

RUNNING HEAD: MENTAL HEALTH AND WELLBEING WITHIN A PRIMARY SCHOOL SETTING



A Study to Investigate the Status and Importance of Mental Health and Wellbeing within the Primary School Setting by Exploring Teachers' Perspectives on the SPHE Curriculum, with Emphasis on a Whole-School Approach.

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## **Declaration**

I hereby certify that this material, which I now submit for assessment on the programme leading to the award of the degree of Professional Master of Education, is entirely my own work and has not been taken from the work of others, save to the extent that such work has been cited and acknowledged within the text of my work. I further declare that this dissertation has not been submitted as an exercise for a degree at this Institute and any other Institution or University. I agree that the Marino Institute of Education library may lend or copy the thesis, in hard or soft copy, upon request.

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## **Abstract**

The aim of this research project is to investigate the status and importance of mental health and wellbeing within the primary school setting by exploring teachers' perspectives on the SPHE curriculum, with emphasis on a whole-school approach. Promoting positive mental health is such an important and worthwhile area, which in the past has been sadly neglected.

A quantitative approach was selected for this study, including qualitative questions within the questionnaire. An online questionnaire was selected, which included 50 participants working in a primary school context. The questionnaire sought to uncover the perceptions of primary school teachers in Ireland, regarding the SPHE curriculum and the challenges that accompany it. The main objectives of this study were to, (a) establish the perspectives of primary school teachers on the SPHE curriculum, (b) explore their experience teaching a child with a mental health difficulty, (c) investigate the main issues concerning the SPHE curriculum and (d) determine the importance placed on mental health and wellbeing within the primary school context. Through this a collection of data was uncovered, which was then analysed using descriptive and inferential statistics. The findings assert that the participants hold an overall negative attitude towards the SPHE curriculum. A total of 90% of respondents finding the curriculum outdated and very limiting in supporting children's mental health needs. These findings give rise to recommendations relating to the curriculum, and that a revised and updated curriculum is necessary in order to tackle the increasing number of mental health difficulties in children in Ireland. Based on the overwhelming concerns it is recommended that schools should consider a whole-school approach in order to implement positive mental health and wellbeing programmes in the classrooms, as well as some much-needed improvement and guidance during initial teacher training education.

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- To all the participants who took part in my online questionnaire, as this study would not have been possible without them.

## **Abbreviations**

CAMHS	Child and Adolescent Mental Health Services
HSE	Health Service Executive
INTO	Irish National Teachers' Organisation
NEPS	National Educational Psychological Service
SPHE	Social, Personal and Health Education

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Appendix A: Information Letter for Principals

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## **Chapter 1: Introduction**

### **1.1 Introduction**

This chapter outlines the purpose of my chosen study, and the research objectives and questions which will be investigated. It also examines the study rationale and finally details an overview of the subsequent chapters that follow.

### **1.2 Purpose of this Study**

The purpose of this study is to investigate the status and importance of mental health and wellbeing within the primary school setting by exploring teachers' perspectives on the SPHE curriculum, with emphasis on a whole-school approach. Studies have indicated the increasing rise of children suffering with mental health issues in Ireland and teachers are often left to support these children. However, an overwhelming number of studies have found teachers feel ill-equipped to deal with mental health difficulties in their classroom (Koller & Bertel 2006; Reinke et al., 2011).

### **1.3 Research Objectives**

The objectives of this study are as followed:

- Establish the perspectives of primary school teachers on the SPHE curriculum
- Explore their experience teaching a child with a mental health difficulty
- Investigate the support available for primary school teachers
- Investigate the main issues concerning the SPHE curriculum
- Determine the importance placed on mental health and wellbeing within the primary school context, with emphasis on a whole-school approach

## 1.4 Research Questions

The central research question for this research study was:

- What are teachers' experiences and perceptions in relation to teaching and supporting children with mental health issues?

The sub-research questions for this study were:

- Do teachers feel as though there is sufficient support available for them?
- What are teachers' views on the current SPHE Curriculum and its support of the mental health and wellbeing of students?
- What strategies do teachers use to support children affected by mental health issues. Could you recommend any useful strategies you have used in your classroom to support these children?

## 1.5 Study Rationale

The rationale behind this study was the lack of relevant literature on the topic of mental health, specifically within a primary school setting. The topic is immensely important, as well as under studied, and I wanted to explore the teachers' perspectives on teaching the SPHE curriculum as it has been neglected and deemed unimportant following the reading of a number of studies. I also wanted to investigate the reasoning behind the increasing number of younger children suffering with a mental health issue. Over the years it has been perceived that older children suffer from these issues; however, a number of studies have noted that children as young as 3 have been affected by mental health issues.

## 1.6 Overview of the Subsequent Chapters

Chapter 2 the '**Literature Review**' examines the literature in this field of study. To achieve a deeper understanding of the importance of promoting mental health and wellbeing

for young children, including support for both child and teacher, and the significance the SPHE Curriculum holds with regards to the primary school setting. The chapter outlines mental health terminology, while also highlighting the significant figures of children suffering with a mental health issue. With Hartwell (2015), noting the rise in levels of depression and anxiety and the associated loss of mental and emotional wellbeing provide strong evidence of the degree to which modern populations are feeling overwhelmed.

Chapter 3 '**Research Methodology**' outlines the chosen methodology used for this study. It details the rationale for the research design, identifying the advantages and disadvantages and the steps taken throughout the research process. It also summaries the steps taken throughout the data collection in order to obtain the results found during the questionnaire. Furthermore, it examines the limitations of the study, ethical considerations and addresses the validity and reliability of the chosen method.

Chapter four, '**Analysis and Discussion**' summaries the findings of multiple themes that emerged during this study, including an analysis and a discussion on the relevant conclusions. Following these, recommendations are made regarding the SPHE curriculum, and the support in which teachers and students both require in the area of mental health.

Chapter five, '**Conclusion and Recommendations**' summaries the key findings of this study and puts forward a number of recommendations based on these findings.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

This literature review will draw on the aims and objectives as outlined in the introduction. It will also examine any previous literature and research undertaken in this field of study. This chapter will focus on mental health and wellbeing terminology, the SPHE Curriculum, the importance of taking a whole-school approach concerning mental health promotion and finally, the perspectives of teachers regarding the topic. Each of these will be explored in detail below.

### **2.2 Mental Health Terminology**

While there is no single accepted definition for the term mental health, the definition given by the World Health Organization is widely accepted in contemporary literature: “Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization, 2013, p.1)”

Therefore, mental health is not just the absence of a mental disorder. It is about having a positive sense of self, being involved in meaningful activities and being able to get through difficult times. The term ‘mental health problem’ refers to the full range of mental health difficulties that may be experienced from psychological distress to serious mental disorders (Expert Group on Mental Health Policy, 2006). “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (World Health Organization, 2013). The rise in levels of depression and anxiety and the associated loss of mental and emotional wellbeing, provide strong evidence of the degree to which modern populations are feeling overwhelmed (Hartwell, 2015).

Research has shown an increasing prevalence of mental health problems in children and it is evident from the literature that children are not getting adequate time or sufficient resources in relation to Mental Health Wellbeing. It has been highlighted on numerous occasions that the problem of mental health difficulties regarding younger children has been continuously increasing. Depression and anxiety are becoming far more significant than in previous centuries and has been predicted that depression will soon be one of the leading global causes of disability (Hartwell, 2015). The fifth annual Child and Adolescent Mental Health Service report (CAMHS) found that out of the 8,577 cases recorded 31.6% ( $n = 2710$ ) identified as having a hyperkinetic disorder. A further 18.3% ( $n = 1,571$ ) displayed anxiety related issues and an additional 10.4% ( $n = 892$ ) reported depressive problems (HSE, 2014). Research conducted by The Royal College of Surgeons found that almost 1 in 3 young people in Ireland will have experienced some form of mental health disorder by the age of 13 (Cannon, Coughlan, Clarke, Harley & Kelleher, 2013). Yet it has been accepted that the availability of mental health services for children in Ireland does not meet the demand (Kerin, 2014). Deliberate self-harm and suicidal thoughts had been experienced by 1 in 15 of 11-13 year olds at some time in their lives (Cannon et al., 2013). Findings from the Adolescent Brain Development Study revealed that 1 in 6 young people, aged between 11-13 were experiencing a mental disorder of some sort. The most common disorders at the time were anxiety and behavioural disorders, followed closely by mood disorders. The study also found that approximately 1 in 8 young adolescents had experienced an anxiety disorder and 1 in 7 had experienced a depressive disorder by the age of 13 (Cannon et al., 2013). The Health Organization published the results of the first Global Burden of Disease study, which outlined depression to be the fourth leading cause of disease burden accounting for 3.7%. The study also projected that the percentage of burden would rise to an estimated 15% by 2030 (Keyes, 2012). International research also highlighted that recent figures from the Australian Bureau of



Statistics (2007) indicated that in 2005 7% of children aged under 15 years were reported to have some form of mental health or behavioural problem as a long-term health condition (Graham, Phelps, Maddison, & Fitzgerald, 2011).

### **2.3 SPHE Curriculum**

The consistent and effective delivery of Social, Personal and Health Education is considered to be central to mental health promotion in Irish primary schools (Grogan, Holland, & O’Dea, 2015). The SPHE curriculum aims to foster the personal development, health and well-being of the individual child (NCCA, 1999a). Many consider SPHE to be exceptionally important for a young person’s educational and mental development, particularly due to the rate of mental health issues increasing among young Irish children, as noted above. “Practitioners must embrace the concept of well-being as an educational imperative” (Crow, 2008). The mental health and wellbeing of our children is critical to succeed in school and life, and Lee (2003) highlights that the success of education depends on good health, and vice versa (Lee, Tsang, Lee, S. & To, 2003). Education about mental health and wellbeing is an essential part of the school curriculum yet it has become clear that it has been neglected in recent years.

The SPHE curriculum is not high on the list of priorities in most primary schools in Ireland, and Weare notes that it was not made part of the core subjects, when the curriculum was introduced (Weare, 2013). The SPHE curriculum is seen to hold a low status in schools, with a weakness in planning and assessment practise (Crow, 2008). The subject is not examined in the Irish schools, which has resulted in a lower status of the SPHE curriculum compared to the examination subjects and as a result insufficient time is given to the subject (Nic Gabhainn, O’Higgins, Gavin & Kennedy, 2007). It should be noted that the SPHE Curriculum is only allocated 30 minutes in the weekly minimum time framework presented in the primary curriculum (NCCA, 1999b). The curriculum outlines that the objective is to contribute to the

development of personal attributes and skills, such as learning how to manage feelings, how to resolve conflicts and how to cope with new and demanding situations (NCCA, 1999b).

