



Investigating Primary School Teachers' Perspectives on Mental Health in their Classrooms

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This dissertation is submitted in fulfilment of the Professional Masters of Education, for Marino Institute of Education, an associated College of The University of Dublin, Trinity College.

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

According to the RCSI, 1 in 3 children in Ireland will experience some form of mental health issue by the age of 13 (Cannon et al., 2013). Capp (2015) also states that the prevalence of mental health disorders in children has significantly increased over the last twenty years. School has been identified as a prominent setting in children's lives and an ideal location in which to promote positive mental health (Weare & Nind, 2011). However, international studies have found that teachers don't believe they have the adequate preparation to support the mental health of students in their classroom (Reinke, Stormont, Herman, Puri & Goel, 2011). This is also the case in Ireland according to O'Dea (2010) and McEntee (2014), who claim that Irish teachers have stated they don't feel confident in promoting positive mental health.

Due to a minimal amount of literature written on teachers' perspectives on mental health in their classrooms in an Irish context, this study aimed to contribute to the field and provide extra insight into teachers' opinions and beliefs surrounding well-being and mental health in children. The study looked to find out what thoughts' teachers had on the training they received around mental health disorders in children. Their thoughts on the primary school curriculum, as it relates to mental health, their experience of well-being in their own classrooms and what strategies they employed in order to support positive mental health were also sought. Teachers were also questioned on what barriers they believe exist, that hinder the promotion of well-being amongst children in schools.

The research was conducted using a qualitative approach in the form of semi-structured interviews. There were six participants involved in this study, all of whom are qualified primary school teachers with experience of the topics that the study was centered on.

The study found that teachers acknowledge their own role and the role of their school in the promotion of positive mental health in children. However, teachers didn't feel that their schools had a supportive and coordinated ethos or policy on the topic. This study recommends that a compulsory mental health policy is brought into schools or that schools are required to draft up their own policy in relation to the topic.

Furthermore, teacher training was identified by participants, as an area that is lacking when it comes to well-being in classrooms. Participants pointed out that there was little to no mention of the topic in their ITE, they also identified that CPD courses lack practical implementations and strategies that can be utilised in classrooms. This study recommends that a mandatory module on mental health in children, that provides student teachers with realistic and implementable strategies that help promote positive mental health be introduced into teaching colleges.

Participants identified that the primary school curriculum can be a barrier to the promotion of positive mental health in classrooms. They pointed out that traditional subjects take precedence and time allocation ends up being a factor. Too little time is allocated to SPHE during the school week according to participants. This study recommends an amendment to the primary school curriculum and an increase in time allocated to the fostering of well-being in children through the subject of SPHE.

Abbreviations

B.Ed.	Bachelor of Education
CAHMS	Child and Adolescent Mental Health Service
CSO	Central Statistics Office
CPD	Continuing Professional Development
DCHE	Department of Counseling and Higher Education
DEIS	Delivering Equality of Opportunity in Schools
DES	Department of Education and Skills
GAD	Generalised Anxiety Disorder
H. Dip.	Higher Diploma in Education
ICP	Irish College of Psychiatrists
ITE	Initial Teacher Education
JCES	Joint Committee on Education and Skills
MERC	Marino Ethics in Research Committee
MHC	Mental Health Commission
NCCA	National Council for Curriculum and Assessment
NEPS	National Educational Psychological Service
NQT	Newly Qualified Teacher
ONS	Office of National Statistics
PME	Professional Master of Education

RCSI	Royal College of Surgeons Ireland
SNA	Special Needs Assistant
SPHE	Social, Personal and Health Education
WHO	World Health Organisation

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Chapter 1: Introduction

The purpose of this study is to investigate teachers' perceptions on mental health in their classrooms and whether they feel equipped to support positive mental health amongst their students.

The rationale for researching in this area is that there has been an increase in the prevalence of cases of mental health disorders in children in the last twenty years according to many organisations and studies (WHO, 2001; ICP, 2005; NEPS, 2013; Cannon et al., 2013). This places schools and teachers in a prominent position to support children due to the prevalence and prominence they have in children's lives (Weare & Nind, 2011; Spratt, 2016). Despite this unique position they hold, there seems to be a dearth in literature when it comes to the topic of mental health in schools in an Irish setting. The studies that have focused on this area have claimed that primary school teachers don't feel that they have the skills or confidence to promote health behaviours and support positive well-being (O'Dea, 2010, Reinke et al., 2011, Graham et al., 2011).

As a result, the research objectives of this study are to explore teachers' opinions on the training they've received and if it has equipped them with appropriate tools and the necessary confidence to foster positive well-being in their students. Teachers' thoughts on the current primary curriculum, as it relates to mental health will also be sought. There will be an examination of teachers' experience of well-being in their own classrooms and what strategies they employ in order to support positive mental health. The study also wishes to explore barriers that exist that can hinder the promotion of well-being amongst children in schools. These topics will be explored against current, appropriate and relevant literature.

Chapter 2 will focus on literature that has been written in relation to the topic. To contextualise the idea of mental health disorders in children, the common disorders are outlined and the prevalence rate of these disorders in children in Ireland is discussed. Framework around the issue in Ireland is examined alongside curricular acknowledgement of the issue. The role of the school and of teachers is also explored, coupled with teachers' own perceptions and the strategies they employ to promote well-being in their classrooms.

Chapter 3 examines the qualitative research methods carried out in this study. Justification for the methods used is given and the practicalities of carrying out said research are provided. Limitations and ethical considerations are also noted in this chapter. The process of analysing this data is then explained. Chapter 4 looks at the findings that the data produced after this analysis was done. The findings are discussed under three primary themes that emerged from the research. The final chapter summarises the key findings and their implications and recommendations around the area of mental health in schools are made in response to these findings.

Chapter 2: Literature Review

2.1 Introduction

The purpose of this research is to investigate what perceptions teachers' have about well-being amongst their pupils and their own ability to promote positive mental health in their classrooms.

Common mental health issues will be examined in this review, in particular anxiety and depression. It is important to have consistency in understanding when discussing mental health across cultures and contexts (O'Dea, 2010) so the review will begin with an overview of mental health terminology and a contextualisation of the situation internationally and in Ireland.

The perceptions that teachers have about their mental health promotion training, their experience of mental health issues in their classrooms and the strategies that they employ in their class in order to promote and support the well-being of children in their classes will also be examined.

2.2 Defining mental health

It has always been difficult to find a concrete definition for mental health issues due to the varying nature of issues that can occur. Mental health however has been defined by the WHO (2001a) as being the state of well-being in which individuals can self-actualise their potential, deal with the common stresses they face in life and be able to contribute to their community.

Mental health is a vital strand of life and is deeply interdependent and closely interwoven with physical and social health. Therefore, it is apparent that mental health is crucial to the overall well-being of individuals, societies and countries (WHO, 2001b).

Internationally, mental health issues aren't categorised in the same bracket as physical health problems. Until recently they have been largely neglected, and this has resulted in an increasing amount of disorders. Today, approximately 450 million people suffer from a mental or behavioral disorder, however, only a minority are receiving even the most basic treatment (WHO, 2001b).

2.3 Common mental health issues in children and their effects

Westerhof and Keyes' (2010) model describes mental health as not only an absence of mental illness, but also as the presence of emotional, psychological and social well-being in a child. Therefore, it is as important to focus on the promotion of positive aspects of mental health as the focusing on the prevention of mental distress or illness.

The most common disorders that are encountered are anxiety and depression (Ginter, Greig and McKay, 2019). Telman, van Steensel, Maric and Bogels (2017), state that anxiety disorders are the most prevalent amongst children and that depression is the second most common mental health problem. Both disorders affect children's quality of life and are a risk factor for several adverse behaviours that can occur as a result. It can affect school attendance, problems with motivation, concentration and attention, behaviour regulation, educational dropout and poor academic & professional achievement (Stein and Kean, 2000; De Socio & Hootman, 2004; Humensky et al., 2010, Perou et al., 2013, van der Wal, 2015).

