Implementing Whole School Mental Health Approaches: Relationships, reflection and everyday practices

A thesis submitted to the University of Manchester for the degree of Doctorate in Educational and Child Psychology in the Faculty of Humanities

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Amy L Burns

School of Environment, Education and Development (SEED)
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List of Abbreviations

EBP  Evidence Based Practice
EC   Emotion Coaching
EP   Educational Psychology
EPS  Educational Psychology Service
Abstract

Background
Recent policies and guidance internationally, in step with literature and research, advocate whole school positive mental health approaches. Acceptability of new innovations is a key factor influencing implementation. This thesis examines how school staff perceive and enact their role and how Educational Psychologists (EPs) can support implementation of whole school mental health approaches.

Methods and participants
A review of international research explored school staff views of how they enact a whole school approach to promote positive mental health. An empirical study with a UK primary school explored the experiences of a group of school staff who approached the implementation of a whole school mental health approach using action research and a transformative development framework. The EP role in supporting professional development around implementing a whole school mental health approach is explored.

Analysis and findings
A meta-ethnographic literature review identified 8 relevant studies, analysis yielded insight into the complex interplay of systems which impact educators’ promotion of mental health. A model is developed which explores this multifaceted interaction and highlights the central role of the relationship between the adult and the child. Findings from the empirical study suggest that EPs can support school staff to implement whole school mental health approaches. Providing staff with opportunities to explore and reflect on their experiences and their conceptualisations of mental health and how this develops throughout the implementation process is essential.
Conclusion and implications

The pervasive interaction between pupils and teachers provides the context for teachers’ (intended and unintended) influence on children’s mental health. Relationships, an integral part of the teaching role, are therefore highlighted as a key active ingredient in implementing a whole school mental health approach. Implementation processes and professional development need to provide school staff with ongoing opportunities to develop their views and every-day practices to facilitate implementation. EPs are well placed to support schools in this complex and fundamental process.


Declaration

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The Author

The author holds previous degrees in BSc Psychology (British Psychological Society accredited qualification) and MRes Research in Psychology (British Psychological Society accredited qualification). The author has experience working as a research assistant exploring children’s experience of self-harm, genetic disorders and care and/or adoption including a publication: Garg, S., Brooks, A., Burns, A., Burkitt-Wright, E., Kerr, B., Huson, S., ... & Green, J. (2017). Autism spectrum disorder and other neurobehavioural comorbidities in rare disorders of the Ras/MAPK pathway. Developmental Medicine & Child Neurology, 59(5), 544-549. The author also previously worked as an assistant educational psychologist with a key focus of her role developing school’s whole school mental health practices.
Introduction

Aims of the Research

In a positive, non-deficit conceptualisation, mental health is framed as a phenomenon everyone experiences, “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organisation, 2014). Within schools, whole school approaches are currently advocated across policy, legislation and guidance within the UK (e.g. Department of Education, 2018) and internationally (e.g. Botezat et al., 2017). Whole school approaches are multifaceted with the aim of mental health promotion being an integral part of everyday life: through working collaboratively with pupils, families, staff, mental health is promoted and supported through the behaviour policy, curriculum design, and care/support for and engagement with the school community (O’Reilly, Svirydzenka, Adams, & Dogra, 2018). However, it is evident that whole school practices that improve mental health and academic achievement can be difficult to implement and embed (Goldberg et al., 2018; Mackenzie & Williams, 2018) and most implementation studies of mental health promotion have explored specific interventions or programmes rather than whole school approaches.

“Implementation refers to the process by which an intervention is put into practice” (Lendrum & Humphrey, 2012, p.635). Studying implementation is important to ensure effectiveness of the intervention design, components and processes for intended outcomes within real-world settings and to understand the factors (facilitative and barriers) that have affected implementation successes or failures (Lendrum & Humphrey, 2012). The evolving and ever-changing policy context and
guidance provide a background of dissonance in which schools and staff are grappling with their understanding of mental health as a phenomenon and how they organise their role within a positive, non-deficit model of mental health in schools (Kidger, Gunnell, Biddle, Campbell, & Donovan, 2009; O’Reilly, Adams, et al., 2018). Implementation research suggests that acceptability to staff of an innovation or intervention to support mental health is essential in order for implementation to be successful (Lendrum, Humphrey, & Greenberg, 2016). Yet, Doll, Nastasi, Cornell and Song (2017) found that tensions in implementation are evident even when staff are positive about their developing mental health promoting practices due to conflicting agendas and practices. Therefore, it seemed important to understand school staff’s views about mental health and to explore methods that may help them to examine their positive contribution to children and young people’s everyday mental health.

In light of this, this thesis aimed to explore educators’ views and enactments of a positive, non-deficit conceptualisation of mental health in schools and increase understanding and knowledge of implementing a whole school mental health approach amongst educational professionals. This thesis consists of three linked papers. Paper one is a meta-ethnographic literature review entitled ‘Promoting mental health through day-to-day relationships: A core and inescapable role for those working in schools’. It aimed to use an in-depth qualitative method to explore the posed research question: “how do school staff perceive and enact their role in promoting mental health?”. Paper two is an empirical study, entitled ‘Collaborative Action Research: Transforming Relational and Reflective Practices to Implement a Whole School Mental Health Approach’ and aimed to use a collaborative action research framework to explore the experiences of a group of educational
professionals who approached the implementation of a whole school mental health approach. Entitled ‘The dissemination of evidence to professional practice’, paper three is a discussion of evidence-based practice and practice-based evidence whilst considering how research evidence from this thesis can be effectively disseminated to ensure impact and change.

In order to enhance dissemination of this thesis within the academic field, papers were written for journal submission and journals were selected based on best fit for the research findings in relation to the journals’ audience, aims and scope. Paper one is seeking submission to School Mental Health, an international journal which focuses on developing educational emotional, behavioural and mental health practices. Paper two is submitted to Educational Action Research to maximise the reach of this research to action researchers and professionals working within education.

**Research Strategy**

**Paper one**

The researcher began by reviewing literature exploring the effectiveness of implementing whole school mental health approaches. Yet, this seemed to focus on the ability of school staff to deliver specific interventions and assumed their acceptance of promoting mental health within their role. Durlak (2016) identified the components of and factors that affect implementation of social and emotional learning programmes. Through identifying the “characteristics of those conducting the program”, Durlak emphasises the importance of considering the “perceived need and relevance of program; perceived benefits of innovation; [have] self-efficacy and confidence in executing the program; [and,] possess […] sufficient skills necessary for implementation” (p. 339). Conceptualising mental health as inseparable to a
child’s development and part of the educative role would seem to be key for school staff to view themselves as skilled and confident practitioners who can promote mental health. However, mental health as “an integral part of what teachers do in daily life” (Slee et al., 2009, p.30) and how staff enact this within their role is poorly articulated. Therefore, the researcher chose to systematically review how staff, who conceptualise mental health within a positive, non-deficit way, enact their role in promoting mental health in schools in order to develop understanding and knowledge of mental health practices. As staff views were central to the review, a meta-ethnographic synthesis (Atkins et al., 2008) captured participants’ voice, authors’ voice and researcher(s) own inferences and interpretations in a systematic method. Complex systems affecting participants’ conceptualisations and enactment of mental health promotion and authors’ discussion of their research were evident an ecological systems framework (Bronfenbrenner, 1994) was used as an organising structure. Relationships are highlighted as the key ingredient to promoting everyday mental health in schools with many school staff conceptualising their role in mental health as unavoidable because of their day-to-day interactions with students. These relationships are also considered in the wider context of factors within school, community and governmental systems that impact the capacity of school staff to promote mental health. Findings are relevant to educational professionals and policy-makers and suggest that the current accountability and performance culture needs to be challenged in order for relationships to be championed and relational practices can be embedded within school and community systems.

**Paper two**

Whole school approaches to mental health are multi-component comprising a classroom curriculum, a family component, and strategies aimed at enhancing the
school ethos and environment. Many detail strategies to support implementation including guidance to support schools in developing policies and establishing school-wide expectations; setting up school planning, implementation and monitoring committees/ staff meetings and arranging professional development focusing on training on the application of teaching strategies throughout the school day; instructional methods in interactive teaching, positive communication, problem solving, and cooperative learning; and strategies to support collaboration with parents (Goldberg et al., 2018).

Although research has provided structures or programmes for whole school approaches (e.g. Salford City Council, 2016) and it is clear that participatory and collaborative methods seem to transform practice (Boylan & Demack, 2018; Kennedy, 2014), there is not a framework that is operationalisable and measurable which encapsulates the complexities of professional development and learning (Boylan, Coldwell, Maxwell, & Jordan, 2018). Additionally, although identified as important, the nuance of staff development activities and opportunities to discuss new learning with their current understanding and experiences seems to be lacking.

The researcher was able to work collaboratively with a local authority Educational Psychology Service (EPS) (including their school-based Child and Adolescent Mental Health Services worker) and a North West primary school. Commissioned by the EPS the researcher initially set out to develop and evaluate an effective implementation strategy for Emotion Coaching (Gottman, Katz, & Hooven, 1996) as a whole school approach, however collaborative action research encouraged flexibility, adaptability and opportunity to work in a relational and reflective approach whereby the participants’ needs and learning were centralised (Bradbury, Lewis, & Embury, 2019). Therefore, paper two attempts to draw from co-
researchers’ experiences to identify important ingredients in schools when aiming to implement a whole school mental health approach and transform practitioners’ everyday practices. The paper reflects upon the complex and evolving nature of English policy and the effects this may have on the conceptualisation of school-based mental health and suggests a framework that makes the nature and process of professional development and learning more explicit. The paper emphasises the importance of transformative practices, such as collaborative action research whereby staff have autonomy and their professional development and learning are valued and facilitated over time, to facilitate educational practitioners to implement and sustain whole school mental health approaches. It is evident that educational practitioners need a safe and contained space to discuss their engagement with a new mental health innovations and to share their experiences or differences of views, opinions and practices so that they can create and embed their own and a shared dialogue within their practices (Boylan & Demack, 2018; Kennedy, 2014). Additionally, the paper recognises a role for Educational Psychologists with their experience of the local and national context and long-standing relationships with schools to work collaboratively, relationally and reflectively with schools to truly create transformative change by adapting and moving away from a simplistic training model.

Implications for Educational Psychologist Practice

This thesis aims to influence Educational Psychologist practice. Educational Psychologists are scientist-practitioners with an understanding of school systems, mental health and research methods. They are well placed to support schools in developing their mental health approaches, practices and policies both at a systemic level and through direct work with groups and casework around individual pupils.
However, it is essential for Educational Psychologists to consider how they are influencing the systemic change needed within their professional body, training courses, Educational Psychology Services and as individual practitioners in order to position their clear role in mental health in schools. This thesis suggests that Educational Psychologists should draw on professional practice models that promote reflection and facilitate work with those involved to think about complex situations, to manage them and to gain a shared understanding even when views are different and conflicting. Additionally using collaborative, relational and reflective approaches within schools rather, than a simplistic training model, EPs can encourage contextually driven transformative change in schools across multiple levels.

**Axiology, Ontology and Epistemology**

The methodologies used within this thesis relate to the researchers’ own ontology, epistemology and axiological position; social constructionism. Research is rooted in philosophical beliefs and values that are developed from personal experience and evidence-based practices. Axiology is a term that relates to the researchers’ beliefs, values and ethics and what the researcher deems as important which can shape their decision making and interpretations (Killam, 2013). Killam emphasises that the researcher needs to be aware and reflective about their axiology in order to balance the researcher values and other ethical considerations. Supporting and promoting a positive, non-deficit model of mental health on an everyday basis is important to the researcher. The researcher’s own experiences of family members with diagnosed mental health disorders, where difficult conversations and experiences are not always shared and talked about in a safe way, have influenced her views and beliefs about mental health. Prior to the child and educational psychology doctorate, the researcher pursued roles and experiences in
which she was able to help and support those with additional needs (such as a special educational needs sports co-ordinator in a school, a research assistant and an assistant educational psychologist) upholding her belief that everyone deserves a chance and support to reach their true potential. However, personal and professional learning and reflection has highlighted the importance of autonomy and having time and space to work through something that is difficult, confusing or complicated. This has led to the researcher’s belief in positive psychology, which does not only focus on the positives but also the things that are difficult in order for positive change to take place (Lopez, Pedrotti, & Snyder, 2018), and to her view that collaborative working, where the relationship is central, is important for people to feel confident, learn and reach their potential.

Ontology is the philosophical term that refers to “the study of our existence and fundamental nature of reality and being. Belief’s about what is real or true determine what can be known about reality” (Killam, 2013, p. 7). There is a continuum of ontological positions: on one end there are realists who believe that there is only one reality unaffected by human life experiences and social processes (Nightingale & Cromby, 1999); and, on the other end, relativists who believe that there are multiple ways of viewing the world that are affected by each individuals context and experiences (Burr, 2018). Driven by ontological beliefs, a researcher’s epistemology is the relationship between the phenomenon or knowledge and the researcher making sense of this phenomenon or knowledge. Also on a continuum, whereby positivism, founded on realistic ontology, aims to investigate and measure the one reality often using quantifiable research methods whilst social constructionism, founded on relativists ontology, is suspicious of assumptions and “argue that the ways in which we commonly understand the world, the categories and concepts we use, are
historically and culturally specific and depend upon where and when in the world one lives” (Burr, 2018, p. 5). Discussed throughout paper three of this thesis is the evident nature of the researchers’ social constructionist epistemology position. The meta-ethnographic literature review and collaborative action research methodology each allow for new learning, understanding and knowledge to be gained from the individuals’ and/or groups’ real-life experiences with reflection on the educational, cultural and governmental systems that affect their conceptualisations and views of the world.

**Ethical Considerations**

This thesis followed standards outlined in Manchester University’s Ethical Practice Policy and Guidance and ethical approval was gained (see Appendix A). The data generated from focus groups were saved on an encrypted laptop with only the researcher having access to it. Informed consent was gained from all participants and the right to withdraw, partially or fully was made explicit (see Appendix B, C and D). As action research is about changes to practice which has the potential for discomfort for those involved, ethical considerations for running the focus groups were anticipated and planned for including: creating a safe, supportive space; participants having access to their usual systems of professional support; the researcher being available to discuss further when necessary; having a clear contract with co-researchers that made the expectations of the research explicit; and, right to withdraw from the research. Ethical issues which arose during the focus groups were responded to appropriately, such as staff changes or staff mental health difficulties.
References


Paper 1: Promoting mental health through day-to-day relationships: A core and inescapable role for those working in schools

Prepared for in accordance with author guidelines for submission to School Mental Health Journal (Appendix E)
Abstract

Whole school approaches to positive mental health are much advocated and recognise the importance of mental health becoming ‘everyone’s business’ with school staff having a positive view and belief in their role in promoting mental health. However, mental health promotion as an integral part of educators’ roles is not clearly specified within whole school approaches. This meta-ethnographic review aimed to explore school staff views of how they enact their role in promoting positive mental health and to facilitate understanding in order to inform policy and practice. Eight relevant studies were analysed and yielded insight into the complex interplay of systems which impact educators’ promotion of mental health. A model is developed which explores this multifaceted interaction and highlights the central role of relationships between staff and pupils. The pervasive nature of this interaction provides the context for and process of school staffs’ (intended and unintended) influence on children’s mental health. As such, relationships are highlighted here as a key active ingredient in implementing a whole school mental health approach. The implications of these findings for education, mental health practitioners and policymakers are discussed.

Keywords

Mental health; wellbeing; whole school approach; staff perceptions; meta-ethnographic review

Introduction

Schools are viewed as a specific context for mental health promotional activities (World Health Organisation, 2018) and whole school mental health approaches and a positive view on mental health are advocated across international literature, legislation
and guidance (Botezat et al., 2017; Department for Education, 2018; Slee et al., 2009). Such approaches include components aimed to improve mental health promotion and prevention such as curriculum design, ethos or community change, involvement of parents and local community and professional development for staff (O’Reilly, Sviridenka, Adams, & Dogra, 2018). This paper draws on qualitative literature to try to learn and illustrate how school staff enact their role in promoting mental health. In doing so the paper also attempts to draw out key active ingredients (Lendrum, Humphrey, & Greenberg, 2016) in the implementation of everyday mental health promotion.

Mental health is increasingly seen as more than the absence of mental illness; “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organisation, 2014). Hence, positive promotion of mental health includes: the notions of wellbeing and resilience; recognising it as an everyday phenomenon; life satisfaction; and, the ability to react to and cope with life adversities (Weare, 2010; Weare & Markham, 2005). A whole school approach has been executed by schools across a range of national contexts such as the Child Development Project (Battistich, Schaps, Watson, Solomon, & Lewis, 2000), KidsMatter (Graetz et al., 2008), MindMatters (Franze & Paulus, 2009), Social and Emotional Aspects of Learning (SEAL; Department for Education and Skills, 2007) and ‘Up’ (Nielsen, Meilstrup, Nelausen, Koushede, & Holstein, 2015). A key component of whole school approaches focuses on developing the school context and making mental health promotion “an integral part of what teachers do in daily life” (Slee et al., 2009, p. 30). The SEAL approach, for example, focuses on continuous staff development to facilitate adults to create
positive learning environments. Whereas, ‘Up’ emphasises everyday initiatives for school life chosen by the school community, which aim to develop the social, physical and organisational environment and school policies (such as a mental health promotion policy, after school activities, a café for children to socialise), developing staff skills and involving parents, staff and students in developing the whole school approach. In KidsMatter, a mental health promoting school environment is described as building a sense of belonging and inclusion, having a welcoming and friendly school, promoting collaborative involvement of parents, staff and pupils and developing staff skills. Whilst the Emotionally Friendly Schools (EFS; Salford City Council, 2016) focuses on improving staff well-being, developing staff’s understanding of and skills to promote mental health but also facilitating schools to implement and contextualise the EFS programme for their school, tailoring it to the needs and context of staff, students and the school community. Whilst these programmes recognise the importance of mental health becoming “everyone’s business” (Weare & Markham, 2005, p. 118; Weare, 2013) and all school staff having a positive view and belief in their role in promoting mental health (Wells, Barlow, & Stewart-Brown, 2003), how mental health promotion is enacted as “an integral part of what teachers do in daily life” is not clearly specified. While recognising that the tacit nature of the role allows for a ‘bottom up’ approach to development (Lean & Colucci, 2013), the views of school staff regarding how they enact their role in promoting pupil mental health and well-being within a broader, more embedded view of whole school mental health promotion, prevention and intervention would seem to be a useful starting point. Therefore, this paper seeks to learn and try to illustrate how school staff understand and enact their role in promoting mental health so that mental health can be better promoted within schools
and wider practice and policy. To date, there are no reviews exploring educator’s views on mental health promotion, whole school approaches and what their role in supporting mental health in schools entails. Consequently, the focus of this synthesis was to use an in-depth qualitative method to explore the research question posed: “how do school staff perceive and enact their role in promoting mental health?”

**Methodology**

This review sought to use methodologies which clearly identify participant voice as central to the study and enable participants to express their opinion, therefore Noblit & Hare's (1988) meta-ethnographic interpretative approach was used. Meta-ethnographic synthesis can allow for an in-depth interpretation, abstraction and translation of data by preserving a sense of the participants’ own mean-making and the researchers’ own mean making. The researcher and research supervisor hoped to gain an understanding that is informed by educators’ voice. Atkins et al. (2008) explored issues about the quality of using meta-ethnographic analysis systematically for a literature review and, in order to support replication of the methodology and transparency of the analysis, their interpretation of Noblit and Hare’s 7 step process was used to guide this systematic literature review (Table 1).

<table>
<thead>
<tr>
<th>Phase of meta-ethnographic analysis</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Getting started</td>
</tr>
<tr>
<td>Step 2</td>
<td>Deciding what is relevant to the initial interest</td>
</tr>
<tr>
<td>Step 3</td>
<td>Reading the studies</td>
</tr>
<tr>
<td>Step 4</td>
<td>Determining how the studies are related</td>
</tr>
<tr>
<td>Step 5</td>
<td>Translating the studies into one another</td>
</tr>
<tr>
<td>Step 6</td>
<td>Synthesising translations</td>
</tr>
<tr>
<td>Step 7</td>
<td>Expressing the synthesis</td>
</tr>
</tbody>
</table>
Consistent with a meta-ethnographic synthesis, an iterative and purposive search (Barnett-Page & Thomas, 2009) was completed between January 2018 and November 2018 in the following databases: Psych Info; Education Resources Information Center (ERIC); British Education Index; EBSCO eBook collection; EBSCO Social Sciences Full Text; and, Medical Literature Analysis and Retrieval System Online (MEDLINE). Reference harvesting (Noblit & Hare, 1988), Google Scholar and an ancestry search of recent papers identified any additional studies. As the researcher and research supervisors wanted a rich picture of school staffs’ views of mental health and current practice, search parameters were set to include peer reviewed studies and doctoral dissertations published in the English language between 2000 – 2018. Search terms (Table 2) focused on four key areas: school staff; perceptions; mental health; and, school setting. Searches were conducted using single and combined terms and search terms were required to be present in the abstract of the studies.