However, there merely is not enough time allocated in certain subjects to ensure children are given adequate space for meaningful engagement with the curriculum (NCCA, 2016). Crow (2008) also notes that it remains a difficulty in the public eye in identifying SPHE as a credible subject in primary school education, because SPHE has not been presented consistently as necessarily requiring a distinct curriculum focus, it has been possible to justify SPHE as cross curricular, part curricular or discretely timetabled. Furthermore, the other curricular subject areas are allocated more time than that given to the SPHE curriculum. Even with the relatively short amount of time dedicated to SPHE, research conducted by O'Dea (2010) found that some teachers skipped SPHE curricular classes. This was due to a lack of available time arising from the curriculum pressures of the more traditional academic subjects. The NCCA (2016) proposal document outlines that the allocation of time across the curriculum reflects the value of the given subject. The proposal also highlights that the Irish National Teachers' Organisation (INTO) found that teachers were forced to trade off one subject against another in an attempt to prioritise teaching and learning in other areas (NCCA, 2016).

It has also been shown that the in-education work on mental, emotional and social health issues has been focused on pupils of lower abilities, or those seen as troublesome or troubled, rather than approaching it as highly relevant to the whole school community (Weare, 2013). Following the research of Cannon and co. they believe that mental health literacy should be included as a core part of the educational curriculum in primary and second level education (Cannon et al., 2013). In terms of human survival and managing our emotions, our social relationships is perhaps the single most important challenge that faces the human race, presenting the question, why isn't the SPHE curriculum not a priority in Ireland? The SPHE curriculum is central to pupil development in its broadest sense and is an essential part of the

development of the child. It is the key in building resilience and enabling children to flourish for their future lifetime (Crow, 2008).

## **2.4 Whole-School Approach**

The key to successful implementation of mental health and well-being lies within a whole-school approach which is central to the Department of Education and Skills, Wellbeing in Primary Schools: Guidelines for Mental Health Promotion (Grogan et al., 2015). This document involves building and integrating school self-evaluation processes, implementing all elements of the SPHE curriculum, adopting the National Educational psychological Service (NEPS) Continuum of Support, and building effective inter-agency relationships (HSE, 2019).

The continuum outlines three levels:

- 1) School support for all, which focuses on the general needs
- 2) School support for some, which focuses on milder needs
- 3) School support for a few, which focuses on the more complex needs of the children.

It is highlighted that a whole-school approach is considered essential for effective mental health promotion (Grogan et al., 2015). The Wellbeing Guidelines also mention the importance of adopting a whole-school approach, where wellbeing is promoted by all and not just by a few members of staff (HSE, 2019). Interventions in primary school can prevent mental health problems arising in the future of adolescence (Baker-Henningham, 2014).

## **2.5 Teacher's Perspectives**

Irish primary school teachers must have concern for the well-being and the successful development of the child (NCCA, 1999a). Teachers are given the incredibly difficult task of supporting children who are suffering with a mental health issue in their classroom but are not given the necessary resources to support these children, Teachers also reported a global lack of

experience and training for supporting children's mental health needs (Reinke, Stormont, Puri & Goel 2011). Yet research has consistently shown that the classroom teacher is the best placed professional to work sensitively and consistently with pupils to effect educational outcomes (Clarke and Barry, 2010). Mental health should fill all aspects of school life and learning. Effective schools should therefore put systems in place to promote mental health and wellbeing and build resilience in both staff and students to help prepare them to cope with a range of life events (HSE, 2019). Interventions in primary school can prevent mental health problems arising in adolescence (Baker-Henningham, 2014). Internationally teachers have been found as being responsible for supporting the mental health needs of their students and comes within their role as an educator (Graham et al., 2011). It was also identified that teachers considered themselves as having primary responsibility for implementing classroom based behavioural interventions (Reinke et al., 2011) Although research of this nature is limited in the Irish context, the data found in O'Dea's (2010) study found Irish primary school teachers to hold the same sentiment. During O'Dea's (2010) study the research concluded that there was a serious lack of teacher training in the area of child mental health, which created a barrier to mental health promotion in schools. A lack of time, a lack of resources, large class sizes and curriculum overload were also identified in O'Dea's research. Constituting to the global trend of a lack of experience and training for supporting children's mental health needs (Reinke, et al., 2011).

## **2.6 Conclusion**

The overview of the topic demonstrates the importance of mental health and wellbeing within a primary school context with reference to the SPHE curriculum. The chapter demonstrates the evidence that there is a lack of consistency when defining mental health terminology across culture and contexts (O'Dea, 2010). The focus then shifted to the overall

views of the SPHE curriculum and the importance it holds within a child's development. It is also highlighted that the SPHE curriculum has struggled to gain a foothold in the eyes of educational importance despite the huge effort over the years to emphasise its importance and relevance (Crow, 2008). The chapter then examined the role of the school in supporting pupils' mental health and wellbeing. The implementation of a whole-school approach was identified as a key characteristic of effective promotion of mental health. It is important to recognise that mental health and wellbeing are not only the responsibility of the schools alone, but instead to foster a sense of community to ensure the wellbeing of the child's development is met (HSE, 2019). It was also highlighted that teachers have been found to consider supporting the mental health needs of students as a responsibility that falls with their role (O'Dea, 2010) yet have received little in their teacher training education to adequately prepare them for such realities (Graham, et al., 2011).

## **Chapter 3: Research Methodology**

### **3.1 Introduction**

This research aims to investigate the status and importance of mental health and wellbeing within the primary school setting by exploring teachers' perspectives on the SPHE curriculum, with emphasis on a whole-school approach. This chapter outlines the research methodology used, identifying the advantages, disadvantages and the rationale for its choice. It also details the steps taken throughout the research process in order to obtain the results found during the questionnaire, including how the questionnaire was designed, developed and deployed. In addition to this it will examine the limitations of this study and also address the validity and reliability of the method chosen, and any ethical considerations which arose.

### **3.2 Philosophical Context**

I was interested in uncovering teachers' perspectives on the topic of mental health and wellbeing, as well as exploring their experience teaching children who suffer with mental health issues in the classroom, and challenges related to these problems. A quantitative approach using an online questionnaire was therefore selected for this research as quantitative research focuses attention on measurements and amounts, of the characteristics displayed by the people and events that the researcher studies. Quantitative research employs statistical methods and is based on numerical measurements of specific aspects of phenomena (Thomas, 2003). I felt as though a quantitative approach was therefore most suitable to my research aims and questions, as it allowed me to reach a larger number of participants within the small time period allocated for data collection for this study.

As well as uncovering the importance of the perspectives of the participants, I wanted to achieve a more in-depth picture of their beliefs, therefore I decided to include a number of qualitative questions within the questionnaire. Qualitative research acknowledges the complexity of a situation, allowing for a deeper level of understanding and rich descriptions (Creswell, 2014). Qualitative research is exploratory and inductive research, it is confirmatory and deductive. It is done to give a voice to research participants. This type of research is in-depth and creates a rich picture of phenomena. By including an element of qualitative research within the online questionnaire, it added subjective and descriptive data, thus strengthening the findings within the study and provides further explanation to the statistical findings.

### **3.3 Research Process:**

For this study a questionnaire was drafted. I found an online questionnaire to be most beneficial to my research, due to the following reasons. An online questionnaire reduces the cost (e.g. of postage, paper, printing, keying in data, processing data, interviewer costs). Another benefit of choosing an online questionnaire was that it reduces the time it takes to distribute, gather and process data, enabling a wider and much larger population to be accessed. Furthermore, an online questionnaire enables the participants to complete the questionnaire from the comfort of their own home and can be complete at a time that suits them (Cohen et al., 2007). On the other hand, choosing an online questionnaire rather than a paper one had a number of disadvantages. Cohen et al. (2007) highlight that; some respondents may have less developed computer skills than others. This may have been why so many young participants participated in my online questionnaire. Another drawback of choosing a questionnaire is that when getting statistical data, you only receive an answer, with no explanation as to why the participant chose that answer. One way I tried to reduce this weakness was to ensure I included an option for people to explain their chosen answer throughout the questionnaire.

### **3.4 Content of the Questionnaire**

The development and refinement of the questions was somewhat challenging. I had to ensure the questions chosen addressed the thesis' structured topic as well gather general perspectives from teachers. To begin developing my questions I brainstormed the aims of my research study, examining a refined area to determine exact questions I was hoping to answer. The questions also had to be examined as to whether a quantitative or qualitative approach was required. The length of the questionnaire was also considered, as I didn't want it to be too short, and not get enough information from my participants, or alternatively too long, which would potentially lessen the number of participants completing the questionnaire. Following the completion of the brainstorm, I decided to begin with a range of demographic questions, to develop an understanding as to who my participants were and recognise their level of teacher training. This approach was chosen following an examination of previous research studies similar to my own (See Appendix C for a completed copy of the questions). Also, I decided to include a range of qualitative questions as I wanted to uncover my participants' opinions and perspectives on the topic in hand, which included a number of more descriptive questions. A number of different responses was sought. Firstly, to uncover the teacher's opinion on the SPHE Curriculum in general and examine whether they thought the curriculum placed enough emphasis on mental health difficulties regarding young people today.

Secondly, I wanted to include questions which involved the participants own personal experience teaching children with a mental health issue, and the challenges that came with this. Additionally, I wanted to uncover any strategies these teachers may have used in order to address mental health issues within the classroom. Lastly, I wanted to examine if the participants had any recommendations in helping to achieve a better support system regarding mental health and wellbeing and had they any recommendations for what could be done to support teachers. Not only was the wording of the questions vital, to guarantee I got the most



out of my questionnaire, but I had to ensure a variation of closed ended questioning, including a tick the box answer feature, which gave me a direct and clear answer, coupled with open ended questions, which required the participant to expand on their descriptive answers. Following a number of drafts of the questionnaire, a total of 18 questions were selected, varying between both quantitative and qualitative questioning. Careful consideration was given ensuring that all questions were both useful and appropriate for the chosen participants and gave insight to uncover the participants' perspectives on the subject.

