uploads/2018/03/summer_report_2015_school_leaders_concerns_about_pupil_wellbeing.pdf.

Thomas, D.B., & Baas, L.R.(1992). The issue of generalization in Qmethodology: "Reliable Schematics" revisited. *Operant Subjectivity, 16,* 18-36.

Thomas, D. B, & McKeown, B. (2013). *Q Methodology* (Vol. 66). Sage Publications.

Torgerson, C. J., & Elbourne, D. (2002). A systematic review and meta-analysis of the effectiveness of information and communication technology (ICT) on the teaching of spelling. *Journal of Research in Reading*, *25*(2), 129-143. https://doi.org/10.1111/1467-9817.00164

Tracy, S. J. (2010). Qualitative Quality: Eight "Big-Tent" Criteria for Excellent Qualitative Research. *Qualitative Inquiry*, *16*(10), 837–851. https://doi.org/10.1177/1077800410383121

Truscott, S. D., Kreskey, D., Bolling, M., Psimas, L., Graybill, E., Albritton, K., & Schwartz, A. (2012) Creating Consultee Change: A Theory-Based Approach to Learning and Behavioral Change Processes in School-Based Consultation. *Consulting Psychology Journal, 64*(1), 62 – 82. https://doi.org/10.1037/a0027997

Vakola, M., Tsaousis, I., & Nikolaou, I. (2004) The Effects of Emotional Intelligence and personality variables on attitudes toward organizational change. *Journal of Managerial Psychology, 19* (2), 88-110.

Sarason, S.B. (1982) *The Culture of School and the Problem of Change.* Boston: Allyn and Bacon.

Small, C. (2011). *Effective Solution Focused Coaching: A Q-methodology Study of Teachers' Views of Coaching with Educational Psychologists.* [Unpublished manuscript]. School of Psychology. University of Nottingham.

Twigg, L., Duncan, C., & Weich, S. (2020). Is social media use associated with children's well-being? Results from the UK Household Longitudinal Study. *Journal of*, *80*, 73–83. https://doi.org/10.1016/j.adolescence.2020.02.002

University of Nottingham. (2020). *University of Nottingham Code of Research Conduct and Research Ethics.* Nottingham: University of Nottingham.

Valenta, A. L., & Wigger, U. (1997). Q Methodology: definition and application in health care informatics', *Journal of the American Medical Informatics Association*, *4*(6), 501–510. https://doi.org/10.1136/jamia.1997.0040501

Vostanis, P., O'Reilly, M., Taylor, H., Day, C., Street, C., Wolpert, M. & Edwards, R. (2012). What Can Education Teach Child Mental Health Services? Practitioners' Perceptions of Training and Joint Working. *Emotional and Behavioural Difficulties, 17*(2), 109-24. https://doi.org/10.1080/13632752.2012.672869

Ward, H. (2019, June 16). Mental health training for all new teachers, says PM. *Times Education Supplement.* https://www.tes.com/news/mental-health-training-all-new-teachers-says-pm

Washington State Institute for Public Policy. (WSIPP). (2019) Children's Mental health. https://www.wsipp.wa.gov/BenefitCost/Pdf/5/WSIPP_BenefitCost_Childrens-Mental-Health

Watts, S. (2008). Social constructionism redefined: human selectionism and the objective reality of Q methodology, *Operant Subjectivity*, *32*, 29–45. dx.doi.org/10.15133/j.os.2008.003

Watts, S. (2015). Develop a Q methodological study. *Education for Primary Care, 26*(6), 435-437. https://doi.org/10.1080/14739879.2015.1101855

Watts, S., & Stenner, P. (2003). Q methodology, quantum theory, and psychology, *Operant Subjectivity*, *26*(4), 157–73. http://irep.ntu.ac.uk/id/eprint/7806

Watts, S., & Stenner, P. (2005). The subjective experience of partnership love: A Q methodological study, *British Journal of Social Psychology*, *44*(1), 85–107. https://doi.org/10.1348/014466604X23473

Watts, S. & Stenner, P. (2005). Doing Q methodology: Theory, Method, and Interpretation, *Qualitative Research in Psychology, 2*, 67-91. https://doi.org/10.1191/1478088705qp022oa

Watts, S., & Stenner, P. (2012). *Doing Q Methodological Research Theory, Method and Interpretation*. London. SAGE.

Weale, S. (2019, April 17). Mental health of pupils is 'at crisis point', teachers warn. *The Guardian*. https://www.theguardian.com/society/2019/apr/17/mental-health-young-people-england-crisis-point-teacher-school-leader-survey

Weare, K. (2000). *Promoting mental, emotional and social health: A whole school approach.* London. Routledge

Weare, K. (2015). *What works in promoting social and emotional well-being and responding to mental health problems in schools?* London. National Children's Bureau.

Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International, 26*(1), 29–69.

Webler, T., Danielson, S., & Tuler, S. (2009). *Using Q Method to Reveal Social Perspectives in Research.* Greenfield MA. Social and Environmental Research Institute.

Webster, R., Blatchford, P., Bassett, P., Brown, P., Martin, C., & Russell, A. (2011) The wider pedagogical role of teaching assistants. *School Leadership & Management, 31*(1), 3-20. https://doi.org/10.1080/13632434.2010.540562

Weick, K. E. (2007). The generative properties of richness. *Academy of Management Journal, 50*, 14-19. https://doi.org/10.5465/AMJ.2007.24160637

Weisz, J., R., Sandler, I., N., Durlak, J., A & Anton, B., S. (2005). Promoting and Protecting Youth Mental Health through Evidence-Based Prevention and Treatment. *The American Psychologist, 60*, 628–648. https://doi.org/10.1037/0003-066X.60.6.628

Wilcox-Herzog, A. (2003). Is there a link between teachers' beliefs and behaviors? *Early Education and Development, 13*(1), 81-106. https://doi.org/10.1207/s15566935eed1301_5

Willow, C. (2021, April 9). After a year of Covid, a behaviour crackdown is an insult to England's children. *The Guardian*. https://www.theguardian.com/commentisfree/2021/apr/09/covid-behaviour-england-children-schools

Wittenborn, J. R. (1961). Contributions and current status of Q methodology. *Psychological Bulletin, 58,* 132-142.

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. *Emotional and Behavioural Difficulties, 18* (3), 270–283. https://doi.org/10.1080/13632752.2013.819253

World Health Organization (WHO). (2003). Creating an environment for emotional and social well-being: An important responsibility of a health promoting and child-friendly school. http://www.who.int/school_youth_health/media/en/sch_childfriendly_03.pdf

World Health Organization (2020, s11 March) *WHO Director-General's opening remarks at the media briefing on COVID-19*. https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

Wortham, S. (2001). Social construction and pedagogical practice. In Gergen, K., J (Ed.). *Social construction in context* (pp. 115–136). London. Sage Publications.

Xiao, Y., & Watson, M. (2019). Guidance on Conducting a Systematic Literature Review. *Journal of Planning Education and Research*, *39*(1), 93–112. https://doi.org/10.1177/0739456X17723971

YoungMinds. (2018a, August). *Teacher survey reveals mental health crisis in our classrooms.* https://youngminds.org.uk/media/2719/teacher-survey-reveals-mental-health-crisis-in-our-classrooms.pdf.

YoungMinds.(2018b, October 20) *Children's Mental Health Funding: Where Is It Going?* https://youngminds.org.uk/blog/childrens-mental-health-funding-where-is-it-going/

Appendices

Appendix A: Papers Excluded from SLR Following Full-text Analysis

Author & Year of Publication	Reason(s) For Exclusion
Adams (2020)	Summary article - does not conduct an empirical investigation or provide details of methods.
Andrews, McCabe & Wideman-Johnston (2014)	Study based in Canada.
Cefai, C. and Askell-Williams, H. (2017)	Study based in South Australia.
Childs-Fegredo, Burn, Duschinsky, Humphrey, Ford, Jones & Howarth, E. (2020).	Asks participants to trial and evaluate four school-based identification systems. They are not asked for views on what they are typically doing or implementing.
Gowers, Thomas & Leavey (2004)	Discusses mental health disorders interchangeably with conditions such as Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder.
Graham, Phelps, Maddison and Fitzgerald (2011)	Study based in Australia.
Hackett *et al.*, (2010)	Provides factual information around prevalence, need and what provisions are in place. Does not explore educators' personal views.
Hart & O'Reilly (2018)	Data analysis combines teacher, parent and pupil perspectives to generate overarching themes.
Kendal, Keeley Philip and Callery (2014)	Students and staff were interviewed in relation to involvement in an intervention project. Findings related to more everyday experiences were not presented separately.
Kidger *et al.,* (2009)	Analysis combines student and staff views to generate themes.
Kratt (2018)	Study based in South West Florida
Lehane (2015)	Explores TAs experiences supporting SEND but does not clearly separate mental health needs from other categories of SEND.

Loades & Mastroyannopoulou, (2010)	Tests teacher's competence at recognising mental health disorders; does not elicit their personal views.
Loinaz (2019)	Focuses on teachers' experiences of Social and Emotional Education. Some findings appear to translate to the topic of mental health, but it is difficult to disentangle this from the broader social skills support also being discussed.
Monducci *et al.*, (2018)	Tests teacher's ability to recognise signs of psychosis using a vignette; does not elicit views.
O'Reilly *et al.*,(2018)	Themes are generated from combined data from multiple stakeholders. School staff's views cannot be separated from those of other groups.
Patalay *et al.*, (2017)	Inclusion Criteria 2: Descriptive information on practice; does not seek teachers personal views.
Powers, Bower, Webber and Martinson (2010)	Study based in South-East USA.
Reinke, Stormont, Herman, Puri & Goel (2011)	Study based in South-East USA.
Rothì, Leavey & Best (2008b)	School staff primarily share views on the role of the Educational Psychologist, not their own role and practice.
Salinger, (2019)	Surveys student's views, not school staff. .
Spratt, J., Shucksmith, J., Philip, K., and Watson, C. (2006)	Data combined from interviews with school staff, parents, pupils and those in the voluntary sector. .
Vostanis et al., (2012)	Evaluates the impact of a specific training programme; does not reflect typical practice/views.