2.4 Rising numbers in mental health issues

It is difficult to place a figure on the prevalence of mental health issues because of the lack of uniform definitions; however, it is clear that their commonness is substantial and there is evidence that the figures are rising. Over the last two decades, mental health disorders in children have increased and there is a huge demand for mental health services to be made available to children (Capp, 2015). According to the RCSI, 1 in 3 children in Ireland will

experience some form of mental health issue by the age of 13 (Cannon et al., 2013). The ICP (2005) estimates that 20% of children will have a mental disorder at any one time, 10% will experience a mild disorder, 8% will experience a moderate to severe disorder and 2% will experience a disabling disorder. A survey by the ONS (2018) reported that 12.8% of children between the ages of 5-19 experienced a mental disorder. In the CAMHS's annual report (2013), referrals to CAMHS teams increased by 21% on the previous year. It is noteworthy that this was the last annual report made available by CAMHS.

2.5 Irish framework around children's mental health

A Vision for Change (2006) was put forward as a strategy document intended to be a national framework policy for mental health provision in Ireland which would also involve schools. Over a decade on, the MHC (2017) stated in their annual report that there is still much to be concerned about in the national mental health services. The Joint Committee on the Future of Mental Health Care (2018) stated that the area with the biggest gap in provision is the CAMHS sector. The availability and standard of these services in Ireland would appear not to be of sufficient quantity and quality (Cannon, Doré, Campbell & Molly, 2017; Kerin, 2014.)

Despite the high prevalence of mental health issues being experienced by young people, very few of these are actually accessing timely, evidence-based interventions from specialist services (Frith, 2017; Essau, 2005).

2.6 Role of schools & teachers in promoting mental health

School has been identified as an important setting where children live out their daily lives. This highlights the importance of the arena and how it is a crucial setting in which to promote positive mental health (Matthews, Kilgour, Christian, Mori, & Hill, 2015; Samdal, 2017; Weare & Nind, 2011).

Increasingly, it is recognized that there needs to be a broader approach than just specialist mental health services in supporting young people's mental health, schools need to be encompassed within this bracket (Frith, 2017; Department of Health, 2014). School-based interventions have been connected to the improved emotional health of children as well as improved scores in academic assessments. Boards of management, internationally, are now prioritising mental health in their schools (Borotrager & Lyon, 2015, Weiss & Murray, 2008; Dix, Slee, Lawson & Keeves, 2012). Lean (2013) recommends the deployment of mental health services to schools where students can be referred to a psychological professional on site. Taylor (2017) also recommends that principals promote self-acceptance schoolwide and encourage teachers to create learning opportunities that foster a destigmatized outlook on mental health. These interventions also decrease the likelihood of children developing anxiety and depression in their adolescent years (Baker-Henningham, 2014) and therefore ease the strain on mental health services (Wellender, Wells, & Feldman, 2016).

Internationally, due to increasing prevalence of children displaying symptoms of mental health issues, these school-based interventions are being implemented more regularly (Weissberg, Kumpfer & Seligman, 2003). It is increasingly prominent that children are receiving support for their social, emotional and behavioural needs in a school setting (Stormont, Reinke & Herman, 2009).

The Irish primary school curriculum states that teachers have a responsibility in the fostering of children's well-being, therefore it is imperative that Irish teachers have the capabilities, as well as access to resources that support the mental health of their students (NCCA, 1999b). Although the DES's "Well-Being in Primary Schools: Guidelines for Mental Health Promotion" was created and is the national framework for school-based mental health promotion (Grogan et al., 2015), the use of this national framework is not compulsory or a mandatory school policy.

This displays that, internationally, there is the belief that school-based interventions should play a vital role in supporting the well-being of children (Collins, 2014) but in Ireland, these interventions are not being deemed necessary (JCES, 2017).

SPHE is a subject in the Irish primary school curriculum that aims to “foster the personal development, health and well-being of the individual child” (NCCA, 1999a). The subject is only allocated 30 minutes a week, all other subjects have more time dedicated to their teaching (NCCA, 1999b). It has been found that, in Ireland, teachers are skipping SPHE due to the feeling that the school day is too short and there is a need to focus on more traditional curricular areas (O’Dea, 2010).

As stated before, the mutual relationship between academic achievement and mental health is well documented (Gustafsson et al., 2010; Holen & Waagene, 2014). For this reason, supporting the mental health of students should be seen as a major role of teachers in the learning process (Spratt, 2016). It has also been found that supportive teacher-pupil relations are of great importance to children’s mental health (Drugli, 2013; Suldo, McMahan, Chappel, & Loker, 2012). Likewise, increased emotional support being shown by teachers to their students tends to be correlated with a reduction in behavior problems and depressive symptom scores (Way, Reddy & Rhodes, 2007; Joyce & Early, 2014).

The amount of time that teachers spend in the presence of their students puts them in a unique position to notice symptoms of anxiety or depression (Ginsburg & Drake, 2002). Therefore, there is an increased expectation for teachers to be responsible for identifying the symptoms of these and referring them on to appropriate services (DES, 2017). Teachers are an integral part to the successful implementation of school-based mental health services; they serve as an important link between students and available mental health services within the school. However, to be able to successfully foster positive mental health in their classrooms,

teachers must be adequately prepared to handle students with mental health needs (Lindo et al., 2014). Although many factors can affect the preparedness and confidence a teacher has in supporting the mental health of children, little attention has been paid to what models can be used to achieve the level of competence necessary (Rose, 2018).

Despite these responsibilities, many teachers have a limited understanding of the link between school exclusion and mental health issues (Nash, Schlosser & Scarr, 2016). They also rarely have adequate access to support and supervision from professionals with expertise around mental health (Sharpe et al., 2016).

2.7 Teachers' perceptions of mental health issues in their classrooms

International studies have found that teachers don't feel that they have the preparedness to meet the mental health requirements of students in their classroom (Reinke, Stormont, Herman, Puri & Goel, 2011).

In a survey of teachers, 99% of respondents acknowledged that managing their students' mental health was a part of their role (Roeser & Midgley, 1997). Teachers have also described mental health education and management of mental health in the classroom as being important (Graham et al., 2011, Reinke et al., 2011).

Despite their prominent positioning in schools, teachers have reported that they lack the essential training and learning to deal with mental health issues in the classroom (Ball et al., 2016). They believe that these mental health issues are likely to have a negative and disruptive effect on their classrooms if improvements do not occur in the emotional behavioural health of students (Klonz et al., 2015). Teachers have also reported suffering with stress and guilt relating to their students' mental health issues and the lack of training they receive around it (Ball & Anderson-Butcher, 2014).

A study by Shelemy (2019), found that teachers believe the training they receive around mental health should involve identifying students' difficulties, aiming to prevent students' mental health from worsening. The study also found that teachers don't believe they should have to take on the role of a therapist, that training should focus on how to educate and prevent issues arising and that the supporting of well-being should be managed by experts with appropriate training.

Discussing sensitive health topics with children and parents has been found to be overwhelming for some practitioners due to some of the issues that may come about due to this (Buttigieg, De Bell, Lowe and Sherwin, 2007).

It has also been suggested that practitioners may be reluctant to engage in conversation with regards to topics like this as they have not been adequately prepared and their understanding is not at the level required to be of constructive and positive benefit (Department of Health, UK, 2014). A study by Cohall et al. (2007) found that teachers don't have the confidence in their own skillset to be able to promote healthy behaviours, particularly when dealing with the mental health and well-being of their students. Teachers have expressed low self-confidence and feeling of helplessness as they do not believe they have the required knowledge and ability to provide support for emotional difficulties in the classroom (Moor, 2007, Kidger, 2009).