Table 2.
Key Search Term Categories and Related Terms

<table>
<thead>
<tr>
<th>Key Search Terms</th>
<th>Related Search Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 School staff AND</td>
<td>&quot;school staff&quot; or &quot;teach*&quot; or &quot;school leaders&quot; or &quot;school professionals&quot; or &quot;school support staff&quot; or &quot;principal&quot;</td>
</tr>
<tr>
<td>2 View AND</td>
<td>&quot;view*&quot; or &quot;perception&quot; or &quot;opinion&quot; or &quot;belie*&quot; or &quot;descri*&quot; or &quot;attitud*&quot;</td>
</tr>
<tr>
<td>3 Social emotional mental health AND</td>
<td>“social emotional mental health” or “SEMH” or “mental health” or “wellbeing” or “well being” or “well-being” or “social emotion*” or “behav* diff*” or “SEBD” or “SEB” or “school mental health” or “social emotion* learn*” or “EBD”</td>
</tr>
<tr>
<td>4 School</td>
<td>“school” or “school-based” or “college” or “sixth form” or “kindergarten” or “nursery”</td>
</tr>
</tbody>
</table>
Inclusion and Exclusion Criteria

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) provided a clear framework (Liberati et al., 2009) to initially select and identify literature (Appendix F). The initial search generated 3744 studies. After accounting for duplicates, titles and abstracts were screened and 111 papers (Appendix G) were identified as relevant to the phenomenon. The abstracts of the remaining 111 papers were assessed for eligibility against the inclusion and exclusion criteria (see Table 3). A selection of studies were shared throughout the process with the research supervisor as the inclusion and exclusion criteria were developed. This literature review was principally concerned with understanding educators’ perceptions, therefore a quality assessment of the extent to which participant voice was appropriately represented within each paper was incorporated at the inclusion criteria stage (see inclusion criteria one to four on Table 3).

Overview of synthesised studies

Eight studies were included for review, derived from Norway (1), Sweden (2), the UK (2), and Australia (3) and involving 243 to 255 participants (Isaksson, Marklund, & Haraldsson, 2017 study only provides a range number for participants involved). Details of the synthesised studies are presented in Table 4 and shown in order of analysis.
Table 3. *Inclusion and Exclusion Criteria*

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
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</thead>
<tbody>
<tr>
<td>• Studies presenting views from teaching or pastoral staff actively working within schools</td>
<td>• Studies including teachers in training</td>
</tr>
<tr>
<td>• Studies using methodologies that clearly identified participant voice as central to the study and enabled participants to express their opinion</td>
<td>• Educational and cultural context that differed significantly from the UK culture and education system</td>
</tr>
<tr>
<td>• Studies which presented their approach to qualitative analysis in sufficient detail to allow others to understand the approach taken</td>
<td>• Studies focusing on exploring mental health in relation to programmes, services or specific interventions being evaluated in schools</td>
</tr>
<tr>
<td>• Studies presenting quotes from participants’ expressing their views on mental health in schools</td>
<td>• Studies focusing on mental health illnesses or mental health problems as identified from the authors’ definition of mental health or the studies’ research questions.</td>
</tr>
<tr>
<td>• Studies published between 2000 to 2018 to capture recent international policy changes that impact on ways schools support and promote mental health.</td>
<td></td>
</tr>
<tr>
<td>• Participants’ and/or authors’ conceptualisation of mental health was aligned with the WHO mental health definition.</td>
<td></td>
</tr>
<tr>
<td>Citation</td>
<td>Focus of study/ frame of author</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Edling, S. &amp; Frelin, A. (2013), Sweden</td>
<td>To explore teachers’ views of their responsibility in promoting mental health within everyday teacher-pupil relationships.</td>
</tr>
<tr>
<td>Graham, A., Powell, M.A., &amp; Truscott, J. (2016), Australia</td>
<td>To improve everyday practice of promoting and supporting mental health by exploring participants conceptual understanding of wellbeing linked to policy, how wellbeing was facilitated in schools and their view on the relationship between teacher and student wellbeing.</td>
</tr>
<tr>
<td>Citation</td>
<td>Focus of study/ frame of author</td>
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<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Isaksson, P., Marklund, B. &amp; Haraldsson, K. (2013), Sweden</td>
<td>To illuminate teachers’ views of what they do in ordinary work to promote mental health among preschool children.</td>
</tr>
<tr>
<td>Kidger, J., Gunnell, D., Biddle, L., Campbell, R. &amp; Donovan, J. (2009), UK</td>
<td>To explore school staff views about pupil and staff emotional health and wellbeing needs, current emotional health and wellbeing activities and what is needed in the future in relation to the facilitators and barriers.</td>
</tr>
<tr>
<td>Maelan, E.N., Tjomsland, H.E., Baklien, B., Samdal, O. &amp; Thurston, M. (2018), Norway</td>
<td>To explore teachers’ and head teacher’s understandings of how they work to support pupils’ mental health through their everyday practices</td>
</tr>
<tr>
<td>Citation</td>
<td>Focus of study/ frame of author</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Spratt, J.</td>
<td>The research aimed to explore how participants articulated their conception of wellbeing through speech.</td>
</tr>
<tr>
<td>Butler, H.</td>
<td>This study was designed to improve understanding of how educators develop understanding and practice of student wellbeing. The inquiry focused on how educators integrate student wellbeing within their practice and identities.</td>
</tr>
<tr>
<td>Citation</td>
<td>Focus of study/ frame of author</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Mazzer, K.R. &amp; Rickwood, D.J. (2015), Australia</td>
<td>To explore teachers’ perceptions of their role in supporting student mental health, including promoting positive mental health and well-being, preventing the development of mental health problems, and identifying and intervening early in mental disorder.</td>
</tr>
</tbody>
</table>
**Analysis**

In line with a meta-ethnographic analysis, the extraction and analysis of data used 1st, 2nd and 3rd order constructs (Table 5) developed by Schutz (1973) as cited by Atkins et al. (2008). Each study was analysed by extracting ‘metaphors’ and emerging themes: first extracting and analysing relevant participant quotes (1st order constructs); then extracting and analysing the authors’ views (2nd order constructs). These metaphors were grouped, themes were produced to summarise the metaphors and an overarching theme was identified for each paper (Appendix H). To support validity and quality of the analysis, the research supervisor also analysed the first 3 papers (papers analysed in order shown in Table 4) and for the remaining papers, the researcher’s metaphors and themes were shared with the research supervisor and overarching themes were agreed together. Utilising the metaphors, themes and overarching themes, reciprocal translation (Noblit & Hare, 1988) enabled similarities between papers to be explored and the researcher and research supervisor to infer their own interpretations on the data (Appendix I). The researcher and research supervisor identified that it was important to represent a contextual understanding of the situations reported in the papers; therefore, Bronfenbrenner’s ecological systems approach (e.g. Bronfenbrenner, 1994) was used as an organising framework (Aldridge & McChesney, 2018).
Table 5.
Definitions of Key Terms Linked to Phase of Meta-Ethnographic Analysis (Atkins et al., 2008)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Link to phrase of this meta-ethnographic analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st order construct</td>
<td>Constructs that reflect participants' understandings, as reported in the included studies (usually found in the results section of an article).</td>
<td>Step 3. Reading the studies Step 4. Determining how the studies are related Step 5. Translating the studies into one another</td>
</tr>
<tr>
<td>2nd order construct</td>
<td>Interpretations of participants' understandings made by authors of these studies (and usually found in the discussion and conclusion section of an article).</td>
<td></td>
</tr>
<tr>
<td>3rd order construct</td>
<td>The synthesis of both first and second order constructs into a new model or theory about a phenomenon</td>
<td>Step 6. Synthesising translations Step 7. Expressing the synthesis</td>
</tr>
<tr>
<td>Reciprocal translation</td>
<td>The comparison of themes across papers and an attempt to &quot;match&quot; themes from one paper with themes from another, ensuring that a key theme captures similar themes from different papers</td>
<td></td>
</tr>
<tr>
<td>Line of argument synthesis</td>
<td>The development of a new model, theory or understanding by synthesising and interpreting first and second order themes found in the text.</td>
<td></td>
</tr>
</tbody>
</table>

Findings

Bronfenbrenner’s ecological systems approach (1994) allowed recognition of the direct and indirect interaction that supports and impacts children’s mental health involving the individual’s personal characteristics and their immediate and more distant environments. This facilitated a contextual understanding of the complex interplay of systems that impact school staff’s promotion of mental health. Within this analysis, the researcher and research supervisor recognised that each child and adult have their own personal characteristics and microsystem as well as a microsystem in which they interact with each other. A child and educator’s interaction and relational systems line of argument synthesis is visually represented.
(Figure 1) evidencing the researcher and research supervisors meta-constructs within the ecological systems: the child’s and school staff’s individual system which overlap (school staff inevitably affect student mental health in day-to-day interaction whether intentionally or unintentionally); the school staff’s individual system (pedagogy, tensions and reflective practice impact staff’s promotion of mental health); the school staff’s microsystem (supporting staff as part of the school system to engage in mental health); the adult-child microsystem (school ethos, climate and systems which promote relationships and mental health for all); the mesosystem (relational ethos across the school community and systems); and the exosystem, macrosystem and chronosystem (wider societal and cultural pressures impact whole school relational approaches). See Appendix J for synthesis translation.

School staff inevitably affect student mental health in day-to-day interaction whether intentionally or unintentionally

The influence of school adult-child relationships on pupil mental health is illustrated by Kidger et al.’s (2009) study exploring the views of secondary school staff in English high schools which concluded that “just by being in a relationship with pupils, teachers will inevitably have an impact on their emotional health through the way in which they respond to them, and are seen to be behaving” (p.7). This view was implicit in many of the papers and led to a core interpretation of the studies recognising that school staff affect student mental health on a day-to-day basis whether intentionally or unintentionally and that this was felt to be inevitable, “I think teachers are getting pushed to do more and teachers say ‘oh do we have to do everything?’ but often it’s the teacher that the kids will open up to, so you can’t walk away from it” (core subject teacher, Australian high school, Mazzer & Rickwood, 2015, p. 36).
Pedagogy, tensions and reflective practice impact staff’s promotion of mental health

Staff pedagogy, reflective practice and felt tensions impacted promotion of mental health. All the studies under review identified staff pedagogy for promoting mental health as interactional and relational, “a task that is embedded in teachers’ everyday work and is relational in character” (Edling & Frelin, 2013, p. 429) whilst Graham et al. (2016) found “positive relationships were the bedrock of school life” (p. 374) as a recurring theme in their study exploring Australian primary and high school staff views. The enactment of this interactional and relational pedagogy was described in various ways throughout the studies. Graham et al. emphasised that promoting and supporting mental health involved staff genuinely “car[ing] for, respect[ing] and valu[ing]” their students (p.380) and involved using inquiry learning, democratic classrooms and actively involving students in decisions about their learning.

In Maelan et al.’s (2018) Norwegian study, secondary school head teachers and teachers described using person-centred teaching and providing explicit opportunities for “frequently engag[ing] in conversations within and beyond the classroom” (p.21) as providing a context for pupils to understand and cope with mental health difficulties. They referred to themselves as “dialogue partners” which “involved relating to pupils in a way that centred on listening and being compassionate”. Spratt (2016) discussed the importance of explicit teaching time and activities for UK primary and secondary staff to encourage development and skills in mental health but through using relational approaches.
Fig. 1 Visual representation of line of argument synthesis. Child and educator’s interaction and relational systems
For example, Belinda (primary school teacher) emphasised the importance of encouraging her pupils to be involved throughout their learning process as “it’s not just about sitting down, being taught, remembering. It’s a bit more about sitting down, agreeing on what’s going to be taught, agreeing on the ways that are going to be used to teach, and then going and sharing what you’ve found out. And that’s really interesting the sharing part because that is encouraging, making children feel that they are important” (p.235).

Nevertheless, tensions were discussed that impacted this caring and relationship-based pedagogy. Edling and Frelin (2013) discussed how the Swedish teachers in their study grappled with balancing their responsibilities to care for their student’s mental health and to complete the academic teaching required of them: “there were experiences of an almost unlimited responsibility for pupils’ well-being, of balancing spending time with pupils versus spending time planning lessons” (p. 421). Whilst it was evident across other studies that there is unease and fear around promoting and supporting mental health: there is a “fear of saying the ‘wrong’ thing” (Mazzer & Rickwood, 2015, p. 36); concerns about feeling “comfortable perhaps talking about some of the needs that come up” (Kidger et al. 2009, p. 9); and, difficulties in knowing the “boundaries of role breadth” (Mazzer & Rickwood, 2015, p. 35). Edling and Frelin and Kidger et al. also discussed the emotional impact of teaching for staff.

Three papers highlighted how reflective practice supported educators to promote mental health: enabling them to be present in and to notice and adjust their interaction with their students or facilitating them to recognise the multidimensional holistic concept of student mental health and their own continuous dynamic journey within mental health. Graham et al. (2016) emphasised that “without clear direction, relationships are built and/or damaged in both tacit and explicit ways” (p.379).
Isaksson et al. (2013) found that Swedish pre-school teachers’ “on-going interaction during the children’s play, made in an improvised manner, was important for a pleasant climate that promoted the children’s mental health” (p.56). Whilst, Butler (2017) felt that the research process of her thesis facilitated her Australian primary and secondary school participants to “engage in an ongoing process of making sense of student wellbeing and its connections to policy, theory and practice” (p.133) because “with wellbeing it’s not something that you learn about in theory and then put into practice, it happens at the same time … the theory and the practice …” (p. 245). Reflective practice seems to support capacity to teach the whole child, improve engagement in mental health focused initiatives and develop resolve and confidence in their mental health practice.

**Supporting staff as part of the school system to engage in mental health**

Interpretations throughout the studies gave prominence to how school staff’s mental health and perception of how they fit into the microsystem of the school impacted their engagement with mental health as a central and daily part of their practice. Butler’s (2017) participants conceptualised their role as actively supporting the mental health of the whole child and recognised the importance of taking care of their own mental health to be able to do this. For example, one participant, Libby (an Australian primary classroom teacher) said “I can’t help anybody else if I’m not helping myself”. Kidger et al. (2009) emphasised that in the UK secondary school context in order to support engagement and challenge reluctance “all school staff need to be given more space and support to engage in this [mental health promotion] part of their job” (p.13). Isaksson et al. (2013) discussed this within Swedish early years settings and recognised that collaboration with parents built secure and trusting relationships whilst staff valued “a friendly, tolerant and open climate among
teachers contributed to the positive spirit in the working team. Teachers got along, and their attitudes reflected onto the children” (p. 57). This positive or good team spirit could be created through “joking, having fun together or interacting after work to get to know one other” or by “helping, supporting, encouraging and praising team members or showing that they care for another” (p.57).

School ethos, climate and systems which promote relationships and mental health for all

Distinct in several studies was how the wider school ethos, climate and systems that school staff directly interact with affected their enactment of promoting relationships and mental health. Isaksson et al. (2013) highlighted that it was important for the pre-school’s structure and plans to enable staff to: prioritise time to get to know and interact with children; prioritise being present with the children; explicitly teach about emotions; and, support child-to-child interactions and relationships so that the child feels affirmed by their peers. Kidger et al.'s (2009) findings recognised that explicit teaching of mental health within the curriculum should be conceptualised within a relational whole school approach. A personal, social and health education (PSHE) coordinator in their UK study said, “I think it would be a complete and utter disaster if schools saw the word health and thought ‘oh that’s PSHE isn’t it?’ so it gets stuffed over there. So I much prefer it to be a whole-school thing. I think it’s all about caring for people and a nurturing environment” (p. 8). Maelan et al. (2018) expressed this slightly differently as the need for safety within the school climate in order to nurture relationships and promote mental health: “the classroom climate is one of the most important things. It can both promote and undermine mental health … there is, for example, zero tolerance for negative comments, so that everyone can be who they are and feel safe” (p. 22). However, Mazzer and Rickwood (2015) also
highlighted that embedded systems and training in schools are needed so that staff feel they have the skills and knowledge and know the limits to their role.

**Relational ethos across the school community and systems**

Evident across all studies seemed to be the importance of the interactions between the systems around staff and pupils, however studies highlighted different elements that impacted how staff enacted and viewed their role in mental health. A clear view across many of the studies was the importance of conceptualising relationships, mental health and learning as intertwined and inseparable. Maelan et al., (2018) found that in Norwegian secondary school settings “teachers’ support for pupils’ mental health was understood as a fundamental prerequisite for learning. Hence, teachers and head teachers accepted that an integral part of their responsibilities was to support pupils in managing their mental health because it related to the core purpose of schools, namely pupil learning” (p.20). Kidger et al. (2009) described it as “inevitably linked” or “inseparable” (p.7) whilst Spratt (2016) stated that “health and wellbeing is a prerequisite for learning” (p.233). From this conceptualisation, the importance of relationships through everyday educational practices for mental health, academic achievement and positive change was emphasised. Graham et al. (2016) described this by saying “the compelling links between well-being, school connectedness and academic engagement suggest that more intentional support for relationships would benefit both student well-being and academic achievement”. Whilst Spratt articulates this as “the caring environment is a fundamental part, and consequence of the pedagogical approach, which in turn allows the children to flourish” (p.236).

Nevertheless, it was evident that current systems can work to promote, prevent or create tensions for relationships to develop and staff’s enactment or perception of
their mental health practices. Butler (2017) emphasised that a shared understanding of mental health or wellbeing should not be assumed within school or community systems. For example, Erica (a wellbeing leader) said mental health can mean “different things to different people and there are quite a number of different aspects of it” (p. 132) whilst Diana (a system-based wellbeing leader) said “wellbeing is a word that has been thrown around a lot and it’s often associated with… the fluffy feel-good stuff. And I don’t know whether people understand … the substance of what it actually is” (p. 136). Even so, Butler found that creating everyday relational practices (e.g. staff prioritising being caring, considerate, listening and noticing students, a continuum of wellbeing strategies, relationships with all, all feeling connected) across school and community systems promotes mental health.

Interpretations of Kidger et al.’s (2009) study identified themes which recognised that although relationships with all the community are important, school systems can create tensions and competing pressures which impede the development of relationships. For example, “where PSHE lessons had been removed from the regular curriculum and time with a form tutor had been greatly reduced, thus two opportunities for fulfilling the roles of promoting EHWB [emotional health and wellbeing] and identifying those in need of further support were now no longer available to teachers” (p. 9). Additionally, interpretation of Graham et al. (2016) and Spratt (2016) recognised that more intentional and explicit recognition of relationships and ethos benefited student mental health and academic achievement and that caring relationships and environments are a consequence of a pedagogical approach and essential to promote children’s wellbeing.
Wider societal and cultural pressures impact whole school relational approaches

The meta-constructs across the exosystem, macrosystem and chronosystem are summarised in this section. Four of the studies emphasised how societal, cultural and governmental systems impacted school staff’s perceptions and enactment of their role in mental health. Exploration of Edling and Frelin’s (2013) and Graham et al.’s (2016) Swedish and Australian studies respectively identified that the performative culture of teaching impacts the relational aspects of education. For example, “in terms of the teacher–pupil relationship, it could be said that instead of being responsible for their pupils, teachers are increasingly held accountable for their results” (Edling & Frelin, p.428). Whilst a conclusion of Graham et al. was that “in the current climate […] the attention given to relationships in educational discourse – including in teacher education, professional development and educational policy – is negligible” (p. 380).

Conceptualisation of education, mental health and wellbeing and the teaching role within legislation, policies and guidance was also discussed throughout these studies. Education for Edling and Frelin (2013) is conceptualised as “an intervention in a pupil’s life, motivated by the idea that it will somehow improve it. When one aims to implement this intervention, from a legal/political perspective, it boils down to a series of responsibilities given to teachers, as expressed in current policy documents” (p. 420). Whilst Spratt (2016) found that her UK teaching participants conceptualised “education as a source of human flourishing… in which high quality learning was deemed to be an important feature of a thriving childhood” (p. 233 & 234).

Furthermore, Spratt highlights that children’s and young people’s experience of learning is key to their mental health and wellbeing by linking her findings with
“Biesta’s (2010) argument that one of the purposes of education is to invite children’s individuality to ‘come into presence’, as it is through learning that they can come to know themselves” (p. 234). Graham et al.’s (2016) study summarises that it is important to refocus attention on relationships within educational discourse in order to promote mental health. They recognised that “teachers are required to navigate a complex educational environment characterised by competing priorities concerning student engagement, academic performance, social and emotional well-being, amongst others.” But concluded that “the challenge of ‘re-personalising’ schools was seen as a critically important element in repositioning well-being within education in the future” (p. 380).

**Discussion**

The aim of this systematic review was to explore how school staff perceive and enact their role in promoting mental health in order to better understand this “integral part of what teachers do in daily life” (Slee et al., 2009, p.30). This review focused on qualitative studies with a positive, non-deficit approach to mental health producing a model to explain educators’ role in promoting and supporting student mental health as situated in the complex interplay of school, community and governmental systems. Central to how school staff perceive their role is that they “inevitably affect student mental health in day-to-day interaction whether intentionally or unintentionally”. Their perceptions and enactment of their role is promoted, prevented or challenged by a complex interplay of interpretive dimensions at a relational level and within the school environment.

**Relationships: core, inescapable and integral in schools**

It is clear that the delivery and implementation of a high quality whole school approach requires staff to conceptualise and engage with mental health as a positive,
non-deficit approach encompassing warm, caring relationships with their students (Lendrum et al., 2016), and successful programmes have been found to include teaching practices such as having an interactive, non-coercive and humanistic pedagogy, being person-centred in response to behavioural presentations and building trust and respect (Carroll & Hurry, 2018). This paper recognises the inevitability of educators’ effect on mental health because relationships “are essential for pupils to learn and teachers to teach” (Weare, 2013, p. 41), in addition the views of school staff presented here highlight the intentionality of educators’ practice. McHugh, Horner, Colditz and Wallace's (2012) analysis of adolescents’ views of teacher-pupil relationships employs a similar notion of effortful engagement, described as an instance in which one person actively and deliberately engages another on an interpersonal level. The interactions described by the adolescents were as small as demonstrating an understanding of how the student is feeling or helping with a difficult learning task, but nevertheless indicated to the students that their teacher cared about them and was invested in their success as individuals. However, the students grappled with the boundaries between teachers asking questions and noticing how they were feeling versus helping them to achieve their academic, learning goals. Adolescents in the study were very clear that close student–teacher relationships were not friendships “(i)t’s supposed to be a teacher and student relationship” (p.27), therefore McHugh et al. concluded the need for “mutually constructed boundaries [which] establish shared respect and guidelines for appropriate behaviour within the normative roles of teacher and student” (p. 31). This recognises that there is a complex balance at play between staff being intentional about offering support and care, maintaining appropriate role boundaries and the mutuality of the adult-child relationships (Anderson & Graham, 2016).
Therefore, educator-student relationships meet pupils’ developmental needs through being trusting, respectful, warm, caring and accepting whilst also being demanding or having high expectations (Cooper & Jacobs, 2011; Cullingworth, 2014; Mowat, 2010). Yet, Graham, Powell, Thomas and Anderson (2017) contend that policy and practice lack an overarching framework to conceptualise the discourse surrounding relationships and mental health in schools thus highlighting that the complexities and nuances of educator-student relationships are unlikely to be explicitly recognised.