### **3.5 Piloting**

Silverman (2013), maintains that piloting is a feature of good research. Piloting was an essential aspect of this research study as it enabled me to identify any weaknesses in my questionnaire and carry out any changes that were needed prior to it being sent out to the participants. Three pilot questionnaires were conducted with colleagues to gather some feedback regarding the questions, before sending it out to the chosen schools. Following the completion of these pilot questionnaires, I carried out a feedback session. During this feedback session I asked the three participants a number of questions to help me identify any aspects of the questionnaire which may have needed to be altered (See Appendix D). These pilot questionnaires allowed me to refine questions and reflect on the effectiveness of my choice of words and questions. Furthermore, it helped determine which questions needed simple tick the box answers and which needed longer, more detailed answers. The data from the pilot questionnaires were not included in my data analysis.

### **3.6 Sampling Methods**

The target audience for this study was teachers working in a primary school context with experience of teaching a child with a mental health issue. To participate in the online survey the inclusion criteria were as followed: (a) participants are currently teaching or working in the primary level sector in Ireland, (b) participants have experience teaching a student with a mental health issue, (c) participants have experience in regard to the SPHE Curriculum. I decided to exclude members of the school community such as SNAs as although they play an integral role in the school community, I felt that they may not have as much experience with the SPHE Curriculum as a whole. However, resource teachers, home school community liaisons, vice principals, principals and all primary school teachers were included in the participation criteria.

### **3.7 Data Collection**

I chose a total of four schools to gather participants from. The first one I chose was the school where I was currently teaching from, the second chosen was where I completed my first school placement, and the remaining two schools I held personal connections with. In order to get to the agreement stage, an information letter was sent to each principal, kindly asking their permission to send the questionnaire to their staff members. The letter contained information explaining the research in question, the aims of the data collection, the requirements if the participants wished to go ahead with the questionnaire, and lastly assurance of confidentiality and anonymity to all participants (See Appendix A). Following an agreement from the principals of the four chosen schools I emailed the principals a link to the questionnaire, which was distributed to the staff members in each school. The email included a consent letter, containing information regarding the research study. All participants were required to read the consent letter and agree to the terms presented (See Appendix B). After reading the consent

letter, if the participants were happy to take part, they simply proceeded to the URL link which directed them straight to the online questionnaire on Survey Gizmo. On February 24<sup>th</sup>, the questionnaire was sent out to the chosen schools, and following five days, I sent a reminder email to the principals, to complete the questionnaire within the given time. On the 5<sup>th</sup> of March, I sent out a final reminder email again to the principals of the four schools, reminding them that tomorrow would be the final day for them to complete the questionnaire. Following the two-week window for collecting our data, I received a total of 50 participants who completed my online questionnaire. After a short analysis of the responses on average it took the participants between 7 – 9 minutes to complete the questionnaire.

### **3.8 Establishing Validity & Reliability**

Establishing validity and reliability was an important aspect of this study. Cohen et al. notes that “validity is an important key to effective research. If a piece of research is invalid then it is worthless (2013, p. 133). As such, validation is not only a requirement, it is in fact a necessity for both quantitative and qualitative research. I was careful in recruiting the participants, ensuring they met the criteria. I also utilised a questionnaire, as the chosen method for quantitative data collection which proved appropriate to the study. Combining the quantitative and qualitative elements helped to increase the validity of the findings, ensuring they were more accurate and truthful. Furthermore, I analysed both bar graphs and pie charts from the collection of my data, which aligned with positivist principles such as controllability, replicability and predictability. In terms of internal validity, I ensured that when constructing the questionnaire, the questions I asked were both relevant and appropriate to my study and therefore any findings would accurately describe the perspectives of the teachers towards both the SPHE Curriculum and mental health and wellbeing within the primary school context.

### **3.9 Generalisability**

External validity refers to the degree in which the results can be generalized to the wider population, cases or situations. The issue of generalization is problematical (Cohen, 2007, p.136 – 137) due to both time and also word constraints, there were a number of limitations to this study. Due to the short window to seek data, I received a total of 50 responses to the questionnaire. Therefore, it is evident that the data I gathered from this is not generalizable, but rather aims to give an insight into what a small number of primary school teachers perspectives are on the importance of mental health and wellbeing.

### **3.10 Ethical Considerations**

A major ethical dilemma is that which “requires researchers to strike a balance between the demands placed on them as professional scientists in pursuit of truth, and their subjects’ rights and values potentially threatened by the research” (Cohen, Manion & Morrison, 2013, pg.51). To ensure this balance was sought, in advance of conducting this research questionnaire, ethical approval was sought and granted by the Marino Ethics in Research Committee. Flick (2014) highlights that, “every research project should be planned and assessed according to ethical principles”. All participants received an information letter, informing them of the purpose of this research and what participating involved. The information letter included the aims of the study, the requirements of the participants, data analysis and storage, and the benefits/ risks of participating. Assurances of anonymity was given to all participants, and they were made aware that no school or individual would be named during the process of this study. Furthermore, the letter ensured all participants that if they wish to revoke their consent at any stage, they would be granted permission (See Appendix A).

### **3.11 Data Protection, Retention & Destruction**

The questionnaire was collected via a password requested profile, from the website Survey Gizmo. Every participant remained anonymous throughout the entire data collection, and no other participants could see any of the other respondents' feedback. Copies of the data were taken and shown to my supervisor and stored on a password encrypted file on my laptop. All copies of the questionnaire will be destroyed within 13 months from the submission of my study.

### **3.12 Data Analysis**

Prior to beginning my analysis, I took a number of steps in order to categorise my data. I begin by cleaning the data set. The demographic details from each participant were examined to ensure that all participants met the inclusion criteria I had in place. This was important to ensure all responses came from teaching and administrative staff, working in a primary level sector in Ireland, with experience teaching a student with a mental health issue, including experience in regard to the SPHE Curriculum. Next, the results of each question were analysed and sorted into major themes according to their properties: (a) mental health issues, (b) mental health and wellbeing support for students and teachers, and lastly (c) the SPHE curriculum. Following this, I analysed the statistics and provide the reader with some explanation of why these percentages were attained. This was done by comparing the findings with those published in other similar studies in Ireland and internationally, as well as considering the current climate and realities of the education system in Ireland. Lastly the qualitative responses were evaluated. For each question where qualitative data was collected, the responses were sorted according to similar properties and tallied. These responses were then used to give added support and clarification to the quantitative findings that emerged from the survey data and included within the three major themes which emerged.

## **Chapter 4: Analysis & Discussion**

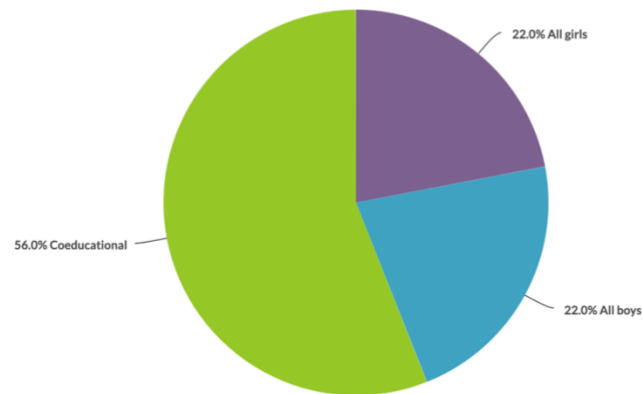
### **4.1 Introduction**

This chapter will take a thematic approach in presenting the findings of the research study. A number of primary themes emerged from the data collected. The first considers the challenges and obstacles teachers face when teaching a child with a mental health issue in their classroom. The second explores the emphasis which is placed on the promotion of mental health and wellbeing within the school community. The third theme which surfaced was in regard to identifying useful strategies to support both student and teacher. Lastly, the final theme goes on to address teacher's perspectives of the SPHE Curriculum, and the importance this subject holds.

### 4.2 Demographics

A total of 50 participants took part in the questionnaire and were mainly primary school teachers within the proximity of Dublin. Of the 50 participants who took part, 22% ( $n = 11$ ) of them taught in an all-girls school. Similarly, 22% ( $n = 11$ ) taught in an all-boys school, and the remaining 56% ( $n = 28$ ) taught in a coeducational school.

1. What type of school are you currently teaching in?

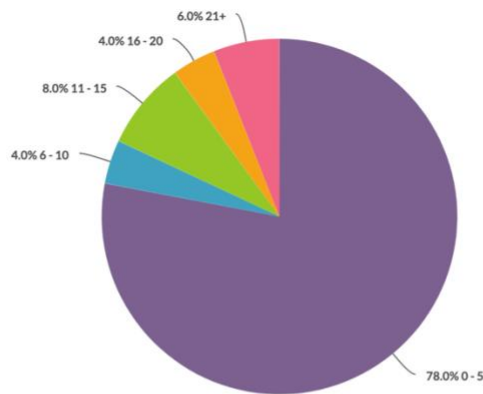


Value	Percent	Responses
All girls	22.0%	11
All boys	22.0%	11
Coeducational	56.0%	28
		Totals: 50

Figure 1. Type of school the participants are teaching in.

The participants were then asked how many years they had been teaching for. A total of 78% ( $n = 39$ ) have been teaching between 0-5 years. 16% ( $n = 8$ ) of the respondents have been teaching between 6-20 years. The remaining 6% of participants have been teaching for more than 21 years.

2. How many years have you been teaching?



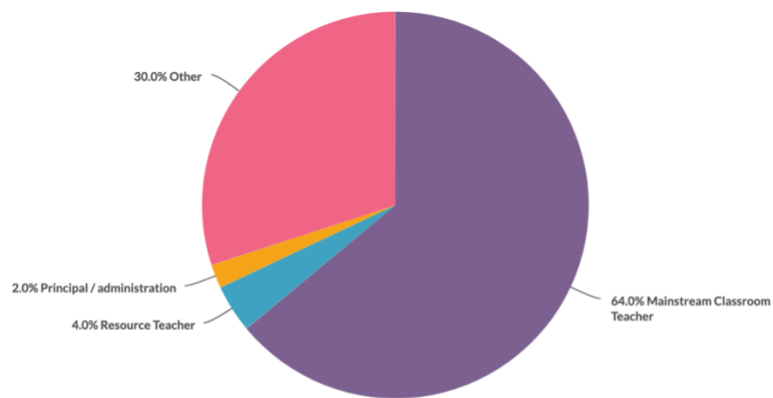
Value	Percent	Responses
0 - 5	78.0%	39
6 - 10	4.0%	2
11 - 15	8.0%	4
16 - 20	4.0%	2
21+	6.0%	3
Totals: 50		

Figure 2. The years the participants have been teaching for.