Some studies have shown that teachers believe that this type of caring role goes beyond their capabilities as educationalists (Fullford, 2013). To add to this sentiment of teachers, they have expressed that this caring role can diminish their pedagogical role and they struggle to balance the academic and non-academic tasks of the expanding role of teachers (Ekornes, 2016). It is also noted that they feel under pressure due to the ever-growing expectations and that they are required to take on more than what their training prepared them for (Rickwood,

2014). Some teachers have even stated that, not only is too much expected of them in dealing with mental health issues among students, but that schools are being asked to do too much (Wyn, Cahill, Holdsworth, Rowling & Carson, 2000).

There seems to be a dearth of research when it comes to teachers' perspectives around mental health in an Irish context. O'Dea (2010), examined the promotion of mental health in schools in Kildare and found that the lack of training was a major barrier to the support of children's well-being in schools. This is seen to be the case in many other educational fields. Curricular pressures, time constraints and large class sizes were also identified as barriers. McEntee (2014) found that teachers did not feel that they had not acquired the adequate level of training in mental health promotion and therefore struggled with stress and had an impact on their own well-being. It was also found that they would feel more confident in promoting positive mental health if their school had a supportive ethos around the topic.

This situation displays how important it is that teachers have access to good quality mental health training and adequate timetabling & resources if they are to have the capability to deal with the complex needs of children and their mental health issues (Danby & Hamilton, 2016).

2.8 Teacher strategies for supporting mental health in the classroom

There is not yet an in-depth analysis as to what practical strategies and tools teachers want and need to support mental health in classroom, especially in an Irish context (Shelemy, 2019). Many teachers have identified a desire for training that teaches practical strategies that can be used in the classroom, many point to training that merely offers a description of mental health issues to the detriment of actual useful and practical advice (Shelemy, 2019).

Teachers have highlighted the necessity to build positive relationships with the children in their classrooms in order to better support the children's social, emotional and behavioural

functioning (Myers & Pianta, 2008; Sink, 2011). A teacher who participated in a study by DCHE, Texas (2014) reported that working on their teacher-child relationship with a child suffering with GAD, allowed them to build a greater rapport with the child and they noticed a positive reaction in terms of the child's demeanor and participation in the classroom.

Mindfulness practices have been known to reduce the negative effects involved with mental health issues (Weaver, 2015). Mindfulness can be described as being present in the moment, contemplative, meditative and having a sense of awareness to one's own body (Ditrich, Wiles & Lovegrove, 2017). Teachers have implemented mindfulness techniques into classrooms as it requires few resources and allows them to remain within the tight time constraints of their respective curricula (Rodriguez, 2016). These strategies have shown short term gains where children have revealed a decrease in irritability and stress (Himmelstein et al., 2012). However, there are very few instruments and evidence for the school-based efficacy of the implementation of mindfulness-based practices (O'Malley, 2017).

Lindsey et al. (2014) identified engagement with parents by teachers as a strategy outside the classroom that is necessary for building positive mental health amongst children in the classroom. Teachers are recommended to be available for parents to inform them on support networks and building trust and rapport, at the parents' discretion if they wish to do so. This can only be achieved once the teachers have been supplied with the sufficient training and knowledge on available resources and support networks. This strategy is becoming increasingly more encouraged in schools in order to establish a positive home-school connection and parental involvement is becoming a critical factor in academic achievement (Lee, 2019).

However, the study by Shelemy (2019), found that teachers believe that parents are often very dismissive of their children's' mental health problems. They did state, however, that

they wished to learn how to educate and inform parents on mental health matters, without seeming patronising.

In Ireland, NEPS (2013) does provide a brief resource for teachers to help familiarise themselves with anxiety and stress in students. The resource has information on panic attacks and also what relaxation strategies can be implemented, like thought logs. However, the resource doesn't provide anything in the area of promoting well-being.

The SPHE Teacher Guidelines (NCCA, 1999c) recommend strategies to create a positive classroom environment which foster self-esteem, self-awareness and positive well-being. These strategies come in the form of implementing routine activities, reflecting on the day's activities and goal setting. While there is reference made to these strategies, not much is provided in terms of resources, practicality and differentiation.

2.9 Conclusion

This chapter contained a review on the literature available in regard to teacher's perceptions on mental health in their classrooms. A brief description of mental health was provided and an attempt to contextualise the current situation in the form of providing up-to-date figures on the prominence of mental health disorders in children was made. Over the last two decades, mental health disorders in children have significantly increased (Capp, 2015). The role of schools and teachers were then examined. Due to the level of prominence that school has in a child's life, these two factors have a large part to play in the fostering of positive well-being in children (Weare & Nind, 2011). Literature on teachers' perceptions of their ability to promote positive well-being in their classroom was then examined. It would indicate that teachers don't believe they have the capabilities to meet the requirements of students in their classroom (Reinke, Stormont, Herman, Puri & Goel, 2011).

The next chapter will examine the qualitative approach to data collection utilised in this study. Justification of using qualitative methods will be provided and the practicalities of the research will be outlined. The chapter will also include the data analysis procedure as well as considerations on the transferability, validity and limitations of the study.

Chapter 3: Methodologies

3.1 Introduction

The aim of this research project is to establish the perceptions that teachers have about their mental health promotion training, their experience of mental health issues in their classrooms and the strategies that they employ in their class in order to promote and support the well-being of children in their classes. This chapter outlines the methodologies used to carry out the research and the justification for these choices. It will also examine the practicality of carrying out said research, the limitations & validity of the study, as well as the ethical considerations.

3.2 Qualitative research design & philosophical principle

I wished to gain a deeper insight into teachers' own perspectives on the topics. Therefore, a qualitative paradigm was chosen as this type of research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2018). An interpretivist principle was chosen for this study as it doesn't believe that the truth is black or white and varies from person-to-person. Interpretivism allows individuals develop subjective meanings of their experiences. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings into concrete objective data (O'Donoghue, 2007). This research focuses on teachers' perspectives of the topic of mental health which are subjective in nature as each individual's opinion will differ and I felt this principle was most appropriate.

3.3 Semi-structured interviews

Semi-structured, one-to-one telephone interviews with open-ended questioning were chosen as the means to collect data as Giorgi (2009) states that interviews are useful in

gathering information in order to describe the lived experiences of individuals about a phenomenon as described by participants. This description results in a narrated account of the phenomenon for the participants who have all experienced the phenomenon. Interviewing is done in order to encapsulate the lived experience of other people and the meaning they make of that experience (Seidman, 2006). Creswell (2018) believes that interviewing allows broader and more general questioning so that the participants can construct the meaning of a situation, typically forged in discussions or interactions with other persons. The more open-ended the questioning, the better, as the researcher listens carefully to what people say or do in their life settings. Denzin & Lincoln (2018) do note a tendency of interviewers having a hidden agenda in interviewing and interpreting participants' data in a way that may suit this agenda as a drawback of using interviews as a means of data collection. Steps to eliminate this bias will be outlined in the validity section.

I felt that the experiences the teachers would discuss would give me better and deeper data to analyse than if quantitative methods were used. There is evidence to suggest that data obtained through telephone interviews are no less valid than those obtained in face-to-face interviews (Smith 2005), despite suspicions that it yields less and poorer quality data than other methods (Wilson and Edwards, 2003). Glogowska, Young & Lockyer (2010) believe that telephone interviewing's disadvantages, like establishing rapport with the respondent and recognising limitations of resulting data—are outweighed by its advantages, which include cost and flexibility.

The interviews were between twenty and thirty minutes in length as I believed this would allow me to sufficiently probe participants' answers to gain a deeper insight into the topic at hand. It would also allow me to use their insights in order to probe further in subsequent interviews. This probing allowed me to focus on areas of concern and areas that

were of interest to the participants, where quantitative method would have only allowed the researcher's areas of interest be considered (Bryman, 2012).

3.4 Interview content

In order to obtain useful data, questioning in line with the research objectives of this study were laid out. Naughter (2018) held a similar interview setup with participants in a similar study so I drafted my interview based on the list of questions that study utilised (See Appendix D). Participants were first asked to give a brief overview of what came to mind when asked about mental health in their classroom, they were then asked about their training on the topic, their perception of the curriculum and if they believed any barriers existed to promoting well-being in their classrooms.