Appendix B: Process of Quality Appraisal in the Systematic Literature Review

Application of TAPUPAS Framework

Each of the seven included studies were subjected to two full-text readings. During the second read-through I made notes pertaining to procedure and methodological rigour. I then organised these notes under the criteria of the TAPUPAS framework (Pawson *et al.,* 2003), which facilitated my evaluations of whether to assign a low, medium or high weighting for each of those categories.

Definitions and applications of the TAPUPAS criteria are summarised in the table below. An evaluation of Corcoran & Finney's (2015) study is shown to exemplify the process

TAPUPAS Criterion and Definition	Key Considerations	Notes for Corcoran & Finney (2015)	Weighting Assigned
Transparency *Is it open to scrutiny?*	• Is sufficient information provided on the sample? • Is sufficient information provided on data collection? • Is sufficient information provided on analysis? • Are study limitations acknowledged?	• Sample size and gender ratios stated. • Rich description and statistics given around geographic, economic and demographic characteristics of host LA. • Does not report the professional role of each participating staff member (e.g. how many class teachers were involved compared to ancillary staff). • Moderate detail given on analytic method**.**	**Medium**
Accuracy *Is it well grounded?*	• Is the link between evidence and conclusions clear/justified? • Is the study well designed to access the population they claim to represent? • Are appropriate measures incorporated into the design to maximize accuracy of the findings?	• Interview data was audio-recorded before transcription to ensure nothing was missed. • Authors give clear reasoning for their inferences and provide direct quotations to evidence their conclusions. • Sample utilised a 'warm network' by recruiting those already known to researchers from prior mental health training. This reduces transferability of the design across the whole staff population; the views elicited were all from educators who have received some relevant training. Participants could also be more vulnerable to social desirability bias as the researchers trained them.	**Medium**
Purposivity *Is it fit for purpose (for the aims of this review)?*	• Is the study designed to capture educator's subjective *views* (rather than factual experience or understandings/definitions?) • Is the study broad and exploratory in nature?	• Seeks educator's subjective "perspectives". • Exploratory ethos demonstrated by use of open questions and semi-structured interview format to follow emergent leads. • Use of discourse analysis slightly shifts focus away from *reflecting* staffs' stated views to examining implicit meanings revealed through word choice and how school-	**Medium**

	• To what extent does the study represent the target population of this review?	based mental health support is broadly represented in staff discourse. • Represents “school staff” from primary and secondary settings. Exact staff roles not explicit.	
Utility *Is it fit for use (within this review)?*	• What proportion of the study findings relate to educators’ views on their role or efficacy in supporting pupil’s mental health?	• All findings relate closely to the review focus. • Explores “a range of concerns situated at the nexus between education and psychology”.	**High**
Propriety *Is it legal and ethical?*	• Were participants given sufficient information about the procedure and aims to provide informed consent? • What were the risks of participation? • Was identifying participant data kept safe and confidential?	• Study relied on volunteers. • Participants were given clear preliminary information on the study, their right to confidentiality and the ethical implications of involvement. • Risks of participation were minimal. • Pseudonyms were used to preserve anonymity.	**High**
Accessibility *Is it intelligible?*	• Does the account use subject- or method-specific terminology without providing clarification? • Are abbreviations/acronyms used without definitions? • Is the writing style clear and fluent?	• Clear and fluent writing style. • Comparatively less accessible than other papers in this review, as the reader would benefit from prior understanding of discourse analysis and constructionist epistemology to fully engage with some of the discussion.	**Medium**
Specificity *Does it meet source-specific standards?*	• [If a quantitative study] is it designed to be valid, objective, reliable and generalisable? • [If a qualitative study] is it designed to be rich, credible, dependable and transferable? • [If a mixed methods study] are the two elements coherent and complimentary? • Are the sample sizes appropriate for the chosen methods?	• Yielded rich, in-depth and inductive conclusions in line with the aims of qualitative research. • The sample size is appropriate for the methods used.	**High**

Integrating TAPUPAS into the Weight of Evidence Strands

To subsume these weightings within Gough's (2007) Weight of Evidence (WoE) framework, he recommends grouping the criteria under his strands as follows:

WoE D: Overall Study Weighting		
WoE A: Trustworthiness & Credibility	**WoE B: Appropriateness of design**	**WoE C: Relevance of Focus**
Transparency Accuracy Accessibility Specificity	Purposivity	Utility Propriety

To determine the study weightings for each WoE strand, I converted the TAPUPAS weightings into numerical scores where Low= 1, Medium = 2 and High = 3. These enabled me to calculate an average (mean) value for each of the strands by dividing the total strand score by the number of TAPUPAS criterion comprising it. The example using Corcoran & Finney's (2015) research continues below:

Calculating WoE A for Corcoran & Finney (2015)		
Trustworthiness & Credibility		
Relevant TAPUPAS Criterion	**Assigned Weighting**	**Score**
Transparency	Medium	2
Accuracy	Medium	2
Accessibility	Medium	2
Specificity	High	3
Total Score for WoE A = 9		
9 ÷ No of criterion = 9 ÷ 4 = 2.25 = 2 to 0 decimal places)*		
Mean weighting for WoE A = Medium		

**Note that I rounded the average strand scores to the nearest whole number, apart from when studies were equidistant between two classifications (with an average strand score of either 1.5 or 2.5). In this instance they were represented as L/M or M/H at this stage of the appraisal process.*

Calculating Overall Weight of Evidence

I continued to calculate numerical averages to combine the weightings of strands A, B and C into an overall 'Weight of Evidence D'. At this final stage *all* values were rounded to the nearest whole number, to facilitate comparisons between studies by ensuring each had a conclusive weighting. The table below shows the calculation of Corcoran and Finney's (2015) overall weighting:

Calculating WoE D for Corcoran & Finney (2015)		
Overall Weighting		
Weight of Evidence Strand	Assigned Weighting	Score
A	Medium	2
B	Medium	2
C	High	3
Total Score for WoE A + WoE B + WoE C = 7		
7 ÷ No of strands = 7 ÷ 3 = 2.33 = 2 (to 0 decimal places)		
Weight of Evidence D (Overall weighting) = Medium		

Appendix C shows the weightings assigned to each of the papers reviewed as determined using the above method.

Appendix C: SLR Study Weightings Using the WoE/TAPUPAS Frameworks

Authors	WoE A *Trustworthiness & Credibility*				WoE B *Appropriateness of Design*	WoE C *Relevance of Focus*		WoE D *Overall Weighting*
	Transparency	**Accuracy**	**Accessibility**	**Specificity**	**Purposivity**	**Utility**	**Propriety**	
Corcoran & Finney (2015)	M	M	M	H	M	H	H	**M**
	Overall WoE A: M				**Overall WoE B: M**	**Overall WoE C: H**		
Danby & Hamilton (2016)	L	M	H	M	M	M	H	**M**
	Overall WoE A: M				**Overall WoE B: M**	**Overall WoE C: M/H**		
Davies & Matley (2019)	H	H	H	H	M	L	H	**M**
	Overall WoE A: H				**Overall WoE B: M**	**Overall WoE C: M**		
Kidger et al., 2010	H	H	H	H	M	H	H	**H**
	Overall WoE A: H				**Overall WoE B: M**	**Overall WoE C: H**		
Rothì, Leavey & Best (2008)	H	H	H	H	M	H	H	**H**
	Overall WoE A: H				**Overall WoE B: M**	**Overall WoE C: H**		
Shelemy, Harvey & Waite (2019a)	H	H	H	H	M	H	H	**H**
	Overall WoE A:H				**Overall WoE B: M**	**Overall WoE C: H**		
Shelemy, Harvey & Waite (2019b)	H	H	H	H	M	M	H	**H**
	Overall WoE A:H				**Overall WoE B: M**	**Overall WoE C: M/H**		

Appendix D: Process Used to Conduct the Narrative Synthesis

Note that prior to beginning this synthesis I had already created detailed notes on each of the included studies during initial reading and subsequent quality appraisal. I had also summarized their methods and findings in a table.

1. Reviewing the tabulated data

I reviewed the study summaries provided in Table 2.2. This facilitated the efficient comparison of key study features and findings .