One framework which may have utility in the conceptualisation of school-based adult-child relationships is found in the ‘authentic warmth dimension of professional childcare’ (Cameron & Maginn, 2008). A model, based on Baumrind’s (1978) ‘authoritative’ parenting style, is used in foster carer and residential staff support and training, and illustrates how an authoritative interaction style maintains an effective balance between high expectations for learning and behaviour with high levels of sensitivity and interest in the child (see Figure 2). An underpinning concept of this model is the process of attunement which occurs when an adult “is not only aware of his or her own emotions, but can also recognize how [a] child is feeling and can convey this awareness to the child” (Cameron & Maginn, 2008, p.1158).

Interventions such as Video Interactive Guidance (VIG) are increasingly being successfully used in schools to provide educators with an opportunity to explore when an interaction works so they can build an awareness of and intent to encourage attuned interactions to happen more often (Kennedy & Landor, 2015).
Clear boundaries and high expectations of learning and behaviour

Authoritative Adult
Nurturing and affectionate.
Clear boundaries and discipline through guidance.
Opportunity for open communication

Authoritarian Adult
Strict and inflexible.
High expectations and high levels of supervision.
Obedience is expected.

Permissive/Indulgent Adult
Nurturing and affectionate.
Few or inconsistent boundaries.
Takes the role of a friend.

Uninvolved/Neglectful Adult
Emotionally detached.
Inconsistent or no boundaries.
Few interactions

Lack of boundaries and low expectations for learning and behaviour

**Fig 2 Authentic warmth dimension of adult care (adapted from Baumrind, 1978; Cameron & Maginn, 2008)**

**Schools: the context for developing authoritative relationships**

For educators to enact authoritative relationships, they need to accept this as a core aspect of their role (Lendrum et al., 2016) and have a positive view of their own skills to support social, emotional learning and to create a positive climate for relationships in the classroom (Poulou, 2017). Although recent legislation, policies and guidance in the UK context (e.g. (Public Health England, 2015; Department of Health & Department for Education, 2017) has begun to recognise relationships as critical to promoting mental health and essential in a whole school approach (Weare, 2013; Weare & Markham, 2005; Wells et al., 2003), tensions and difficulties surrounding relationships in schools still need to be challenged. It is evident that educators are grappling with their role, that they feel unsupported or unable to meet
and manage their students’ mental health or that their pedagogy is under scrutiny or lacking autonomy (Cooke, King, & Greenwood, 2016; Evans & Lunt, 2002; Finney, 2008; Hornby & Atkinson, 2003). Even when educators think that “they are well placed to support children’s mental well-being” (p.96) there is uncertainty about how to deal with mental health issues which are “very much the elephant in the room” (Danby & Hamilton, 2016, p. 95). It would seem from this review that time and explicit effort is required in order to develop relational practices, policies and approaches in schools so that staff can enact their authoritative role in mental health.

A nurturing environment requires consistency, common shared values and a sense of belonging or connectedness which recognises the importance of mental health in learning and happiness, positive and secure relationships (Boorn, Hopkins Dunn, & Page, 2010). However, through direct experience of developing nurturing practices in a school, Doyle (2003) found that it was important to have noticeable changes within the classroom and clear activities throughout the school system (e.g. play, lunchtime routines, assemblies) in an aim to build an atmosphere that is “calm, pleasant and busy, with mainstream class teachers feeling supported and confident in using many of the principles of nurture in their daily work” (p.264). Thus, recognising explicit and implicit changes that are required to develop whole school change. This review found that in order to create the warm, nurturing environment which promotes mental health, school systems need to: be collaborative and secure; support educators to build trusting relationships and recognise their role; and, support a sense of belonging to the school. The school structure and curriculum need to reflect that relationships, learning and mental health are inseparable and intricately intertwined which may require some exploration of “how schools see themselves, and what they view as their main purpose” and that “by addressing mental well-being as a whole
school priority, all pupils benefit, not only those experiencing difficulties” (Spratt, Shucksmith, Philip & Watson, 2006, p. 20).

How schools see themselves is also influenced by the wider policy context. Rothi et al. (2008) highlights that staff have concerns about the language and discourse surrounding mental health and the ambiguity of a mental health definition.

Differences in conceptualisation of school based mental health remain evident across legislation, guidance and academic literature internationally. For example, in the UK context, while a broad multi-tiered whole school approach to mental health is apparent (e.g. Department of Education, 2018), models with less emphasis on developing the school context to promote mental health are also advocated (e.g. Department of Health & Department for Education, 2017). At the same time, universal approaches (i.e. interventions which are delivered to all pupils within a school or year group) are sometimes described as whole school approaches (Mentally Healthy Schools, 2019). This review concludes a clearer and less conflicting conceptualisation of mental health and of the teaching role is needed in legislation and guidance.

**Relationships in schools: core but complex**

This review highlights the complexity of creating good relationships within the intricate interplay of systems affecting school staff’s ability to promote mental health. Using an ecosystemic approach (Bronfenbrenner, 1994), this study attempts to add to the limited research “that does not focus solely on individuals, or on the school environment, but aims to transcend the individual-context binaries and layer complexity” (Simovska, 2018). Evident throughout the studies in this review (explicitly and implicitly) is the importance for school staff to have explicit space and support to feel confident with mental health and to conceptualise what mental
health is and what this means for their role. Through reflective practice, reluctance
and differences in opinions, views and pedagogy can be challenged (Kennedy, 2014).
Reflective practice and mental health promotion involve complementary values;
requiring relationships “that allow [educators] to share values, understanding, goals
and beliefs … while providing important challenge at the same time” (Higgins,
Cordingley, Greany, & Coe, 2014, p.24). Furthermore, “systematic promotion and
facilitation of positive relationships at school” (Noble & McGrath, 2008, p.127)
supports mental health and academic achievement and involves school systems
which enable staff to have autonomy, choice and involvement in decision-making
facilitating the conceptualisation and creation of an environment which can meet the
needs of the inseparable: relationships, mental health and learning (Ransford,
Greenberg, Domitrovich, Small, & Jacobson, 2009). Therefore, this suggests that a
whole school mental health approach should: enable staff’s conceptualisations and
practice to be embedded, reviewed and reflected upon; create shared understandings
of mental health; support staff to have ownership and a proactive approach to
promoting mental health; and, help them to feel confident that they have the skills
and knowledge to put “the mental well-being of children and young people at the
very heart of [the schools] value system” (Spratt et al., 2006, p.19). Whilst at the
same time, strengthening staff mental health and allowing them to be more present
and able to provide a context for quality adult-child relationships (Harding et al.,
2019).

Although reflection has often received attention within educational practices and has
been perceived as essential for educator’s pedagogy (Loughran, 2013), reflective
practice is not common in the current professional development model in teaching
(Hoban, 2002; Kelly & Williamson, 2002). Brandenburg, Glasswell, Jones and Ryan
(2017) suggest that “seeing beyond teaching as doing is one of the great challenges for teacher education” (p. 4) thus highlighting that the complex systems surrounding and impacting on school’s mental health promotion need to recognise the benefits of reflective practice for educators. Senese (2017) highlights the benefits of peer discussion activities, structured reflective conversations, listening to other’s experiences and action research for developing different and new perspectives. Thus, recognising that participatory and collaborative activities allow adults to articulate their understanding, link new knowledge to their practice and experiences and collaborate with their peers (Kennedy, 2014; Nieto, 2003). Therefore, it seems imperative for educators, mental health practitioners and policymakers to consider how best to encourage, facilitate and embed reflective practices within school’s pedagogy in order to manage the core but complex need to build and maintain relationships in order to promote mental health. Educational psychologists, with their relationships with schools, knowledge of school systems, mental health and research methods (Doll, Nastasi, Cornell, & Song, 2017; Farrell et al., 2006; Scottish Executive, 2002) would seem to be, particularly well placed to support schools in developing their mental health approaches, practices and policies both at a systemic level and through working with groups and casework around individual pupils drawing on professional practice models that promote reflection and facilitate work with those involved to think about complex situations, to manage them and to gain a shared understanding even when views are different and conflicting (Bell et al., 2015; Rhydderch & Gameson, 2010).

**Reflections**

Meta-ethnographic analysis allows for a recognition of how the school or multiagency context within each of the papers influences the frame of reference of
author and the research question posed to the participants. It is a developing methodology and the researcher and research supervisor adapted the steps detailed by Atkins et al. (2008). The papers reviewed and the subsequent line of synthesis model are from the perspective of school staff, future research could further develop this model by exploring pupils’ views about staff’s role in promoting mental health, adding an essential layer to the understanding of the complexities of the interactions between the individual and wider contexts.

It should be noted that this was a systematic review following an accepted methodology but remains a subjective interpretation and it is acknowledged that many other interpretations are possible. Additionally, in light of the range of conceptualisations of mental health, there was an attempt to identify all relevant search terms however it is acknowledged given the evolving nature of the terminology used within legislation, academia and school communities some may have been overlooked.

**Conclusion**

Whole school mental health programmes and initiatives emphasise the importance of mental health becoming “everyone’s business” (Weare & Markham, 2005, p.118; Weare, 2013). For this to be achieved, school staff need a positive view and belief in their role in promoting mental health (Wells et al., 2003), however mental health promotion as “an integral part of what teachers do in daily life” (Slee et al., 2009, p.30) is poorly articulated. This review focused on papers with a positive, non-deficit approach to mental health and in which participants accepted their role in school based mental health promotion and explained how they perceived the enactment of this role. Using Bronfenbrenner’s ecological systems approach as an organising
framework, findings highlight that the continual interaction between pupils and school staff provides the context for their (intended and unintended) influence on children’s mental health. Relationships, an integral part of the teaching role, are therefore highlighted as a key active ingredient in implementing a whole school mental health approach. However, these relationships are impacted by a complex interplay of systems including the school system, government policies and guidance and conceptualisations of education, mental health and the teaching role. Findings suggest mental health needs to be embedded in school and community culture highlighting the importance of challenging the current accountability and performance culture where the relational aspects of a teaching role are marginalised.
References


Paper 2: Collaborative Action Research: Transforming Relational and Reflective Practices to Implement a Whole School Mental Health Approach

Prepared for in accordance with author guidelines for submission to the Educational Action Research (Appendix K)
Abstract

It is evident that educational practitioners and organisational systems need to embrace and embed a positive conceptualisation of mental health that is reflected in their dialogue and approaches. This paper aims to increase understanding and knowledge of implementing a whole school mental health approach amongst educational professionals and discusses a role for Educational Psychologists. The research explores the experiences of a group of educational practitioners aspiring to develop their whole school mental health approach by engaging in cycles of inquiry, action and reflection facilitated by a Trainee Educational Psychologist. Using a collaborative action research approach, the implementation group engaged in: dialogue around individual and whole school mental health practices supporting school staff, children and parents; reflective practice exploring personal and professional opinions, values and pedagogies linked to evidence-based practice; and, the planning, implementation, delivery and monitoring of relational mental health practices. Significant claims of the paper are that transformative practice is an essential tool to facilitate educational practitioners to implement whole school mental health approaches, including professional development and learning, and that EPs are well placed to work collaboratively with schools to truly create transformative change.

Keywords

Mental health; wellbeing; whole school approach; collaborative action research; participation; transformative change
**Introduction**

Whole school approaches are now advocated across legislation, guidance and policy as integral to create long-lasting positive change for school mental health. Such approaches often acknowledge but do not clearly specify the role of professional learning in their implementation (Department for Education and Skills 2007). Research on implementation of mental health innovations in schools has focused on issues of fidelity/adaptation and social validity of specific interventions or curricula (Mackenzie and Williams 2018) leaving the ‘black box’ of teacher learning largely unopened (Boylan and Demack, 2018, 352). Boylan and Demack highlight the need to identify the relationship of the innovation to the professional learning involved. Collaborative action research is offered here as an appropriate method to support the implementation of a whole school approach to mental health. This paper seeks to make explicit the processes and professional learning taking place.

Mental health is defined as ‘a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’ (World Health Organisation, 2014). Schools’ role to support children to build their resilience and promote their mental health has been amplified within English governmental legislation, policies and guidance with the identification that pupils with greater emotional wellbeing and good mental health will be more likely to succeed (Department for Education, 2018). Weare (2010) has identified key factors that encourage the promotion of mental health in UK schools and advocates for a whole school mental health approach that provides effective empathetic, positive and boundaried social contexts, promotes positive models of mental health, emphasises competence and involves all within the community so that mental health
becomes ‘everyone’s business’ (Weare and Markham, 2005, 118). Such whole school approaches promote and support mental health across multiple levels: the whole school ethos and environment (including within leadership practices, school policies, values and attitudes); the curriculum; staff development; and, within the local community (e.g. parents, carers, external professionals).

Whole school mental health approaches can create robust, positive change as the ‘intervention’ is provided continuously over extended periods of time and changes the school culture with a key aspect of implementation being the need for adult views and pedagogy to align to the desired school culture (Wells, Barlow, and Stewart-Brown 2003). In the UK context, the past decade has seen increasing interest in mental health interventions (e.g. mindfulness, CBT-based interventions) (Almirall and Chronis-Tuscano 2016) and recommended whole school programmes such as SEAL (Social and Emotional Aspects of Learning; Department for Education and Skills, 2007) or the Emotional Friendly Schools Manual (EFS; Salford City Council, 2016). Goldberg et al.'s (2018) international meta-analysis of whole school interventions identified effects on children’s social, emotional and behavioural skills (including attitudes toward others, positive social behaviours) and feelings of wellbeing but no impact on academic achievement. Goldberg et al. emphasise that ‘further research is required to determine the active ingredients of whole school interventions [so] that we can better understand the components necessary to achieve successful outcomes’ (1). Mackenzie and Williams's (2018) review of evaluations of UK universal, school-based mental health interventions identified significant implementation barriers (i.e. fidelity, attrition and costs), criticised school-based research methodological designs (i.e. lack of randomisation and blinding of researchers and small sample sizes) and raised the need to proactively include and
involve educational professionals within the implementation of mental health approaches in order to sustain and achieve positive outcomes and improve staff mental health, especially within the current socio-political context. O'Reilly, Svirydzenka, Adams and Dogra's (2018) review of mental health promotion interventions also emphasised that barriers to success of intervention programmes (such as SEAL) included lack of clear co-ordination, communication and implementation strategies and staffs’ skills, awareness, training and willingness to change practice and training needs, concluding that little has changed since the Wells et al. (2003) review. An issue identified within these reviews is the prescribed nature of the programmes or interventions which may cause tensions with staff autonomy (Kennedy, 2014) and effective professional learning (Boylan and Demack, 2018).

The socio-political context for mental health in schools

Within the context of a standardisation, academic and test focused curriculum there are multiple and conflicting views of education professionals’ role in mental health, issues which are compounded by a lack of time and opportunity to consider their own views, values, belief-systems and pedagogical approaches (Edling and Frelin, 2013; Graham, Powell, and Truscott, 2016). School as a context for the promotion of mental health has been rooted in English policy for some time albeit in an evolving policy context; recent guidance on Mental Health and Behaviour in Schools in England and Wales (Department for Education, 2018) promotes a whole school approach detailing schools’ role in supporting and promoting mental health through prevention, identification, early support and access to specialist support. This represents a paradigm shift in the conceptualisation of mental health, away from a deficit response model where the focus was on identifying and referring pupils with mental health issues (Department for Education, 2016). The changing emphasis of
policy and legislation and varying conceptualisations of mental health provide a context in which school staffs’ roles, boundaries and responsibilities in relation to pupils’ mental health are unclear (O’Reilly et al. 2018; Armstrong 2014; Graham et al. 2017).

**Implementing and embedding change**

There is a tension evident in much of the literature around implementation of whole school approaches and/or universal interventions to support mental health between fidelity and adaptation, with acceptability of new innovations also identified as a key factor influencing implementation (Lendrum, Humphrey, and Greenberg 2016). The systematic literature review suggests congruence between an educator’s view of their role and their conceptualisation of mental health may be a key factor in how a whole school positive social relational mental health approach is embedded in their pedagogy. Embedding changes in policy requires staff readiness and opportunity for any disparity between policy and local practice to be linked with current knowledge, skills and practices (Woods, Stothard, Lydon and Reason, 2013) and in the context of mental health, high quality implementation is best achieved using a systematic, coordinated approach and requires assessment, collaboration, negotiation, monitoring, and self-reflection activities (Durlak 1998; Oberle et al. 2016).

Moreover, adaptability to participants’ needs, tailoring to a context, key participants involved and organisational support is required (Bell, Meredith, Summerville, Nastasi, Patterson and Earnshall 2015) highlighting the importance of considering the methods and opportunities for educators’ professional learning in implementing whole school mental health approaches of which there is a dearth of literature.
Professional development for educational professionals

Kennedy (2014) highlights that different purposes of professional development require different models such as transmission of knowledge to learn a new skill or models to facilitate transformative practice. However, regardless of the objective, the current dominant model of professional development for educational professionals learning is the training model which is characterised by the passive role of participants whilst an ‘expert’ delivers input, providing them with new knowledge. Such training is usually chosen by senior leaders to remedy a weakness within the school system or staff understanding (Hoban, 2002). This model can be criticised for the lack of opportunities to reflect and link the new knowledge to their current experience and skills (Little, 1994). Implementing a whole school mental health approach could be argued to have the goal of changing and transforming practice to benefit everyone’s mental health. Kennedy (2014) states that transformative practice requires: an awareness of the issues of power; addressing whose agenda the professional development is meeting; and, debate between educational professionals through their ‘realisation and consideration of conflicting agendas and philosophies’ (348). Additionally, transformative practice allows for exploration of ‘participants’ existing theories, beliefs and practice, and for opportunities to challenge these in a non-threatening way’ (20) so that they can ‘articulate their own conceptions of teaching and be able to select and justify modes of practice’ (337) whilst developing a collective competence; a ‘collective sense of events in the workplace; developing and using a collective knowledge base; developing a sense of interdependency’ (Boreham, 2004, 9). However, Boylan and Demack (2018) suggest that Kennedy’s transformative practice is difficult to operationalise and recommends a distinction between professional development (the innovation with which professionals engage)
and pedagogical professional learning (the outcome of the professional development). Summarising key research findings, Boylan and Demack emphasise that, in order for changes within professional learning, it is important for educators to engage and interact with the innovation by: experimenting and adapting their practice to their experience and local context; collaborating and communicating with others in order to cope with unpredictability and differences; and, access sustained activities over time (i.e. at least 2 academic terms or, even better, a year or longer).

Consequently, to implement a whole school mental health approach professional development activities need to balance the complex issues of power, individual teacher autonomy and profession wide autonomy (Kennedy, 2014) and link to staff’s everyday experiences and contexts and encourage exploration of content and processes of implementation, including gathering evidence of their changes in practice (Higgins et al. 2014). At the same time, educators need opportunity to ‘continually rediscover who they are and what they stand for through their dialogue and collaboration with peers, through ongoing and consistent study, and through deep reflection about their craft’ (Nieto, 2003, 395-396) in order for the innovation to be embedded within their pedagogical professional learning (Boylan and Demack, 2018).

**Rationale and Focus of Study**

Within the current context of differing conceptualisations of school based mental health, there is a need to consider how schools are supported to create and embed a whole school mental health approach that meets the needs of the community within their own setting. Collaborative action research, where educational professionals are engaged in a long-standing relational, co-operative process of inquiry, reflection and evidence gathering can encourage transformative professional development and
learning, was chosen as an appropriate framework for this research. Bradbury, Lewis and Embury (2019) emphasise that ‘action research is transformative social learning with a change agenda’ where ‘the stakeholders of the school … engage in cycles of inquiry and practice within their systems’ (7) and robust relationships are nurtured so that learning is promoted and diversity is explored. Evidence in mental health research suggests that action research and participatory research methods can transform mind-sets in school and encourage social, emotional learning to be valued by all as long as positive relationships are formed, facilitators are flexible and continual support is available (Bell et al. 2015). Therefore, the purpose of this study was to use a collaborative action research framework to explore the experiences of a group of educational professionals who approached the implementation of a whole school mental health approach and transform practices.

The Research Context

Commissioning Process

This research was commissioned between a North West local authority and the University of Manchester and took place during the 2017 – 2018 academic year. Within the local authority, the Educational Psychology Service (EPS) and Child and Adolescent Mental Health Services (CAMHS) were working together to develop within their schools the mental health, resilience and attachment awareness and practices for children in the care system. The particular approach they chose to use prior to commissioning this research was Emotion Coaching. Emotion Coaching is an adult-child relational intervention where adults recognise, label and validate a child’s emotions (regardless of the behaviour), engage children in problem-solving to identify reasonable solutions, set limits for appropriate behaviour and work with the
child to seek alternative courses of actions in the future (Gus, Rose, and Gilbert 2015). Recent research has explored how Emotion Coaching can be embedded in schools with some attempts to develop whole staff practices. Rose, McGuire-Snieckus and Gilbert (2015) attempted to embed Emotion Coaching in school staff’s practice by training all school staff (where possible) in five primary schools and a secondary school over a year period and identified beneficial impact for children and staff. Whilst Parker, Rose, and Gilbert (2016) identified Emotion Coaching as a key relational model to develop whole school attachment awareness practices. Therefore, the commissioning EP in this study was keen to position Emotion Coaching as a whole school approach and develop whole staff practices. Although the implementation of Emotion Coaching as a whole school approach was the starting point, the study developed to meet the needs of the co-researchers and the school context.