3.5 Sampling and recruiting of participants

When recruiting participants for the interviews, I employed a purposive sampling plan which meant that I chose the participants to take part that I felt best suited the study (Punch, 1998). The benefit of this is that it allows the researcher to seek out groups, settings, and individuals where the topics being studied are most likely to be a feature of their work (Denzin & Lincoln, 2018).

Inclusion criteria:	Experience in senior classes, qualified, comfortable speaking about mental health.
Exclusion criteria;	Student Teachers, NQTs, SNAs

I ensured there was variety in the participants; level of teaching experience, initial teacher training, class level taught at, socio-economic backgrounds of schools taught in and gender were all considered in the selection process. All participants in the research received

information letters (See Appendix A) and letters of consent (See Appendix B & C) were sent to boards of management first, to obtain permission, and subsequently to participants. These were signed prior to any interviews taking place. Participants were put under no undue pressure to sign the consent letters or take part in the study. They were also informed that they could withdraw from the study at any time. A date and time for the interviews to take place was then organised. I secured 6 participants with a variety of backgrounds in teaching.

Figure 1.

Participant (Pseudonym)	Gender	Age Range	Years of Experience	School Details	Qualification
Trevor	Male	35-40	17	Urban All Boys	B. Ed
Kailey	Female	40-45	8	Rural Co-ed	H. Dip
Anna	Female	20-25	3	Urban DEIS 1 All Boys	B. Ed.
Tanya	Female	55-60	35	Urban DEIS 1 All Girls	B. Ed.
Chloe	Female	20-25	2	Urban All Girls	PME
Elena	Female	25-30	6	Urban All Girls	PME

3.6 Collecting the data

Only one interview that I conducted was done in a face-to-face setting as a result of closure of schools due to the COVID-19 pandemic. The remaining interviews were done over the telephone.

Figure 2.

Participant	Date of Interview
Trevor (face-to-face)	4/3/20
Elena (telephone)	16/3/20
Anna (telephone)	19/3/20
Tanya (telephone)	25/3/20
Chloe (telephone)	1/4/20
Kailey (telephone)	2/4/20

Each interview was recorded using the iOS app; Voice Memo on an iPad so that the interview could be transcribed afterwards. Denscombe (2007) states that transcription is vital for data analysis as it allows the researcher to be more familiar with their data.

Participants were informed of their right to access these transcriptions in order to make amendments they saw fit.

Interview Protocol
1. Recording begins, phone call, greetings
2. Review of information and consent letters
3. Informal reclarification on consent, rights of participants
4. Interview process
5. Reclarification of rights of participants following interview
6. Recording ends, farewells

3.7 Validity of study

The idea of validity in a study is to do with how truthful we can deem a study to be. Creswell (2018) identifies reflexivity as an element of the reliability and validity of a study. This relates to the researcher's attitudes towards the topics at hand. Their own past experiences with the topic and how these experiences may have shaped their interpretation of the topic need to be considered when looking at the validity in the research. Maxwell (2005) also states that bias can be a threat to validity. This can come in the form of selecting data that coincide with the researcher's existing preconceptions on the topic, and the selection of data that "stand out" to the researcher (Miles & Huberman, 1994). In order to combat these threats to the validity and reliability of the study, I ensured to employ strategies that Maxwell (2005) lays out to counter bias. For the data collection, I transcribed verbatim scripts of the interviews, not just notes on what I felt was significant, in order to gain richer data. All transcripts and recordings were saved to password-secured folder. I clarified with my participant and solicited feedback from them so that I wouldn't misinterpret what they meant by their statements. I identified and analysed the data that contained discrepancies as this is a

key part of validity testing in qualitative research. The inclusion of contrary cases was necessary to increase the validity of the study.

3.8 Transferability of study

Transferability is established in research by providing evidence that readers can apply to other contexts, situations and scenarios within the area of study (O'Donoghue, 2007). I aimed to achieve this by having a varied set of readings on the topic of mental health in classrooms in the literature review chapter.

Also, in my sampling and selection of participants, my goal was to have a varied set of participants with different demographics and backgrounds in teaching and schooling. The candidates had varied initial teacher education paths, some obtained a B.Ed., some attained a H. Dip, and some obtained a PME.

3.9 Limitations

Limitations to transferability can be seen in the recruitment of participants. The time constraints that the research was under, led to the selection of only 6 participants which may not be a large enough sample size to ensure transferability. It did, however, allow six participants to voice their perspectives in depth and give rich data.

It must also be noted that some of those that I approached to be participants may have declined due to the sensitive nature of the topic and may not have been comfortable talking about topics in this area. Those who did agree to take part may have had a particular interest in the topic of mental health and therefore it is hard to say that this data is representative of the entire sample of primary school teachers.

3.10 Approval of research & ethical considerations

In order to gain approval for this research to be done, approval was sought from MERC. Throughout the project, it was important to engage in ethical practices and to anticipate the ethical issues prior to the study that could have arose (Creswell, 2018). I ensured to observe Creswell's ethical practice recommendations throughout this research.

The purpose of the study was described to the participants (Sarantakos, 2005). Participants were also made aware of the altruistic benefits of taking part in the study, they were made aware that they would be contributing to research in this area, they would have a chance to reflect on their own practice and perhaps improve their own practice.

Audio recordings were made for transcription purposes and were downloaded onto a password-secured device, which only I had access to. These recordings will be deleted upon submission of this dissertation.

In the analysis of the data, participants were treated with anonymity using pseudonyms. An avoidance of only using 'positive' results was employed and discrepancies and contradictions were noted in order to avoid the inclination to cast my own perspectives on the topic in a favourable light.

This study was designed to pose no risks to participants but due to the sensitive nature of this topic, I provided my contact details to participants in case they experienced any adverse effects from the topics that were discussed. If participants showed any signs of distress during an interview, the interview would be stopped, and the participant would be allowed to withdraw from the research or reschedule the interview at a time that was of convenience to them.

3.11 Data analysis procedure

Monette, Sullivan, & DeJong (2010) claim that data collected is still 'raw' and must be attributed meaning. The analysis of this data is where the researcher attempts to transform this data and extract some meaning from it.

Upon completion of the interviews, the data that I collected began to be analysed. As Denscombe (2007) noted, transcriptions were made in order to familiarise myself with the data. Practices from Grounded Theory Procedure were used in the analysis of this data, this is where data is explored and analysed and leads to the development of theories grounded in the data (Charmaz & Thornberg, 2012). Charmaz (2006) identifies the need to study a range of cases and extrapolate the patterns from them in order to form conceptual categories. The pattern emerged from analysing transcripts and coding them, this is the naming of segments of data which summarise and categorise the data. Coding is done in two phases (Charmaz & Thornberg, 2012). I studied my transcripts in detail and began the *initial coding* phase. I assigned coded sentences to each line and this allowed me to encapsulate what the participants were saying. The second phase, *focused coding* involves analysis by using only the codes created. I organised these codes and identified the most frequent codes which linked to other codes across all six interviews, prominent sentences were also identified.

3.12 Combination of codes into categories/themes

The coding phase allowed me to identify and analyse emerging themes, similarities and discrepancies across the six interviews. This analysis of the codes led me to creating three prominent categories within which to discuss the data. In order to ensure the validity of the study, when creating my themes and prominent categories, I ensured the code fit the data, instead of forcing the data to fit the code (Glaser, 1978). Denscombe (2007) identifies the

possibility of taking words out of context when coding and categorising data. In order to counter this, I ensured to constantly revisit the audio recordings in order to make sure meaning was taken in the correct frame of reference.

3.13 Conclusion

This chapter contained details of the methods used to conduct the research. Justification for the use of qualitative methods, through semi-structured interviews was provided. Giorgi (2009) claims that interviews are beneficial for gathering information in order to describe the lived experiences of individuals about a topic by the individual themselves. The practical elements of the research were outlined, this came in the form of a description of the content of interviews, how participants were recruited, the collection of the data. Factors such as ethical considerations, validity and transferability of the research and limitations were also examined. The approach to data analysis was also explored.