2. Thematic grouping

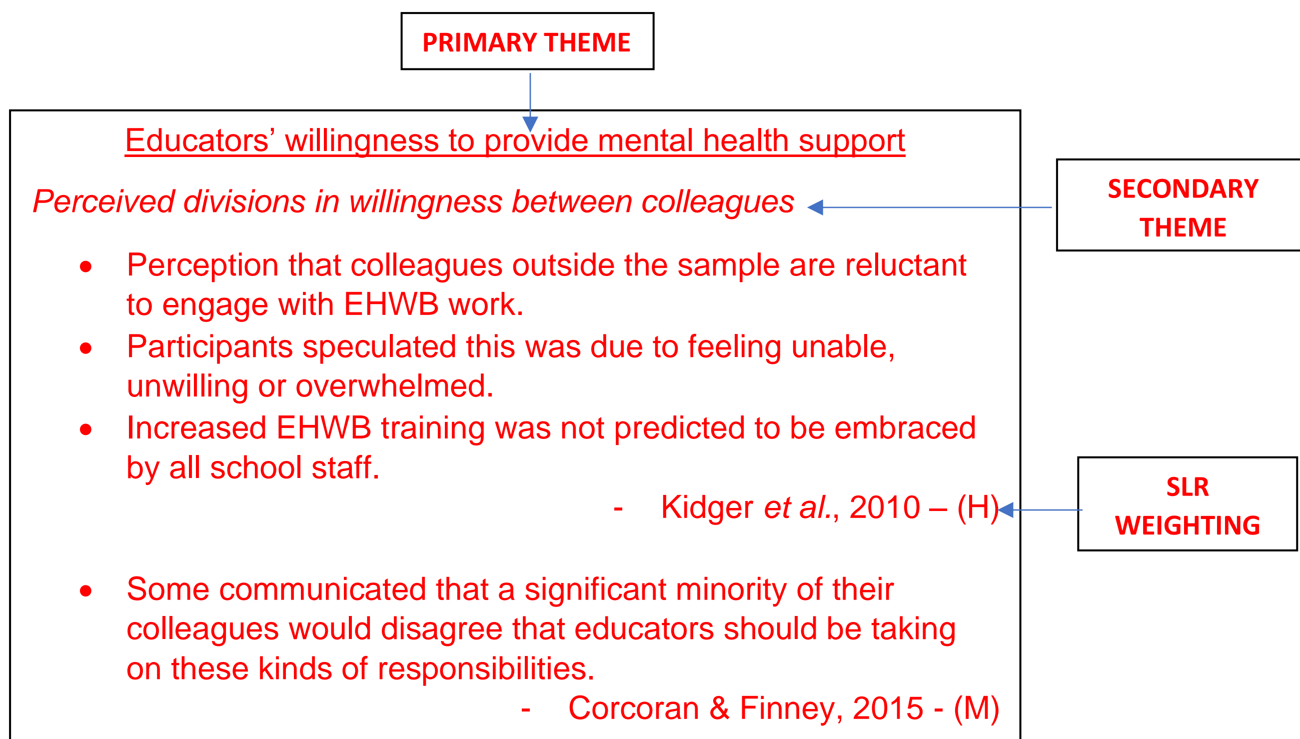
Initially focusing on the *Key Findings* column of Table 2.2, I was able to group the notes based on the overarching question they appeared to be addressing. This was an inductive process that resulted in the extraction of four primary themes:

- Educators' *willingness* to provide mental health support
- Educators' *perceptions of their ability* to support mental health needs
- Perceived *barriers* to school-based mental health provision
- Perceived *facilitating factors* for school-based mental health provision

Where it was possible to further subdivide the findings, they were also rearranged under secondary themes. For example, 'Perceived barriers to school-based mental health provision' contained a range of findings which pertained to the secondary themes of:

- staff wellbeing
- mental health stigma
- complication of student-teacher relationships
- conflicts between educational policies

The study weightings (L, M or H) were noted alongside the references for the qualitative notes to ensure they would be considered during subsequent interpretation. See the annotated example below for how these notes were arranged.



3. Comparing and contrasting findings

The thematic groupings detailed in the previous step enabled the identification of similarities and divergence among the study findings. As advocated by Evans (2002), I consulted my more detailed textual notes on each study at this stage to identify nuances that may not have been reflected in the summary table.

For example, I identified that although Shelemy and colleagues' (2019b) and Danby and Hamilton's (2016) participants indicated similar levels of willingness to engage in mental health support, they appeared to differ in terms of the *nature* of the role they perceived for themselves. The points on which the two studies diverged were repositioned as side-by-side (representing contrast/opposition), while points of similarity remained depicted in vertical lists (representing consistency).

4. Explaining discrepancies

Popay and colleagues (2006) simplify the relationships of interest within a narrative synthesis to:

- Those between characteristics of individual studies and their reported findings
- Those between the findings of different studies

Though my initial stages focussed on the latter point, it was now important for me to consider how the individual features of each method might account for their reported findings. I returned to Table 2.2 to review the key methodological features of each paper which could account for any differences in findings.

For example, I hypothesised that differences in perceived role between Shelemy and colleagues' (2019b) and Danby & Hamilton's (2016) participants may reflect that the former were secondary staff and the latter primary staff.

5. Comparing methodological features

I reviewed the detailed notes previously made when appraising the methodological quality of each study (table partially shown in Appendix B). This was to identify any common issues between all the included studies (such as the broad reliance on participants pre-selected by their line managers).

6. Producing the written account

The previous stages produced a series of notes about the study findings, grouped according to overarching themes and subthemes, and annotated with methodological critiques and hypotheses. From this I converted the findings of the synthesis into the prone see in section 2.7.4.

Appendix E: Selecting the Q-sort Software

Factors to consider:

- How easily can the software be accessed?
- Are subscriptions time limited?
- Are there associated costs?
- Has it been used in published online Q studies?
- Does it allow customisation of the grid and sorting instructions?
- Is it clear and easy to navigate for participants?
- Does it allow the insertions of consent and debriefing forms?
- Can we add questions to collect post-sort information?
- Is there any evaluative literature about the software?
- Is there anyone we can contact if something goes wrong?
- Does it produce downloadable data in an appropriate format to be transferred to PQMethod analysis software?
- What is the feedback on researcher forums?

Q-software	**Reason(s) it was not selected**
Qualtrics	Does not allow the participants to see the normal distribution grid while sorting items. This was felt to be an important aspect of the activity and facilitating relative comparisons between items.
WebQ	As above.
FlashQ	Weblink that supports FlashQ due for deletion in December 2020 (during my scheduled data collection).
PoetQ	Required creator's permission to access; no response was received.
Q-sorTouch	Sorts items into separate boxes; does not present normal distribution grid. £150 monthly subscription.
Q-assessor	Difficulties encountered when completing the demo Q-sort. Permits one free test study (with limited statements and functionality) but does not clearly state costings after this point.

Appendix F: Templates for Stakeholder Recruitment Materials

D(1) Stakeholder email for pre-sort interviews and focus groups

Dear (Headteacher's name) and (SENDCo's name),

I am a Trainee Educational Psychologist at (Anonymous) County Council. For my final year thesis, I am researching school staff's views around their involvement with young people's mental health. As part of this investigation I'm looking to hear the perspectives of *(teaching assistants/primary teachers/secondary teachers/a member of staff who takes on key responsibilities in relation to pupil's mental health, such as a pastoral lead or mental health co-ordinator).*

I'd be very grateful if you would be able to put me in touch with anyone fitting that description within your setting. I am very conscious of how much school staff have on their plate at the moment and apologise if this comes across as insensitive or ill-timed. I am not asking you to you to personally promote the study or ask people to be involved. I would send the relevant staff all the information they need to make an informed choice about participating and would not send any further emails pressuring them to engage.

I have attached further information in Stakeholder Information Sheet. I'd also be happy to discuss any questions you have via telephone or email.

Best wishes,

Isobel Pritchard | Trainee Educational Psychologist (Address of the Educational Psychology Service)

D(2) Stakeholder email for the Q-sort activity

Dear (Headteacher's name) and (SENDCo's name),

I am a Trainee Educational Psychologist at (Anonymous) County Council. For my final year thesis I am researching school staff's views around their involvement with young people's mental health. As part of this investigation I am hoping to recruit some teachers, headteachers and TAs to complete an anonymous online statement-sorting activity.

I'd be really grateful if you'd consider allowing me to email an invitation to take part to your staff mailing list. I am very conscious of how much school staff have on their plate at the moment and apologise if this comes across as insensitive or ill-timed. I would be sending the invite once and not putting any further pressure on anyone to engage. I've attached a stakeholder information sheet with further information on the task.

I'd be happy to discuss any questions you may have via telephone or email. Please let me know if you would be willing for me to send invites, and if so if there is a particular member of staff you would prefer me to arrange this with.

Best wishes,

Isobel Pritchard | Trainee Educational Psychologist (Address of the Educational Psychology Service)

D(3) Stakeholder information sheet for pre-sort interviews and focus groups

Exploring Educator's Views on Supporting Pupil's Mental Health

Ethical Approval Reference: S1265

Researcher: Isobel Pritchard Email: isobel.pritchard@nottingham.ac.uk

Supervisor: Dr Sarah Atkinson Email: s.atkinson@nottingham.ac.uk

Increasing concerns around young people's mental health have resulted in a number of publications emphasising the role of schools in supporting their wellbeing. My study aims to find out how school staff feel that this works in practice and any concerns they hold. Your school is being invited to take part in this research. Please take a moment to find out what it would involve for you.

What will happen in this study?
I am hoping to conduct some online *(semi-structured interviews/focus groups)* with *(school mental health leads/4-6 teaching assistants/4-6 teachers)* at a time that is convenient for them and their school. The *(interview/focus group)* would last no longer than (*45 minutes/ 1 hour*) and consist of a series of questions about their views and experiences around supporting pupils with their mental health and wellbeing.

What would I need to do?
I am requesting your permission to contact the *(mental health lead/teaching assistants/teachers) via email.* I would provide a description of the study and ask them to contact me if they would be willing to volunteer. You would not have to personally message these staff members or promote the study yourself.

If I receive any volunteers from your school I may ask you for a point of contact that I could discuss staff timetables with to determine availability. Your decision of whether to be involved will in no way impact upon your normal working relationship with the Educational Psychology Service.

How will the data be used?
Information recorded will not state the name of your school or any of the participants. It will be combined with data from other schools before analysis. This study aims to inform the Educational Psychology Service about the different demands on schools in relation to mental health policies, therefore the training, support and supervision packages which may be most useful to them. If you are interested in the overall findings of the study I would be happy to send you a summary of the results on request.