The participants were asked what their present role within the school was, 64% ( $n = 32$ ) of participants indicated they were currently working as a mainstream classroom teacher. A further 30% ( $n = 15$ ) indicated ‘other’ and the remaining 6% ( $n = 3$ ) indicated their role was either a resource teacher or a principal/ administrator.

3. What is your present role within the school?



Value	Percent	Responses
Mainstream Classroom Teacher	64.0%	32
Resource Teacher	4.0%	2
Principal / administration	2.0%	1
Other	30.0%	15

Totals: 50

Figure 3. Current role within the school.

Of the 50 participants, 34% ( $n = 17$ ) were currently teaching Junior or Senior Infants. 24% ( $n = 12$ ) of the participants were teaching 1<sup>st</sup> or 2<sup>nd</sup> Class. 14% ( $n = 7$ ) were currently teaching 3<sup>rd</sup> or 4<sup>th</sup> Class. 18% ( $n = 9$ ) of participants were teaching either 5<sup>th</sup> or 6<sup>th</sup> Class, and the remaining 10% ( $n = 5$ ) of participants were not mainstream teachers.

4. What class level are you currently teaching?

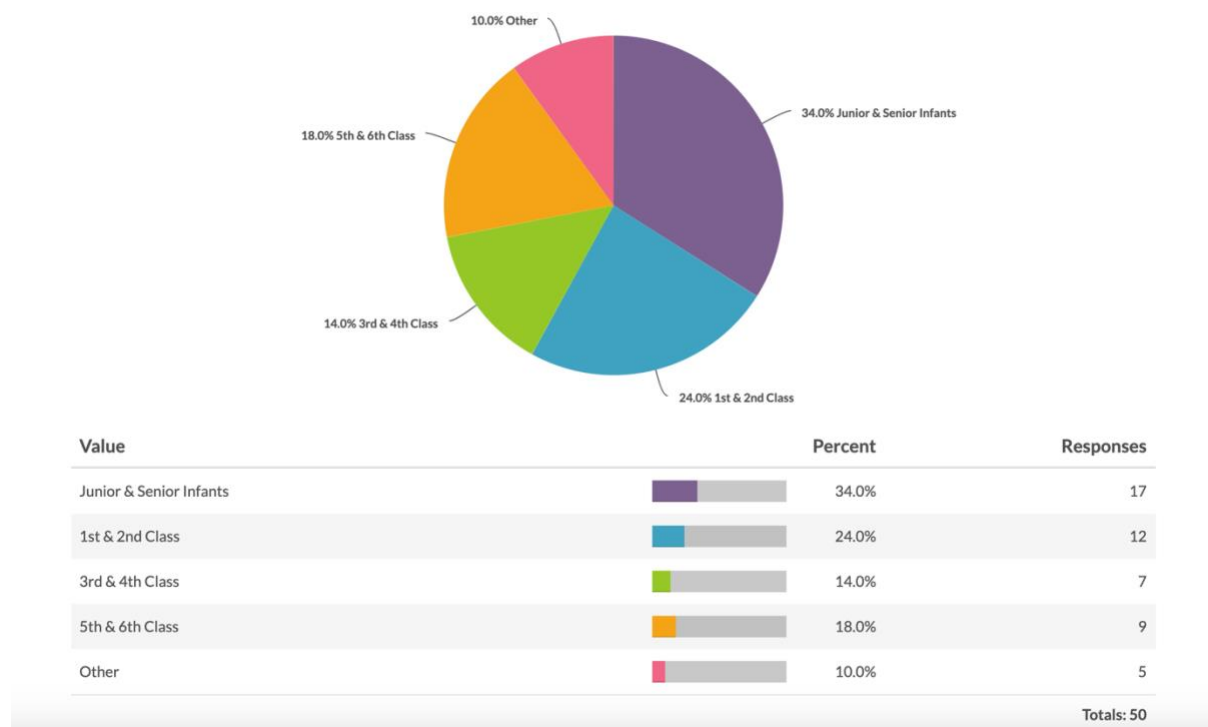


Figure 4. Class level of the participants.

### 4.3 Mental Health Difficulties in the Classroom

The work of teachers can be seen as both demanding and sophisticated, teaching children with a range of complex needs can be extremely challenging. The questionnaire sought to investigate if any of the participants had taught a student with a formal diagnosis of a mental health issue, and the challenges and drawbacks that came with that. Out of the 50 participants who completed the questionnaire, 36% ( $n = 18$ ) of them indicated that they had in fact taught

a student with a formal diagnosis. The remaining 64% ( $n = 32$ ) of the participants, to their knowledge, had never taught a child with a diagnosis.

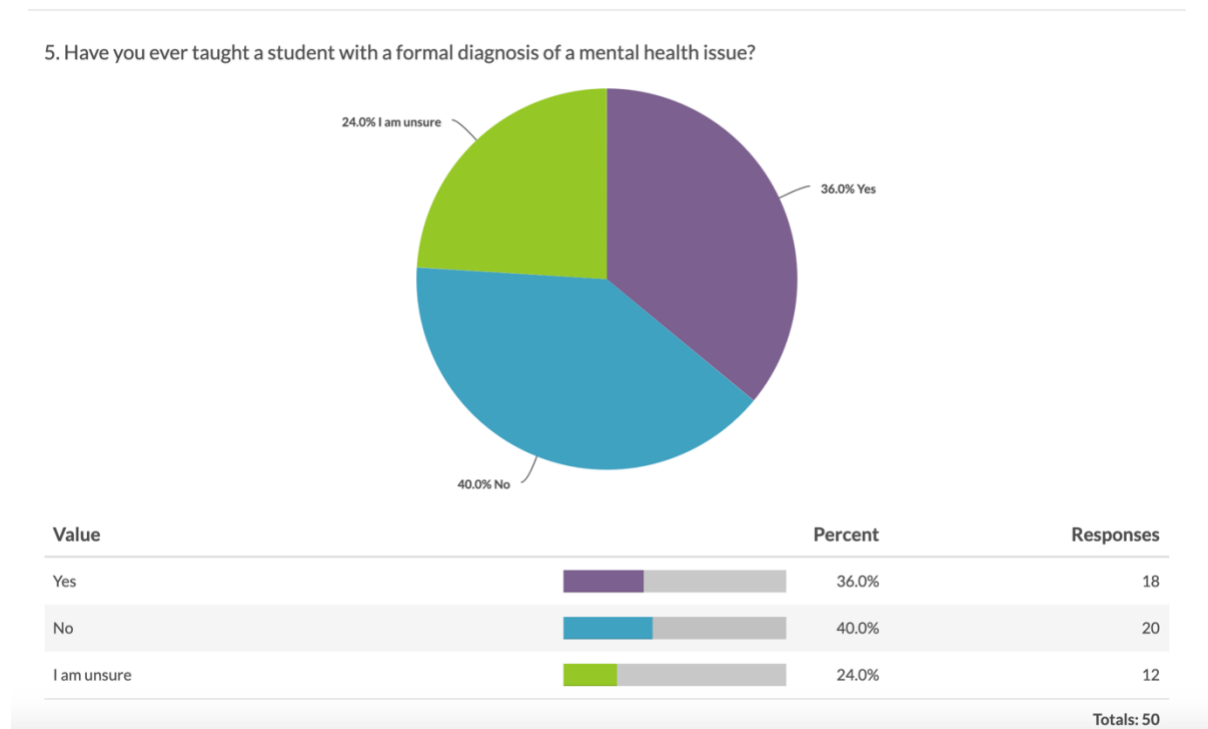


Figure 5. Teachers who have taught a student with a mental health issue.

It has been widely accepted among contemporary literature that identifying mental health difficulties among pupils falls within the role of the teacher (Marsh, 2015; Graham et al., 2011). The data indicates that 64% of teachers think they hadn't taught a student with a formal diagnosis, and yet, other studies show that a high percentage of children have been formally diagnosed. Thus, this raises questions about whether teachers have the ability to spot signs and symptoms of a mental health issue in their students, and whether they assume this is part of their role as a primary school teacher.

Weare (2013) notes that there is overwhelming evidence that increased social pressures are taking their toll on the mental and emotional health of young children. This research aimed to identify which mental health issue(s) were most common in the participants classroom

during their time as an educator. A staggering 94% ( $n = 47$ ) of the participants identified having noticed pupils struggling with anxiety in their classroom. Another prevalent mental health issue which arose from this question was Emotional Behaviour Disorders (EBDs) with 74% ( $n = 37$ ) of the participants noting this being identified in their classroom. One quarter ( $n = 12$ ) of the participants also noted depression as a common mental health issue seen in the classroom. Also identified by 6% ( $n = 3$ ) of the participants was bipolar disorder, and a further 8% ( $n = 4$ ) noting to have identified an eating disorder in their classroom.