The next chapter will focus on the discussion of the main themes that emerged from the data after thorough analysis. The chapter will be split into three themes which will examine the data provided by participants through the use of quotes and will compare and contrast their input against published literature on the topic of mental health in primary school.

Chapter 4: Findings and Discussion

4.1 Introduction

The aim of this research project was to establish the perceptions that teachers have about mental health issues in their classrooms and the strategies that they employ in their class in order to promote and support the well-being of children. It also focused on external factors like barriers to promotion and their training in this area.

This chapter will look at the findings that the data presented and will display these findings under three categories. These categories were selected through thematically analysing data gathered through the interviews carried out. The first theme looks at the participants' perception of their own role and their school's role in the supporting of children's mental health. The second theme focuses on training they have received and whether they feel it has equipped them to deal with issues involving well-being and mental health in their classroom. This comes in the forms of their ITE and what CPD courses are available to them as qualified primary school teachers. The third theme I decided to look at was how the primary school curriculum can act as a barrier to supporting positive mental health in the classroom.

4.2 Interview participant profiles

Figure 3.

Pseudonym	Profile
Trevor	Seventeen years of teaching experience, taught at all class levels. Only taught in all-boys school and is head of Dr oichead programme in school. Particular concern over social media and recent increase in cyberbullying.
Kailey	Eight years of teaching experience, teaching in rural school. Achieved teaching qualification in the UK. Noticed a big increase in anxiety in children. Also noted that many issues are coming from outside of school but are being dealt with in school.
Anna:	Three years of teaching experience, worked in the UK for two years. Working in a DEIS Band 1 school. Highlights lack of variety in training programmes in area of mental health. Raised concerns regarding the language around mental health and the need to be careful when raising it with children.
Tanya:	Over 35 years' experience teaching, currently deputy principal of DEIS Band 1 School. Acknowledged her school's role as more to do with social work than academic achievement. Noted massive increase in mental health issues since she began teaching, especially in last two decades.
Chloe	Two years teaching experience, one year in a learning support setting. Acknowledged the role of the teacher in supporting wellbeing and highlighted importance of teacher-parent relationship.
Elena	Six years teaching experience, expressed a major interest in the topic mental health and has completed numerous training courses in this area. Expressed concern at lack of focus on teacher's wellbeing.

4.3 Summary of thematic findings

Figure 4.

Theme	Summary
The role of teachers and schools	Participants greatly acknowledged that their role went beyond pedagogy and into a caring role. Strategies to support mental health that they implemented were also discussed. Barriers in schools were identified, such as staff resistance and non-uniform training courses.
ITE is lacking in the area	Participants alluded to a lack of training in their initial qualifications. The topic of mental health was only briefly mentioned in teaching colleges according to participants. CPD is available but teachers expressed a lack of variety. There is also a desire for practical strategies and implementations in these courses.
The curriculum as a barrier	All participants acknowledged the primary school curriculum as a barrier. Subject allocation was an issue as most felt that too little time is devoted to SPHE.

4.4 Beyond Pedagogy: The role of teachers and schools in supporting student well-being

School is a prominent location in which children live out their daily lives. It has been highlighted as a crucial setting in which to promote positive mental health (Weare & Nind, 2011). All participants acknowledged and agreed that they themselves, and their school had a role to play in supporting the mental health of their students. All participants felt that their job went beyond imparting knowledge onto children and into a caring role. Strategies that they've used and observed to support well-being were also examined and critiqued. The role of the school will be looked at in terms of whole-school approaches and how staff can be a barrier.

4.4.1 Teacher's role goes beyond pedagogy. Graham et al. (2011) and Reinke et al. (2011) state that teachers acknowledge that caring for their children's mental health is a part of their role. All participants explained that their role went beyond pedagogy and that they have a caring role to play due to the prominence they have in children's lives. "It definitely goes beyond pedagogy ... it really goes beyond just being a teacher and mentor" (Chloe). Fullford (2013) states that some teachers believe that this type of caring role goes beyond their capabilities as educationalists, however, when prompted with this finding, all six participants were quick to dismiss the claim. "I would disagree, I think we all know what the role entails in terms of care and accountability for a child's well-being" (Trevor). This immediate dismissal is noteworthy as it would suggest that all participants accept full responsibility as a carer to students.

This finding was especially substantiated in the participants with experience teaching in DEIS schools, who felt that the caring role outweighed the role of pedagogy as their students would be coming from more socio-economic deprived communities. Tanya estimated that "due to our to our setting being in a socially disadvantaged area, we feel the

split is probably around 75% social work and caring and 25% academia". Anna, who also works in a DEIS school, added "so much of it is to do with caring for the kids, they're coming from really tough backgrounds, so school is probably their only positive outlet and sense of routine".

Joyce and Early (2014) put forward the claim that increased emotional support from teachers tends to result in a reduction of behavioural problems, depressive symptom scores and an increase in academic achievement in children. Three of the participants raised this point without questioning or prompting from the researcher. This would suggest that teachers understand their role and the need to develop positive well-being in order to achieve academically and further. Elena notes that she always relays this message onto parents at meetings, "If the kids aren't content, happy and secure, I don't feel they're going to learn as well as they could be". Kailey and Tanya placed more importance on the promotion of well-being than focusing on academic achievement, "I would say promoting self-esteem and self-awareness is more important than academia, because if you have that, then the academic stuff will be a by-product" (Kailey). Tanya noted the need to build "rapport and mutual respect with the kids, in order to achieve anything". This is in line with Sink's (2011) study that shows that teachers understand the necessity to build positive relationships in classrooms in order to support the social and emotional functioning of children. These findings would suggest that teachers acknowledge the role of contentedness and well-being in a child's overall performance and would mean that more time could be spent on fostering these elements to bring about improved performance.

4.4.2 Strategies that participants have implemented. Shelemy (2019) noted that there is not yet, an in-depth analysis of what strategies teachers use and need to support mental health in the classroom. Weaver (2015) suggest that mindfulness can counter the negative symptoms of mental health issues, while Himelstein et al. (2012) note that it has

revealed short-term gains where children display reduced irritability and stress. All participants had previous experience of using or observing mindfulness in the classroom setting.

Despite these positive presentations of mindfulness, Trevor and Kailey were the only participants who spoke of it solely from a positive perspective. Trevor had not implemented it himself but a student teacher of his had used it in his classroom, “the children seemed to like the meditational aspect, it really relaxed and seemed to allow them to let go of any anxious thoughts they may have been having”.

All other participants who had experience of mindfulness had mixed views on the strategy, they agreed that it has positive qualities but question its effectiveness as a solution. Anna noted that “it’s a mixed bag really, some of them find it very useful and look forward to it and some of them find it really challenging, I don’t think something that is 50% effective is a sustainable approach”. Elena echoed this sentiment when she pointed out that “some of the kids really benefit from it and some don’t get it at all, like they won’t settle, it can end up a disaster”. This skepticism surrounding mindfulness mirrors O’Malley’s (2017) claim that there is very little evidence for the efficacy of mindfulness-based practices in school.

Perhaps more research could be done into the area to provide more concrete evidence that mindfulness has a positive influence on children’s well-being. It also highlights a need for the introduction of other concrete strategies into training courses that focus on the area of well-being.

Lindsey et al. (2014) identified engagement with parents as a strategy to use outside of the classroom in order to better meet the needs of students. Lee (2019) notes developing a positive home-school connection as a factor in academic achievement and is becoming increasingly more encouraged in schools.

Tanya was the only participant who identified this as a key strategy without any drawbacks. She acknowledged communication with parents as an important aspect of supporting the mental health of children. It is noteworthy that Tanya is the only participant who is a deputy principal, she also has the most teaching experience. This confidence to communicate with parents about a sensitive issue may come from experience and the nature of her role makes these conversations a necessity.