What happens next?
If you have any further questions or are happy for me to invite staff from your school then please respond to this email address. I would also be happy to arrange a telephone call if preferred.

Yours sincerely,
Isobel Pritchard
Trainee Educational Psychologist

D(4) Stakeholder information sheet for the Q-sort activity

Exploring Educator's Views on Supporting Pupil's Mental Health

Ethical Approval Reference: S1265

Researcher: Isobel Pritchard Email: isobel.pritchard@nottingham.ac.uk

Supervisor: Dr Sarah Atkinson Email: s.atkinson@nottingham.ac.uk

Increasing concerns around young people's mental health have resulted in a number of publications emphasising the role of schools in supporting their wellbeing. My study aims to find out how school staff feel that this works in practice and any concerns they hold. Your school is being invited to take part in this research. Please take a moment to find out what it would involve for you.

What will happen in this study?
I am hoping to recruit headteachers, teachers and teaching assistants to complete an online card sorting activity. This will take between 40-1 hour to complete but can be done at any time that is most convenient within the next two weeks. Participants will be asked to read 61 short statements of opinion which have previously been expressed around school staff's involvement with mental health support. They will be asked to arrange these statements in order of their own level of agreement. At the end there will be a brief questionnaire about the experience, which also collects some background information such as how long they have worked in schools and the whether they have previously received any specific mental health training.

What would I need to do?
I am requesting your permission to send an email to the staff in your school mailing list. This would contain an invite to participant and have further participant information attached. You would not have to personally message any staff members

or promote the study yourself. I am broadly looking to hear voices from a range of diverse experiences, therefore no prior knowledge or training on mental health is required.

Your decision of whether to provide contact information will in no way impact upon your normal working relationship with the Educational Psychology Service.

How will the data be used?
Information recorded will not state the name of your school or any of the participants. It will be combined with data from other schools before analysis. This study aims to inform the Educational Psychology Service about the different demands on schools in relation to mental health policies, therefore the training, support and supervision packages which may be most useful to them. If you are interested in the overall findings of the study I would be happy to send you a summary of the results on request.

What happens next?
If you have any further questions or are happy for me to invite staff from your school then please respond to this email address. I would also be happy to arrange a telephone call if preferred.

Yours sincerely,
Isobel Pritchard
Trainee Educational Psychologist

Appendix G: Templates for Participant Recruitment Materials

E(1) Participant recruitment email for interviews/focus groups

Dear (Staff member's name),

I am a Trainee Educational Psychologist working for (Anonymous) County Council. For my final year thesis, I am researching school staff's views around their involvement with young people's mental health. For the first phase of this study I am looking to interview staff in a range of different roles and I am contacting you as I would really like to gain a perspective from *(a Headteacher/ ELSA/ mental health lead/teaching assistants/ primary teachers/ secondary teachers).*

I'd be very grateful if you'd consider taking part in a *(45-minute interview/ 1- hour focus group)* via Microsoft Teams. *(Focus Groups only) All other members of the group would be colleagues from your school that are in the same professional role as you.* I will ask you to reflect and share views on the role schools have been asked to play in mental health support, how staff have been delivering this and any perceived challenges or barriers.

I am aware of the multiple demands on your time during this pandemic and am keen to be flexible in fitting around your schedule. Your name and the name of your school will not be included in the findings so anything you share will be kept anonymous. I've attached a Participant Information Sheet to provide further details about the study, but please feel free to email with any further questions.

Please get in touch via this email if you think you would be happy to participate, and I will get in touch to arrange a convenient time.

Best wishes
Isobel Pritchard | Trainee Educational Psychologist (Address of the Educational Psychology Service

E(2) Participant advertisement for Q-sort activity

Good morning,

For my final year thesis I am researching school staff's views and experiences around pupil's mental health. I am hoping to recruit some teachers, teaching assistants and headteachers to complete an online opinion-sorting activity. It typically takes 45 minute-1hours and can be completed whenever is most convenient to you within the next two weeks.

Prior training or experience with mental health is not necessary; I equally need to know if people feel that they don't have much involvement in this area.

I'm very conscious of the additional pressures that school staff are under at the moment and would be really grateful if anyone is able to spare some time to take part.

I've attached a Participant Information Letter with further details. If you have any questions or are happy to participate please respond to this email and I will send you the study link.

Isobel Pritchard | Trainee Educational Psychologist (Address of the Educational Psychology Service)

E(3) Participant information sheet for interviews/focus groups

Exploring Educator's Views on Supporting Pupil's Mental Health in Schools

Ethical Approval Number: (s1265)

Researchers: Isobel Pritchard Email: isobel.pritchard@nottingham.ac.uk

Supervisor: Dr Sarah Atkinson Email: s.atkinson@nottingham.ac.uk

Increasing concerns around young people's mental health have resulted in a number of publications emphasising the role of schools in supporting their wellbeing. My study aims to find out how school staff feel that this works in practice; school support, the barriers and what more could be provided by services like ours. You are being invited to take part in this research. Before you decide if you'd like to take part, please take a moment to read what this research would involve for you and why it is being done.

What can I expect from involvement?

I would like to conduct an online (interview/focus group) with you over Microsoft Teams video conferencing software. The *(interview/focus group)* would last no more than *(45 minutes/1 hour)* and be scheduled at a time that is convenient for you. *For focus groups only: You will only be placed in a group with colleagues from your own school in the same professional role.* I will ask some questions about school's role in supporting mental health, government policies and the practical realities and challenges that schools may face embedding them. There is no right or wrong answer; I am interested in the range of opinions that you and other school staff might hold on these issues. Participation is totally voluntary and you are under no obligation to take part. You are free to withdraw at any point before or during the study.

What are the risks?

It is possible that reflecting on work-related pressures could induce a negative mood. I understand that mental health can be a sensitive topic and I will not ask any questions about your personal wellbeing. At the end of the group *(you/participants)* will be given information for agencies you can contact if you feel you would like further support.

As a participant in online research, you should be aware that there is always a risk of intrusion by outside agents, i.e., hacking, and therefore the possibility of being identified. However, I have taken precautions to minimize this risk using by encrypted software and secure drives.

How will the data be used?

I will audio-record the interview to assist my note making. These recordings will be stored securely and deleted as soon as I have transcribed the information. Data will not contain your name or the name of your school and will be stored in compliance with the Data Protection Act.

What is the purpose of this study?

Findings from this study will have implications for how educational policies can be responsive to the views of the staff asked to implement them. They will also inform the Educational Psychology Service about the demands on schools, therefore the training, support and supervision packages which may be most useful to them.

What happens next?

If you have any queries or think you may be interested in taking part, please contact me on the email address above. Alternatively, I would be happy to arrange a telephone conversation.

Yours Sincerely,

Isobel Pritchard

Trainee Educational Psychologist

E(4) Participant information sheet for Q-sort activity

Exploring Educator’s Views on Supporting Pupil’s Mental Health in Schools

Ethical Approval Number: s1265

Researchers: Isobel Pritchard Email: isobel.pritchard@nottingham.ac.uk

Supervisor: Dr Sarah Atkinson Email: s.atkinson@nottingham.ac.uk

Increasing concerns around young people’s mental health have resulted in a number of publications emphasising the role of schools in supporting their wellbeing. My study aims to find out how staff feel that this works in practice and any concerns they hold. You are being invited to take part in this research. Before you decide if you’d like to participate, please take a moment to read what this would involve and why it is being done.

What can I expect from involvement?

I will email you a link to an online statement sorting activity that typically takes around 40 minutes. You are free to complete this at a time most convenient to you within the next week. Please complete it on a desktop or laptop computer, as the software cannot be accessed effectively on tablet and mobile devices.

You will be asked to read short statements of opinion about schools’ role in supporting young people’s mental health and sort them into three piles; views you agree with, views you disagree with and views you do not feel strongly about. You will then be asked to organize the statements onto a grid in order or your level of agreement. There is no right or wrong answer – it’s all about what *you* think.

What will happen with the data?

Your responses will be anonymous; I will not gather your name or the name of your school. Information will be stored in compliance with the Data Protection Act. You

are of course free to change your mind about taking part throughout the activity; however please note that once you click to complete, I will not be able to find and delete your individual answers.

What are the risks?

It is possible that reflecting on work-related pressures could induce a negative mood. I understand that mental health can be a sensitive topic and I will not ask any questions about your personal wellbeing. At the end of the activity you will be given contact information for an agency that provides support to those working in schools.

What is the purpose of this study?

Findings from this study will have implications for how educational policies can be responsive to the views of the staff asked to implement them. They will also inform the Educational Psychology Service about the demands on schools, therefore the training, support and supervision packages which may be most useful to them.

What happens next?

If you have any queries or think you may be interested in taking part, please contact me on the email address above.

Yours Sincerely,
Isobel Pritchard
Trainee Educational Psychologist

Appendix H: Question Prompt for Sampling the Concourse

Welcome

Hello and thank you for taking the time to participate. This (*focus group/interview*) will take no more than (*one hour/45 minutes*) and I'd like for it to be as informal and conversational as possible. You are of course free to leave or not give an answer at any time. Did you have any questions before we get started? (Answer questions).

Purpose Statement & Topic Overview

The government has released guidance stating that:

"Schools have an important role to play in supporting the mental health and wellbeing of their pupils, by developing approaches tailored to the particular needs of their pupils." – DfE, 2018

I am conducting this research to understand how members of school staff are responding to this role; how they perceive their responsibilities and how successfully they feel this support is being implemented.

Clarification of Terminology

For the purposes of this study, when I talk about mental health I am asking you to think broadly about "a state of emotional and psychological wellbeing which enables you to fulfil your potential, be part of your community and cope with the everyday stresses of life" (Mental Health Foundation, 2016). (Paste this definition into the chat bar).