Initial Actions

Members of the EPS had attended a two-day training event on Emotion Coaching, which the Educational Psychologist (elsewhere known as school psychologists) in training (TEP), researcher, attended. Following this, to support the development of Emotion Coaching practices in schools, the EPS prepared and delivered a two session programme of training on Emotion Coaching to designated teachers for looked after children (an identified member of staff within each school who has responsibilities to promote educational achievement of looked after children and previously looked after children (Department for Education, 2018). A senior leader was also invited to attend as a means of supporting changes to practice within the schools. Following this, schools were able to commission a further two whole school evening training sessions on Emotion Coaching.
Through discussions with the EPS and the school-based CAMHS worker, research exploring how best to support schools with the implementation of this whole school mental health approach seemed needed and a volunteer school was sought from those who had attended training.

School Context

An Ofsted outstanding primary school in the North West of England was identified by the EPS to be approached by the TEP. The school had 408 pupils on roll aged 3 to 11 years old and the population included 0.2% of pupils with statements or Education, Health and Care Plans, 13% of pupils with SEN support, 15.5% of pupils eligible for free school meals and 8.6% of pupils whose first language is not English. The school had dedicated and extensive outdoor space that incorporated a working farm and dedicated forest school areas which highlighted their ethos to provide the children with a variety of experiences to develop. The school was designed to allow each class direct access to outdoor space. Staff, children and parents were encouraged to learn experientially wherever possible however there were also high expectations for academic achievement. The staff team size (70 – 90 members) meant that all staff did not always interact with each other regularly. Additionally, the school were impacted by significant staff changes and redundancies during the research timeframe.

Taking a collaborative action research approach to transform practice

A collaborative action research approach is not linear, neat and it cannot be fully planned in advance as there needs to be opportunities and the potential for uncertainty, change and flexibility (Bradbury, Lewis, and Embury 2019). It is relational, aiming for equalised power, therefore learning and a change agenda
happens ‘with’ each other and is rooted in the real-life context and relationships (Lewis et al. 2019). Allen (2000) suggests that action research evolves theory of practice through repeated and continuous cycles; firstly, by identifying existing assumptions, values and mental models; secondly identifying new assumptions and guiding values; and, thirdly re-examining renewed and revised assumptions. Whilst Piggot-Irvine (2001) suggests that it is important to use plan, act, observe and reflect cycles to examine the existing situation, implement change and evaluate the implementation of change whilst suggesting that each examination means that ‘spin-off’ action research cycles will occur during, and feedback to, the planning processes.

This meant that the research aimed to encourage co-researchers to engage in: dialogue around individual and whole school mental health practices supporting school staff, children and parents; reflective practice exploring personal and professional opinions, values and pedagogies linked to evidence-based practice; and, the planning, implementation, delivery and monitoring of relational mental health practices.

**Contracting the research**

The school’s participation was voluntary and a cross section of school staff were invited to volunteer to be part of the research by the TEP in the whole school training sessions. The Head and SENCo organised the final research group from those who volunteered. Fourteen people participated as part of a planning group and/or an implementation group, this included school staff and local authority members. The time frame and a broad outline of activities were agreed in an initial meeting with the head teacher, deputy head and special educational needs coordinator, school link Educational Psychologist (EP), commissioning EP and the researcher and research supervisor (see Figure 3). The implementation group met for 2 hour focus groups.
five times over the academic year and included: a year 6 teacher; year 2 teacher; year 4 teacher; a Forest School staff member; a teaching assistant from reception class; a midday meal assistant/ breakfast and afterschool club worker; the deputy head; the pastoral care manager/safeguarding officer; and, an administrator/ personal assistant for the executive head (who was also a parent of a child in school). It should be noted that a school governor and the executive head consented for involvement in the research and were involved in shaping the hopes for the research (focus group 1), however did not continue to participate directly due to time commitments. Additionally, the school’s head teacher attended focus group 1 and was involved during the final stages of the research to inform the school’s development plan. The commissioning EP and school-based CAMHS worker were involved in three focus groups and during the dissemination stages. See Appendix L for a summary of co-researcher involvement in research activities.

As the research evolved, the school co-researchers were encouraged to become involved in the planning of the focus groups and volunteers were recruited from the larger implementation group. The planning group (including the year 6 teacher, year 2 teacher, year 4 teacher, deputy head, the pastoral care manager/safeguarding officer and TEP) met prior to the focus group to plan, reflect and disseminate to reflect about the group’s journey and identify activities and methods to explore the next steps in the process.

As a TEP with an understanding of mental health, research and the educational context (locally and nationally), the researcher’s role was to collaborate directly with the school, the commissioning EP and a school-based CAMHS worker from the local authority throughout the research process. The hope was to facilitate the process of the research whilst empowering the implementation group to identify their goals,
steps of change, evaluation and reflections of the research. The research supervisor was actively involved in the commission of the research and then provided supervision for the researcher throughout the research process thus encouraging reflective and evidence-based practices (Miller et al. 2002).

Our research story

The initial focus of the research was to develop a model of implementation for using EC as a whole school mental health approach in a primary school. Our research story adapted and developed throughout the year as our conceptualisations and understandings changed and in response to the multi-systemic challenges that we learnt about during the journey. Therefore, the implementation group and researcher recognised the research actions as creating an understanding and facilitating communication of their implementation strategies and core values for their whole school mental health approach. Table 6 offers descriptions of our evolving collaborative action research journey and outlines example activities from the research. Figure 1 provides a visual representation of the collaborative action research.
Table 6. Three iterative stages of collaborative action research

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<th>Cycle</th>
<th>Evolving Theory of Practice Description</th>
<th>Example activities from current research</th>
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| 1     | Existing assumptions, values, mental models | Focus Group (FG) 1  
The group discussed and drew a Rich Picture to illustrate ‘what is school like now?’ and ‘what we would like school to look like?’ in relation to mental health and using EC as a whole school approach and the possible actions to achieve the first steps towards change (see Appendix M). The researcher reflected about the research themes with the research supervisor and drew a visual representation (see Appendix N). |
|       | FG 2  
The themes were presented back to the group and areas of action identified. including: building non-directed time for staff and children; knowing the needs of the children and families better; developing a system to support mental health; supporting parents to use emotion coaching; staff mental health; and, all in school understanding emotion coaching.  
The group prioritised building non-directed time for staff and for children. A Fishbone Analysis (e.g. Phillips, 2013) explored the multiple factors affecting change (e.g. people, methods/ activities, measurement, risks, environments, materials). See Appendix O. |
| 2     | New knowledge, assumptions and guiding values | From FG 3 onwards activities at the beginning and end of each session were introduced to help be more emotionally aware of our own mental health and of those within the group. For example, we drew an emoji to describe our emotion(s) at the start and end of the sessions, helping the researcher and the group to adapt to the needs of the group (see Appendix P). |
|       | FG 4  
We decided together that the researcher would bring observation data of staff’s practices and children’s responses to facilitate reflective practice within the implementation group.  
Using a linear pictorial diagram of EC, the group reflected on their thoughts, understanding and experiences of emotion coaching in two groups and drew their own models of emotion coaching (see |
### Table 6. Three iterative stages of collaborative action research

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<td>Appendix Q). Sharing their models to the other group raised interesting discussions about how they are aware of others’ emotions, whether we recognise this as an opportunity for learning, how we communicate empathy and methods of problem solving.</td>
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| 3     | Re-examined, renewed, revised assumptions | FG 5  
All the drawings and models were revisited and we shared individual learning of examples of effective conversations with colleagues, children and young people, parents etc. that embodied emotion coaching principles. Using the framework: what have they noticed; what has been or needs to be shared; and, what are the next steps to continue to create change, we thought about the groups’ and the school’s learning (see Appendix R for example).  
To feed back to the Head teacher, members of the group presented their thoughts and views about the groups’ learning and suggested next steps for the whole school development plan. The researcher developed an implementation model to present to the school as a summary of this stage of their transformative journey (see Appendix S). |

Figure 3. Story of collaborative action practice.
Findings

Learning from this research encompassed new reflections: for the school staff regarding their conceptualisations of mental health, their professional learning and managing changes to practice; for the local authority regarding how they support schools to develop practice around mental health; and, for the researchers regarding collaborative action research as a model for transformative continuous professional development and learning in order to implement an accepted whole school mental health approach. The findings will explore the existing situation and the new views and conceptualisations learnt during the co-researcher’s transformative journey.

School’s transformative journey

Where we started…

Developing Emotion Coaching whole school practices was the starting point to this research however the implementation group chose to explore implementation of a whole school mental health approach. In focus group 1, the implementation group created a Rich Picture (Monk and Howard 1998) that explored their starting point and where they would like to be in their whole school mental health approaches (Appendix M). The collective view recognised that their role was to ‘genuinely’ develop the whole child including their academic competences and social, emotional competences in the short- and long-term. They described and drew a school as a place that ‘helps a child find their place so that they’re happy with who they are but knowing what they can achieve’. The implementation group identified their staff team and school as having high expectations where they are always striving to do their best. Focus group 2 explored feeling that the curriculum and academic context and finding space and ‘non-directed’ time to promote, support and respond to student’s and staff’s mental health were competing priorities. Feeling better about
balancing these ‘competing’ pressures and priorities was important and they used the analogy of having too many plates that they were trying to balance. Staff felt that they could drop a plate at any time and implementing EC felt like an additional plate.

**After a year…**

‘How far we’ve come, we started off with the dream and that seems so long ago, the journey we’ve come since then is massive’ [teacher a, focus group 5]. ‘What’s quite exciting is that it’s not the finished product. There is so much more we can do as a group, as a school to develop mental health and other aspects of the school culture’ [deputy head, focus group 5].

The implementation group developed an ownership of their own teaching practices whilst having a collective competence (Boreham 2004) of the group’s mental health practices. In focus group 5 and in their feedback to the head teacher, the implementation group’s renewed and revised learning highlighted their new understanding about the process of implementing change (adapted from Rogers et al., 2013) and their conceptualisation of mental health practices (adapted from the authentic warmth dimension of adult care (Cameron and Maginn 2008); as shown in Figure 4. Quotes shared in this section are from focus group 5 and written reflections.

**Conceptualisation of mental health and relationships**

Staff conceptualisation of mental health and relationships developed throughout their journey. One co-researcher explained that the focus groups ‘have taught me to listen more intently and notice, not just the children’s emotions, but the staff’s too. This is the most poignant learning but there are many other things that are now embedded in my classroom practice such as the warmth and boundaries content and a focus on developing emotional literacy’ [written reflection].
Their clear underpinning social, emotional, mental health strategy was the importance to take time for interactions and relationships. When reflecting about this with children, one co-researcher said ‘warmth and boundaries I think it’s really stood out for me. It sums up so much… to understand each other you have to care about each other but it’s okay to tell someone when their doing something that’s not okay or they are over stepping the mark. It’s important to help the children to deal, understand and be kind with their relationships’ [administrator]. Whilst, the deputy head shared her main learning as: ‘that’s one thing that’s coming through clearly the strengths of relationships and making those connections with people. I know personally I check in with people now, just little things like that make a difference’ whilst one teacher said ‘people did loads of really good stuff but what we took from it is people noticing each other and people being nice to each other’ [teacher b]. Therefore, they felt that collaborative action research had helped embed ‘more of the [school’s] culture to notice things and the individual person’s needs’ [teacher a] and that this was integral to support everyone’s mental health, especially staff mental
health: ‘if you’re not feeling great but no one notices it’s so exasperating but if someone notices and say’s “oh I like your dress today” it gives you a little boost’ [deputy head].

This collaborative action research facilitated the implementation group to view mental health as a core part of their everyday practices and not an additional pedagogical activity. They reconceptualised their teaching pedagogy to see mental health, relationships and academic achievements as ‘one big plate of warmth and boundaries with a variety of tools you could use to provide the warmth and boundaries. You choose the ones [tools/ strategies] that work for you as a teacher’ [teacher a]. Furthermore, they recognised that it is okay for educational professionals to have individual autonomy whilst working towards a collective professional goal. ‘That’s where your autonomy and personal practice comes into it. The basics and fundamentals of this grid [warmth and boundaries model] are the same for everybody. But the little tweaks, the mustard or the ketchup are your ways of adding to it’ [teaching assistant] because ‘what works for one may not work for another’ [administrator] ‘or a child, the personalities you’ve got, you will have to change your condiments’ [teacher b] and ‘the way that we respond to the child or whatever situation we are in, will look different depending on the relationship with the child’ [teacher c].

**The process of learning and professional development**

Staff valued the opportunity for reflective practice and having time to share how they were feeling and their practices when implementing change, even when these may have shown vulnerability or differences. One co-researcher said ‘I don’t think any of us in the moment think “oh it’s working, aren’t I great”. But because we come here [focus groups], we have to re-evaluate all the time. It allows that emotion coaching
of ourselves – yeh you are doing it, you are making a difference, you have noticed. You notice your own emotional situation and that we’re using it for ourselves and in our practice and it is working. Or otherwise we wouldn’t necessarily pick up on that. I only realised when you asked for an example’ [teacher c]. Staff found it beneficial to share best practice as this helped them to ‘reflect and go “I am doing that” you just don’t realise that in the moment’ [teaching assistant] and that this helped them to feel consciously competent ‘we’ve been doing it so long and trying to make it part of your everyday process. We are used to doing it now, when you hear examples actually how things have changed you think I did that yesterday actually I did it 3 times yesterday. It’s becoming me and how I deal with things more naturally. And you see there you become conscious again’ [administrator]. However, it was important for this reflection to happen within a safe, collaborative setting and with staff across the educational setting: ‘we’re all from different roles, it’s really nice to hearing different examples from across school of what we’re doing, it makes you feel like you’re all in it together rather than it’s just you in your classroom thinking please work’ [teacher a].

The implementation group recognised that when attempting to link new learning to their current practice they need opportunities to receive support and reassurance to help them to cope with being consciously aware of something that they do not understand and/or cannot do yet: for it to be ‘okay if it doesn’t work’ [written reflection]. Once they were able to link new learning and put this into practice, reflection was still important to help them to share best practice, recognise their success and be ‘confident and reassured that we’re doing the right thing’ [group view] of their educational practices. Therefore, their collective goal was to continue to support professional development through reflective practices which allowed and
facilitated them to be consciously competent in their mental health practices and in their on-going, evolving professional learning journey.

**EPS and CAMHS transformative journey**

In focus group 1, the EP and school-based CAMHS worker explained that the local authority context included: a high demand from schools requesting professional support to ‘fix problems’ for their vulnerable children; and, competing local and national priorities for mental health and academic outcomes. They felt that it was important for the local context to be viewed as supportive where ‘everyone is at the heart and everyone supporting each other’ [school-based CAMHS worker] and that learning and good practice is being shared between schools. The research journey supported their understanding of the ‘factors that need to be considered when carrying out training with schools and the importance of ensuring a follow up process to embed new learning and approaches’ [written reflection]. In focus group 5, the EP explained that he noticed that due to the collaborative action research ‘the school have been on a significant journey and have learnt a lot as a result. Conversations indicated a shift in perception about difficulties that young people experience and the opportunities for school staff to effect change’. During a reflective session with the EPS, a training model was developed from the learning of those involved in the research and other members of the EPS team (see Figure 5). This model recognised that transformative professional development requires a range of activities which could be supported by the EPS. In particular, the EPS identified that they need to help schools to recognise what they need from training and how they have autonomy to develop their own practice. Following this, the EPS aim to continue to ‘look at how we organise the delivery and implementation of training’ [EP, written reflection].
**Discussion - Researcher’s transformative journey**

Whole school approaches are viewed as an integral intervention to create robust and positive longitudinal change within school mental health but are not easy to implement and achieve (Mackenzie and Williams 2018; Wells, Barlow, and Stewart-Brown 2003; Elfrink et al. 2017). A framework or method of staff development is not evident or well-articulated in guidance. Perhaps in recognition that staff development in whole approaches requires a bottom up approach, however, Boylan, Coldwell, Maxwell, and Jordan (2018) also suggest that it is difficult for a model to be developed that encapsulates the complexities of professional development and learning whilst being operationalisable and measurable. In the context of evolving conceptualisations of school-based mental health in English policy and associated views of educational professionals’ roles in school, a significant barrier to developing practice identified within the UK context is the lack of proactive
involvement of school-based educational professionals (Mackenzie and Williams 2018; O’Reilly et al. 2018). This study has attempted to develop and identify important ingredients needed when schools aim to implement a whole school mental health approach within this current socio-political context. Literature and guidance around whole school approaches and the body of literature that informs the implementation of social, emotional and mental health practices in schools both highlight a role for staff development (Goldberg et al., 2018; Salford City Council, 2016). Literature around continuous professional development details different models are needed for different purposes (Kennedy 2014) and that professional learning requires individual and collaborative reflection (Boylan and Demack 2018). Each of these bodies of literature provides a specific lens and a different approach, each with their own strengths and epistemology, and taken together can provide a robust and comprehensive conceptualisation of a framework for professional development and learning to support implementation of whole school mental health practices. A key reflection of this research is that collaborative action research, with its embodiment of shared power and relational practices, is a good fit for transforming whole school mental health practices within schools (see Figure 6).
Professional autonomy through collaboration

Schools are complex community settings impacted by a continuously evolving policy context where there are differing conceptualisations of school staff’s role in mental health. This study found that professional autonomy through collaboration is integral in order to develop whole school mental health practices. Although the TEP set out with her own perspective and views and those of the commissioning local authority, the implementation group needed time and space to consider their views and to make decisions about their own and the group’s professional development, learning and practices. Kemmis (2010) highlights the potential of action research to engender autonomy, arguing that the value of action research goes beyond the generation of action and learning, and also lies in the process; practice can be changed as researchers examine their own practice and take ownership of actions necessary to
improve and evolve practice. Additionally, Lewis et al. (2019) emphasise that action research with its relational processes, where all (researchers and co-researchers) are participating and engaged, can ‘cultivate life-affirming well-being and learning power’ (76) within the complex network of relationships and systems in the research context. Therefore, this paper highlights that for a whole school approach to mental health a collaborative action research was a good model for continuous professional development as it increased capacity towards individual staff autonomy and group professional autonomy (Kennedy 2014). The integral emphasis on development of positive relationships in this action research reflects this key element of whole school approaches to mental health (Aldridge and McChesney, 2018; Oberle, Guhn, Gadermann, Thomson and Schonert-Reichl, 2018). Additionally, the focus in action research on developing competence, working relationally and providing autonomy is consistent with self-determination theory (Ryan and Deci 2000) and likely to support and promote the mental health of those involved, which co-researchers in this study valued and found to be integral in creating and embedding mental health practices.

**A safe space to develop practice through relationships**

The convoluted mental health socio-contextual journey provides a context for dissonance between how UK policy-makers, schools and staff view and organise their role in promoting mental health with some educators grappling with promoting mental health as part of their role and balancing this with their other academic responsibilities (Kidger, Gunnell, Biddle, Campbell and Donovan, 2009; O’Reilly, Adams, Whiteman, Hughes, Reilly and Dogra, 2018). Social validity or the acceptability of a mental health innovation or intervention is a key factor influencing implementation (Lendrum, Humphrey, and Greenberg, 2016) highlighting the importance of finding a ‘consistency between what a person knows or believes and
what he does’ (Festinger, 1962, 1). Those involved in implementation may have conflicting agendas and practices, which may make for difficult conversations and, even when schools are positive about developing mental health practices, tensions are evident (Doll, Nastasi, Cornell, and Song, 2017). Doll et al. emphasise that collaborative consultation which builds partnerships with schools and communities, implements plans that build on a community’s strengths, embeds reflective practice over time, and facilitates ownership of the programme can alleviate tensions and barriers to mental health practices. However, to achieve in school sustainability, staff need to take a lead in planning and implementing programmes and partake in on-going professional development and learning activities, i.e. ‘peer mediation, evidence-based SEL [social emotional learning] curriculum, SEL teacher mentoring, bimonthly SEL professional development workshops, and skill-based disciplinary processes’ (191). This research found that collaborative action research provided a safe and contained way to discuss and explore educators’ differing views of their role and practices in supporting and promoting mental health in school and the complexities of attempting to implement a whole school mental health approach. Comparably, Nieto (2003) explored ‘what keeps teacher’s going – in spite of everything’ (389) using an inquiry group research method, teachers involved conceptualised schools as ‘above all, places where relationships are created, relationships that can be tremendously significant in either positive or negative ways for young people’ (387) and recognised that teaching is intellectual work which involves developing the curriculum, completing research in their classroom and continually developing their practice. These teachers found that being part of the inquiry group gave space for shared dialogue and allowed for difficult conversations to be voices and processed, even if not solved, which helped them to live with new
understandings and trial new practices, emphasising the need for reflective practices and continuous activities for professional development within mental health practices.

A key role of the researcher was to build and maintain relationships in order to facilitate a process of staff development. Through staff’s engagement with cycles of inquiry, action and reflection, relationships were nurtured which provided the context for learning to be promoted and diversity, differences or tensions to be explored (Bradbury, Lewis, and Embury 2019). In a similar way, using a participatory culture-specific intervention model to promote mental health in schools, Bell et al. (2015) emphasised that, in order to create change within a school system, researchers building relationships only at the start of the research process is not enough. Due to changes (e.g. in staffing, policy or the community) and in order to create and maintain a shared vision, a core researcher role was to build and maintain relationships at the beginning of and throughout the research process. The Bell et al. study focused on multi-tiered programming and interventions to promote children’s mental health or to intervene where need is identified, the current study extends their findings by going beyond interventions at different levels, to examine whole school development and development of educators’ practices in the whole context.