Despite this seemingly positive strategy, Shelemy (2019) notes teachers' reluctance to interact with parents on this topic due to its sensitive nature. It is reported teachers do not wish to be intrusive or patronising towards parents and their children when it comes to the topic of mental health. Two participants raised these concerns during the interviews. Elena explained that she would often send home supports that the parents can decide to use if they wish, but admitted that it is a very sensitive topic, "you have to be very careful and professional when you approach it as you can't know what parents' opinions on it are". Chloe says that she does have conversations with parents about issues she feels are important to raise with them but admits that due to the sensitivity of the topic, she doesn't feel comfortable approaching the topic in class with kids as she fears that parents would not approve. She added "It also has to do with what parents think, some parents would definitely prefer to avoid you going near the topic".

These findings suggest that, while engaging with parents can be an effective strategy for supporting children's mental health, many teachers are reluctant to engage with parents on the topic. This highlights a need for training for teachers on the practicality of communication with parents through the use of appropriate terminology, rationale and to highlight its importance in a child's life in an unpatronising manner.

4.4.3 Schools have a large role to play. Whole-school interventions have been accredited with improved emotional health in children (Weiss & Murray, 2008). All participants alluded to this, but several admitted that their school didn't have such an approach in place.

Staff was identified as an issue when attempting to adopt a whole school approach to well-being. CPD courses are taken at the discretion of teachers and are rarely made mandatory by boards of management. Participants admitted that it was difficult to reach a consensus on a whole-school approach to supporting mental health with other staff members due to differing opinions on the topic. Tanya noted "you find teachers have more of an interest and then others go off and do CPD in other areas, it's not always across the board". Anna added that "getting staff to buy into it can be an issue, sometimes you have those against it. They might be dismissive of mental health as it's a newer issue that's popped up". Elena echoed these sentiments, "there are so many new initiatives coming at us at once that it's hard to get everyone on board with all the same implementations". These statements relate to McEntee's (2014) claim that some teachers don't feel their schools have a supportive ethos surrounding the promotion of mental health. This would highlight the need for school boards to decide on uniform training courses so that all staff are trained in the same areas and to the appropriate level.

4.5 Lack of training in ITE for supporting students with mental health issues

A study by O'Dea (2010) identified a lack of preparedness and confidence in teachers in engaging with topics surrounding mental health, as they lack adequate training and understanding to be of constructive and positive benefit. The data collected reflects this. Participants highlighted a lack of input from their teaching colleges in their ITE. They did

acknowledge the abundance of CPD in the area, although some believed these to lack variety and seldom provide enough practical implementations.

4.5.1 ITE is lacking. As Ball et al. (2016) mention, teachers feel that they lack essential training in dealing with mental health in the classroom, despite their prominent positioning in children's lives. All six participants who took part in the research acknowledged that they didn't receive enough input in their ITE programmes.

Some participants claim that they received little to no input on the topic in their teaching programmes. When asked about her ITE, Elena stated that she had not received any training on the matter, "Not in the college where I did my postgraduate degree, that wasn't really a factor". Anna pointed out that it was available as a six-week elective module, but it wasn't widely encouraged to take the subject. "We did very little on it, none at all really. There was an elective available in second year I think, but I didn't take it, it wasn't very popular". Chloe noted that it may have been mentioned in passing in one of her modules but couldn't recall, "I don't know if we did anything on it actually, there may have been a discussion on it in our SPHE module. There could definitely be more focus on it in training colleges".

Kailey, who achieved her teaching qualification in the UK, explained that the lectures she attended promoted supporting well-being in the classroom. She did acknowledge though, that most of the input she received was on her teaching placement from the actual classroom teacher. She noted "We had lectures on mental health, promoting its awareness in classrooms, it was very positive ... we did do it in college, but it was on placement that I received most input from teachers in the school".

Trever and Tanya both admitted that they received no input whatsoever on the topic. However, they did accredit this to the time in which they achieved their teaching

qualifications. They understood that the topic was not really a part of mainstream thinking at the time and it has gained more prevalence in recent times. Trever noted “I don’t think well-being was as big a topic back then as it is now, since I have qualified, perhaps priorities have shifted, and rightly so”. When asked did she receive input in her training, Tanya’s response was, “absolutely not, you’re talking 35 years ago. So, when I qualified in the 1980s, there was nothing about well-being. It’s only been in the last 20 years”. This observation is consistent with Capp’s (2015) study which claims that mental health disorders in children have increased over the last two decades. These findings highlight the need for an increased focus to be put on the topic of mental health in teaching colleges.

4.5.2 There is an availability of CPD in this area. Although participants cited a lack of input in their ITE, all six immediately acknowledged the plentifulness of CPD courses in the area of mental health. This immediate pointing out of courses available would suggest that the participants aren’t totally dismissive of the training in this area.

All participants commended their schools work on making them aware of CPD courses that are available. Chloe noted that there was good correspondence between the board of management and the staff in the school, “we would get regular emails from the school highlighting good courses”. The courses tend to focus on mindfulness, yoga and meditation according to the participants.

Anna, however, did note that, while being a useful tool, courses tend to be very similar to one another. She claimed, “they are all good, but there’s not much variety, it seems to be all the same. I feel like if you’ve done one, you’ve done them all”.

There was a belief amongst two of the participants, that well-being was lower on the priority list of the DES with regard to training. Trevor stated he felt that other areas of the curriculum are still held in higher regard. He felt that although well-being was still being

promoted through courses, “in regard to training and CPD, mental health is probably overshadowed by other policy initiatives by the Department. I feel literacy, numeracy and school evaluations are taking priority”. Elena also noted that she’d “love to receive the same level of training that I’m receiving in the language curricula, in the SPHE curriculum and the area of well-being and mental health”. This correlates with Ekornes (2016) claim that teachers are becoming more accountable for the academic performance of children, to the detriment of balancing non-academic aspects of their development.

4.5.3 Teachers would prefer practical strategies in teacher education. Shelemy (2019) points out that teachers have a desire for training that teaches practical strategies and that most training only offers description of mental health issues to the detriment of useful implementations. This was the sentiment of the majority of the participants.

Participants noted that other areas of CPD are more thorough and practical in their subject areas. There was a belief among participants that teacher education doesn’t offer practical and realistic strategies relating to mental health. Anna compared mental health to other disorders that affect learning, “if you did a course on dyslexia, you’d be given really concrete tips and strategies to implement, but I haven’t seen as much for anxiety and depression for example”. She went to state she would love to see these concrete strategies being laid out for teachers. Trevor believes the courses to be too broad, without much detail and instruction, “I would like to see a little bit more on the practicality of communication with children around these issues”. Elena was of the opinion that CPD does offer lots of information to teachers, but very little on the practical implementation of these strategies so “you have to learn to prioritise by yourself”. This showcases the need for concrete resources and strategies to help teachers better support the needs of their students.

Tanya acknowledged that the DES had made more courses and programmes available but was critical of the implementing of said courses. She added, “things have improved, however, the Department are great for saying “off you go and do that” but there’s often not any proper focused training, so we do it as a whole school”. This might highlight the need for more thorough implementation guidelines to be made available by the DES

Two participants noted that recognizing symptoms of anxiety and depression in students is something that needs to be prioritised. Anna expressed concern that she didn’t feel equipped to recognise some of the symptoms of anxiety and in turn couldn’t refer the child onto appropriate services if deemed necessary. She declared a need for “more strategies and training to give us the skill to recognise some of the symptoms associated with negative mental health”. Ginsburg and Drake (2002) note that teachers, given the time they spend with their students, are in the unique position to notice symptoms of anxiety and depression. The DES (2017) express that there is a greater expectation for teachers to be responsible for identifying the symptoms and referring them to appropriate services, yet these responses would suggest that the appropriate training is not being provided. This highlights the need for an increase in resources that teachers can avail of in order for them to better recognise symptoms of negative mental health issues.