Establish Ground Rules

Just before we start the audio recording please can we confirm the following ground rules:

- There are no right or wrong answers, it is all about capturing genuine opinions among school staff.
- It is great if you can share views that you have heard from other teachers, teaching assistants or schools but please don't identify them by name.
- There is no obligation to state if a view is your own, but you are welcome to do so.

FOCUS GROUPS ONLY:

- *Please try to avoid interrupting one another.*
- *Are there any more ground rules that people think would be helpful? (Add any responses to the chat bar).*

I am about to start the voice recording. (Wait for recognition/affirmative response before starting recording.)

Opening Questions

1. How long have you been working in schools?
2. (Paste DfE (2018) quote from above into the chat bar). Can I ask your initial response to this?
3. What proportion of people working in schools would agree with this statement?

Key Questions

4. How much influence can schools have over their pupils' mental health and wellbeing?

5. Do you think the government's expectations for schools are clear in this area?

6. In what way can schools support their pupils' mental health and wellbeing?

   If struggling prompt to consider:
   whole-school ethos
   minimizing stressors
   promotion of resilience/coping skills
   early identification and referral of vulnerable pupils
   targeted interventions/differentiated support for selected pupils

6. *FOCUS GROUPS ONLY: Do all staff members hold equal responsibilities, or do different staff roles have different parts to play?*

HEAD INTERVIEWS ONLY: As a head of school how do you influence the whole-school response issues of mental health?

ELSA/MENTAL HEALTH LEAD INTERVIEWS ONLY: What inspired you to specialise in this area? Do you feel that your colleagues understand the nature of your role?

7. Are there any barriers to providing support with mental health in schools?

   If struggling prompt to consider:
   practical constraints- staffing, time, rooms, resources
   staff skills, knowledge and confidence
   conflicts with other aspects of the school functioning – learning, behaviour
   negative responses from pupils or parents

1. Is there anything more that could be done to help school staff to implement this support as effectively as possible?

   If struggling prompt to consider:
   changes within schools
   changes in education policy
   changes by external agencies such as EPs or CAMHS

Ending Question (to encourage summarising statements)

2. Overall, do you think that schools are currently achieving all they can in this area?

Inducement of Positive Mood

3. What aspects of your role give you the greatest job satisfaction?

Conclusion

Thank you very much, I really appreciate your insight. I'm going to stop the recording now. Please make sure to read the Debriefing Letter that I have emailed to you after we've left this meeting.

Appendix I: Process of Q-set creation

From direct data to concourse statements

1. Literature Review

Relevant academic papers (from narrative and systematic literature reviews), news articles, online blogs and discussion forums were read in detail. Any included views which could be given in response to the research question:

What viewpoints do educators hold regarding their involvement in school-based mental health support?

were copied and pasted into a large table in a document entitled *'Sampling the Concourse'* with their sources referenced in the adjacent column. I did not amalgamate/reduce duplicate views at this stage.

NOTES

The wording of extracted views was altered where necessary to form standalone sentences which reflect the same underlying sentiment.
For example:
"I often feel especial sympathy for those quiet, modestly behaved, un-pushing pupils, whose difficulties do not scream for attention […] if they had been advised to hit the first two teachers they saw the next day they might well get the care that they need"

- Rothì and colleagues (2008)

was condensed into the concourse statement:
"Children who are quiet about their difficulties do not access the same level of support as those who are misbehaving."

2. Interviews and Focus Groups

During direct data-gathering I typed participants' responses to the research question directly onto the question prompt shown in Appendix H. I then listened to audio-recordings of these sessions to ensure nothing had been omitted or misquoted. The authentic phrasing used by participants was broadly preserved.

NOTES

When transferring notes from the transcripts to the table in *'Sampling the Concourse'*, some statements required altering to ensure they were a) a standalone sentence; b) phrased in the first person; and c) sufficiently general to make sense across diverse school settings.

For example:

"They think we shouldn't be taking pupils out of lessons to come to [named intervention]."

was changed to:

"Pupils should not be taken out of lessons for emotional support activities."

3. Concourse checking

I read through the course statements once more before moving onto Q-set development. This review phase enabled me to remove some statements that, on reflection, should not have been included. For example, "I have not received any mental health training" states a fact rather than an opinion, whilst "I have not received sufficient training in mental health" does reflect a subjective view. I also split some sentences that did not contain a single preposition, as double-barrelled items could make a sorter want to rank them on two different places on the Q-sort grid.

From concourse to Q-set

1. Colour-coding

The 572 remaining concourse statements were colour-coded according to their source using the key shown below, then transferred to a separate document entitled *'Q-set Development'*.

CONCOURSE COLOUR CODES

Academic literature

Interviews with domain-specific professionals

Focus groups with teachers/teaching assistants

Interviews with Head teachers

Newspapers and online articles

Online forums and blogs

2. Statement grouping

The statements were rearranged into 83 distinct groups (which I deemed to share an underpinning sentiment). Each group was assigned a numbered overarching statement to clearly represent its key idea. Summarizing statements were selected directly from within the group where possible to minimize researcher influence. I met with two doctoral colleagues and responded to their feedback regarding the accuracy of statement groupings and clarity of summarizing statements.

EXAMPLE GROUP WITH SUMMARIZING STATEMENT

56. Pupils often don't want to talk about their emotions with staff.

Pupils don't want to talk to staff about their emotions.
Sometimes the students just don't speak out.
Children don't trust staff if they don't have the relationship with them.
Some children are very hard to reach.
Pupils don't want to talk to us about what they are feeling.
There's very little you can do if the student won't 'play ball.'

3. Q-set Reduction

The next phase was to cut 22 of the groups in order to reach my desired Q-set size of 61 statements. I did not use fixed exclusion criteria, however the following prompts were useful in helping me evaluate their relative contribution to the final Q-set:

- *Mutual exclusivity* – where statements appeared to be opposite pairs, retaining one would allow me to estimate sorters' perspective on the other.
- *Frequency* – Some statements which had only appeared once within the concourse may reflect a highly niche view or issue of lower salience to the majority of practitioners.
- *Variety of contributing sources* – I ultimately opted to remove some groups which only consisted of statements for the same source type, e.g. the academic literature. This could suggest that the view only reflected the perspective of a more specific community of educators.

Peer support and feedback was also provided throughout this stage.

4. Q-set Refinement

The summarizing statements for the 61 remaining groups were transferred into the document *'Q-set'*. I counted the number of 'positive', 'negative and 'neutral' statements and discovered that the balance was shifted slightly towards the negative. Consequently, I altered the phrasing of a few statements which could be easily inverted to try and avoid imposing a negative mindset onto the participants during sorting.

I reviewed the statements and refined their phrasing where necessary for clarity and accessibility. I then presented the *'Q-set'* document to a qualified EP who gave suggestions based on her own prior experience of conducting Q research. Finally, I present the amended Q-set to a colleague who formerly taught English language and literature at a secondary level. She provided feedback on the grammar and punctuation of the statements.

See examples of the types of refinements made at this stage in the box below.

EXAMPLE REFINEMENTS

12. We do not have appropriate spaces for students to receive support with their emotional wellbeing.

changed to:

We have appropriate spaces for students to receive support with their emotional wellbeing.

as its ranking could reveal the same issue but using a more positive phrasing, which helped address concerns of Q-set imbalance.

60. Schools need to establish better links with parents to support mental health effectively.

changed to:

Schools need to establish better links with parents/carers to support mental health effectively.

to be more inclusive of a range of family types.

35. Staff need to be able to look after their own wellbeing before they can support their student's wellbeing.

changed to:

Staff need to be able to look after their own wellbeing before they can support their students' wellbeing.

as a misplaced apostrophe gave the impression, I was referring to a singular student's wellbeing (rather than the collective wellbeing of the students).

The revised statements were transferred into the document *'Final Q-set'* in a randomised order and renumbered ready for transference into the VQ method software.

Appendix J: The Final Q-set

1. Mental health needs among young people are a huge area of concern.
2. Academic demands are a significant cause of mental health difficulties among young people.
3. Struggling pupils are not able to access mental health support from external services.
4. I can respond intuitively to pupils' difficulties with mental health.
5. The way school performance is measured forces us to prioritise academic targets at the expense of wellbeing.
6. Involvement with mental health and emotional wellbeing complicates student-teacher relationships.
7. School staff are well positioned to identify students who require additional support with their mental health.
8. To have a real impact schools need more financial investment in supporting mental health in schools.
9. Little gestures (e.g. smiling and asking how people are) can make a big difference to pupils' wellbeing.
10. I do not have the required expertise to deliver mental health support.
11. We aren't implementing mental health support thoroughly; just enough to tick a box.
12. We have appropriate spaces for students to receive support with their emotional wellbeing.
13. My responsibilities in relation to mental health are not clear to me.
14. Staff should show pupils that they care about their problems.
15. Students with mental health needs are slipping through the net.
16. Successful learning depends on positive mental wellbeing.

17. Not all school staff are well-suited to becoming involved with mental health and emotional wellbeing.
18. Staff training on mental health has been of little value.
19. Pupils are too often punished for behaviours that have mental health needs at the root.
20. The Senior Leadership team determines the school stance on mental health support.
21. We have a moral duty to support pupils' mental health and wellbeing.
22. Teaching Assistants are better placed than teachers to support student mental health.
23. A lot of our pupils' mental health and emotional needs would be solved by better parenting.
24. It is important for staff to share their own feelings with pupils.
25. I am concerned that students will exhibit more problematic behaviours to gain access to individual support.
26. External agencies work effectively with schools to help them support their pupils' mental health.
27. Confidentiality rules mean that I am kept in the dark about things it is important to know.
28. My colleagues share a united stance on the importance of supporting mental health in schools.
29. Mental health is yet another thing educators have to become experts in.
30. It is hard to find the line between responding as a professional and responding as a person.
31. Parents value school's efforts to support mental health and wellbeing.
32. Our primary purpose is to facilitate academic achievement.
33. Young people's mental health should not be our responsibility.