Reflections

The process and content of this collaborative action research is specific to this context and the needs of the co-researchers and the school as a whole and therefore may not be generalisable to differing contexts and professionals. Additionally, it is acknowledged that the subjective views and actions of the co-researchers are represented here and different participants may have had different interpretations.
Although the learning from this study may not hold true for other staff, schools and contexts, dissemination within practice and to other educational professionals (e.g. EPs, researchers) suggests that school communities benefit from reflective and relational practices especially to support transformative professional learning. To extend this research it seems essential to not only engage with all staff but also to engage with parents, pupils, external professionals. Similar research has focussed on students leading the research (Atkinson et al. 2019) or if whole school communities have been involved the focus has been on interventions (Bell et al. 2015) or it has been developed without staff involvement and potentially therefore resulting in less staff autonomy (Critchley, Astle, and Harrison 2018). Therefore, there is a need to review and make more explicit a method, such as collaborative action research, for whole school development educators, pupils, parents, additional professionals that allows for safe spaces to develop autonomy through collaboration in whole school approaches (such as SEAL or EFS).

It would seem that EPs are well placed to facilitate professional development, professional learning and support implementation as they can ‘build a relationship with participants that allows them to share values, understanding, goals and beliefs with participants, while providing important challenge at the same time’ (Higgins et al., 2014, 24). EPs are well placed to support schools to develop systemic practices within a school setting as they have the competencies for using research in evidence-based practice, developing and improving interventions and monitoring effectiveness and efficacy of outcomes (Fredrickson 2002). Additionally, EPs can have a long-standing relationship with a school, work with staff over time and have an understanding of the school and community context at a local and national level;
therefore, the EP role and systems can embody core characteristics for collaborative action research.

**Conclusion**

Developing a whole school mental health approach, where all within the community are confident with their own and the collective conceptualisation of the mental health ethos and practices, is not easy to implement and achieve. This research extends previous implementation frameworks (such as Oberle et al., 2016) by making the nature and process of professional development required more explicit. A whole school mental health ethos, where relationships are central and there is an individual and collective positive view towards mental health, can be achieved if educators: are involved in implementation; have opportunity to reflect on their practices; and, have safe, creative ways to explore differing conceptualisations where they are facilitated to share their views can create individual and collective positive change within school mental health. Therefore, policy-makers should consider how best to promote collaborative action research as a framework for staff professional development and learning when implementing whole school mental health approaches including recognising a role for EPs to work collaboratively with schools to truly create transformative change.
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Paper 3: The dissemination of evidence to professional practice
Introduction

School is a key location for most children and young people to receive interventions (Hoagwood, Burns, Kiser, Ringeisen & Schoenwalk, 2001). Educational Psychologists (EPs) have an integral, holistic contribution to the complex educational systems in order to promote, support and facilitate positive change for children and young people, their families and community (Kelly & Gray, 2000). The wider economic and politic context has influenced the EP profession within the UK seeing an emergence of traded or fee-for-settings services (Lee & Woods, 2017). Within this context, accountability and evidencing impact or effectiveness has influenced how services are structured and operationalised and the ability to integrate science, research and practice seems essential (LeJeune & Luoma, 2015). A key underlying philosophy of EP training programmes is the scientist-practitioner approach, to utilise and produce scientific practice, with the American Psychological Association (2013) viewing both science and practice as interlinked for professional applied psychologists’ everyday practice (Hagstrom, Fry, Cramblet, & Tanner, 2007). This paper aims to apply psychological principles, theory and research to educational practice by considering the significant findings from papers one and two and reflecting upon dissemination and impact. Therefore, this paper will: provide an overview of evidence-based practice (EBP), practice-based evidence (PBE) and effective research dissemination; summarise implications of the research at different levels; and, discuss the dissemination and impact strategy.
Overview of the concepts of evidence-based practice and related issues such as knowledge transfer, practice-based research & evidence

Evidence-based practice & practice-based evidence

Evidence-based practice has been described as integrating and applying the best research evidence (including psychological theories and approaches, theoretical models and frameworks, implementation science and evaluative and dissemination practices), psychological and therapeutic practice (including assessment, formulation and intervention) across a variety of different contexts in order to improve and enhance public health (Levant & Hasan, 2006). In the UK, the Health and Care Professions Council (HCPC), the independent regulator of health and care professionals, recognises the importance of evidence-based practice throughout the standards of proficiency for safe and effective EP practice: practitioner psychologists must “be able to engage in evidence-based and evidence-informed practice, evaluate practice systematically and participate in audit procedures” (standard 12.1, HCPC, 2015). Driven by maximising positive outcomes for service users, a key factor for evidence-based practice is the ability to scientifically measure effectiveness (Miller et al., 2002) with research focusing on “extending knowledge of evaluation criteria for evidence-based interventions” (Kratochwill & Shernoff, 2004, p.34) and promoting evidence-based interventions in education. Exploring issues related to evidence-based practice, Kratochwill and Shernoff highlight that, for evidence-based practice to be adopted and sustained by educational professionals, consideration of how to facilitate integration into everyday practice and challenge to a passive method of disseminating and sharing research findings is required (Howard, McMillen, & Pollio, 2003). Additionally, Wendt and Slife (2007) raised that evidence cannot only be viewed as empirical: the role of a practitioner involves interactions whereby the
“betweenness” is difficult to quantify, evaluate or observe. Therefore, they promote that alternative epistemological underpinnings need to be recognised within evidence-based practice as a rationalised philosophical decision. This is a common confliction within EP practice as many EPs work within a theory that “every situation is different and in any situation there are alternative ways of seeing things” (Fox, 2003, p.97).

It seems integral for practitioners to gather evidence in practice with emphasis on the contextual factors and/ or for practitioners to use their understanding and evidence from practice in order to meet the needs of service users. Although there does not seem to be one clear definition, practice-based evidence involves psychologists learning from their real-life practice and experiences in order to enhance the relevance of research for a specific context or service user (Barkham & Mellor-Clark, 2003). For EPs this seems vital as complex issues or situations do not often fit a cause and effect methodology, therefore ‘gold standard’ rigorous research may not be applicable, generalisable or hold external validity (Miller et al., 2002).

Furthermore, within the context of EP work, the needs of an individual may be more important than the evidence-based intervention (Robinson, Bond, & Oldfield, 2018). Hence, practice-based evidence may help to reduce implementation difficulties which often occur when trying to apply evidence-based practice to naturalistic settings (Durlak & DuPre, 2008). Fox (2003) emphasises that practice-based evidence also requires practitioners to use reflective practices and audits to explore their professional experience in order to understand service users’ stories and contexts whilst using appropriate methods for problem solving and evaluating impact. However, Fox also advocates that “EPs need also to become more actively involved in creating their own evidence base” because “commitment to researching
our own individual practice may be the starting point for an evidence-based profession” (p. 101).

**Evidence-based practice and practice-based evidence in action**

Evidence-based practice and practice-based evidence can be conceptualised as complementary approaches that aim to enhance and improve the evidence base and practices (Barkham & Mellor-Clark, 2003). This thesis has attempted to use a social constructionist epistemology and action research to bridge evidence-based practice and practice-based evidence. Paper one conceptualises the findings from a systematic meta-ethnographic literature review using an ecological systems framework (Bronfenbrenner, 1994) aiming to add to the body of literature “that does not focus solely on individuals, or on the school environment, but aims to transcend the individual-context binaries and layer complexity” (Simovska, 2018). By using a systematic evidence-based method which focused on participants’ voice and real-life experiences, and a contextually relevant theory, attempts were made to produce a model that is underpinned by evidence-based practice and practice-based evidence and applicable for educational practitioners, EPs and policy-makers. Paper two discusses the intricacies of bridging evidence-based practices and practice-based evidence with whole school mental health approaches within educational settings, the EP role and governmental policy. Barkham and Mellor-Clark (2003) suggest a cyclical model where “complementarity generates an evidence cycle between the rigours of evidence-based practice and the relevance of practice-based evidence” where “each component is equally valued in the service of delivering best practice and this, in turn, has important implications for the relationship between policy, practice and research” (p. 323). Whilst Kratochwill and Shernoff (2004) emphasise that, in order to promote evidence-based practices within practice, practitioners need
to develop shared responsibility with service users whilst using an evidence-base to support implementation and professional development in practice. Using collaborative action research, paper two suggests a framework that bridges implementation science, professional development and whole school mental health approaches. With the embodiment of shared power and relational practices, action research facilitated educational professionals to adopt and sustain everyday practice that is informed by evidence, research and experience.

A review of current literature in relation to effective dissemination of research and notions of research impact

The terminology for the attempts to bridge research to practice is diverse: “diffusion, dissemination, implementation, knowledge transfer, knowledge mobilisation, linkage and exchange, and research into practice are all being used to describe overlapping and interrelated concepts and practices” (Wilson, Petticrew, Calnan, & Nazareth, 2010, p.1). Graham et al. (2006) emphasise that this diverse terminology describes the process which occurs between knowledge creation and applying the knowledge to a problem in practice. This paper uses the term dissemination to describe the process of sharing research with wider audiences in order to raise awareness, build understanding, encourage a change in practice and to support decision making processes in policy and practice (Harmsworth, Turpin, Rees, & Pell, 2001).

Improving the impact of research for practice has been high on political agenda in the UK and internationally (Wilson et al., 2010). Yet, assumptions can be made that research will automatically impact practice (Henriksen & Mishra, 2019). Moreover, if attempted, dissemination is not always well embedded and research exploring the
outcomes of dissemination suggest that attempts are not always successful (Brownson, Colditz, & Proctor, 2018).

Graham et al. (2006) emphasise that effective dissemination requires a relational process between the researchers and decision makers (or those whom you wish to disseminate too) where they collaborate and have an ongoing exchange throughout the research. Harmsworth et al. (2001) propose that it is the researcher(s) who need to have a shared understanding on what to disseminate and why, the ability to clearly articulate the research aims, findings and contribution applicable for the participating audience whilst encouraging “time for actively engaging users and finding ways of generating a feeling of ownership amongst people and groups to whom you wish to disseminate and make an impact” (Harmsworth et al. 2001, p.11). Whilst, Schön (2012) considered the epistemology of researchers and the impact of research particularly around the rigour versus relevance debate and stated:

in the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the use of research-based theory and technique. In the swampy lowlands, problems are messy and confusing and incapable of technical solution. The irony of this situation is that the problems of the high ground tend to be relatively unimportant to individuals or society at large, however great their technical interest may be, while in the swamp lie the problems of greatest human concern. The practitioner is confronted with a choice. Shall he remain on the high ground where he can solve relatively unimportant problems according to his standards of rigor, or shall he descend to the swamp of important problems where he cannot be rigorous in any way he knows how to describe (p. 28).
Schön challenged researchers to see research and practice together in order to bridge the gap between the clear, fixed nature of evidence-based research with the messiness, ever-changing and turbulent world of practice. This suggests that, in order for dissemination to be successful and impact policy or practice, researchers and practitioners/policy makers need to engage in a collaborative process but this is likely to require careful thought towards the methodology of dissemination, how best to ensure a high degree of engagement (Tetroe et al., 2008) and forethought on the dissemination purpose and audience.

Wilson et al. (2010) systematically reviewed literature by exploring the source, audience, channel, message and setting of dissemination frameworks and found 33 frameworks that can guide dissemination planning and activity. This review highlighted the importance of a participatory non-linear model which is driven by context and an agreed ‘need’. Baumbusch et al. (2008) suggest a collaborative model of dissemination towards transformative practice whereby accountability (meeting specified standards or commitments), reciprocity (mutual negotiation of meaning and power) and respect are central to the collaborative relationship within a cyclical, dynamic and content specific data collection, analysis and synthesis process.

Baumbusch et al. emphasis that this model “promot[es] a shift away from the typical roles of each [researcher and practitioners/policy maker] in the research process” (p. 135) and encourages practitioners and policy makers to take an active role and champion the research.

**Dissemination and research impact in action**

Dissemination to create effective impact of research on practice seems to require a relational, cyclical and dynamic process. Paper two of this thesis uses a collaborative action research methodology which encouraged iterative cycles of context-driven
inquiry, action and reflection within the context of a nurtured relationship to transform whole school mental health practices. Discussed throughout this paper are the processes needed in order to effectively approach professional development that facilitates professional learning whilst also being measurable or replicable (Boylan, Coldwell, Maxwell, & Jordan, 2018). Bradbury, Lewis and Embury (2019) emphasise the ‘with’ nature of action research whereby “the practice/inquiry combination at the heart of the work aims at making a situation such as a classroom or whole school system better by responding to the continuous need for development or change” (p. 1). Whilst Lewis, Herb, Mundy-Mccook and Capps-Jenner (2019) recognise that the research outcome cannot be forced; it is likely to develop within the reflective professional practice and learning which takes place both “in and on action” (Henriksen & Mishra, 2019, p. 396). Essential within action research dissemination is transferability as it allows for uniqueness and differences in context, therefore practitioners can be invited to learn from the research, explore the ideas that might be successfully transferred to their setting or valued by their setting (Herr & Anderson, 2014). Therefore, the practitioner has ownership and responsibility to transfer the knowledge of the research (including the process which took place for effective change) rather than the researcher. However, Henriksen and Mishra stress that this means that the researcher needs to clearly present the research “for the audience to clearly understand where ideas may apply” (p. 397) whilst also being sensitive to the “different and diverse audiences, each of whom bring their own differing perspectives to the research presented” (p. 398). Especially because many within an educational audience (such as school staff, parents and children) may not have experience and/ or an understanding of research processes (including dissemination) and implications of research findings (Trebath,
Ecker, 2015). This, therefore, suggests the benefit of exploring and examining the impact of action research through observable professional learning. One such model that may be helpful to do this is Kirkpatrick's (1979) four level model of evaluation which can be applied to professional learning: 1. the practitioners’ reaction on whether they liked the research or found it relevant; 2. the learning that is transferred; 3. the change in practitioners’ behaviours or practices; and, 4. the results or implementation of relevant research findings on wider processes or outcomes. This model will be considered in subsequent discussions.

**A summary of the policy, practice and/or research development implications from T1 & T2 at: the research site; organisational level; professional level.**

This thesis comprised of a meta-ethnographic literature review exploring staff views of how they enact their role in promoting positive mental health and an empirical study that explored the experiences of a group of school staff who approached the implementation of a whole school mental health approach using collaborative action research. The researcher aimed to contribute to the complex field of mental health practices within schools in order to develop staff practices and professional learning whilst also attempting to facilitate schools and policy-makers to develop their implementation strategies in order to develop and maintain successful whole school mental health approaches. The outcomes may be of interest to educational practitioners (including educational psychologists), local authorities and policy-makers. The following sections outline the implications of the research at the research site, organisational level and professional level and the strategy for promoting and evaluating the dissemination of this thesis with consideration of the Kirkpatrick (1979) model of evaluation.
The research sites

Currently, whole school mental health approaches are advocated in legislation, guidance and policy (e.g. Public Health England, 2015), however reviews highlight that there are complex barriers to developing mental health practices in schools (O’Reilly, Svirydzenka, Adams, & Dogra, 2018; Wells, Barlow, & Stewart-Brown, 2003). The findings from the empirical study suggest collaborative action research as a method to transform whole school mental health approaches through its ability to manage the complexities of professional development and learning, implementation and whole school approaches within mental health whilst modelling relational and reflective practices that seem integral to a non-deficit model of mental health. At the outset of the empirical research, the research aim was to produce a Theory of Change (Laing & Todd, 2015) with the group to help inform their implementation practices. This became a researcher task in response to the implementation group’s greater need to conceptualise mental health and emotion coaching within their context rather than develop an implementation and evaluation model. The Theory of Change was therefore constructed by the researcher and presented to the school in the final meeting to provide a summary and reflection of the transformative journey the implementation group had engaged with over the year (see Appendix S).

Collaborative action research seemed to help the implementation group in several ways. Firstly, to have professional autonomy in their evolving mental health journey, as they led in individual, group and school-wide implementation. Secondly, to feel consciously competent in their pedagogy and have space to discuss conflicting agendas/practices; and finally, to create and sustain change over a year.

Consequently, the implementation group built their confidence in their promotional and responsive mental health pedagogy (individual and shared) and developed their
implementation professional practice in order to achieve success in their professional learning.

The findings from the meta-ethnographic literature review have relevance for the professional development and learning of school staff directly and within wider societal, cultural and governmental systems. The model of the researcher’s meta-constructs within the ecological systems emphasises the core and inescapable role that adults have in promoting and supporting children’s mental health due to the inevitable interaction and relationship between school staff and pupils. Therefore, mental health needs to be conceptualised within a positive, non-deficit model and, thus, something that everyone has and that we all can help to support on a day-to-day basis. Viewing relationships as the key factor in child development (mental health and academic achievement) seems to encourage humanistic, interactive and person-centred pedagogies, which needs to be represented in whole school structures, curriculum and policy. However, paper one identifies the complexities of developing appropriate, respectful, intentional relationships which have clear boundaries and therefore suggests that the ‘authentic warmth dimension of professional childcare’ framework (Cameron & Maginn, 2008) may have utility in helping staff and schools to conceptualise school-based adult-child relationships. Paper one also recognises the tensions and barriers to promoting mental health within school settings and suggests the benefits of reflective practices which include participatory and collaborative activities to help staff to have a safe space to explore differences, conceptualise their own views and practices and, develop a shared understanding. The findings suggest that this will help staff to feel confident in their role in promoting mental health whilst strengthening and improving their own mental health. The review emphasises that staff’s acceptance of mental health within their everyday role is the first step to
implementing a whole school mental health approach (Lendrum, Humphrey, & Greenberg, 2016).

Organisational level

The concluding model from the meta-ethnographic literature review emphasises how the wider societal, governmental and cultural systems impact the way mental health, education and educators’ roles are conceptualised and therefore how schools and staff operate in order to promote mental health. The findings highlight that a helpful conceptualisation is to view relationships and mental health as inseparable to academic achievement and learning, therefore for schools to embed an ethos which is relational. However, this will require challenge of the current accountability and performance culture so the relational aspects of an educational professionals’ role can be endorsed. Additionally, paper one concludes the importance of legislation, guidance and policy internationally and in the UK developing a clearer and less conflicting conceptualisation of mental health, mental health approaches in schools and the teaching role.

An important consideration of the collaborative action research was how to share and develop whole school practices outside of the implementation group. The implementation group wanted to embed the warmth and boundaries model within the school practices and policies and encourage other staff members to conceptualise supporting mental health as relational. They also recognised the importance of having specified time and space to learn, experiment and change their practices. Therefore, they identified professional development activities that would be helpful for their colleagues professional learning, and next steps to develop their whole school mental health approach. This included using group reflective practices within staff meetings; having a ‘show and tell’ staff meeting where they could share their
learning (models and tools); having a ‘show and tell’ event with parents where the children shared their classroom activities; developing the behaviour policy to include the warmth and boundaries model which could be discussed with children and parents; and they began to consider how best to work with parents to encourage relational skills.

The empirical study was commissioned by a local authority EPS in order to evaluate their training and the school’s implementation of emotion coaching. The EP and CAMHS-based worker collaborated within the action research and paper two discusses the EPS training model which was developed through disseminating of the implementation groups findings. The training model was developed in a feedback meeting with a group of EPs within the local authority who were working towards developing their social, emotional and mental health practices with schools. The meeting involved EPs sharing their experiences of running training and working with schools, including receiving evaluations and feedback from participants, and the researcher sharing the implementation groups key learning points and her own learning points linked to EP practices. The researcher listening to the EPs’ reflections of the empirical study and their own practice-based evidence and summarised this through the training model within the session. Transferability was achieved as dissemination from the implementation group and researchers’ experience was transferred to the EPS context and setting with the EPs taking ownership of professional learning (Herr & Anderson, 2014). However, within the context of traded psychological services this will require further practice-based evidence as school’s may have “different views about what [is] most important in making a purchasing decision” (Lee & Woods, 2017, p.118) and how best to approach professional development for mental health practices within their school. The co-
researching EP has since attended the North West Continuous Professional Development (NWCPD) conference where the researcher and supervising researcher presented the empirical study findings and emphasised that the EPS were using this model to develop and embed their professional development and learning activities with their schools.

**Professional level**

This thesis adds to the current body of literature exploring mental health in schools including the implication and development of staff practices of whole school mental health approaches. For paper one, current reviews in this area explore the effectiveness of universal interventions for mental health promotion and prevention programmes within qualitative and quantitative papers (Conley, Durlak, & Dickson, 2013; Wells et al., 2003) or the effectiveness of interventions for children with social, emotional and mental health difficulties to detail what successful interventions entail (Carroll & Hurry, 2018; Cooper & Jacobs, 2011). The most recent scoping review by O'Reilly et al. (2018) identifies the advancements and impact of universal interventions (involving many levels of school personnel) and universal mental health promotion for mental health promotion in schools in qualitative and quantitative papers. Very few reviews only focus on qualitative papers, however specifically focusing on qualitative research in the UK, Mackenzie and Williams (2018) explored the effectiveness of universal and school-based interventions for mental health and emotional wellbeing (including quality of research, measures used within the research and implementation issues).

Additionally, the only review on educators’ perceptions explores social, emotional and mental health difficulties (Armstrong, 2014). There were no reviews exploring teacher’s views on positive mental health and how they enact their role to promote
mental health in schools entails and most reviews explore both quantitative and qualitative data. Therefore, paper one adds a unique contribution to the field and reflects upon the value of using a meta-ethnographic approach (Atkins et al., 2008) to explore views systematically whilst also recognising the relevant contexts. The paper also discusses how to embed reflective collaborative practices within schools: a) the researcher suggests the use of Video Interactive Guidance (Landor, 2014) to help staff with the process of attunement within relationships which can be facilitated by EPs and/ or other trained guiders; and, b) EPs can support the schools to discuss “how schools see themselves, and what they view as their main purpose” (Spratt, Shucksmith, Philip, & Watson, 2006, p.20) and help schools to navigate legislation and guidance to help them to have a clearer and less conflicting view on mental health.