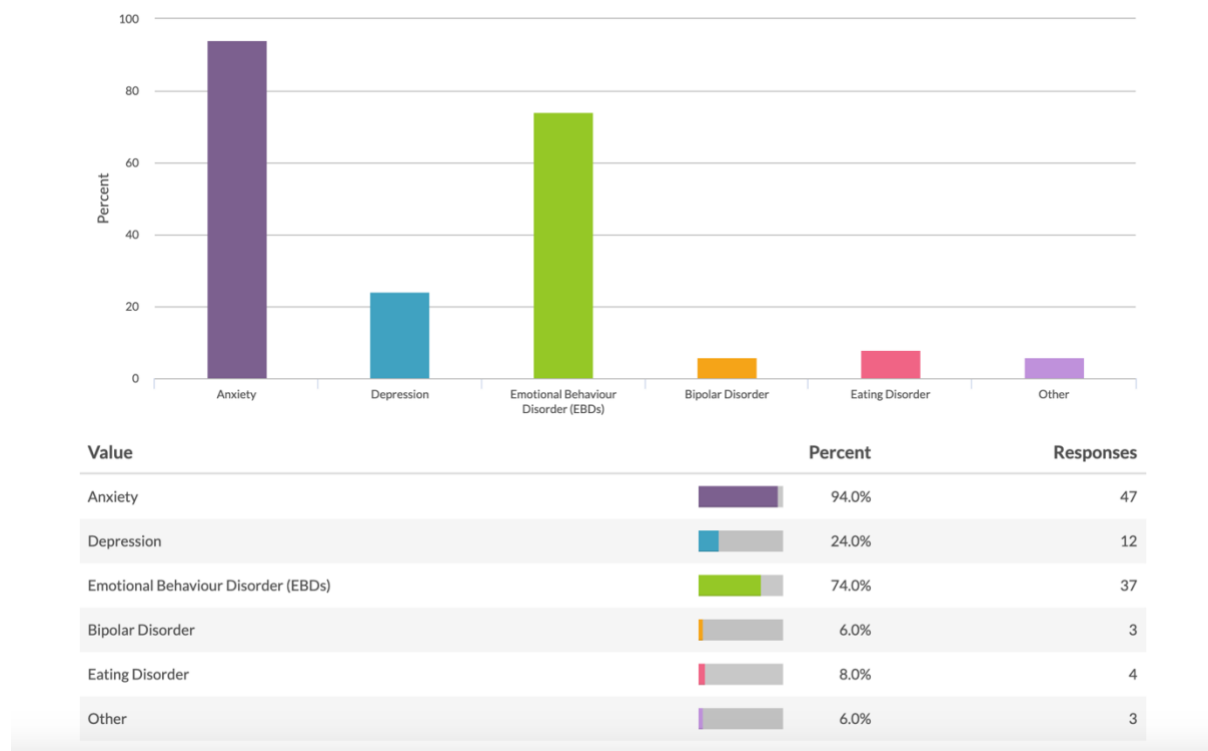


Figure 6. Most common mental health issues.

Furthermore, figures from a number of studies displayed similar findings. *The Fifth Annual Child and Adolescent Mental Health Service Report (CAMHS)* found that out of the 8,577 cases recorded 31.6% ( $n = 2710$ ) identified as having a hyperkinetic disorder. A further 18.3% ( $n = 1,571$ ) displayed anxiety related issues and an additional 10.4% ( $n = 892$ ) reported depressive problems (HSE, 2014). Findings from the Adolescent Brain Development Study

revealed the most common disorders being anxiety and behavioural disorders, followed closely by mood disorders. The Australian Bureau of Statistics (2007) indicated the most frequent mental health problems being, delinquent behaviour, attention problems, aggressive behaviour as well as anxiety and depression. A total of 9,616 new cases were seen by Community CAMHS teams in the same period October 1st, 2012 to September 30th, 2013, compared with 8,671 for the previous 12 months, an increase of 11% (HSE, 2013). Some studies linked these rising mental health issues with the pressures and demands put on the child to preform academically, “the pressures on the young are making them more difficult to teach, they are not only more depressed but also more disruptive” (Weare, 2013). It is also important to note that it was estimated that 10-20% of young people will experience a mental health problem serious enough to require professional help during the course of their lifetime (Mind, 1997).

### ***Discussion:***

These findings suggest a substantial problem in society with the increasing numbers of young children impacted by a mental health issue, yet there is still not a big enough emphasis put on the importance of promoting mental health, as these numbers continue to increase. A CAMHS report highlighted that, from October 1st, 2012 to September 30th, 2013 a total number of 10,832 new cases were offered an appointment by Community CAMHS teams (HSE, 2013). Research indicates that a whole-school approach is a key characteristic of effective mental health promotion (Weare & Nind, 2011). It should be made compulsory for all schools to follow the national framework for mental health promotion in order to successfully incorporate a whole-school approach concerning mental health.

The questionnaire sought to find the percentage of teachers who taught a child with a formal diagnosis, yet a large number of the respondents were unsure if they had. This raises the question of why they were unsure, whether the child had a formal diagnosis i.e. lacking communication between them and the parents or were they unsure as they didn't think it was

their responsibility to know. Another reason for their uncertainty may be the fact that they have no personal experience with mental health issues, as well as receiving little to no training on how to detect these difficulties in the classroom. Thus, the question remains as to how teachers are expected to identify these increasing signs of a mental health problem within the classroom, when they were never trained in that field of study. Teachers also reported a global lack of experience and training for supporting children's mental health needs" (Reinke, Stormont, Puri & Goel 2011). Furthermore, the variation of studies all highlights the same issue that mental health is a prevalent problem in young children today and something needs to change in order to stop the increasing number of mental health difficulties from continuing to rise. Based on these findings, and previous findings in the field, it suggests that we need to change something in order to support teachers and give them the necessary information from professionals within that field in order to support children's mental health needs in the future.

#### **4.4 Teaching a Child with a Mental Health Issue**

A lack of training was identified as the main barrier for supporting children with mental health issues. The questionnaire encouraged these teachers to describe what their experience of, teaching a student with a mental health issue was like. After analysing the data, I noticed the most commonly used words were 'difficult' and 'challenging', which both arose from either lack of support or lack of training. One teacher commented saying, "it was very challenging as I did not feel that I had the knowledge to help the child with his difficulties or how to react to outbursts". Another noted "at times it was very challenging, as I felt I was not adequately prepared for these issues during my teaching education". It was clear from the 50 responses that the majority of participants did not feel able to support children experiencing mental health problems and they found the teaching and services were lacking in this regard. This finding is consistent with several international studies which found teachers feel ill-equipped to deal with mental health difficulties in their classroom (Koller & Bertel 2006; Reinke et al., 2011).

Another finding in Australia highlighted that whilst teachers are now expected to be responsive to a wide range of student needs and circumstances, they receive little in their pre-service and subsequent teacher education to adequately prepare them for such realities (Graham et al., 2011).

When asked to describe how comfortable they felt in regard to addressing mental health with students in the classroom. Out of the 50 participants, 36% ( $n = 19$ ) described themselves being either extremely comfortable or very comfortable addressing mental health topics. On the other hand, 18% ( $n = 9$ ) of the participants noted that they would feel somewhat uncomfortable addressing these topics and 46% ( $n = 23$ ) of the participants choose to click neutral, not stating whether they felt comfortable or uncomfortable addressing this important topic to their students.

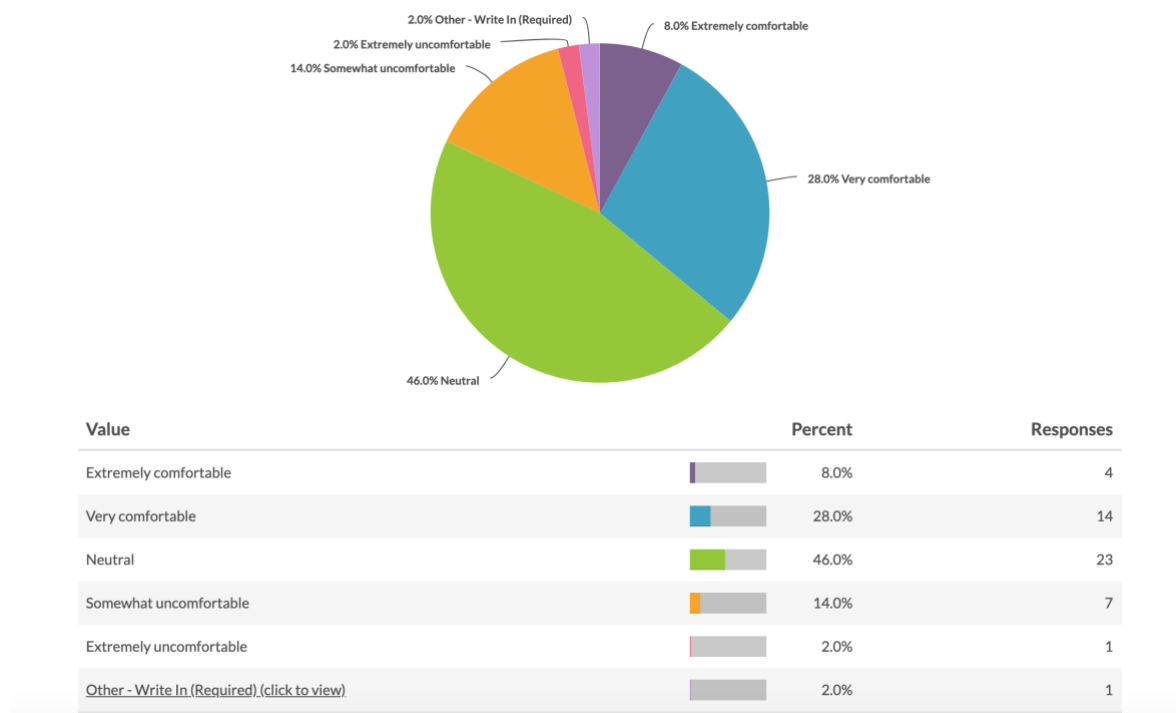


Figure 7. Level of comfort teachers feel in addressing mental health issues.

Potentially the participants didn't feel comfortable highlighting how they really felt in this regard, or a level of uncertainty may be evident here. Similarly, when comparing this data with another study, the teachers here noted their level of confidence in dealing with mental health issues in the classroom, with 66% of these participants noted to be quite confident, with the remaining 30% feeling uncomfortable addressing these issues (Graham, Phelps, Maddison, & Fitzgerald 2011).

### ***Discussion:***

These findings emphasize the realities of the difficulties the teachers are facing nowadays in relation to supporting and teaching a child with a mental health issue. This raises the question of why the teachers feel so unprepared and uncomfortable in dealing with these issues. Mental health is becoming such a prominent challenge, yet it may be the case that the teaching system is not putting in the appropriate training resources and strategies in order for these teachers to feel comfortable in dealing with these issues. This also raises the question on how our teaching system could be improved to ensure all teachers are receiving the necessary strategies and support in order to provide the care and support these children need. Based on these and previous findings, it suggests that the initial teacher education training may consider adding in the appropriate mental health steps and training in order to adequately prepare teachers better in the future.