34. I know my pupils really well and would spot if they are going through something difficult.
35. Staff need to be able to look after their own wellbeing before they can support their students' wellbeing.
36. Schools need mental health specialists on site.
37. Meeting the mental health needs of particular children would come at a cost to other pupils.
38. Supporting mental health needs to be a collective effort from all staff.
39. Staff authority will be diminished by involvement with mental health support.
40. Pupils don't want to talk to staff about how they are feeling.
41. The support offered by schools makes a positive difference to young people's mental health.
42. Emotional and mental health support is the first to be cut when resources are stretched.
43. Mental health and wellbeing need to take up a larger portion of the curriculum.
44. The emotional needs of my pupils have a negative impact on my own wellbeing.
45. I worry that I will say the wrong thing and make situations worse.
46. Schools must act preventatively so that fewer young people develop mental health problems.
47. We need more practical solutions to student mental health difficulties.
48. Mental health services do not trust the information we give about student mental health.
49. School staff were already delivering this type of support before the government made it a focus.

50. I worry that we are teaching young people that negative (difficult) emotions are abnormal.
51. Students should not miss out on class time to receive mental health support.
52. A caring, emotionally-attuned school ethos is beneficial for staff morale.
53. I do not work with the same pupils consistently enough to provide continuity of care.
54. Schools have an important role in normalising conversations about mental health.
55. Establishing a good reputation for mental health support leads to more demands to provide it.
56. Schools have a role in the early treatment of mental health difficulties.
57. Students who have been identified as requiring mental health support face stigma from their peers.
58. It is rewarding to support young people with their mental health and emotional wellbeing.
59. We do not have the time to successfully take on responsibilities relating to pupils' mental health.
60. Schools need to establish better links with parents/carers to support mental health effectively.
61. I would like to receive more training on the topic of mental health.

Appendix K: Stepwise Instructions Uploaded to VQMethod

1. Familiarization with statements

This study is interested in understanding school staff`s viewpoints around their involvement with pupils' mental health. You will be presented with 61 statements of opinion which have previously been expressed by teachers, headteachers and TAs on this topic.

The aim of this task is to individually rank these statements of opinion in relation to how closely they represent your own personal views. There are no right or wrong answers. Please click on the statements below to read through them.

2. Pre-sorting

Now that you have familiarised yourself, click and drag each statement into the three boxes below; those you agree with, those you disagree with and those which you neither agree nor disagree with. Please note: The boxes do not need to be filled equally. The number on each statement does not mean anything. You can drag the statements from one box into another if you change your mind.

3. Sorting on the grid

Video instructions uploaded. *See also supplementary written instructions emailed to participants (Appendix M).*

4. Post-sort Reflections

Please state your reasons for selecting the two statements you ranked at +6, indicating that you agreed with these statements the most. Then do the same for the two statements you ranked at -6, indicating why you disagreed with these statements the most.

5. Post-sort Questionnaire

You are very nearly finished. In order for your completed Q-sort to save and the results to be interpreted accurately, please complete this brief questionnaire about the nature of your current role. If you are unsure of an answer please type n/a.

(See Appendix N for post-sort questions).

6. Ending message

Thank you for participating in this research. Please close this window and open up the Debriefing Letter (attached to the same email as the instructions).

Appendix L: Questionnaire for Piloting

Exploring Educators' Viewpoints around their involvement with Pupils' Mental Health: Pilot Feedback Form

Thank you for agreeing to participate in this piloting phase of my online Q-sort activity! The feedback you give here will help me to improve this task for future participants. Please answer the following questions if they apply to you:

1. Were you able to complete the full activity?

   YES ☐ NO ☐

2. Did you experience any technological difficulties during the activity? If so, please describe.

3. For Step 2 (sorting statements onto the grid) which instructions did you find most helpful?

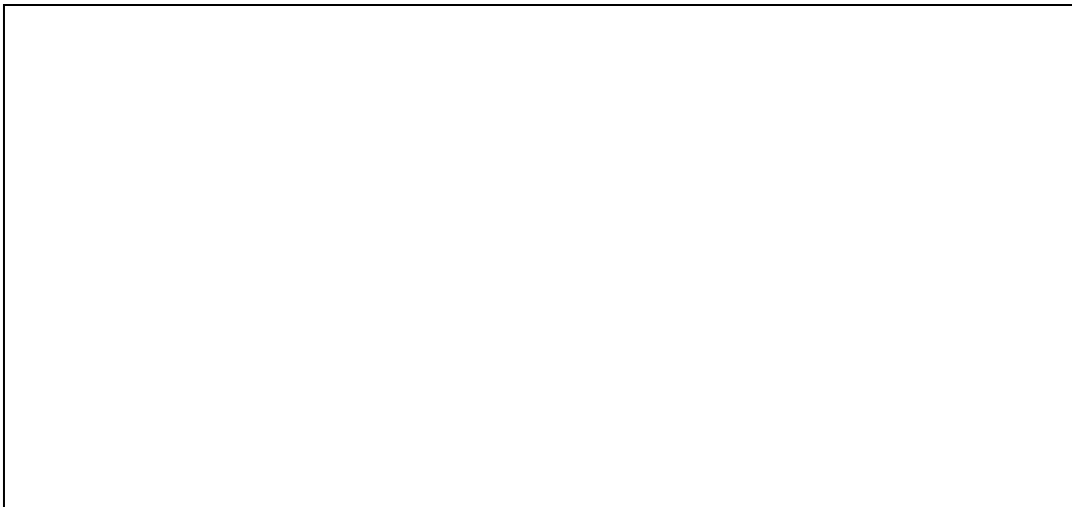
   Video instructions ☐

   Written instructions ☐

   A combination of both ☐

4. Please describe any aspects of the instructions that were unclear.

5. Were any of the statements you were asked to sort unclear? Please note the numbers of these statements and give a brief explanation of why you were unsure.



6. Are there any views on the topic of mental health provision in schools that you were surprised not to see during this activity?

7. Please use this space for any additional comments or observations to describe your experience during this activity.

Appendix M: Supplementary Q-sort Activity Instructions

Q-SORT ACTIVITY SHEET

Thank you for agreeing to participate in this activity!

Before you start please be aware that…

- The software unfortunately cannot save the activity to come back to, so please start it when you have time to fully complete it.
- Please use a desktop or laptop computer.
- In this activity the term 'mental health' is used to broadly describe "a state of emotional and psychological wellbeing which enables you to fulfil your potential, be part of your community and cope with the everyday stresses of life" (Mental Health Foundation, 2016).
- This study was originally designed prior to the COVID-19 outbreak, therefore please give your answers in relation to general school practice (not specific to the pandemic).

When you are ready to begin please click on the link below and follow the instructions online until you reach *Step 2: Sorting on the grid:*

https://vqmethod.com/step0/surveyname/jQjZ8CLuBr

Step 2: Sorting onto the grid

Please read these statements and arrange them onto the grid from those you agree with most (+6) to those you agree with least (-6). Consider them in relation to the following sentence:

"As a professional working in a school, it is my view that…"

Though the task is demonstrated via an instructional video, I have also included written instructions here in case you would prefer.

1. Click and drag the two statements you most strongly agree with from the "Most agree" box into the far-right column of the grid (+6). Remember that you can click on each statement to enlarge it.

Instruction

Most Disagree | Neither agree nor disagree | Most Agree

-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6

2. Now click and drag the two statements you most strongly disagree with from the "Most Disagree" box into the far left column of the grid (-6). If you wish to change where a single item is placed simply click and drag to move it. Do not click ‘redo’ unless you want to wipe the whole grid!

3. Repeat this process on each column of the grid working inwards from alternate sides. The aim is create a grid where your level of agreement increases as you read across from left to right.

Instruction

Most Disagree | Neither agree nor disagree | Most Agree

-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6

4. Eventually you will exhaust your "Most Agree" and "Most Disagree" boxes. Now place the items from the "neither agree nor disagree" box in the remaining spaces by considering whether they are closer to agreement or

disagreement. Do not worry if your "most agree" statements cross over into the negative rankings or vice versa.

5. Please note the number of the column where you first stop agreeing with the statements, and the number of the column where you first start to disagree with the statements (you will be asked for this later).
6. ‘Click ‘Save and Next’ when you are finished and continue to follow the online instructions until the end of the task.

Please continue to follow the instructions given online.

Appendix N Post-Sort Questionnaire

(Questions were input to the VQMethod software)

1. What is your job title?
2. Briefly describe the school setting you are currently working in (e.g. primary/secondary, Academy/Local Authority, mainstream/specialist, etc.)
3. How many years have you worked in a school setting?
4. Please list any additional training you have had in relation to mental health and wellbeing. This may include formal qualifications, informal CPD session or anything relevant acquired outside of your professional role.
5. Which number indicates the column where you stopped agreeing with some of the statements?
6. In which number column did you start to disagree with some of the statements?
7. Were there any statements you found particularly hard to place? If so please describe the statement and what made this difficult.
8. Please share any additional views that you feel you did not get a chance to express during the activity

Appendix O: Letter Confirming Ethical Approval

School of Psychology
The University of Nottingham
University Park
Nottingham
NG7 2RD

tel: +44 (0)115 846 7403 or (0)115 951 4344

SJ/tp

Ref: **s1265**

Tuesday 12th May

Dear Sarah and Isobel,

Ethics Committee Review

Thank you for submitting an account of your proposed research "Exploring Educator's Viewpoints on Supporting Pupil's Mental Health: A Q Methodological Study"

That proposal has now been reviewed and we are pleased to tell you it has met with the Committee's approval.