Paper two reflects upon similar studies (i.e. (Atkinson et al., 2019; Bell et al., 2015; Critchley, Astle, & Harrison, 2018) and recommends for further research to “review and make more explicit a method, such as collaborative action research, for whole school development educators, pupils, parents, additional professionals that allows for safe spaces to develop autonomy through collaboration in whole school approaches”. Therefore, the paper adds to recent literature and studies using action research in schools and importantly links collaborative action research as a method to develop whole school mental health approaches, implementation science and professional development and learning. This phenomenon does not yet seem to have been explored as explicitly thus suggesting a distinct offering of research which bridges the gap between evidence-based practice and practice-based evidence within the mental health field. Additionally, the study recommends for policy makers, practitioners and EPs to use collaborative action research to navigate the
complexities of the educational, governmental, cultural and political systems in order to make contextually relevant transformative change within mental health practices. For the researcher personally, this thesis has had a professional impact on training/professional development towards transformative change and mental health practices. The researcher has delivered mental health training within a North West local primary school and worked with the senior leaders to provide two twilight sessions which incorporated reflective practice within the sessions, during the sessions and following the sessions. The researcher introduced the staff to a 30 minute reflective practice model and encouraged them to practice using it within the training. Further discussion with the school have facilitated the practice to be kept on the agenda and reflected upon within senior leadership. Additionally, the researcher has had discussions within her own EPS and is currently working in a small team to develop whole school mental health practices within their schools. The hope is to use knowledge from this thesis to facilitate transformative change for both EPs and schools. This further work will add further practice-based evidence to the researchers’ personal professional development and learning.

_A strategy for promoting and evaluating the dissemination and impact of T1 & T2_

As previously discussed, considering a dissemination strategy is important to ensure effective research impact. Harmsworth et al.'s (2001) workbook for creating an effective dissemination strategy suggests considering dissemination promotion in three ways: dissemination for awareness (sharing research with audiences to raise awareness); dissemination for understanding (targeting audiences who would benefit); and, dissemination for action (audiences that can influence or bring about change to policy or practice within organisations because of research adoption). This
means considering the research findings to disseminate and the various audiences with whom to disseminate to. Due to writing a paper formatted thesis, the researcher focus throughout has been the integral findings from the paper that are most impactful to develop practice. Therefore, there may be further findings discussed in future dissemination activities. The audiences considered include: parents; educational professionals (i.e. school staff, senior leaders, external staff working with or in schools); social and health care professionals; EPs; local authority professionals; and, policy makers. Whilst, Kirkpatrick's (1979) four levels of evaluation can provide a helpful framework to consider how best to evaluate the impact of research. Table 7 details a current and future strategy for the promotion and evaluation of the dissemination and impact of this thesis research.
Table 7.  
*Current and future strategy for promoting and evaluating the dissemination and impact of thesis research*

<table>
<thead>
<tr>
<th>Dissemination Framework</th>
<th>Dissemination Activities</th>
<th>Level of evaluation (Kirkpatrick, 1979)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissemination for Awareness</td>
<td>Seminar presented at University of Manchester School of Environment, Education and Development on 22&lt;sup&gt;nd&lt;/sup&gt; May 2018, conference titled “Action Research: working creatively with a school to develop a whole school mental health approach” and delivered to students and post-doctoral professionals. (Appendix T)</td>
<td>Level one impact was evident through attendees (approximately 10 people) responded in person by asking questions and exploring my research attempting to make it relevant to their contexts.</td>
</tr>
<tr>
<td></td>
<td>Sharing of thesis abstract with doctorate in child and educational psychology cohort and, on request, thesis papers once published. Colleagues having awareness of the research will hopefully facilitate ‘word of mouth’ dissemination within other North West local authorities.</td>
<td>Verbal response from colleagues and requests of papers will provide evidence of level one impact.</td>
</tr>
<tr>
<td></td>
<td>The researcher will attempt to disseminate with her local authority to raise awareness especially as mental health is high on the local authority and national agenda.</td>
<td>Discussions and request for papers will provide evidence of level one impact.</td>
</tr>
<tr>
<td>Dissemination for Understanding</td>
<td>Seminar presented at North West CPD conference on 11&lt;sup&gt;th&lt;/sup&gt; December 2018. Conference titled “EP work with schools to develop bespoke mental health practice in their communities” and delivered to Assistant, trainee and qualified EPs. (Appendix U)</td>
<td>Consent gained from attendees to gather their views of “what are you views about the implications of this action research for your practice, EPS and schools?” and further comments (Appendix V). This facilitated EPs to link the thesis findings to their own learning and to inform their practices (level one and two).</td>
</tr>
<tr>
<td></td>
<td>Seminar opportunity to present at the British Psychological Society Annual Conference on 12&lt;sup&gt;th&lt;/sup&gt; – 13&lt;sup&gt;th&lt;/sup&gt; September 2019 focusing on “Getting Reflective: Psychology as a Force for Good in Education”. An</td>
<td>If the abstract is accepted, attendees from the seminar will be asked to complete evaluation feedback and think about how they will link their new learning with future practices (level one and two).</td>
</tr>
</tbody>
</table>
Table 7.  
*Current and future strategy for promoting and evaluating the dissemination and impact of thesis research*

<table>
<thead>
<tr>
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<th>Level of evaluation (Kirkpatrick, 1979)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>abstract will be submitted for the 31st May 2019 deadline.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The literature review has been prepared in accordance to School Mental Health publication guidelines (Appendix E). This journal was targeted because it accepts systematic literature reviews and bridges educational, clinical and counselling psychology (Scopus Citescore of 1.7 in 2017).</td>
<td>If published it will be difficult to identify level two to four impact, however level one impact could be viewed by tracking citations.</td>
</tr>
<tr>
<td></td>
<td>The empirical study has been prepared in accordance to Educational Action Research (Appendix K). This journal was targeted as it is concerned with developing evidence-based practice and practice-based evidence within education (Scopus Citescore of 0.85 in 2017).</td>
<td>If published it will be difficult to identify level two to four impact, however level one impact could be viewed by tracking citations.</td>
</tr>
<tr>
<td></td>
<td>Further papers have been considered between the researcher and research supervisor. For example, a paper to inform EP practice directly and/ or a paper discussing staff mental health in relation to acceptability of methods, conceptualising mental health and reflective practices.</td>
<td>If written and published it will be difficult to identify level two to four impact, however level one impact could be viewed by tracking citations. Response from further conferences may inform future directions of papers.</td>
</tr>
<tr>
<td>Dissemination for Action</td>
<td>The collaborative action research provided the implementation and school to develop influence change and adopt practices.</td>
<td>Through action research, the implementation group have changed their practices (levels one – three). The research facilitated them to identify how they can further implement and develop wider whole school practices, processes and outcomes and to whom they would like to disseminate to, including children, parents and external professionals (level four).</td>
</tr>
<tr>
<td>Dissemination Framework</td>
<td>Dissemination Activities</td>
<td>Level of evaluation (Kirkpatrick, 1979)</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td></td>
<td>The collaborative action research provided the EPS to change and adopt practices.</td>
<td>The EPS have responded positively to the research (level one) and have transferred the learning to their training model (level two). They are now in the process of changing their behaviours and practices (level three) and developing their wider model of training with schools (level four). The EPS can further gather feedback by identifying how many schools engage with the EPS training model and continue to access training.</td>
</tr>
<tr>
<td></td>
<td>The researcher is currently working to develop whole school mental health practices within her placement site using collaborative action research with the aim of transformative change. This needs careful consideration as EP colleagues have differing views on how best to approach mental health implementation with schools. The EPS hope is to pilot work with three schools, gather feedback and produce a traded model of work for schools to engage with and buy in.</td>
<td>Kirkpatrick’s four levels will be considered in order to gather feedback throughout the action research cycles. Level four will be the dissemination and development of a traded model for schools.</td>
</tr>
<tr>
<td></td>
<td>The research will also continue to raise the research topic and use the research findings to influence her practice with her schools. She has already developed a training strategy with a primary school, which she will continue to develop, and regularly discusses mental health strategies and approaches throughout consultations, assessments, formulations and discussions. She continues to provide reflective discussions for those she works with and is attempting to encourage individual and group reflective practices.</td>
<td>The researcher gathers evaluation forms from training and regularly reflect on her relationships and work within schools within personal supervision and directly with those with whom she works. The continuous relationship will facilitate staff professional development and learning in an aim towards a change in practitioners’ behaviours and practices (level three).</td>
</tr>
</tbody>
</table>
References


Appendix A: Ethical Approval Confirmation

Dear Dr Catherine Kelly and Miss Amy Burns,

Thank you for submitting your low risk ethics application for your project entitled: Implementing Emotion Coaching in a Primary School; Ref: 2017-2352-3698 which has now been approved by your supervisor and logged by the Ethics Administrator.

For those undertaking research requiring a DBS Certificate: As you have now completed your ethical application if required a colleague at the University of Manchester will be in touch for you to undertake a DBS check. Please note that you do not have DBS approval until you have received a DBS Certificate completed by the University of Manchester, or you are an MA Teach First student who holds a DBS certificate for your current teaching role. If anything untoward happens during your research or any changes take place then please inform your supervisor immediately.

This approval is confirmation only for the low risk Ethical Approval application.

Please let us know if you have any additional queries by emailing: PGR.ethics.seed@manchester.ac.uk.

Best wishes,

[NAME]

Environment, Education and Development School Panel PGR
Appendix B: Consent form for empirical study

Implementing Emotion Coaching in a Primary School using The Theory of Change Model

CONSENT FORM

If you are happy to participate in this research, please initial each box and sign the consent form below.

1. I confirm that I have read the attached information leaflet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the sessions will be audio recorded.

4. I agree to the use of anonymous quotes.

5. I agree that any data collected may be passed to other researchers (in anonymous form).

6. I agree that any data collected may be published in anonymous form in academic books, journals or as part of a thesis due for submission in 2019.

7. I agree to take part in the above project

Name of co-researcher: __________________ Date: __________ Signature: __________________

Name of person taking consent: Amy Burns Date: __________ Signature: __________________
Appendix C: Information leaflets for school staff (empirical study)

Research to evaluate the implementation of Emotion Coaching as a Whole School Approach

What is the purpose of the research?
You are being invited to take part in an action research study exploring how your school implements Emotion Coaching as a whole school approach to support mental health, which will form the thesis of a Doctorate in Educational and Child Psychology. It is felt that it is important to collaborate with staff to facilitate the implementation through gathering their views. This will allow the research to inform school practice and help to identify improvements that could be made in the future. As part of this, Amy Burns (Trainee Educational Psychologists: TEP) would like to work with a group of staff in your school to meet regularly over the school year to identify the steps of change to successfully implement and how these will be evaluated and measured.

Why have I been chosen?
As a member of staff at [school name] you are being invited to become a co-researcher within this research. The research requires for you to take part in interactive focus groups over the 2017-2018 academic year. There will be no payment provided for participation in this research.

Do I have to take part in the research?
You have completely free choice about whether to enter this research. If you do not want to take part, you do not have to give a reason. If you decide to take part in the research, you can also choose to stop being part of it at any time. You may still be asked to participate in the school development programme regarding implementing emotion coaching.

Are there any advantages or disadvantages to taking part in this research?
There are no direct advantages or disadvantages to taking part in this research. However, it may support your professional development of using Emotion Coaching within your classroom.
What will taking part involve and when will this happen?
I will invite you to attend three focus group sessions in the Autumn Term where you will work as a co-researching staff team to identify a Theory of Change for implementing emotion coaching by identifying: what needs to change in the long-term; how changes will be made; what actions staff will make; how you will know things are changing; and, preventatives or barriers to change. There will then be a focus group in March and in June to discuss how implementation is going and what is influencing implementation. All of these sessions will be interactive and will follow on from each other to facilitate you to evaluate your school’s implementation of Emotion Coaching as a whole school approach. These will take place at school on the following Fridays: 06/10/17; 03/11/17; 01/12/17; 23/03/18; and, 22/05/18. Each session will last approximately two hours.

What will happen to the data collected?
As co-researchers, you will work with the researcher to analyse data gathered in the sessions. The sessions will be audio recorded for the researcher to check back over the analysis completed during the sessions. Following this, the researcher will summarise the information and bring it back to the group at the next session. The process of the implementation and data gathered will be written up as part of a Thesis. The findings from the data will be fed back to your school and the Local Authority. The outcomes of this research may be published and included as part of a thesis due for completion in 2019.

Confidentiality
Confidentiality will be maintained throughout the research process and following completion of the study. The audio recording of the sessions may be transcribed by the researcher and will remain anonymous. The information that has been audio recorded will be kept in a secure place that only the researcher can access. The audio recordings will also be stored on an encrypted USB stick and an encrypted file to ensure security. Data will be destroyed when it is no longer needed for the purpose of the research and this will be completed in accordance with the University of Manchester’s data protection policies. All information given by co-researchers will be anonymised and kept confidential. If any safeguarding information arises, this will need to be passed on to the Safeguarding Officer. I have undergone a satisfactory criminal records check and can provide evidence of this when visiting your school if required. If myself, my supervisor, co-researchers or the Local Authority wish to share data gathered, this will be discussed with you to keep anonymity/ reduce identifiability of the data.

Any questions or need further information?
Amy Burns (Trainee Educational Psychologist)
amy.burns@manchester.ac.uk

What if something goes wrong?
If something should go wrong, or you would like to seek help or advice during the research process, you may contact the researcher who will aim to signpost you to the relevant professional bodies. Or you may contact my supervisor Catherine Kelly, Catherine.kelly@manchester.ac.uk.

If there are any issues regarding this research that you would prefer not to discuss with the research team, please contact the Research Practice and Governance Co-ordinator by either writing to The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL, by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8083.
Appendix D: Information leaflets for local authority staff (empirical study)

Research to evaluate the implementation of Emotion Coaching as a Whole School Approach within the [Name] Council Local Authority

Co-researcher Information Sheet (Ethics No. 2017-2352-3698)
This study is subject to ethical approval being granted from the University of Manchester and may be subject to small changes

What is the purpose of the research?
You are being invited to take part in an action research study exploring how a school within your Local Authority (LA) can implement Emotion Coaching as a whole school approach to support mental health, which will form the thesis of a Doctorate in Educational and Child Psychology. It is felt that it is important to work with LA Stakeholders to facilitate the school’s implementation within the wider context of the LA. This will allow the research to inform school and LA practices and help to identify improvements that could be made in the future. As part of this, Amy Burns (Trainee Educational Psychologists) would like to work with a group of staff in the LA and a group of staff in the school to meet regularly over the school year to identify the steps of change and how these will be evaluated and measured.

Why have I been chosen?
As a member of staff at [Name] Council Local Authority you are being invited to become a co-researcher within this research. The research requires for you to take part in three interactive focus groups over 2017-2018. There will be no payment provided for participation in this research.

Do I have to take part in the research?
You have completely free choice about whether to enter this research. If you do not want to take part, you do not have to give a reason. If you decide to take part in the research, you can also choose to stop being part of it at any time.

Are there any advantages or disadvantages to taking part in this research?
There are no direct advantages or disadvantages to taking part in this research.
What will taking part involve and when will this happen?
The research will involve one focus group session on Friday 6th October and will take place at the school for 2 hours. In this session you will be providing contextual information from the Local Authority to support the school to identify a Theory of Change for implementation of emotion coaching. This discussion will look at what needs to change in the long-term; how changes will be made; what actions need to be made; how you will know things are changing; and, preventative or barriers to change. This session will be interactive.

What will happen to the data collect?
As a co-researcher, you will work with the researcher to analyse data gathered in the session. The sessions will be audio recorded for the researcher to check back over the analysis completed during the session. All co-researchers will have a chance to review the researcher’s findings and analysis. The data gathered will be written up as part of a Thesis. The findings from the data will be fed back to the school and LA. The outcomes of this research may be published and/or included as part of the thesis due for completion in 2019.

Confidentiality
Confidentiality will be maintained throughout the research process and following completion of the study. The audio recording of the sessions may be transcribed by the researcher and will remain anonymous. The information that has been audio recorded will be kept in a secure place that only the researcher can access. The audio recordings will also be stored on an encrypted USB stick and an encrypted file to ensure security. Data will be destroyed when it is no longer needed for the purpose of the research and this will be completed in accordance with the University of Manchester’s data protection policies. All information given by co-researchers will be anonymised and kept confidential. If any safeguarding information arises, this will need to be passed on to the Safeguarding Officer. I have undergone a satisfactory criminal records check and can provide evidence of this when visiting your school if required. If myself, my supervisor, co-researchers or the Local Authority wish to share data gathered, this will be discussed with you to keep anonymity/reduce identifiability of the data.

Any questions or need further information?
Amy Burns (Trainee Educational Psychologist)
amy.burns@manchester.ac.uk

What if something goes wrong?
If something should go wrong, or you would like to seek help or advice during the research process, you may contact the researcher who will aim to signpost you to the relevant professional bodies. Or you may contact my supervisor Catherine Kelly: Catherine.kelly@manchester.ac.uk.

If there are any issues regarding this research that you would prefer not to discuss with the research team, please contact the Research Practice and Governance Co-ordinator by either writing to ‘The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL’, by emailing Research -Governance@manchester.ac.uk, or by telephoning 0161 275
Appendix E: Guidelines for Submission to School Mental Health Journal

Aims and scopes

“School Mental Health: A Multidisciplinary Research and Practice Journal is a forum for the latest research related to prevention, treatment, and assessment practices that are associated with the pre-K to 12th-grade education system and focuses on children and adolescents with emotional and behavioral disorders. The journal publishes empirical studies, quantitative and qualitative research, and systematic and scoping review articles from authors representing the many disciplines that are involved in school mental health, including child and school psychology, education, pediatrics, child and adolescent psychiatry, developmental psychology, school counseling, social work and nursing”

APA style


Text must be double-spaced, 12-point Times New Roman with standard 1-inch borders around the margins.

Page Length: 35 pages.

Manuscript submission

Submission of a manuscript implies: that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.
Springer accepts electronic multimedia files (animations, movies, audio, etc.) and other supplementary files to be published online along with an article or a book chapter. This feature can add dimension to the author’s article, as certain information cannot be printed or is more convenient in electronic form. Before submitting research datasets as electronic supplementary material, authors should read the journal’s Research data policy. We encourage research data to be archived in data repositories wherever possible.

**Online submission**

Please follow the hyperlink “Submit online” on the right and upload all of your manuscript files following the instructions given on the screen. Please ensure you provide all relevant editable source files. Failing to submit these source files might cause unnecessary delays in the review and production process.

Supply all supplementary material in standard file formats. Please include in each file the following information: article title, journal name, author names; affiliation and e-mail address of the corresponding author.

To accommodate user downloads, please keep in mind that larger-sized files may require very long download times and that some users may experience other problems during downloading.

**Title page**

The title page should include:

- The name(s) of the author(s)
- A concise and informative title
- The affiliation(s) and address(es) of the author(s)
- The e-mail address, and telephone number(s) of the corresponding author
- If available, the 16-digit ORCID of the author(s)
Abstract

Please provide an abstract of 150 to 250 words. The abstract should not contain any undefined abbreviations or unspecified references.

Keywords

Please provide 4 to 6 keywords which can be used for indexing purposes.

Text formatting

Manuscripts should be submitted in Word.

- Use a normal, plain font (e.g., 12-point Times Roman) for text.
- Use italics for emphasis.
- Use the automatic page numbering function to number the pages.
- Do not use field functions.
- Use tab stops or other commands for indents, not the space bar.
- Use the table function, not spreadsheets, to make tables.
- Use the equation editor or MathType for equations.
- Save your file in docx format (Word 2007 or higher) or doc format (older Word versions).

Headings

Please use no more than three levels of displayed headings.

Abbreviations

Abbreviations should be defined at first mention and used consistently thereafter.

Acknowledgements

Acknowledgments of people, grants, funds, etc. should be placed in a separate section on the title page. The names of funding organizations should be written in full.

Citations

Cite references in the text by name and year in parentheses.
Reference list

The list of references should only include works that are cited in the text and that have been published or accepted for publication. Personal communications and unpublished works should only be mentioned in the text. Do not use footnotes or endnotes as a substitute for a reference list. Reference list entries should be alphabetized by the last names of the first author of each work.

Tables

- All tables are to be numbered using Arabic numerals.
- Tables should always be cited in text in consecutive numerical order. For each table,
- please supply a table caption (title) explaining the components of the table. Identify any previously published material by giving the original source in the form of a reference at the end of the table caption.
- Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body.

Electronic figure submission

- Supply all figures electronically.
- Indicate what graphics program was used to create the artwork. For vector graphics, the preferred format is EPS; for halftones, please use TIFF format. MSOffice files are also acceptable. Vector graphics containing fonts must have the fonts embedded in the files.
- Name your figure files with "Fig" and the figure number, e.g., Fig1.eps

Line art

- Definition: Black and white graphic with no shading.
- Do not use faint lines and/or lettering and check that all lines and lettering within the figures are legible at final size.
- All lines should be at least 0.1 mm (0.3 pt) wide.
• Scanned line drawings and line drawings in bitmap format should have a minimum resolution of 1200 dpi. Vector graphics containing fonts must have the fonts embedded in the files.

**Colour art**

• Color art is free of charge for online publication. If black and white will be shown in the print version, make sure that the main information will still be visible.

• Many colors are not distinguishable from one another when converted to black and white. A simple way to check this is to make a xerographic copy to see if the necessary distinctions between the different colors are still apparent. If the figures will be printed in black and white, do not refer to color in the captions. Color illustrations should be submitted as RGB (8 bits per channel).

**Figure lettering**

• To add lettering, it is best to use Helvetica or Arial (sans serif fonts).

• Keep lettering consistently sized throughout your final-sized artwork, usually about 2–3 mm (8–12 pt).