4.6 The primary school curriculum as a barrier to the promotion of positive mental health

SPHE is a mandatory subject in the Irish primary school curriculum which aims to “foster the personal development, health and well-being of the individual child” (NCCA, 1999a). Participants alluded to the curriculum as a barrier to the promotion of positive mental health. They did acknowledge that the curriculum does refer to well-being, fostering personal & social development, and does make use of good programmes. However, they felt the time

allocated to this was hugely insufficient and more time and focus is put on more traditional curricular areas.

4.6.1 Positive perception of curriculum. Most participants did admit that the curriculum does refer to feelings and self-awareness among other areas of personal development. They admitted that it makes use of different programmes which are of benefit when promoting positive mental health which indicates there is an emphasis on supporting this aspect of the child's development and that the NCCA (1999a) have managed to identify it as a factor that needs input in the child's education.

Trever felt that the SPHE curriculum, makes use of beneficial programmes and that "it does attempt to put forward the idea of positive mental health". Elena stated that the SPHE programme regularly refers to mental health in the form of self-identity, feelings and emotion. She noted that it does not specifically mention mental health or well-being, and this may be due to the curriculum being "written in 1999 and doesn't coincide with current times". She felt that there is an array of programmes available, but it now needs to be embedded in the curriculum itself and that it needs to be placed at a higher priority in relation to other subjects. Anna noted that the SPHE curriculum referred to looking after the whole body, "keep the whole body healthy, so mind and body. I don't think there's any other area of the curriculum it comes up in though". A positive that was noted was that it acknowledged that we all feel different things at different times and that it is ok to feel this way. However, Chloe suggested "there isn't a huge focus on well-being, it could be probably a topic in of itself that would take a few weeks". Tanya, who had the most teaching experience of any participant, identified that the NCCA had improved their distribution of programmes surrounding this area due to its increasing level of prominence since she first began teaching.

4.6.2 Time as a major barrier. In spite of all this, the subject is designated 30 minutes out of a 1,700-minute school week. Every single other subject has more time dedicated to its teaching (NCCA, 1999b). Danby and Hamilton (2016) identified that teachers need adequate timetabling in order to deal with the complex needs of children. O'Dea (2010) identified curricular pressures and time constraints as a barrier to the promotion of mental health. The study also found that Irish primary school teachers tend to skip SPHE as they feel the school day is too short and they need to cover topics in more traditional subjects.

All participants, with the exception of one, felt that the time allocation is a major barrier to supporting mental health in the classroom which correlates with O'Dea's (2010) finding.

When asked what barriers she believed existed in relation to supporting mental health in her classroom, Elena stated "time is a huge factor, we are teaching 11 or 12 subjects a week so it's very crowded. It's very difficult to prioritise". Trevor believes the curriculum to be overcrowded and that the way education is currently set up to assess performance, getting time to fit it in to your timetable and to sufficiently explore the topic is the problem. He added "in the end, you end up rushing through the lesson to get to the 'point' of the lesson so that you can sign off that you covered the programme". This is noteworthy as it relates to the pressures surrounding pedagogy, accountability and the balancing of academic and non-academic tasks that some teachers face which Ekornes (2016) and Rickwood (2014) allude to. He also identified that this type of teaching doesn't allow you to explore the topic in a specific context that the children can relate to. Tanya stated that she wasn't happy with the SPHE time allocation and noted further problems with curriculum overload, "I could list a lot of problems with the time allocation on the curriculum, beyond just SPHE". This would seem to suggest that adequate time isn't being allocated to supporting the complex needs of children as Danby and Hamilton (2016) suggest it needs to be.

Anna also made a point that directly substantiates O'Dea's (2010) claim that teachers are skipping SPHE. She noted that the more traditional subjects take priority, especially in the senior end and that these eat into the school day. She added "we're under pressure to get everything covered so more abstract activities and topics like well-being end up getting put to the side. I suppose it's not ideal and not a nice thing to say, but that's what happens".

These findings would suggest that the NCCA may need to amend the curriculum and delegate more time to the subject of SPHE in order to allow teachers the freedom to explore this topic in greater depth and better support the mental health needs of their students.

Chloe was the only participant who didn't believe that time was a barrier to promoting well-being, she felt that it can tie into other subjects like PE and Drama and that integration can occur to combat this potential difficulty. She added "I understand that issue that people may have, but I tend to integrate as much as possible in order to overcome that problem, so it may be in the arts subjects, especially drama, where I can include stuff on well-being".

Kailey did identify curriculum overload as a barrier "without a doubt", however, she also attempted to integrate cross-curricular links, similar to Chloe, in order to overcome this barrier and that teachers are afforded that flexibility by the DES. This is noteworthy as it suggests a solution to the time-barrier by training teachers to integrate subjects more effectively and to make more efficient use of the school day.

Chapter 5: Recommendations and Conclusion

5.1 Introduction

This study aimed to gather teachers' perspectives on mental health in their classrooms. The responses that a sample of teachers gave, were analysed and categorised into three main themes. These themes were discussed against pertinent literature to develop key findings and their implications. This chapter will look at these key findings and provide recommendations based on these.

5.2 Key findings and implications

The first theme that emerged from the data was that teachers have a strong understanding and acceptance of their role in supporting children's mental health. This would relate to Graham et al.'s (2011) and Reinke et al.'s (2011) findings that teachers acknowledge that caring for their children's mental health is a part of their role. Participants also acknowledged the role of their school and how a coordinated approach from boards of management would allow greater support and input to teachers to deal with issues that may arise in their classrooms. This would be in line with Weiss & Murray's (2008) claim that whole-school interventions have been accredited with improved emotional health in children. Participants acknowledged that their schools didn't have such approaches in place, which would suggest the need for a coordinated approach and that students aren't being provided with the best surroundings to have their well-being supported, currently.

The second theme that emerged was in relation to the participants' ITE. Participants indicated that there wasn't a focus on supporting children's mental health in the teaching colleges in which they received their qualifications and expressed a desire for this type of training. This is congruent with Ball et al.'s (2016) study that teachers believe that they lack critical training in tackling mental health issues in the classroom. This finding would suggest

that teachers are not receiving enough input in their ITE to be an adequate support and resource to children who are dealing with mental health disorders. It also suggests that teaching colleges may need to amend their programmes to provide more focus on the area.

The third theme that emerged from the data was that the curriculum can act as a barrier to the promotion. O'Dea (2010) identified curricular pressures and time constraints as a barrier to the promotion of mental health. The majority of participants alluded to an emphasis on traditional subjects and an inadequate time allocation to the subject of SPHE. As a result, they felt that they couldn't address the topic of well-being to a worthwhile degree. This would suggest children are missing out on valuable input every week that could better equip them to deal with issues and provide improved support to their mental health needs.

5.3 Recommendations

5.3.1 Developing whole-school approaches to mental health. Participants, in echoed sentiment of current literature, acknowledged their school's role in the supporting of children's well-being, yet many felt that their schools didn't have supportive ethos around the topic. It is recommended that schools familiarise themselves with the "Well-Being in Primary Schools: Guidelines for Mental Health Promotion" framework and draft a school policy on well-being amongst children, based off this document. A whole-school approach to CPD on the topic should also be coordinated so that teachers are able to support one another in the promotion of positive mental health in classrooms. A mandatory mental health policy in schools could be introduced to ensure these recommendations are implemented.

5.3.2 Greater focus on mental health in ITE and CPD. Due to the state of current literature and feeling amongst participants, that teachers receive inadequate input regarding children's mental health in ITE and express a greater desire for this type of training, an amendment to ITE courses would be recommended. A compulsory subject in teaching

colleges that deals with children's well-being and how it can be supported, with practical strategies, is recommended. An introduction of mandatory CPD courses is also recommended, these courses should cover areas such as recognising the signs and symptoms of mental health disorders as well as providing teachers with information on available support services.

5.3.3 Amendment to time allocation of SPHE. As the majority of participants indicated time allocation as a barrier to the fostering of well-being in their classrooms, an amendment to the primary school curriculum's subject time allocation is recommended. An increase on time spent on the subject of SPHE would allow teachers greater scope and time to explore topics relating to mental health. This time increase may also place well-being in children, higher on the priority list of teachers and may encourage a destigmatized look at mental health disorders and help foster positive mental health.