However:
Please note the following comments from our reviewers;

Reviewer One:

Please request the participants' consent for the audio-recordings. Furthermore, please confirm that the contact details from the participants such as email addresses will be deleted.

The risk assessment of your study is a separate matter and would need to be approved by Health and Safety (Chris Reinert).

Reviewer Two:

The researchers should consider the following revisions:

1. You need to update your procedure section to provide information on where audio recordings will be stored electronically (e.g., one drive or a private research server etc) and how you will protect this data (e.g., store under ID (not name), not store names and ID list in the same location and delete audio recordings when no longer required).
2. Include information in your information sheets for the interviews about where the audio recordings will be stored, how recordings will be protected and a clear deadline for when participants will be able to withdraw their data up until.
3. If you conduct your interviews online due to COVID-19, then you need to ensure that the software that you use is secure and it minimises the risks associated with security breaches. You should consult the school IT staff to ensure it is of the necessary standard and can be used securely.
4. I'm unsure what purpose the stakeholder information sheets serve above and beyond the information sheets. Consider whether these are needed if the participant

The University of Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

School of Psychology
The University of Nottingham
University Park
Nottingham
NG7 2RD

tel: +44 (0)115 846 7403 or (0)115 951 4344

information sheets inform potential participants about the study and avoid confusing participants with multiple sheets containing similar information).

5. Please note the ethics committee cannot sign-off on your risk assessment for health and safety. This still requires approval from the school safety officer.

Final responsibility for ethical conduct of your research rests with you or your supervisor. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society and the University Research Ethics Committee. If you have any concerns whatever during the conduct of your research then you should consult those Codes of Practice. The Committee should be informed immediately should any participant complaints or adverse events arise during the study.

Independently of the Ethics Committee procedures, supervisors also have responsibilities for the risk assessment of projects as detailed in the safety pages of the University web site. Ethics Committee approval does not alter, replace, or remove those responsibilities, nor does it certify that they have been met.

Yours sincerely

Signature redacted

Professor Stephen Jackson
Chair, Ethics Committee

Appendix P: Consent Forms

M(1) Consent form for interviews/focus groups

Exploring Educator's Views on Supporting Pupil's Mental Health in Schools

Ethical Approval Number: (s1265)

Researchers: Isobel Pritchard Email: isobel.pritchard@nottingham.ac.uk

Supervisor: Dr Sarah Atkinson Email: s.atkinson@nottingham.ac.uk

Please read these statements independently and click on the appropriate box to select the response that applies to you:

	YES	NO
I have read and understood the Participant Information Sheet.	☑	☐
I have had the opportunity to ask questions about the study.	☑	☐
My questions have been answered satisfactorily (if applicable).	☑	☐
I understand that I am free to withdraw from the study at any time and without giving a reason.	☑	☐
I give permission for my data from this study to be shared with other researchers provided that my identity is kept completely anonymous.	☑	☐
I agree to take part in this study.	☑	☐

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant:

Name (in block capitals): Date:

I have explained the study to the above participant and he/she has agreed to take part.

Signature of researcher: Date:

M(2) Consent form for Q-sort Activity (as uploaded to VQMethod)

Title of Research: Exploring Educator's Views on their Involvement with Pupil's Mental Health

Ethics Approval Number: s1265

Researcher: Isobel Pritchard Email: isobel.pritchard@nottingham.ac.uk

Supervisor: Dr Sarah Atkinson Email: s.atkinson@nottingham.ac.uk

Thank you for your interest in this activity. Before you get started, please read the following statements and check that they apply to you.

By clicking the 'agree' button below you are confirming that you:

- Have read and understood the Stakeholder Information Sheet.

- Have had the opportunity to ask questions about the study (and received satisfactory answers if applicable).

- Understand that you are free to withdraw from the study at any time and without giving a reason.

- Give permission for data from this study to be shared with other researchers provided that your anonymity is completely protected.

If you have any further queries please contact Isobel Pritchard on the email address at the top of this form.

Appendix Q: Debriefing Letters

Exploring Educator's Views on Supporting Pupil's Mental Health in Schools

Researcher Contact: isobel.pritchard@nottingham.ac.uk

Thank you for participating in this research!

I hope that it has been an interesting experience for you a. If the focus of this study has evoked any difficult or upsetting memories, please consider contacting the Education Support Partnership, a charity for supporting the wellbeing of those working in schools:

Website: https://www.educationsupport.org.uk/
Helpline: 08000 562 561

For interview/focus group participants only: If you change your mind about being involved you can email me to request removal of your data up until (date 2 weeks from interview or group). After this point the responses will be combined with data from other schools and it will no longer be possible to extract an individual participant's contributions.

If you experienced any difficulties completing the activity or have any queries you are welcome to contact me on the email address listed above.

With many thanks,

Isobel Pritchard

Trainee Educational Psychologist

Appendix R: Crib-sheets for Factor Interpretation (with annotations)

Factor Interpretation Crib Sheets

Factor 1
Items Ranked at +6 54 Schools have an important role in normalising conversations about mental health. 41The support offered by schools makes a positive difference to young people's mental health. *Mental health should be a part of everyday discourse* *Schools as an agent of societal change? See if this is supported by further statements* **Items Ranked at +5** 1 Mental Health needs among young people are a huge area of concern. 16 Successful learning depends on positive mental wellbeing. 21 We have a moral duty to support pupils' mental health and wellbeing. *Moral imperative, sense of duty - high need and clear link to academic success*
Items ranked higher in Factor 1 than Factor 2 12.We have appropriate spaces for students to receive support with their emotional wellbeing (2/-3) *Room availability not a concern* 41. The support offered by schools makes a positive difference (6 / 2) *Greater experience of success comp to factor 2* 21We have a moral duty to support pupils' mental health (5/1) *Clear moral imperative again* 7 School staff are well positioned to identify students requiring additional support with mental health (3 / -1) *Schools have an important role/are well positioned in this support* 36 Schools need mental health specialists on site (3/-1) *Investment in mental health needed – equal parity and foundation to learning* 4 I can respond intuitively to pupils' difficulties with mental health (2 / -2) *Communicates confidence* 28 My colleagues share a united stance on the importance of supporting pupil's mental health (1 / -3) *Neutral or slight agreement* 24It is important for staff to share their own feelings with pupils (0 / -4) 29Mental health is yet another thing educators have to become experts in (1 / -2) 22Teaching Assistants are better placed than teachers to support mental wellbeing (-1 / -4) 31 Parents value school's effort to support mental health (1 / -1)

23A lot of our pupils' mental health and emotional needs would be solved by better parenting (0 / -2)

Neutral – perhaps experiences have been variable?

43 Mental health and wellbeing needs to take up a larger portion of the curriculum (3/ 1)

Agreement

53I do not work with the same pupils consistently enough to effectively support their wellbeing (-3 / -5)

26External agencies work effectively with schools to help support young people’s mental health (0 / -2)

Little overall agreement – even factor 1 is neutral

40Pupils don't want to talk to staff about how they are feeling (-3 / -5)

37Meeting the mental health needs of particular children would have a detrimental impact on other pupils (-2 / -4)

Do not see it as costly to other pupils

60School need to establish better links with parents/carers (2 / 1)

2 Academic demands are a significant cause of mental health difficulties among young people (1 / 0)

51Students should not miss out on class time to receive mental health support (-5 / -6)

No matter is they need to take time out

Items Ranked Lower in Factor 1 than Factor 2

47 We need more practical solutions to student mental health difficulties (0 / 6)

17 Not all school staff are well-suited to becoming involved with mental health (-1 / 5)

Everyone should learn

30It is hard to find the line between responding as a professional and responding as a person (-5 / 1)

Comfortable navigating their relationships

19Pupils are too often punished for behaviours that have mental health at the root (-3 / 2)

13My responsibilities in relation to mental health are not clear to me. (-6 / -1)

Strong sense of purpose

10 I do not have the required expertise to deliver mental health support. (-3 / 1)

18 Staff training on mental health has been of little value. (-4 / 0)

Have strongly appreciated training

27Confidentiality rules mean that I am kept in the dark about things it is important to know (-4 / 0)

52 A caring emotionally-attuned school ethos is beneficial for staff morale (2 / 5)

15 Students with mental health needs are slipping through the net (0 / 3)

35Staff need to be able to look after their own wellbeing before they can support the students' (1 / 3)

5 The way school performance is measured forces us to prioritise academic targets at the expense of wellbeing (0 / 2)

3 Struggling pupils are not able to access mental health support anywhere else (-1 / 1)

Overall neutral but comments suggest a bipolar split

59We do not have the time to successfully take on responsibilities related to mental health (-1 / 1)

32Schools' primary purpose is to facilitate academic achievement (-1 / 1)

35Staff need to be able to look after their own wellbeing before they can support their students'. (1 / 3)

44The emotional needs of my pupils have a negative impact on my own wellbeing. (-4 / -2)

Interesting that not impacting own wellbeing.

45 I worry that I will say the wrong thing and make the situation worse (-2 / -1)

1 We aren't implementing mental health support thoroughly; just enough to tick a box (-2 / -1)

Items Ranked at -5

39 Staff authority will be diminished by involvement with pupil's mental health.

Comments indicate the opposite

51 Students should not miss out on class time to receive mental health support.

Neds to be prioritised

3 It is hard to find the line between responding as a professional and responding as a person.

Items Ranked at -6

33. Young people's mental health should not be our responsibility.

13. My responsibilities in relation to mental health are not clear to me.

Clear sense of purpose

Demographic Information

Mean years' experience – 14.5 (average for whole sample = 13.7 years)
1 HLTA, 3 pastoral leads, 1 SENCO, 4 teachers, 3 SLT
50% primary (compared to 62% of whole sample)
More experienced that other group. All slt in this sample . All accessed some training; amount and nature highly variable).