• Variance of type size within an illustration should be minimal, e.g., do not use 8-pt type on an axis and 20-pt type for the axis label.

• Avoid effects such as shading, outline letters, etc.

• Do not include titles or captions within your illustrations.

**Figure numbering**

• All figures are to be numbered using Arabic numerals.

• Figures should always be cited in text in consecutive numerical order.

• Figure parts should be denoted by lowercase letters (a, b, c, etc.).

• If an appendix appears in your article and it contains one or more figures, continue the consecutive numbering of the main text. Do not number the appendix figures, "A1, A2, A3, etc." Figures in online appendices (Electronic Supplementary Material) should, however, be numbered separately
Figure captions

- Each figure should have a concise caption describing accurately what the figure depicts. Include the captions in the text file of the manuscript, not in the figure file.
- Figure captions begin with the term Fig. in bold type, followed by the figure number, also in bold type. No punctuation is to be included after the number, nor is any punctuation to be placed at the end of the caption.
- Identify all elements found in the figure in the figure caption; and use boxes, circles, etc., as coordinate points in graphs.
- Identify previously published material by giving the original source in the form of a reference citation at the end of the figure caption.

Figure placement and size

- Figures should be submitted separately from the text, if possible.
- When preparing your figures, size figures to fit in the column width. For large-sized journals the figures should be 84 mm (for double-column text areas), or 174 mm (for single-column text areas) wide and not higher than 234 mm. For small-sized journals, the figures should be 119 mm wide and not higher than 195 mm.

Permissions

If you include figures that have already been published elsewhere, you must obtain permission from the copyright owner(s) for both the print and online format. Please be aware that some publishers do not grant electronic rights for free and that Springer will not be able to refund any costs that may have occurred to receive these permissions. In such cases, material from other sources should be used.

Accessibility

In order to give people of all abilities and disabilities access to the content of your figures, please make sure that All figures have descriptive captions (blind users could then use a text-to-speech software or a text-to-Braille hardware) Patterns are used instead of or in addition to colors for conveying information (colorblind users
would then be able to distinguish the visual elements) Any figure lettering has a contrast ratio of at least 4.5:1

**Ethical responsibilities of authors**

This journal is committed to upholding the integrity of the scientific record. As a member of the Committee on Publication Ethics (COPE) the journal will follow the COPE guidelines on how to deal with potential acts of misconduct. Authors should refrain from misrepresenting research results which could damage the trust in the journal, the professionalism of scientific authorship, and ultimately the entire scientific endeavour. Maintaining integrity of the research and its presentation is helped by following the rules of good scientific practice.

**Compliance of ethical standards**

To ensure objectivity and transparency in research and to ensure that accepted principles of ethical and professional conduct have been followed, authors should include information regarding sources of funding, potential conflicts of interest (financial or non-financial), informed consent if the research involved human participants, and a statement on welfare of animals if the research involved animals. Authors should include the following statements (if applicable) in a separate section entitled “Compliance with Ethical Standards” when submitting a paper:

- Disclosure of potential conflicts of interest
- Research involving Human Participants and/or Animals
- Informed consent
Appendix F: PRISMA

3,737 papers identified through database search and web search

3,728 records following the removal of duplications

3,738 screened

3,627 excluded at title or abstract

111 full text papers assessed

103 excluded due to exclusion and inclusion criteria

8 studies included
Appendix G: 111 papers assessed for eligibility with the inclusion and exclusion criteria

Exclusion Key:

1. Same data within different papers
2. Studies not using methodologies that clearly identified participant voice as central to the study and enabled participants to express their opinion
3. Studies focusing on exploring mental health in relation to programmes, services or specific interventions being evaluated in schools
4. Studies not presenting quotes from participants’ expressing their views on mental health in schools
5. Studies including teachers in training or staff not actively working within a school
6. Studies focusing on mental health illnesses or mental health problems as identified from the authors’ definition of mental health or the studies’ research questions.
7. Participants’ and/or authors’ conceptualisation of mental health was aligned with the WHO mental health definition.
8. Educational and cultural context that differed significantly from the UK Education system

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<td>Burton, D., &amp; Goodman, R. (2011). Perspectives of SENCo's and support staff in England on their roles, relationships and capacity to</td>
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<td>support inclusive practice for students with behavioural emotional and social difficulties. <em>Pastoral Care in Education</em>, 29(2), 133-149.</td>
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<td>Dittmar, L. F. (2014). <em>Teachers' perceptions and efficacy for addressing the mental health needs of students</em>. (Doctoral dissertation). Walden University, Minneapolis, Minnesota.</td>
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<td>Ekornes, S. (2015). Teacher perspectives on their role and the challenges of inter-professional collaboration in mental health promotion. <em>School Mental Health</em>, 7(3), 193-211.</td>
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<td>Ekornes, S. (2017). Teacher Stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems. <em>Scandinavian journal of educational research</em>, 61(3), 333-353.</td>
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<td>promoters: a study of teachers’ understanding of the concept of mental</td>
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<td>health. <em>International Journal of Mental Health Promotion, 14</em>(5),</td>
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<td>Social Context of Schools, Individual Provider Characteristics, and</td>
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<td>Teacher Attitudes Toward Social Emotional Learning*. (Unpublished</td>
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<td>doctoral thesis). The University of North Carolina, USA.</td>
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<td>Feuerborn, L., &amp; Donald Chinn. (2012). Teacher perceptions of student</td>
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<td>needs and implications for positive behavior supports. *Behavioral</td>
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<td>mental health and wellness in US Catholic elementary schools. *School</td>
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<td>mental health, 4*(3), 155-169.</td>
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<td>Frelin, A. (2010). <em>Teachers’ relational practices and professionality</em>.</td>
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<td>in Middle School Classrooms: A Multiple Case Study*. (Unpublished</td>
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<td>doctoral thesis). University of Nevada, Las Vegas, USA.</td>
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<td>children’s mental health in schools: Teacher views. *Teachers and</td>
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<td>Teaching, 17*(4), 479-496.</td>
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<td>Hackett, L., Theodosiou, L., Bond, C., Blackburn, C., Spicer, F., &amp;</td>
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<td>behavioural and social difficulties. *British Journal of Special</td>
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<td>and Beliefs About the Pedagogy of Social-Emotional Development*. (</td>
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<td>Unpublished doctoral thesis). Arizona State University, USA.</td>
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<td>Holfve-Sabel, M. A. (2014). Learning, interaction and relationships as</td>
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<td>components of student well-being: Differences between classes from</td>
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<td>student and teacher perspective. <em>Social Indicators Research, 119</em>(3),</td>
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<td>Hollingsworth, H. L., &amp; Winter, M. K. (2013). Teacher beliefs and practices relating to development in preschool: Importance placed on social–emotional behaviours and skills. <em>Early Child Development and Care, 183</em>(12), 1758-1781.</td>
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<td>Kumar, A. A. (2014). Teachers’ perceptions and efficacy for addressing the mental health needs of students. (Unpublished doctoral dissertation). Walden University, Minneapolis, Minnesota.</td>
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<td>Lynn, T., &amp; Limegrover, S. (2016). Schools as Systems of Care Supporting Mental Wellness in Schools: Teacher Perceptions and Roles. <em>Journal of Public Mental Health</em>, 16(2), 72-77.</td>
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<td>Spratt, J., Shucksmith, J., Philip, K. &amp; Watson, C. (2006). ‘Part of Who we are as a school should include responsibility for well-being’: Links between the school environment, mental health and behaviour. <em>Pastoral Care in Education</em>, 24, 14-21</td>
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<td>Värnik, A. (2013). Teacher satisfaction with school and psychological well-being affects their readiness to help children with mental health problems. Health Education Journal. 00(0), 1-12.</td>
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Appendix H: Extracting metaphors, grouped metaphors, summarising themes and overarching theme example


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<table>
<thead>
<tr>
<th>Overall Theme</th>
<th>Themes feeding into overall theme</th>
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<tr>
<td>Relationships and wellbeing are inseparable from learning and teaching and should be promoted within a whole school relational ethos but some teachers need space and support to engage with this part of their job</td>
<td>1. Explicit space and support for school staff to feel confident with mental health can support engagement and challenge teacher reluctance</td>
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<td>2. A relational whole school approach and ethos is essential for mental health and wellbeing</td>
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<td>3. Emotional impact of balancing curriculum, developing the whole child and managing the emotional labour of teaching</td>
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<td>4. School and wider systems either promote, prevent or create tensions for relationship development</td>
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<td>5. Relationships and wellbeing are inseparable from learning and cannot be ignored</td>
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<th>Extracts</th>
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<td>“Part of it might be training staff, you know, a small cohort of staff to snowball it out. ‘Cause you need to develop expertise within staff and you know with the best will in the world everybody within the staff is not going to all jump up and down and say that’s great, thank you for doing that, there are going to be people who think, you know, what’s this all about. But there will be other members of staff who think this is really good, they want to get themselves involved and want to roll it out to people and if you can develop a nucleus in the staff, then you’ve got a good chance of it becoming embedded.”</td>
<td>Explicit staff development promotes wellbeing</td>
<td>Explicit space and support for school staff to feel confident with mental health can support engagement and challenge teacher reluctance</td>
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<td>Staff perceptions differ which affects their views on their role in wellbeing promotion</td>
<td>Support staff engagement and challenge teacher reluctance</td>
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<td>Staff reluctance to work with mental health</td>
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158
Extracts

Assistant principal, school 3: “Some don’t feel they’re qualified, they don’t feel comfortable perhaps talking about some of the needs that might come up, that sort of thing is evident certainly with the Personal Social and Health Education programme when they’re talking about different emotional health needs. Some staff have said ‘I’ve trained to be a history teacher, I don’t feel that I’m familiar enough with this and I’m not doing it justice’”

Head of key stage 3, school 4: “We flagged up that emotional health is something we want more of in terms of whole staff INSET [In-Service Training] rather than all the little pockets we do, we feel we want more whole staff awareness of it so they all know where they fit in to the big picture really and I think that’s our next aim to identify what that should look like and who could come in to do it.”

“They [the teaching staff] just don’t get it you know, the emotional health stuff, you know taking vulnerable or needy children out just for one lesson a week [for emotional health sessions] and it’s not a lot out of the whole year but they fail to get the importance of that.”

SEN coordinator, school 8: “Some staff think when you take them out from a lesson to do this talking that you’re actually stopping them from learning, not that the barriers to learning are there and they’re not going to learn.”

the idea of teachers engaging with pupils’ EHWB needs is not, in fact, new but is a core part of the emotional practice of teaching. They did feel that clear guidance was not always available for all teaching staff in this regard.

Their teaching colleagues did not always share this conceptualisation of it as part and parcel of a teacher’s job but, rather, were reluctant to take an interest in the emotional

Metaphors

Staffs’ own mental health is in jeopardy and they need support

School staff need space and support to engage in and promote mental health

Themes

School staff need space and support to engage in and promote mental health
One suggested reason for this reluctance was a concern that EHWB activities obstruct the (more important) academic work of a school. Whereas the study participants were convinced that EHWB work went hand in hand with the core aim of schools to achieve academic results, they felt that colleagues often did not see that, but took the view that they should not or could not focus on both.

Participants as to why some teachers do not engage with student emotional health was that they do not know how to.

All interviewees felt strongly that the reluctance they viewed in colleagues to take an interest in pupil EHWB could be challenged through better training, both during initial teacher training and as ongoing in-service training.

Suggestions for what training should cover included: awareness of the relationship between EHWB and academic performance; the emotional difficulties teenagers may experience, such as depression and self-harm and how to respond to this; and the ways in which different activities throughout the school link to EHWB. One interviewee noted the importance of ensuring that any EHWB training introduced is sustainable if it is to make a difference, for example through a core team of enthusiastic staff rolling out training. However, the evidence from this study indicates that this discourse of support for such an approach is not (as yet) being played out in practice.

Interviewees clearly expressed a dichotomy between staff like themselves, who were motivated and reasonably confident in addressing EHWB issues, and colleagues who were perceived to be much more reluctant or less able to do so.

<table>
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<th>PSHE coordinator, school 1: “I think it would be a complete and utter disaster if schools saw the word health and thought ‘oh that’s PSHE [personal, social and health]”</th>
<th>Mental health promotion is caring for people and providing a supportive ethos is</th>
<th>A relational whole school approach and ethos is</th>
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**Extracts**

- health of their pupils.
- One suggested reason for this reluctance was a concern that EHWB activities obstruct the (more important) academic work of a school.
- Whereas the study participants were convinced that EHWB work went hand in hand with the core aim of schools to achieve academic results, they felt that colleagues often did not see that, but took the view that they should not or could not focus on both.

**Metaphors**

- Mental health promotion is caring for people and providing a supportive ethos.

**Themes**

- A relational whole school approach and ethos is
In terms of teaching EHWB in the curriculum, while the majority of interviewees were in favour of more EHWB topics being explicitly covered in lesson time, one participant was concerned that this should not be at the expense of emotional health being conceptualised as a whole-school, relational issue.

Finding time to introduce additional training for teachers is challenging enough, but changing the dominant culture within schools to one that is more supportive of the EHWB of the entire school community is only likely to be possible through adopting a whole-school approach.

The findings here indicate that one important element of a whole-school approach is likely to be the development and implementation of relationship policies (Spratt et al., 2006).

Head of year 8, school 2: “You could argue we’re not social workers and just shut the door to it and push it out. And every now and again you do sort of pull yourself up a bit and think gosh why am I willing to do this, is this really what my job is, but it does spill over into schools very easily and frequently and I think unless you do deal with it and confront it there’s the danger of you know becoming robots or whatever, you know we have to acknowledge it, it’s part of growing up, part of education isn’t it, learning about yourself and discovering yourself.”

“You feel drained by constantly giving out and constantly managing situations to keep everyone sort of enthused, engaged, involved. And you’ve got this core of people who don’t want to be there, for all sorts of

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<td>education] isn’t it?’ so it gets stuffed over there. So I much prefer it to be a whole-school thing. I think it’s all about caring for people and a nurturing environment.”</td>
<td>nurturing environment within a whole school ethos</td>
<td>essential for mental health and wellbeing</td>
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<td>In terms of teaching EHWB in the curriculum, while the majority of interviewees were in favour of more EHWB topics being explicitly covered in lesson time, one participant was concerned that this should not be at the expense of emotional health being conceptualised as a whole-school, relational issue</td>
<td>Mental health support is not just one lesson</td>
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<td>Finding time to introduce additional training for teachers is challenging enough, but changing the dominant culture within schools to one that is more supportive of the EHWB of the entire school community is only likely to be possible through adopting a whole-school approach</td>
<td>Focussed emotional health and wellbeing teaching should not be at the expense of a whole school relational ethos</td>
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<td>The findings here indicate that one important element of a whole-school approach is likely to be the development and implementation of relationship policies (Spratt et al., 2006).</td>
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<td>Emotional impact of balancing curriculum, developing the whole child and managing the emotional labour of teaching</td>
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<td>Head of year 8, school 2: “You could argue we’re not social workers and just shut the door to it and push it out. And every now and again you do sort of pull yourself up a bit and think gosh why am I willing to do this, is this really what my job is, but it does spill over into schools very easily and frequently and I think unless you do deal with it and confront it there’s the danger of you know becoming robots or whatever, you know we have to acknowledge it, it’s part of growing up, part of education isn’t it, learning about yourself and discovering yourself.”</td>
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reasons, putting all their baggage into your classroom and you’re caught up in it, and on one level you just want to teach your lesson.”

“Teachers are very badly served in that way, my sister’s a nurse and they very often have built in INSET sessions where they have time to talk and share other things but teachers don’t have that. And also it’s seen as a weakness, teachers are very frightened to talk about you know, I’m not managing here, I’ve got these emotional issues that I’m not dealing with.”

A third explanation emerged from the interviews regarding teachers’ difficulties in engaging in EHWB work and that was their own emotional health needs often going unmet. Many comments were made by interviewees about the emotionally draining nature of teaching, the need to remain enthusiastic, often in the face of difficult behaviour, and the strain this puts on individuals.

the key point being made by interviewees here, which has not been so well articulated in the literature, is that when teachers’ emotional health is in jeopardy, it reduces their ability to support and respond to pupils appropriately, which creates further difficulties within the classroom and more emotional distress for pupils and teachers alike.

Ensuring teachers are adequately supported to deal with the stresses of the job therefore emerged as a key factor in equipping them to engage in EHWB.

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<td>Relationships with all within the school systems (integral and external) is important</td>
<td>School and wider systems either promote, prevent or create tensions for relationship development</td>
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one level you just want to teach your lesson.”

“And they would be the first port of call, your form tutor, but now they haven’t got time they’ll go to half past eight, quick registration, assembly, lesson. So the form tutor doesn’t know their form. So if a child is upset, where do they go? Where do they go?”

Learning mentor 2, school 7: “We have inspections sort of quite regularly, the LEA, HMI, Ofsted, auditors, internal auditors, external auditors, we’ve got governors to work with and all of these things it’s just pressure you know you have to do your lesson plan, your action plan, your target plan, your X Y Z plan. Then you’ve got someone asking for a half-termly data report and that’s before you’ve even stood in front of a group of kids and I think teachers could do with support on an emotional level.”

This point was articulated by staff at school 6, where PSHE lessons had been removed from the regular curriculum and time with a form tutor had been greatly reduced, thus two opportunities for fulfilling the roles of promoting EHWB and identifying those in need of further support were now no longer available to teachers.

that relationships with relevant external agencies are a key factor in determining how well teachers are able to address pupils’ EHWB needs.

Such policies should aim to improve teacher–student relationships, therefore addressing a key source of emotional distress for both parties, and also teachers’ relationships with senior management, which may help alleviate the other stresses associated with the job such as workload and assessment.
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<td>Learning about and discovering yourself is part of education</td>
<td>Relationships and wellbeing are inseparable from learning and cannot be ignored</td>
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<td>Learning support manager, school 3: “It’s got to be part and parcel of everyone’s teaching. Teachers need the confidence to say well I think you could probably claw back on what’s expected in the national curriculum, what you’re expecting them all to know, and use the rest of the time to cultivate good health, good management, good behaviour between everybody because good behaviour and being nice to one another is part and parcel of their mental health.”</td>
<td>Promoting wellbeing has got to be part and parcel of everyone’s teaching</td>
<td>Relationships are part and parcel of mental health</td>
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<td>Teaching assistant, school 6: “The primary reason students are here is their education, and if they don’t, you know if they’re too busy thinking about ‘oh god am I going to get my money taken off me at lunchtime?’ how are they supposed to concentrate on lessons?”</td>
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<td>Head of year 8, school 8: “I think there’s a real need to put across that emotional literacy is one way of tackling issues within the classroom and you’ve got to use it with all the other strategies that you’ve got up your arm but it’s something that can impact on life in the classroom if you tackle it appropriately I think.”</td>
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<td>emotional health in their day-to-day interactions with pupils</td>
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Emotional health and well-being was perceived to be intimately related to the process of growing up, but it was also presented as inseparable from learning, making it something that even those who were only interested in education and results could not ignore.

When asked about their own and colleagues’ roles in relation to pupil EHWB, there was a sense from interviewees that teachers cannot ignore emotional health in their day-to-day interactions with pupils.

A final aspect of what was perceived to be an intricate link between EHWB and teaching was the observation that, just by being in a relationship with pupils, teachers will inevitably have an impact on their emotional health through the way in which they respond to them, and are seen to be behaving.

The idea of teachers engaging with pupils’ EHWB needs is not, in fact, new but is a core part of the emotional practice of teaching.

The secondary school staff interviewed here were unanimous in their belief that pupil EHWB is inevitably related to teaching and its various aims, including achieving good learning outcomes, moulding healthy citizens for the future and maintaining control over disruptive behaviour.

In the introduction, the point was made that the various policy documents construct a range of ways in which teachers can support pupil emotional health. Some of these things—for example acting as a role model and responding appropriately to a pupil who asks for help—may be perceived by most teachers as integral to their day-to-day interaction with pupils, albeit that they may require better training and support to do these things effectively.