### **4.5 Mental Health & Wellbeing Promotion**

The importance of promoting mental health wellbeing is vital yet it is clearly evident that it is not made as a priority in the school context. One question in the questionnaire asked whether 'there is enough emphasis on mental health and wellbeing within the primary school context?'. Only one quarter ( $n = 12$ ) of the participants felt there was sufficient emphasis on mental health and wellbeing. The remaining 76% ( $n = 39$ ) of participants felt there was not



enough emphasis on mental health and wellbeing within the primary school context or they were unsure.

11. In your opinion, is there enough emphasis on mental health and wellbeing within the primary school context?

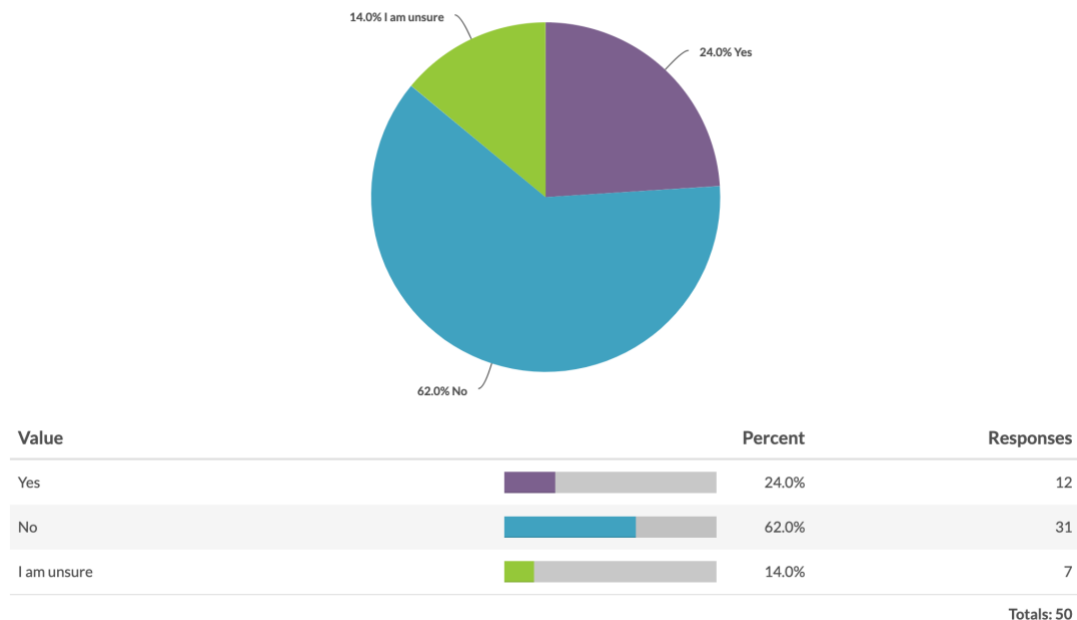


Figure 8. Emphasis on mental health and wellbeing.

However, a number of studies make it evident that the promotion of mental health and wellbeing for young children is extremely important. One study sought to recommend that schools ensured there was an effective whole-school approach to promoting children’s mental health. Another recommendation was to identify members of staff with responsibility for promoting children’s mental health and provide protected time for this work to be undertaken (Pettitt, 2003).

The teachers were then asked if they thought sufficient time was given to mental health promotion in the primary school setting. A total of 76% ( $n = 38$ ) of participants said there was insufficient time given to mental health promotion in school, whereas 18% ( $n = 9$ ) agreed with this statement and the remaining 6% ( $n = 3$ ) were unsure. This large percentage of teachers agreeing that there is not sufficient time given to mental health promotion within the school

curriculum, yet SPHE is still only allocated 30 minutes in the weekly minimum time frame (NCCA, 1999b). This was an overwhelming issue with many studies mentioning that more emphasis was given to the promotion of physical health, yet there is a growing realisation that mental, emotional and social health needs to be far more prominent in the school context and that a concern with physical health should be underpinned by a concern with emotional and social matters (Weare, 2013). Nic Gabhainn (2010) also highlights that the value of SPHE is reported to be diminished as it is not an examination subject, and that many “teachers feel themselves to be more than fully occupied in meeting ever spiralling external requirements, and curriculum time for what are sometimes seen as ‘softer’ areas has therefore been even more underpinned” (Weare, 2013). Yet it has been made increasingly clear that children whose emotional and behavioural needs are being met are more able to apply themselves to learn (Pettitt, 2003).

12. Do you think sufficient time is given to mental health promotion in the primary school setting?

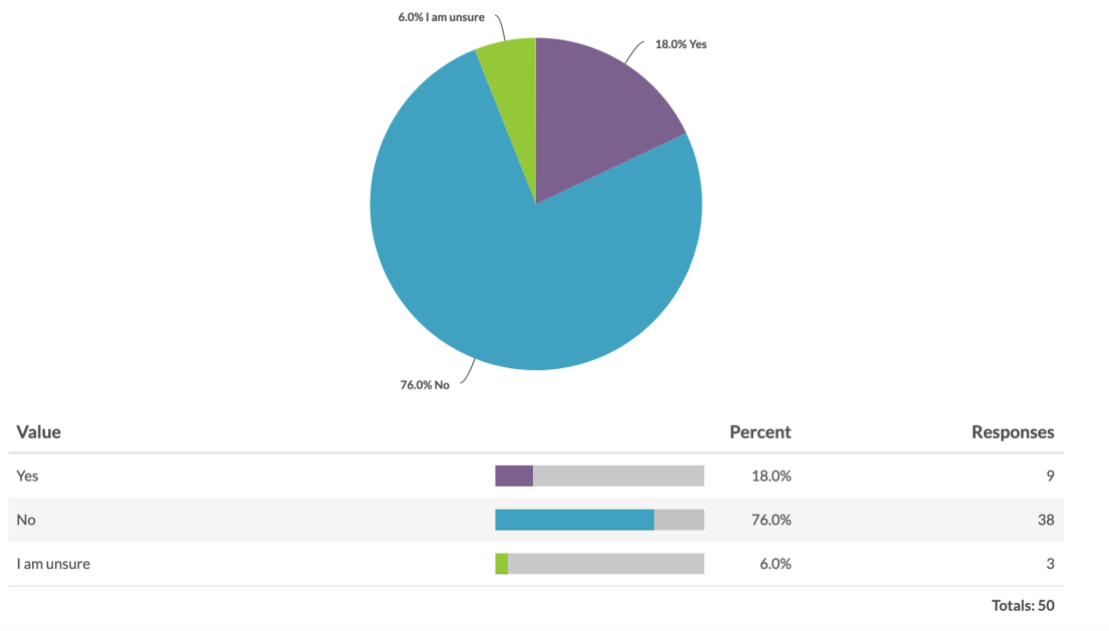


Figure 9. Teachers who think sufficient time is given to mental health promotion.

***Discussion:***

These findings emphasize the reality and the importance of mental health and wellbeing within the primary school context and confirms that there is not enough importance being placed on mental health and wellbeing promotion. Continued studies suggest that schools do not place a huge emphasis on promoting mental health, but instead the vast importance is placed on the academic subjects. This is confirmed by Weare (2013), who states that an increasing emphasis on performance, and school accountability is undermining schools' motivation to manage pupils who are having social and emotional difficulties. This is continuing in the vast majority of schools yet so many studies present the importance of mental health promotion. Based on the findings it is clear that a whole school approach is required and that the NEPS continuum of support framework should also be fully implemented and monitored throughout the schools.

**4.6 Mental Health & Wellbeing Support for Students and Teachers**

Providing appropriate support to both student and teacher is essential with regards to mental health wellbeing as both parties are being faced with increased demands and challenges. The participants were asked to describe some strategies they have implemented to support mental health and wellbeing within the classroom. A number of useful and worthwhile approaches were mentioned such as meditation, mindfulness, breathing techniques, worry boxes, circle time and wellbeing programmes. Out of all the responses 33 participants stated incorporating mindfulness into their daily/weekly schedules benefited their students. One teacher noting that "mindfulness is something I use a lot with my infants. I find that as a young child your body and brain are being exhausted in school. Taking five minutes a day for the children in my class to close their eyes and reconnect with their mind is something that works wonders for them, and they love it". Another strategy mentioned was to incorporate a 'worry

box' or 'worry monster' in the classroom as a place for the child to anonymously write down any worries they may have. Emphasising "the worry box was an important place to express your feelings" and "a safe space to vent about things that frustrate them or make them feel anxious". A number of wellbeing programmes were also mentioned, e.g. 'the Weaving Wellbeing Programme' and 'the Friends for Life programme'. There is growing international evidence that these mental health programmes, when implemented effectively, can produce long term benefits, including emotional and social functioning and improved academic performance (Marks, Clarke, O'Sullivan, & Barry 2010). While some Irish schools are implementing the 'Friends for Life Programme' (Grogan et al., 2015), the findings of this particular research suggest that there is very limited accessibility to the programme.

When the participants were asked whether anything could be done to support teachers in the area of mental health, almost all responses expressed an urgency to include more training and additional time to the progression and prioritisation of mental health. Perceived barriers to school support for child with mental health difficulties among international teachers included lack of both pre-service and in-service training (Graham et al., 2011; O'Dea, 2010). The participants were of the belief that teachers need more access to training in the area of mental health and expressed interest in receiving such training themselves in order to improve their practise throughout the comments: "Specialists trained in the field who could educate teachers further is needed / More time and training is needed in all aspects of dealing with anxiety, depression, bereavement, bullying etc." Similarly, in another study done, the participants highlighted that "they needed training to recognise the signs and symptoms of mental health problems" (Graham et al., 2011). The importance of educating ourselves further is well expressed in the following comment: "As a teacher there is a lot expected of you. You are so much more than just a teacher. Mental health is so important, and it is something we are not

educated on during our studies. I wouldn't feel fully confident on how to deal with certain mental health issues if it arose in my classroom. With the proper training and support, helping children dealing with their mental health would be a lot more beneficial". Similarly, in another study done, there were a number of comments made referring to a lack of confidence or the inability to contribute to understanding and enhancing children's mental health issues, with some participants noting "teachers feel totally inadequate in terms of knowledge, fearful of the unknown" (Graham et al., 2011). Furthermore, many of the respondents expressed an urgency in their need for additional support, including the need for more training, time, funding, resources, parental involvement and better processes to aid with student mental health problems. Finally, another support method mentioned was external mental health support for teachers, with one participant highlighting that "a lack of support for teachers can have a negative effect on teacher's own wellbeing". Teachers are facing increasing pressures to perform yet are lacking in the necessary resources to achieve this high level of support.