Training:
12/12 had accessed some form of CPD
0/12 had studied prior to getting into the profession

Factor 2

Items Ranked at +6
16. Successful learning depends on positive mental wellbeing.

47. We need more practical solutions to student mental health difficulties.

Mental health as facilitative to academic achievement
A desire for more .. lack of confidence?

Items Ranked at +5

1Mental Health needs among young people are a huge area of concern.

Similar to viewpoint 1.

17 Not all school staff are well-suited to becoming involved with pupil's mental health.

Interesting that this is ranked so highly- division ?

52 A caring emotionally-attuned school ethos is beneficial for staff morale.

Importance of ethos for whole school

Items Ranked Higher in Factor 2 than Factor 1
47 We need more practical solutions to student mental health difficulties (0 / 6)

Less confident- need more help?

17 Not all school staff are well-suited to becoming involved with mental health (-1 / 5)

But not letting them off

30It is hard to find the line between responding as a professional and responding as a person (-5 / 1)

Unsure of boundaries

19Pupils are too often punished for behaviours that have mental health at the root (-3 / 2)

As a result of the divided response of staff?

13My responsibilities in relation to mental health are not clear to me. (-6 / -1)

10 I do not have the required expertise to deliver mental health support. (-3 / 1)

Do not have the requisite experience

18 Staff training on mental health has been of little value. (-4 / 0)

Neutral- lack of exp or variable exp

27Confidentiality rules mean that I am kept in the dark about things it is important to know (-4 / 0)

52 A caring emotionally-attuned school ethos is beneficial for staff morale (2 / 5)

15 Students with mental health needs are slipping through the net (0 / 3)

Agree that young people are being missed

35Staff need to be able to look after their own wellbeing before they can support the students' (1 / 3)

Imp or staff own wellbeing

5 The way school performance is measured forces us to prioritise academic targets at the expense of wellbeing (0 / 2)

Conflicting pressures

3 Struggling pupils are not able to access mental health support anywhere else (-1 / 1)

59We do not have the time to successfully take on responsibilities related to mental health (-1 / 1)

32Schools' primary purpose is to facilitate academic achievement (-1 / 1)

44The emotional needs of my pupils have a negative impact on my own wellbeing. (-4 / -2)

Disagreed less strongly

45I worry that I will say the wrong thing and make the situation worse (-2 / -1)

1We aren't implementing mental health support thoroughly; just enough to tick a box (-2 / -1)

Items Ranked Lower in Factor 2 than Factor 1

12We have appropriate spaces for students to receive support (2 / -3)

Practical issues

41. The support offered by schools makes a positive difference (6 / 2)

Less confident of success

21We have a moral duty to support pupils' mental health (5/1)

Interestingly neutral- unsure if should be their role??

7 School staff are well positioned to identify students who are experiencing difficulty(3 / -1)

Not confident identifying students

36 Schools need mental health specialists on site (3 / -1)

Did not need specialists onm site- less of a priority?

4 I can respond intuitively to pupils' difficulties with mental health (2 / -2)

Lack of confidence again

28 My colleagues share a united stance on the importance of supporting pupil's mental health (1 /-3)

Perceptions of division

24It is important for staff to share their feelings openly with pupils (0 / -4)

Strong disagreement here

29Mental health is yet another thing educators have to become experts in (1 / -2)

Disagreed have to become experts

22Teaching Assistants are better placed than teachers to support mental wellbeing (-1 / -4)

Role equity again

31 Parents value school's effort to support mental health (1 / -1)

23A lot of our pupils' mental health and emotional needs would be solved by better parenting (0 / -2)

43 Mental health and wellbeing needs to take up a larger portion of the curriculum (3/ 1)

Neutral on currciulm

53I do not work with the same pupils consistently enough to effectively support their wellbeing (-3 / -5)

26External agencies work effectively with schools to help support young people's mental health (0 / -2)

Bad experiences with external agencies

43 Mental health and wellbeing needs to take up a larger portion of the curriculum (3 / 1) 40Pupils don't want to talk to staff about how they are feeling (-3 / -5) *See a strong need.* 37Meeting the mental health needs of particular children would have a detrimental impact on other pupils (-2 / -4) Don't link 60School need to establish better links with parents/carers (2 / 1) 2 Academic demands are a significant cause of mental health difficulties among young people (1 / 0) 51Students should not miss out on class time to receive mental health support (-5 / -6) *Also don't see downsides*
Items Ranked at -5 39 Staff authority will be diminished by involvement with pupil's mental health. 40 Pupils don't want to talk to staff about how they are feeling. 53 I do not work with the same pupils consistently enough to effectively support their mental health.
Items Ranked at -6 33. Young people's mental health should not be our responsibility. *Strong commitment* 51 Students should not miss out on class time to receive mental health support. *Should be supporting*
Demographic Information Average years experience = 10.2 (average for whole sample = 13.7 years) 2 TAs, 2 pastoral leads, 1 SENDCo, 2 Teachers, no SLT 71% primary (whole sample 62% primary) Training: 1/7 said none 2/7 covered in degree/diploma (though none in initial teacher training) 5/7 through professional CPD

Consensus Statements
Agreement (+3- to 6)
16 Successful learning depends on positive mental wellbeing. (6/5)
1 Mental Health needs among young people are a huge area of concern (5/5)
54 Schools have an important role in normalising conversations about mental health (6/4)
38Supporting mental health needs to be a collective effort f (4/4)
46Schools must act preventatively so that fewer young people develop mental health difficulties (4/4)
56Schools have a role in the early treatment of mental health (4/4)
14 Staff should show pupils that they care about their problems (4/3)
9Little gestures (e.g. smiling and asking how people are) can make a big difference (3/3)

58 It is rewarding to support young people with their mental wellbeing (3/2)

61 I would like to receive more training on the topic of mental health (2/3)

Neutrality/ Less significance (-2 to +2)

8 To have a real impact schools need more financial investment in mental health support. (2/2)

9 School staff were already delivering this type of support (1/2)

2Academic demands are a significant cause of mental health difficulties (1/0)

34 know my pupils really well and would spot if they are going through something difficult (1/0)

20 The Senior Leadership team determines the school stance on mental health support (-1/0)

42 Emotional and mental health support is the first to be cut when resources are stretched (-1/0)

55Estabilishing a good reputation for mental health support leads to increased demands to provide it (0/-1)

59 We do not have the time to successfully take on responsibilities related to pupils' mental health (-1/0)

26. External agencies work effectively with schools to help them support their pupil's mental health (0/-2)

25 I am concerned that students will exhibit more problematic behaviours to access individual support (-2/-2)

Disagreement (-3 to -6)

6 Involvement with mental health and emotional wellbeing complicates student-teacher relationships (-2/-3).

48Mental health services do not trust the information we give about our students' wellbeing (-2/-3)

7 Students who have been identified as requiring mental health support will face stigma from their peers (-3/-3)

40Pupils don't want to talk to staff about how they are feeling (-3/-5)

53I do not work with the same pupils consistently enough to provide continuity of care (-3/-5)

50 I worry that we are teaching young people that difficult emotions are abnormal. (-4/-4)

39 Staff authority will be diminished by involvement with mental health support (-5/-5)

51 Students should not miss out on class time to receive mental health support (-5/-6)

33. Young people's mental health should not be our responsibility (-6/-6)

Appendix S: Collaborative Viewpoint Naming with 2 Raters

Summary of Viewpoint 1:

Young people need support with their mental health and school staff have a moral responsibility to provide this, to help them develop into emotionally healthy adults who can cope with the stresses of life. Educators work closely and consistently with young people, so are ideally placed to normalize conversations about mental health and act in both a preventative and restorative capacity. School staff have accessed good quality training and feel confident in their knowledge and skills to deliver this support. The benefits of school-based mental health provision clearly outweigh the costs. School staff will make time to provide wellbeing support as it is a fundamental aspect of their professional role and they can see the tangible difference that it makes.

Possible Viewpoint Names:

Schools have the capacity to and are ideally placed to provide mental health provision to young people.

It's our duty: Mental health support is necessary and achievable

It's our duty: Well-positioned and highly motivated

Invested, inspired and innovating

Mental health support is necessary and achievable

Final Name: It's our duty: Well-positioned, well-equipped and highly motivated

Summary of Viewpoint 2:

Young people are struggling with their mental health and it is important that school staff show that they care and engage them in conversations about their wellbeing. Schools are under pressure prioritise academic results, but mental health provision supports them in this aim. Unfortunately, not all staff think this way, so there is a lack of consensus and collaboration with school settings. Schools are insufficiently supported by specialist agencies, which increases the pressure on educators to provide what they are under-equipped to give. Staff work hard to develop trusting relationships with their students, but this does not make them mental health experts. School staff need more training and practical solutions to help them navigate difficult situations while maintaining professional boundaries. School-based mental health support is making a difference, but young people are still slipping through the net.

Possible Viewpoint Names:

Schools are ideally placed to provide mental health provision, but academic demands, pressures and insufficient support are barriers to providing this effectively.

Help us to help them: CPD, capacity and collaboration School mental health support is valuable but not achieving its full potential

School mental health support is currently constrained by gaps in knowledge, inconsistent application, and a lack of joined up working.

School staff require better training and more collaboration to deliver this support effectively

Final Name: **Help us to help them: The need for training, capacity and collaboration**