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<td>Teachers cannot ignore mental health in day-to-day interactions with pupils</td>
<td>Teachers inevitably impact student mental health through their relationship and interactions with students</td>
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<td>to the process of growing up, but it was also presented as inseparable</td>
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<td>from learning, making it something that even those who were only</td>
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<td>interested in education and results could not ignore</td>
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<td>When asked about their own and colleagues’ roles in relation to pupil</td>
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<td>EHWB, there was a sense from interviewees that teachers cannot</td>
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<td>ignore emotional health in their day-to-day interactions with pupils</td>
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<tr>
<td>A final aspect of what was perceived to be an intricate link between</td>
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<td>EHWB and teaching was the observation that, just by being in a</td>
<td>Teachers inevitably impact student mental health through their relationship and interactions with students</td>
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<td>relationship with pupils, teachers will inevitably have an impact on</td>
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<td>their emotional health through the way in which they respond to them,</td>
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<tr>
<td>and are seen to be behaving</td>
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<tr>
<td>the idea of teachers engaging with pupils’ EHWB needs is not, in fact,</td>
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<tr>
<td>new but is a core part of the emotional practice of teaching</td>
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<td>The secondary school staff interviewed here were unanimous in their</td>
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<tr>
<td>belief that pupil EHWB is inevitably related to teaching and its</td>
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<td>various aims, including achieving good learning outcomes, moulding</td>
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<td>healthy citizens for the future and maintaining control over disruptive</td>
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<td>behaviour</td>
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<td>In the introduction, the point was made that the various policy</td>
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<td>documents construct a range of ways in which teachers can support pupil</td>
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<td>emotional health. Some of these things—for example acting as a role</td>
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<td>model and responding appropriately to a pupil who asks for help—may be</td>
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<td>perceived by most teachers as integral to their day-to-day interaction</td>
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<td>with pupils, albeit that they may require better training and support to</td>
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<td>do these things effectively.</td>
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<tr>
<td>Paper</td>
<td>Summary themes</td>
<td>Overarching themes</td>
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<tr>
<td>1. Edling, S. &amp; Frelin, A. (2013).</td>
<td>1. Teaching is essentially relational</td>
<td>Relationships are core but impacted by other responsibilities which makes for a complex situation</td>
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<tr>
<td></td>
<td>2. Tension between relational aspects and other aspects of the educator’s role</td>
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<td></td>
<td>3. Emotional impact of teaching because of the tensions and different situations some pupils are in</td>
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<td></td>
<td>4. The accountability and performative culture marginalises the relational professionali ty of school staff</td>
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<td></td>
<td>5. How education in itself is conceptualised</td>
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<tr>
<td>2. Graham, A., Powell, M.A. &amp; Truscott, J. (2016).</td>
<td>1. Educators can be uncertain about building relationships and it can take effort and reflection</td>
<td>Positive relationships promote wellbeing and provide a context for noticing and responding to mental health.</td>
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<td></td>
<td>2. The relational aspects of education are omnipresent but often marginalised by performance imperatives</td>
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<td></td>
<td>3. Participatory &amp; collaborative teaching encompasses caring, valuing and respecting</td>
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<td></td>
<td>4. Refocusing attention on relationships within educational discourse is essential in order to promote wellbeing</td>
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<tr>
<td></td>
<td>5. More intentional and explicit recognition of relationships and ethos benefits student wellbeing and academic achievement</td>
<td></td>
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<tr>
<td>3. Isaksson, P., Marklund, B. &amp; Haraldsson, K. (2013).</td>
<td>1. Being present and interacting with the children allows school staff to notice, reflect and adjust to that individual child’s social and emotional development in the moment</td>
<td>Staff actively recognising that the climate is theirselves, their interactions with children, their interactions with other adults and their team, and interactions with parents. But recognising that part of the climate is also the nature of the activities, the physical and emotional environment and the way they structure the environment in response to the child’s social and emotional need.</td>
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<td>2. Pre-schools structure and plans creating a climate for mental health promotion and social, emotional skill development</td>
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<td></td>
<td>3. Collaboration creates secure and trusting relationships to promote wellbeing</td>
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<td></td>
<td>4. School staff recognise that they are part of the system, as an individual and as part of the team, that promotes mental health</td>
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<td></td>
<td>5. Relationships promote wellbeing and provide a context for positive change</td>
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<td>Paper</td>
<td>Summary themes</td>
<td>Overarching themes</td>
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<tr>
<td>4. Kidger, J., Gunnell, D., Biddle, L., Campbell, R. &amp; Donovan, J. (2009).</td>
<td>1. Explicit space and support for school staff to feel confident with mental health can support engagement and challenge staff reluctance.</td>
<td>Relationships and wellbeing are inseparable from learning and teaching and should be promoted within a whole school relational ethos but some educators need space and support to engage with this part of their job.</td>
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<td></td>
<td>2. A relational whole school approach and ethos is essential for mental health and wellbeing.</td>
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<td>3. Emotional impact of balancing curriculum, developing the whole child and managing the emotional labour of teaching.</td>
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<td></td>
<td>4. School and wider systems either promote, prevent or create tensions for relationship development.</td>
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<td>5. Relationships and wellbeing are inseparable from learning and cannot be ignored.</td>
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<td></td>
<td>6. Teachers inevitably impact student mental health through their relationship and interactions with students.</td>
<td></td>
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<tr>
<td>5. Mælan, E.N, Tjomsland, H.E., Baklien, B., Samdal, O. &amp; Thurston, M. (2018).</td>
<td>1. Recognising pupil mental health as a professional teaching responsibility supports academic achievement and learning.</td>
<td>Although there are tensions and fears about mental health, educators’ increasingly see promoting mental health as part of their role and a supportive person-centred school ethos where relationships are nurtured promotes mental health and learning.</td>
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<td>2. Person-centred teaching and explicit opportunities provides a context for pupils to understand and cope with mental health difficulties.</td>
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<td>3. Close positive relationships facilitate open and trusting conversations that go beyond academic subjects.</td>
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<td>4. Tensions and fear about meeting mental health needs whilst balancing teaching obligations.</td>
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<td>5. Creating a safe school climate where relationships are nurtured promotes mental health and learning.</td>
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<td></td>
<td>2. Health and wellbeing is essential for academic success.</td>
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<td></td>
<td>3. Caring relationships and environments are a consequence of a pedagogical approach and essential to promote children’s wellbeing.</td>
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<tr>
<td>Paper</td>
<td>Summary themes</td>
<td>Overarching themes</td>
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<td>4. Explicit teaching activities to encourage development and skills in MHWB</td>
<td>1. Student wellbeing is a multidimensional holistic concept, but conceptual understanding is a dynamic and ongoing process developed through reflection on experience and theory</td>
<td>Student wellbeing is a complicated multidimensional holistic concept that requires everyday educational relational teaching practices within school and community systems that promote wellbeing</td>
</tr>
<tr>
<td>7. Butler, H. (2017).</td>
<td>2. Wellbeing is an accepted concept, but a shared understanding or definition should not be assumed within school systems</td>
<td>3. Student wellbeing is intertwined with and a prerequisite for effective learning therefore essential within education</td>
</tr>
<tr>
<td></td>
<td>4. Balancing the issues that arise in the daily context and sustaining preventative, promotional strategies</td>
<td>5. Everyday educational relational practices across school and community systems promotes wellbeing and healthy development</td>
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<td></td>
<td>6. Supporting and promoting wellbeing is central to the teaching role and is part of daily practice therefore teachers need healthy wellbeing</td>
<td></td>
</tr>
<tr>
<td>8. Mazzer, K.R. &amp; Rickwood, D.J. (2015).</td>
<td>1. Tensions impact on how educators can promote wellbeing</td>
<td>Educators play a key role in supporting student’s mental health but the breadth of the role, a perceived need for more training and tensions make it a confusing and complex situation</td>
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<td></td>
<td>2. Promoting mental health is key to the way that staff and schools operate</td>
<td>3. School staff support student mental health in day-to-day conversations whether they intend to or not</td>
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<td></td>
<td>4. Societal and cultural pressures evolving the educators’ role</td>
<td>5. Embedded systems and training so school staff feel they have the skills and knowledge and the limits to their role</td>
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<td></td>
<td>6. Complexities of the boundaries of the teaching role in supporting student mental health</td>
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### Appendix J: Synthesis Translation

<table>
<thead>
<tr>
<th>Ecological system</th>
<th>Meta-constructs</th>
<th>Themes</th>
</tr>
</thead>
</table>
| **Chrono- & Macro-systems** | Societal, cultural and governmental conceptualisation of education  
Conceptualisation of mental health and wellbeing  
Conceptualisation of teaching role | 1.5 How education in itself is conceptualised  
6.1 Education is an intervention that supports children’s current and future wellbeing  
2.4 Refocusing attention on relationships within educational discourse is essential in order to promote wellbeing  
8.4 Societal and cultural pressures evolving the teacher role |
| **Exosystem** | Performative culture impacts relational aspects of education | 1.4 The accountability and performative culture marginalises the relational professionalism of teachers  
2.2 The relational aspects of education are omnipresent but often marginalised by performance imperatives |
| **Mesosystem** | Different understandings of mental health and wellbeing across the school system  
Relational ethos across school community and systems  
Staff’s pedagogy and the wider implications on relationship, wellbeing and learning practices | 7.2 Wellbeing is an accepted concept but a shared understanding or definition should not be assumed within school systems  
4.4 School & wider systems either promotes, prevents or create tensions for relationship development  
7.5 Everyday educational relational practices across school and community systems promotes wellbeing and health development  
2.5 More intentional and explicit recognition of relationships and ethos benefits student wellbeing and academic achievement  
6.3 Caring relationships and environments are a consequence of a pedagogical approach and essential to promote children’s wellbeing  
3.5 Relationships promote wellbeing and provide a context for positive change |
<table>
<thead>
<tr>
<th>Ecological system</th>
<th>Meta-constructs</th>
<th>Themes</th>
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</table>
|                  | Intertwining & inseparability of relationships, mental health and wellbeing and learning | 4.5 Relationships and wellbeing are inseparable from learning and cannot be ignored  
5.1 Recognising pupil mental health as a professional teaching responsibility supports academic achievement and learning  
5.3 Close positive relationships facilitate open and trusting conversations that go beyond academic subjects  
6.2 Health and wellbeing is essential for academic success  
7.3 Student wellbeing is intertwined with and a prerequisite for effective learning therefore essential within education  
8.2 Promoting mental health and wellbeing is part of the way teachers and school operate |
| Microsystem      | School ethos, climate and systems that promotes relationships and mental health   | 3.2 Pre-school structure and plans creating a climate for mental health promotion and social, emotional skill development  
4.2 A relational whole school approach and ethos is essential for mental health and wellbeing  
5.5 Creating a safe school climate where relationships are nurtured promotes mental health and learning |
|                  | Embedded systems to support staff wellbeing and engagement in mental health       | 8.5 Embedded systems and training so teachers feel they have the skills and knowledge and know the limits to their role                     |
| Staff’s microsystem | Supporting staff wellbeing and engagement in mental health                           | 4.1 Explicit space and support for school staff to feel confident with mental health can support engagement and challenge teacher reluctance  
7.6 Supporting and promoting wellbeing is central to the teaching role and is part of daily practice therefore teachers need healthy wellbeing |
<table>
<thead>
<tr>
<th>Ecological system</th>
<th>Meta-constructs</th>
<th>Themes</th>
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</table>
| **Staff as part of the school system** | | 3.3 Collaboration creates secure and trusting relationships to promote wellbeing  
3.4 Teachers recognise that they are part of the system, as an individual and as part of the team, that promotes mental health |
| **Staff as an individual** | Staff pedagogy | 1.1 Teaching is essentially relational  
2.3 Participatory and collaborative teaching encompasses caring, valuing and respecting  
5.2 Person-centred teaching and explicit opportunities provides a context for pupils to understand and cope with mental health difficulties  
6.4 Explicit teaching activities to encourage development and skills in mental health and wellbeing |
| | Staffs’ reflective practice | 2.1 Teachers can be uncertain about building relationships and it can take effort and reflection  
3.1 Being present and interacting with the children allows teachers to notice, reflect and adjust to that individual child’s social and emotional development in the moment  
7.1 Student wellbeing is a multidimensional holistic concept but conceptual understanding is a dynamic and ongoing process developed through reflection on experience and theory  
1.2 Tension between relational aspects and other aspects of the teacher’s role |
| | Tensions impact on how staff promote wellbeing | 1.3 Emotional impact of teaching because of the tensions and different situations some pupils are in  
4.3 Emotional impact of balancing curriculum, developing the whole child and managing the emotional labour of teaching |
<table>
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<tr>
<th>Ecological system</th>
<th>Meta-constructs</th>
<th>Themes</th>
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<td></td>
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<td>5.4 Tensions and fears about meeting mental health needs whilst balancing teaching obligations</td>
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<td>7.4 Balancing the issues that arise in the daily context and sustaining preventative, promotional strategies</td>
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<td>8.1 Tensions impact on how teachers can promote wellbeing</td>
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<td></td>
<td></td>
<td>8.6 Complexities of the boundaries of the teaching role in supporting student mental health</td>
</tr>
<tr>
<td>Child &amp; Teacher’s</td>
<td>Staff inevitably affect student mental health in day-to-day interactions</td>
<td>4.6 Teachers inevitably impact student mental health through their relationship and interactions with students</td>
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<tr>
<td>overlapping as</td>
<td>whether intentionally or unintentionally</td>
<td>8.3 Teachers support student mental health in day-to-day conversations whether they want to or not</td>
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<tr>
<td>individuals</td>
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Appendix K: Educational Action Research Author Guidelines for Submission

https://www.tandfonline.com/action/journalInformation?show=aimsScope&journalCode=reac20 accessed on February 2, 2019

Aims and scope

Educational Action Research is concerned with exploring the dialogue between research and practice in educational settings. The considerable increase in interest in action research in recent years has been accompanied by the development of a number of different approaches: for example, to promote reflective practice; professional development; empowerment; understanding of tacit professional knowledge; curriculum development; individual, institutional and community change; and development of democratic management and administration. Proponents of all these share the common aim of ending the dislocation of research from practice, an aim which links them with those involved in participatory research and action inquiry. The journal publishes accounts of a range of action research and related studies, in education and across the professions, with the aim of making their outcomes widely available and exemplifying the variety of possible styles of reporting. It aims to establish and maintain a review of the literature of action research. It also provides a forum for dialogue on the methodological and epistemological issues, enabling different approaches to be subjected to critical reflection and analysis.

Structure

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as
appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

**Word Limits**

Please include a word count for your paper. A typical paper for this journal should be between 5000 and 8000 words, inclusive of references.

**Style Guidelines**

Any spelling style is acceptable so long as it is consistent within the manuscript. Please use single quotation marks, except where ‘a quotation is “within” a quotation’. Please note that long quotations should be indented without quotation marks.

All pages should be numbered. Footnotes to the text should be avoided. Section headings should be concise.

**Formatting and Templates**

Papers may be submitted in Word or LaTeX formats. Figures should be saved separately from the text. To assist you in preparing your paper, we provide formatting template(s).

**References**

The Chicago Manual of Style (16th edn)

**Author details**

All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors’ affiliations are the affiliations where the research was conducted. If any of the named
co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted.

Abstract & Keywords

Should contain an unstructured abstract of 150 to 250 words.

Between 3 and 6 **keywords**.

Funding details

Please supply all details required by your funding and grant-awarding bodies as follows:  *For single agency grants:* This work was supported by the [Funding Agency] under Grant [number xxxx]. *For multiple agency grants:* This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

Disclosure statement

This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research.

Geolocation information

Submitting a geolocation information section, as a separate paragraph before your acknowledgements, means we can index your paper’s study area accurately in JournalMap’s geographic literature database and make your article more discoverable to others.

Supplemental online material

Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare.
**Figures**

Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Please ensure they are error-free and suitable for publication. They should be supplied in one of our preferred file formats: EPS, PS, JPEG, GIF, or Microsoft Word (DOC or DOCX).

**Tables**

Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.

**Using Third-Party Material in your Paper**

You must obtain the necessary permission to reuse third-party material in your article. The use of short extracts of text and some other types of material is usually permitted, on a limited basis, for the purposes of criticism and review without securing formal permission. If you wish to include any material in your paper for which you do not hold copyright, and which is not covered by this informal agreement, you will need to obtain written permission from the copyright owner prior to submission.
**Appendix L: Summary of co-researcher involvement in research activities**

<table>
<thead>
<tr>
<th>Co-researcher</th>
<th>July</th>
<th>Two twilight training sessions</th>
<th>Sept.</th>
<th>Focus Group</th>
<th>Nov, Focus Group</th>
<th>Dec.</th>
<th>Focus Group (planning group)</th>
<th>Observation in class</th>
<th>April</th>
<th>Focus Group (planning group)</th>
<th>June</th>
<th>Focus Group (planning group)</th>
<th>June Feedback Group</th>
<th>July EPS Feedback Group</th>
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<td>Pastoral Care Manager/Safeguarding Officer</td>
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<td>July</td>
<td>Two twilight training session</td>
<td>Sept. Focus Group</td>
<td>Nov, Focus Group</td>
<td>Dec. Focus Group (planning group)</td>
<td>Observation in class</td>
<td>April Focus Group (planning group)</td>
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Appendix M: Focus Group 1 Rich Picture exploring “what is school like now?” and “what we would like school to look like?”
Appendix N: Researchers’ visual representation of focus group 1 themes
Appendix O: Fishbone analyses created in focus group 2
Appendix P: Example emotion checking activity
Appendix Q: The emotion coaching models designed within focus group 4

Appendix R: Reflection activity about individual and group learning
Appendix S: Researchers’ implementation/theory of change model presented in feedback meeting
Appendix T: Seminar presented at University of Manchester School of Environment, Education and Development on 22nd May 2018.

Slide 1

Action Research: working creatively with a school to develop a whole school mental health approach

Amy Burns
(Trainee Educational Psychologist)

Slide 2

Slide 3

Rich Picture:
What is the situation now? How will it change?

Slide 4

Rich Picture Analysis

Slide 5

Fish Bone Analysis: What are we going to do about it?
What are the risks, assumptions & opportunities?

Slide 6

How are things changing?

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**Slide 7**

**Theory of Change Model**

- **The situation that needs to change:** What's the issue and why?
- **Risks, Opportunities and Assumptions:** What are the barriers and facilitators to initiate change?
- **Strands of Action:** What are we going to do about it?
- **Steps of Change:** How things will change for beneficiaries?


**Slide 8**

**What Next?**

- A final focus group to reflect on the groups experience and gather final information for their Theory of Change
- A meeting to consider dissemination with wider stakeholders

1. Individual learning
2. Group learning
3. Training Profession
4. Researchers

- 1st School learning
- 2nd LA learning
- 3rd Community learning

*1st, 2nd, and 3rd circles indicate different levels of learning and involvement.*
Appendix U: Seminar presented at North West CPD conference on 11th December 2018.

Slide 1

EP work with schools to develop bespoke mental health practice in their communities

Amy Ilmari (Trainee Educational Psychologist)  Dr. Catherine Kelly (Educational Psychologist)

MANCHESTER The University of Manchester

Slide 2

Seminar Aims

- To share the benefits of:
  - encouraging staff to be co-researchers
  - the use of reflective groups
  - using safe, creative ways to explore staff’s conceptual understanding of mental health
- To gather your views of the implications of this action research

Slide 3

Why Action Research?

Slide 4

Story of Action Research

Slide 5

The Learning from the Action Research

- Value of reflective practice
- Value of having time to share how I’m feeling
- Moved from doing (things that we do to support children’s emotional wellbeing) to supporting everyone’s mental health through how we are with each other: a more relational-based model
- Warmth/ boundaries model
- Conscious/ unconscious knowing

Slide 6

Activity & Feedback

- In groups or with the person next to you think about:
  - What elements of the picture do you use in your practice?
  - How linear is the model in reality?
  - Which step is easier or more difficult?
  - If you remodel the tree, how would it look for children and for adults. Are they similar? (Discuss or re-create)
- Feedback to the group
EPS Learning: model of EPS training

- Identify 15 champions within setting (including a senior leader)
- Trafford EPS provide training input
- Setting completes a whole school audit related to input
- Activity (e.g., within training or consultation) to reflect about audit (e.g., drivers and barriers)
- Additional training input(s)
- Follow up/review activities:
  - Network meeting
  - Whole school training
  - Poster activity
  - Other network dissemination: Consultations at setting

Reflection and Implications of this Action Research

- What are your views about the implications of this action research?
  - For your practice?
  - For your EPS?
  - For the schools with which you work?
Appendix V: Feedback gathered from North West CPD conference on 11th December 2018

EP work with schools to develop bespoke mental health practice in their communities

What are you views about the implications of this action research?

For your practice?

- It has given me ‘food for thought’ for my own uni work e.g. whether/how to use action research for a project I may be doing soon
- It focuses me on the importance of relationships and emotions in affecting change long-term
- I think that potentially it is very worthwhile but in practice you need to be given the time to do this. I am actually planning to do some action research with one of my schools it is different thought to PDR. It is important to try for staff empowerment, development and training
- I will consider presenting models with school. I thought this is a very accessible/friendly approach to explore views, ideas, hopes.
- Change and the confidence to change are enhanced when it’s a journey taken together – either with fellow travellers or with a guide.
- Working with a mental health outreach team in [NW area] on steering group with emphasising process more alongside activity. Currently there is emphasis on audits and whole school approach and promoting varies evidence based practice programmes and measurement.
- Long term opportunities to meet with key staff to establish a cycle of reflection and support leading to conscious and unconscious competence
- Using emotional coaching to support ‘behaviour’ in schools. Supporting staff wellbeing. Allow time for reflection in my practice.
For your EPS?

- There are a number of projects for which action research would be appropriate.
- It is an effective tool for encouraging systemic and long term change within schools that can continue to grow as schools and their people change.
- My EPS is a great service but finding it hard to recruit staff so it is pretty difficult to find time and I think reflective practice requires a lot of time.
- I’d like to use the bottom up model of implementation.
- A framework of mutual support is the best foundation to identify and implement service development activities.
- Encouraging promotion of ‘reflective practice spaces’ offer to schools or building into consultation. We are running ELSA and will build into training (if not already there enough).
- Timetabling for on-going involvement and how this fits with ‘traded’ model of work.
- Supporting staff with wellbeing. Strategic work on mental health.

For your schools?

- That I may need to give greater emphasis on how I get ‘people/staff on board’, as change is down to the individual recognising the need for it and feeling empowered to do it.
- I feel like it makes them focus on differences amongst individuals and classrooms without losing sight of common values and goals.
- As mentioned, it is important for staff development, training, empowerment and confidence. The barrier is money and time.
- I like the opportunity to recognise and explore how classrooms might look different but are grounded in the same ethos.
- A possible starting point when planning involvement would be to identify and engage with key staff who can work collaboratively to promote effective intervention across the school context.
- Really valuable. Encouraging the thought more alongside action – many barriers in practical terms and ethos of SLT/MATs: secondary schools a challenge. Also how to deliver within traded so they will invest.
- Schools needing to prioritise the time and establish relationships with one another and the EP.
• Providing models to schools to support evidence-based practice. More grass roots work on branching out to individuals through systems approach.

Any other comments?

• Very good presentation, confident
• I did think that action research is much more than PDR. It’s important to be able to share your findings with the schools. Compare this to SEAL evaluations?
• It was very interesting!
• Action research needs to be offered to schools as a matter of course as and alterative to within child intervention
• Broaden out to working with other partners – 3rd sector and charter (?) delivering services.
• Really like the staff ‘key’ takeaways, they were very basic and easy to say but the ownership and practice is what had been achieved.