### ***Discussion:***

These findings highlight the importance of supporting both students and teachers with regards to the essential tools to ensure mental health and wellbeing is prioritised. While the participants were asked to share any worthwhile strategies, they have implemented in their classroom, a number of useful approaches were mentioned. The main issue being teachers didn't feel as though they had received the correct training or support in order to incorporate or implement these important strategies in their classrooms. There has been clear evidence made that if wellbeing programmes are implemented correctly, they can have a huge positive impact on young children's mental health. Thus, the question that must be raised is why these programmes are not being implemented in all schools in Ireland? Research studies found that there has been limited access to these programmes, such as the *FRIENDS* programme due to financial issues and lack of training opportunities for teachers. These findings suggest that

further funding and training is essential to effectively promote these worthwhile programmes and ensure that all schools are using them to their full potential.

#### 4.7 SPHE Curriculum

The SPHE Curriculum holds an important role within the primary school context and is central to the child’s development. SPHE aims to enable the students to develop skills for self-fulfilment, promote self-esteem and self-confidence and promote physical, mental and emotional health and wellbeing (Nic Gabhainn et al., 2010). Crow (2008) highlights that it is the key in building resilience and enabling children to flourish in the outside world. Yet when the participants were asked ‘whether they think the SPHE Curriculum meets the demands and realities of mental health as faced by young people today’, out of the 50 participants only 10% ( $n = 5$ ) of them agreed and thought the Curriculum met the demands of the challenges young people face today. The remaining 90% of participants deemed the curriculum ‘outdated’ and ‘very limited’ to support the realities young people face today. With Nic Gabhainn (2010) acknowledging that particular schools perceived value of SPHE is very low.

10. Do you think the SPHE Curriculum meets the demands and realities of mental health as faced by young people today?

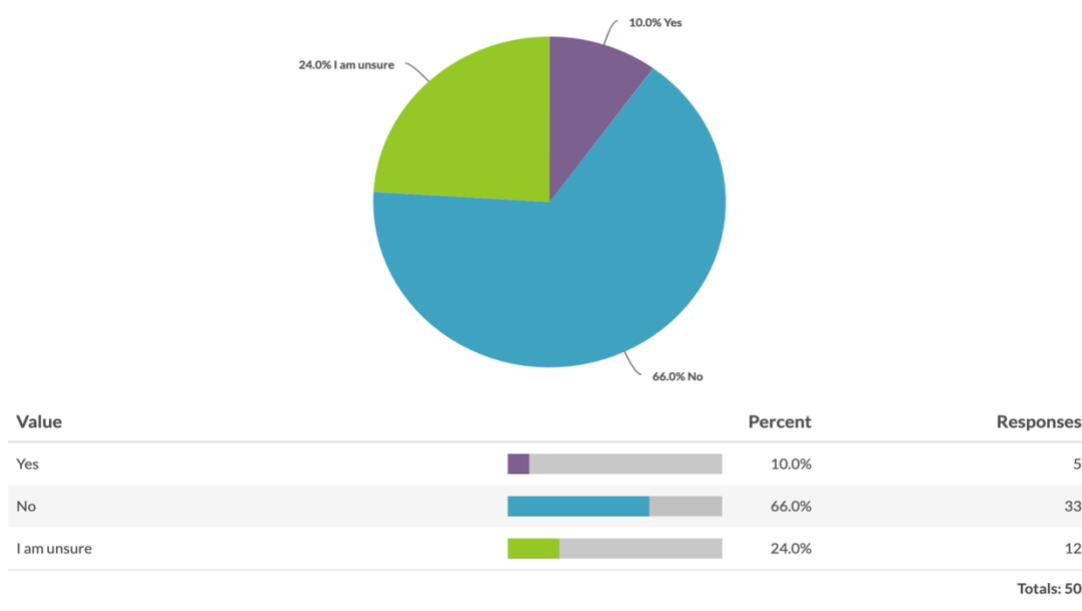


Figure 10. Teachers who think the SPHE Curriculum meets the current demands.

Crow (2008) highlights the importance of the SPHE Curriculum and emphasises the vitality of this curriculum performance in order to prepare these young children for the opportunities, responsibilities and experiences they will face in later life. The questionnaire sought to acknowledge the level of support the curriculum gives students in relation to the development of positive mental health. A large number of participants expressed concerns that the SPHE was not sufficient in developing useful skills among pupils and promoting their well-being. One participant expressed her belief stating, “that positive mental health should be taught every day in an informal manner, reinforcing positive mental health as much as we do our physical well-being”. Similarly, a common response from the participants was the need for a stand-alone topic specifically for mental health promotions, as the current curriculum does not tackle mental health issues, with one response noting “I feel as if it doesn’t touch on mental health in huge detail or the effect that social media can have on the mental health of young children today”. Another commented saying, “there is a definite need for more emphasis on mental health difficulties and learning how to look after your mind from a young age”. Furthermore, following an analysis of the collected data, the most common downfall of the curriculum was that it was evidently out of date. The SPHE Curriculum came out in the year 1999 and is yet to be renewed. This was a prominent problem which was made clear by the participants, “it needs to be updated to support the increasing amount of mental health issues children are experiencing/ very limited and outdated/ insufficient”. Furthermore, it was also noted that the curriculum itself is very limiting with regards to supporting mental health difficulties, with one participant highlighting that “the curriculum is outdated and it not suitable for the current mental health issues children are experiencing nowadays”.

The participants were asked to share any suggestions they may have, on improving the SPHE Curriculum. A wide range of useful recommendations arose from the responses, a) to

provide practical strategies for coping with mental health within the curriculum, b) to make contact details of professionals available for teachers, c) to include annual reviews and updates as the world is always changing and d) to incorporate mental health as a mandatory component.

The most significant issues repeatedly emphasised by the participants was the need to allocate sufficient time to the subject and to provide comprehensive training and support. The topic of insufficient time was raised by 9 participants highlighting that the allocated 30 minutes per week is inevitably not enough, with one noting, “that more time needs to be dedicated to this crucial subject”. As mentioned, a minority of teachers voiced the need for more teacher training and believed they needed more access to training in the area of mental health. An emerging pattern which also stemmed from the data collected, was the prioritisation of the more traditional academic subjects over SPHE. Health education, and personal and social education, were not made part of the core curriculum subjects, but were the subject of ‘guidance’ documents only (Buck and Inman, 1992). Lots of the participants thought that more could be done in regard to emphasising the importance of mental health wellbeing, with some respondents noting “to normalise and prioritise mental health in young children over academic subjects” and that “the curriculum should have equal emphasis on mental and physical health”.

### ***Discussion:***

After some research regarding the SPHE Curriculum, it was made extremely clear that more emphasis needs to be put on this vital subject. Not only did 90% of the participants in the research questionnaire deem the curriculum outdated and extremely limited, a number of studies highlight the many downfalls of the current curriculum. This raises the question of why is something which holds such an importance perceived with such little value. Furthermore, the participants also emphasised the lack of mental health references within the curriculum. How is a child supposed to know that it’s okay to feel a certain way if the topic is never raised?



A lot of the participants demanded the subject of mental health be included as a stand-alone topic within the curriculum, in order to support children who may be suffering with a mental health difficulty and have little to no strategies to deal with their feelings. Based on the findings, it is evident that the curriculum needs to be revised in order to deal with the increasing amount of mental health issues in young children, and the demands and realities they are facing them on a daily basis. The most recorded finding was the lack of time allocated to the curriculum, which raises the question of why this has not been changed since the year 1999? Society has changed immensely since then, yet the curriculum has not been reviewed or updated to deal with the increase of mental health difficulties our society is facing.

#### **4.8 Conclusion**

This chapter outlined the overarching findings of this study, highlighting the primary themes which emerged. The first theme considered the challenges teachers face when teaching children with mental health issues, and the findings suggest an increase in the number of children affected. The second explored the emphasis placed on promoting mental health and wellbeing, and the continued studies which suggest schools do not place a huge importance on prompting mental health. The third theme identified useful strategies to support both student and teacher. A number of useful approaches were mentioned, yet the main findings suggest that teachers don't feel they receive sufficient support. Lastly, the final theme addressed teacher's perspectives on the SPHE Curriculum, and highlighted the downfalls, suggesting it was outdated and very limited.

## Chapter 5: Conclusion & Recommendations

### 5.1 Introduction

This study examined the status and importance of mental health and wellbeing within the primary school setting by exploring teachers' perspectives on the SPHE curriculum, with emphasis on a whole-school approach. A number of responses from a small sample of primary school teachers have been presented as themes throughout the study and have been critically analysed through the use of relevant literature. This chapter summarises the key findings of this study and puts forward a number of recommendations based on these findings. It also outlines the contributions made, the limitations of the study and also recommends directions for future research development.

### 5.2 Key findings & Recommendations

There were a number of key findings which have arose following the completion of this study:

**Finding #1: A Lack of Teacher Training.** Consistent with the literature (Graham et al., 2011; O'Dea, 2010), the majority of participants of this study identified a major lack of training as the main barrier to support children experiencing mental health issues in the classroom. This finding is consistent with several international studies which found teachers feel ill-equipped to deal with mental health difficulties in their classroom (Koller & Bertel 2006; Reinke et al., 2011). After analysing the data this problem was a result of limited training in the area of mental health and wellbeing in both initial teacher training and further training experiences. Participants also indicated a lack of comfort when asked if they felt comfortable addressing mental health topics to the children in their classroom.

**Recommendation #1: Increase Opportunities for Teacher Training.** Based on these findings, it is recommended that teachers receive supplementary training in order to equip them accordingly. One way this could be done would be to include a module on child mental health and wellbeing, which would be introduced during the initial teacher training education. In addition, a mandatory refresher course once a year for all teaching staff would be introduced. Furthermore, a whole-school approach should be made mandatory, and the NEPS continuum of support framework implemented in all primary schools.