5.4 Limitations of study

It must be acknowledged that there are limitations to this study. The small sample size could suggest that these findings are not a representative of the population of primary school teachers in Ireland. However, it did provide an in-depth insight from six participants who told of their experiences and thoughts on the topic and would suggest that this study is applicable when looking at the area of teachers' perspectives on mental health in their classrooms.

5.5 Contributions to field and future research opportunities

It has already been acknowledged that there is a dearth of research when it comes to teachers' perceptions on mental health in the classroom. This study aims to contribute knowledge to that field by providing a voice to participants to give their insights on an under-engaged topic. It could also guide future research in the area as the sample size of this study was on a very small-scale. If implemented on a larger sample-size, a greater insight to the research questions outlined could be achieved. An issue that may not be relevant to this study

but was raised by a majority of participants, was that there is very little focus on the wellbeing of teachers by schools and governing bodies and this may present an opportunity for future research.

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Appendices

Appendix A: Participant Information Letter



What perceptions do teachers' have about well-being amongst their pupils and their own ability to promote positive mental health in their classrooms?

Dear Participant,

Please take some time to read through this information sheet. If you have any questions, do not hesitate to contact the researcher, Tom O'Brien. Tom's supervisor for this research project is Dr. Andrea Lynch of Marino Institute of Education.

Email Contacts: Tobrienpme18@momail.mie.ie, Andrea.Lynch@mie.ie

My name is Tom O'Brien and I am currently studying to obtain a Professional Masters in Education from Marino Institute of Education. As part of this programme, I am conducting research in the area of teachers' perspectives of supporting positive mental health in their classrooms. My research is under the supervision of Dr Andrea Lynch and is entitled "What perceptions do teachers' have about well-being amongst their pupils and their own ability to promote positive mental health in their classrooms?".

If you agree to take part in this study, you will be asked to take part in a one-to-one, semi-structured interview where your perspective will be gathered on the training, programmes and interventions available to you when approaching the area of mental health in their classrooms. You will also be asked for your personal experience of the topic in question. The interview will take approximately 20-30 minutes and will take place at a time of convenience to you between the dates 1st March – 31st March.

It is my intention to record the interviews. This is for the purpose of being able to accurately transcribe our conversation. The data will be kept on a secure device. Your data will be destroyed upon completion of the research. The information gathered will be treated with the appropriate privacy and confidentiality. No information about you or your school will be identified in the research. Pseudonyms will be used throughout the report. A copy of the transcriptions will be made available to you to delete any information you are not happy with or to insert any information you wish to add after the completion of the interview.

Please note, you are under no obligation to participate in this. You are also fully entitled to withdraw from the research at any time.

The benefits of taking part in this study include;

- A contribution to research in this field
- An opportunity to reflect on your own practice
- An opportunity to improve your own practice

The study has been designed to pose no risk, however, due to the sensitive nature of this topic, there may be adverse psychological effects. If you experience an adverse effect from the research, please contact the researcher.

A full copy of the report will be sent to you upon its completion.

Thank you for taking the time to read this information letter.

Researcher: Tom O'Brien

Institution: Marino Institute of Education

Email: tobrienpme18@momail.mie.ie

Supervisor email: Andrea.Lynch@mie.ie

Phone number: 0871379321

Supervisor number: 01 8057700

Appendix B: Board of Management Letter of Consent



27th February 2020

Board of Management,

Dear _____ and members of the board of management,

My name is Tom O'Brien and I am currently studying to obtain a Professional Masters in Education from Marino Institute of Education. As part of this programme, I am conducting research in the area of teachers' perspectives of supporting positive mental health in their classrooms. My research is under the supervision of Dr Andrea Lynch and is entitled 'What perceptions do teachers' have about well-being amongst their pupils and their own ability to promote positive mental health in their classrooms?'

This project wishes to investigate whether teachers feel to promote positive mental health amongst students in their class. The data collection for the project includes the completion of one-to-one, semi-structured interviews where teachers' perspectives will be gathered on the training, programmes and interventions available to them when approaching the area of mental health in their classrooms. The teachers will be audio recorded during the duration of the interview, their data will be kept secure and destroyed upon the completion of the research.

I am aware that this this is a very busy time of year for you and your school and I would greatly appreciate your assistance with this project. The study has been designed to pose no risks for the individuals or school participating in this study. The information gathered will be treated with the appropriate privacy and confidentiality. No information about your school or the participants will be identified in the research. As your school would be the site for data collection, a copy of the results will be made available to you at the end of the study.

Please note that the teachers involved are under no obligation to participate in this study and information consent forms will be sent to each individual for permission for me to conduct this research.

If you have any further questions regarding this research, please feel free to get in touch using the email address listed below. Finally, I would like to thank you for taking the time to consider my research. Without your generous participation, conducting such research would be impossible.

Kind Regards,

Tom O'Brien

Email: tobrienpme18@momail.mie.ie

Supervisor email: Andrea.Lynch@mie.ie

Phone number: 0871379321

Supervisor number: 01 8057700

Appendix C: Teacher Letter of Consent



Dear Teacher,

My name is Tom O'Brien and I am currently studying to obtain a Professional Masters in Education from Marino Institute of Education. As part of this programme, I am conducting research in the area of teachers' perspectives of supporting positive mental health in their classrooms. This dissertation is investigating teachers' experiences of supporting the mental health of pupils, and whether teachers feel equipped and confident in this area. The Board of Management and the principal, _____, have given me permission to work in the school. I am now asking you to give consent to take part in this study.

If you agree to take part in this study, you will be asked to take part in a one-to-one, semi-structured interview where your perspectives will be gathered on the training, programmes and interventions available to you when approaching the area of mental health in their classrooms. You will also be asked for your personal thoughts on the topic in question. The interview will take approx. 30 minute and will take place at a time of convenience to you. The interviews will be audio recorded and kept on a secure device. Your data will be destroyed upon completion of the research.

The information gathered will be treated with privacy and anonymity. No information regarding yourself will be revealed in the research and information will be stored securely.

If you agree to take part could you please fill out the consent form below:

Finally, thank you for taking the time to read this.

Kind regards,

Tom O'Brien

I, _____, agree to take part in this research.

(Print name)

I also confirm that I have (please tick each as appropriate)

- Read the information sheet for this study and understand what it is about, and what is being asked of me;
- Agree for the interview to be audio recorded;
- Understand I can withdraw and re-join the study without penalty at any time;

Signature: _____

Date: _____

Preferred Pseudonym: _____

Email Contact: _____

Appendix D: Interview Questions

Question: Can you tell me a little bit about yourself and your background in teaching?

Question: When you think about mental health in the primary school setting, what most readily comes to mind?

Prompts:

- What are the mental health issues that you see as being most common among students?

Question: What is the role of the teacher in the classroom.

Prompts:

- Purely Pedagogical?
- Carer?
- Support & promote positive/prevent negative?

Question: At any point in your training, have you received input to help equip yourself to deal with these issues in your classroom?

Prompts:

- CPD
- Initial Teacher Training
- If yes, what issues or conditions did the training focus on?

- If yes, what strategies were suggested?
- If no, what type of training would be most useful?

Question: What are some of the most common strategies you've observed or have used to support the mental health needs of pupils?

Prompts:

- Mindfulness
- Agency/Services
- In your opinion, are the strategies used/observed useful or effective? Why or why not?
- What whole-school approaches are you aware of in this school and other schools?

Question: What are your thoughts about the current curriculum, as it relates to mental health issues and/or the promotion of children's positive mental health?

Prompts:

- What does the curriculum do well?
- Any suggested changes?

Question: In your opinion, do any barriers exist in relation to promoting well-being in primary schools?

Question: When it comes to the topic of mental health in primary schools, are there any changes or improvements would you like to see?

Question: If there was one message you wanted to impart to others about the topics we've studied today, what might that be?

Question: Do you have any questions for me?