**Finding #2: The Centrality of the SPHE Curriculum.** The consistent and effective delivery of Social, Personal and Health Education is considered to be central to mental health promotion in Irish primary schools (Grogan et al., 2015). Following the findings from this data there were a huge number of concerns regarding the insufficiency of the SPHE curriculum. 90% of the participants deemed the SPHE curriculum to be outdated and very limited to support the realities young people are facing today in regard to their mental health. A large number of participants also expressed concerns that the SPHE was not sufficient in developing useful skills among pupils and promoting their well-being, and there was a definite insufficiency regarding time allocated to the subject. In addition, the findings also highlighted the limited accessibility to the wellbeing programmes. Furthermore, prioritising the teaching of traditional academic subjects over SPHE was an emerging pattern deriving from the data collected.

**Recommendation #2: Revision and Updating of the SPHE Curriculum.** Based on these findings, it is recommended that, the entire SPHE curriculum is revised in order to incorporate all of these prior disadvantages which relate to the current curriculum. It is also recommended that the time allocated to this subject is increased, with a further importance placed on the curriculum within the school context. By allocating more time to this subject, it

could prevent teachers from prioritising the traditional academic subjects over SPHE as well as enabling teachers to incorporate more time for wellbeing programmes.

**Finding #3: Increasing Mental Health Issues.** Notably, it has been made increasingly clear that there has been a large increase in young children who are affected by a mental health issue. Given the high level of anxiety and depression seen in the classroom, it is made evident that additional resources for teachers are required in order for them to support these challenges that are arising.

**Recommendation #3: Additional Support.** In light of this it is recommended that children with a formal diagnosis and their teacher receive additional support from external mental health professionals. In addition, the department of education need to design a support system which incorporates the teachers and informs them on a number of strategies they may use in the classroom for supporting these children. Furthermore, teachers should be aware of the available children's mental health services and have access to recommend these services to parents if it arises.

### **5.3 Contributions of this Study**

The main contribution of this study is to our knowledge base, given that this research examined a topic which is currently underexplored within the Irish context, namely, the promotion of mental health and wellbeing within the primary school sector. It can also be argued that this study made a methodological contribution, by utilising quantitative measures to gain a baseline of teachers' perceptions and opinions on the topic, given that qualitative methods are more commonly favoured among researchers in this area.

#### **5.4 Study Limitations**

It is important to recognise this study is not without its limitations. Due to the relatively small sample size it is evident that the data gathered is not generalizable, but rather aims to give an insight into what a small number of primary school teachers perspectives are on the importance of mental health and wellbeing. Future work on a larger sample size would help build on these findings and gather more generalizable findings in this area. Another limitation of this study was a potential for bias among the participants. Teachers who chose to participant within the study were self-selected, and therefore may have already possessed prior interest and greater knowledge in mental health and wellbeing. Furthermore, due to the fact that only one researcher conducted the data collected, validation of the coding could not be undertaken; whereby two or more researchers code the same data and compare notes.

#### **5.5 Directions for Future Research**

Based on the findings of this study there are a number of possible directions that future research might take:

- To research why there has been such a large increase of children suffering with a mental health issue over the last number of years in Ireland and further afield.
- Further research conducted regarding teachers' perceptions of the expectations and practicalities of their role in supporting children with a mental health issue.
- Further research regarding the lesser value held on the SPHE curriculum over more academic subjects.

## 5.6 Conclusion

The SPHE curriculum has been recognised to be central to mental health promotion in Irish primary schools and should be promoted throughout the life span of the child. Many consider SPHE to be exceptionally important for a young person's educational and mental development, particularly due to the increasing rate of mental health issues identified among young Irish children. The mental health and well-being of our children is critical to succeed in school and life (Lee et al., 2003). However, despite the important and timely nature of this subject, this research has shown the challenges facing teachers in modern-day Irish primary school classrooms, particularly in relation to promoting and supporting the mental health of their young pupils. It is hoped that this research will ultimately serve as a catalyst for reform of the SPHE curriculum, and for the increased training of teachers, so that in the future, all students experience a school and classroom environment which supports the development of the whole person, including their mental and psychological wellbeing. Until then, it is evident that more work and time needs to be dedicated to this incredibly important area.

*“The role of the teacher could be the difference of a child suffering alone, or working through issues together “Mental illness, when ‘I’ is replaced by ‘We’, illness becomes wellness”*

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## Appendices

### Appendix A: Information Letter for Principals

Dear \_\_\_\_\_,

I am writing to you to ask for your help with a study I am conducting as part of my Professional Master of Education (Primary Teaching) degree at Marino Institute of Education. This research is being conducted under the supervision of Dr Andrea Lynch, who can be contacted at: [andrea.lynch@mie.ie](mailto:andrea.lynch@mie.ie)

#### *Research Aims and Questions*

The overall aim of my research is to investigate the status / importance of mental health and wellbeing within a primary school context with reference to the SPHE curriculum and with particular emphasis on teachers' perspectives.

I would like to provide you and your staff members with more information about my research and what the involvement entails, so you may make an informative decision regarding whether you would like to participate.

#### *Participation Requirements*

Participation in this study is voluntary and will involve completing one online questionnaire designed to last not more than 10 minutes.

The following outlines the topical areas that participants will be asked about in the questionnaire: "How many years have you been teaching?" "What is your view on the SPHE Curriculum as it relates to supporting students in the development of positive mental health?"

“Do you have any suggestions on improving the SPHE curriculum to make it more supportive of children’s mental health?” etc.

I would very much appreciate as many teachers to participate in my questionnaire as possible.

It is envisaged that participants of this study will have previous experience teaching the SPHE curriculum and have an understanding of the curriculum and what it entails.

### ***Data Analysis & Storage***

My supervisor and I will be the only person with access to the answers that are provided and all information that participates provide is considered completely confidential. Confidentiality and anonymity will be assured to you, the school, and the participants. Teachers’ names, and the name of the school will not be attached to any of the data provided. With permission, anonymous quotations may be used during my research. Data collected during this study will be stored securely in my home and will be destroyed within 13 months after the submission of my dissertation.

### ***Benefits & Risks of Participating***

This study has been designed to pose no risk to the school or teacher participants.

A summary of the research findings will be shared with you at the end of this study, and it would be appreciated if you could forward these findings to the staff members in your school.

I would like to assure you that this study has been reviewed and received ethics clearance through the Marino Ethics in Research Committee at Marino Institute of Education. If you have any further questions regarding this study, or would like any additional information to assist

you, please contact me by email at [zcollinspme18@momail.mie.ie](mailto:zcollinspme18@momail.mie.ie). Additionally, you may feel free to contact my research supervisor, Dr Andrea Lynch, at [andrea.lynch@mie.ie](mailto:andrea.lynch@mie.ie)

Thank you in advance for your assistance in this research.

Yours sincerely,

Zowie Collins

**Appendix B: Letter of Consent**

I have read the information presented in the information letter about a study being conducted by Zowie Collins as part of her professional Master of Education (Primary Teaching) degree at Marino Institute of Education. I have had the opportunity to ask any questions related to the study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that comments from the questionnaire may be included in the dissertation with the understanding that the quotations will be anonymous. My anonymity that of my school and the pupils I speak about in the course of the questionnaire will be safeguarded. I am also aware I may withdraw my consent at any time without having to offer a reason.

This project has been reviewed by and received ethics clearance by Marino Ethics Research Committee at Marino Institute of Education.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study by completing the online questionnaire.

Yes No

I agree to the use of anonymous quotations in the researcher's dissertation

Yes No

Date \_\_\_\_\_

### Appendix C: Questionnaire

1. What type of school are you currently teaching in?

- a. All girls
- b. All boys
- c. Coeducational

2. How many years have you been teaching?

- a. 0 – 5
- b. 6 – 10
- c. 11 – 15
- d. 16 – 20
- e. 21 +

3. What is your present role within the school?

- a. Mainstream classroom teacher
- b. Resource Teacher
- c. SNA
- d. Principal/administration
- e. Other: \_\_\_\_\_

4. What class level are you currently teaching?

- a. Junior & Senior Infants
- b. 1st & 2nd Class
- c. 3rd & 4th Class
- d. 5th & 6th Class

5. Have you ever taught a student with a formal diagnosis of a mental health issue?

- a. Yes
- b. No
- c. I am unsure

6. (For Yes response) Please generally describe what your experience of teaching students with mental health issues has been like:

7. What are the most common mental health issues you've seen in your pupils/classroom during your time as an educator? (Tick all that apply)

- a. Anxiety
- b. Depression
- c. Emotional-Behavioural Disorders (EBDs)



- d. Bipolar disorder
- e. Eating disorder
- f. Other: \_\_\_\_\_

8. What are your view on the SPHE Curriculum as it relates to supporting students in the development of positive mental health?

9. Do you have any suggestions on improving the SPHE curriculum to make it more supportive of children's mental health?

10. Do you think the SPHE curriculum meets the demands and realities of mental health as faced by young people today?

- a. Yes
- b. No
- c. I am unsure
- d. Other: \_\_\_\_\_

11. In your opinion, is there enough emphasis on mental health and wellbeing within the primary school context?

- a. Yes
- b. No
- c. I am unsure
- d. Other: \_\_\_\_\_

12. Do you think sufficient time is given to mental health promotion in the primary school setting?

- a. Yes
- b. No
- c. I am unsure
- d. Other/please explain your answer here:

13. How comfortable are you in regard to addressing mental health with students?

- a. Extremely comfortable
- b. Very comfortable
- c. Neutral
- d. Somewhat uncomfortable

e. Extremely uncomfortable

f. Other: \_\_\_\_\_

14. What strategies are you/have you implemented to support mental health? If any e.g. mindfulness, wellness week, weaving well-being programme etc.

15. In an ideal world, what could be done to better support teachers in this area? E.g. more time in the curriculum, more training/ CPD, more SNAs etc.

16. If there was one thing you could tell other teachers about supporting mental health in the classroom, what would it be?

17. If there was one message you could tell pupils about mental health, what would it be?

18. Is there anything else you'd like to mention or add to our conversation today?

**Appendix D: Pilot Feedback Questions**

1. Were any of the questions too difficult to answer or that you couldn't answer?

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2. Were any of the questions confusing? Were you unsure of what you were being asked?

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3. Were the questions ordered correctly? Should I have asked some of the questions before others?

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4. Should any of the questions have been excluded?

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5. Should other questions have been included? Are there any subject/ topic areas that you would like to have discussed, but that were not included in the questionnaire?

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