

# Whose Responsibility is it Anyway? Pupil Mental Health in a Scottish Secondary School

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## Abstract

Under Scotland's Curriculum for Excellence, the health and wellbeing of school pupils is the 'Responsibility of All'. Mental health is included in this though the extent to which secondary teachers feel confident to deal with the many and varied issues which their pupils present with is less clear. This pilot study seeks to explore the potential gap between the responsibilities that are *assigned* to Scottish secondary teachers and the responsibilities that they *assume*. A questionnaire, interviews and focus group were used to garner the views of a group of secondary teachers. Thematic analysis of the data allowed for an exploration of how the role of the secondary teacher with regard to mental health is perceived by those dealing with pupils on a daily basis. Views varied considerably illustrating that the complexity surrounding these issues should not be underestimated.

## Keywords

mental health – confidence – teacher – teaching – teacher identity – secondary teacher – wellbeing – adversity – teacher role – responsibility – Scotland – given responsibility – felt responsibility – pupil mental health – teacher education

## Introduction<sup>1</sup>

A recent survey of over 3000 school staff in Scotland found that the majority do not feel adequately equipped with the appropriate training in mental

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<sup>1</sup> At the time of writing the Scottish population is under lockdown in response to the Covid-19 pandemic. Schools are closed, parents are working from home and children and

health to do their job properly (SAMH, 2018). Teachers who had qualified in the last five years were amongst those who felt least well-trained in mental health (SAMH, 2018). These findings are not surprising given they are echoed in studies in England, Australia (Shepherd et al., 2015; Graham et al., 2011; Askell-Williams & Lawson, 2013; Shelemy et al., 2019), Norway (Ekornes, 2015) and Canada (Whitley et al., 2012) with terms such as ‘unprepared’ (Ekornes, 2015) and ‘disempowered’ (Rothi et al., 2008) used in discussions. Teachers generally feel that they lack the knowledge, confidence and skills (Shepherd et al., 2015; Graham et al., 2011; Shelemy et al., 2019; Anderson et al., 2018) to promote mental health as well as time, training and resources (Kidger et al., 2016; Whitley et al., 2012) while elsewhere attention is given to the impact of such duties on teachers’ own mental health and levels of stress (Ekornes, 2017). As society grapples with the complexities of defining, preserving and promoting positive mental health, the cry for more training for teachers is easily made but the issue is more nuanced than this with the evolving role of the teacher at the heart of the matter. This study seeks to unpick the responsibilities given to teachers with regard to mental health, explore the range of felt reactions to this and examine the implications this has for how we define the role of the secondary school teacher in Scotland.

### Repositioning Mental Health

The 21st century has undoubtedly seen a shift in how ‘mental health’ as a concept is understood. The World Health Organisation defines it as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2013) demonstrating a move away from the ‘medical’ discourse in which mental health was equated with pathology towards a strength-based approach in which agency and resilience are key (Graham et al., 2011; Spratt et al., 2006). This WHO definition has at its heart the notion that there can be ‘no health without mental health’ (WHO, 2013) and encourages a focus on prevention of mental illness alongside positive mental health promotion (Graham et al., 2011). Enhanced awareness that a young person’s early adverse experiences may play a significant role in his/her mental health and emotional development (Felitti et al., 1998) has also

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young people have been deprived of treasured physical and social contact with peers, teachers and extended family. Undoubtedly, the mental wellbeing of many is under threat and it will be more important than ever to address concerns in this regard as systems and life gradually return to some kind of normality.

led to an appreciation of the influence of environmental factors. While much has been made of the extent to which ACEs (Adverse Childhood Experiences) can cause lasting damage to a child (Felitti et al., 1998), less attention has been given to precisely how ‘environmental factors’, and in particular relationships, also have the potential to positively effect change in a young person’s life and, to some degree, repair some of the hurt (NHS Health Scotland, 2017).

It is therefore not difficult to see why schools are often considered key players in this new arena of discussion and intervention with traditional specialised mental health services no longer seen as solely responsible for addressing the issue (Fazel & Kohrt, 2019; Graham et al., 2011; Anderson et al., 2018; Shelemy et al., 2019). Given the amount of time pupils spend at school and with their teachers, school could be considered the ideal place to focus on the identification of mental health issues, the prevention of future problems and the promotion of strategies which seek to preserve mental wellbeing. A multitude of interventions, at whole school and individual levels, have been introduced across the world with universal approaches (on a macro level as opposed to targeted) having some success (Weare & Nind, 2011; Kidger et al., 2016). Teachers are perhaps best placed to comment on the emotional state of a young person at any given time (Shelemy et al., 2019).

However, this requirement to “recognise, respond and reduce” the mental health problems of their pupils is effectively part of a “shifting pedagogy” (Anderson et al., 2018), part of an expansion of their traditional role, and part of a new identity in which teachers are to become “health promoters” (Byrne et al., 2018), “gatekeepers” and “active observers” (Ekornes, 2015) of their pupils’ mental health. How teachers feel about this new responsibility requires further investigation and how exactly they would carry out this part of their role remains to be clarified (Mowat, 2019). As some have highlighted, identifying, preventing and reacting to mental health issues is complex and could theoretically require a wide range of skills (Kidger et al., 2016). Indeed, the British Government’s plan to appoint a ‘Designated Senior Lead for Mental Health’ (Dept. of Health & Dept. for Education, 2017) in schools in England has been criticised for failing to focus on prevention (Atkinson et al., 2019). What is more, in a world of PISA performance tables, ‘poverty-related attainment gaps’ and constant drive to raise academic standards there is increasing pressure on teachers to respond to an ever widening range of diverse demands which seem to come from all sectors of society.

### Mental Health in Schools

Many attempts to address mental health in schools have thus far focussed on raising awareness of aspects of mental health amongst both teachers and

the pupils themselves. In England the Attachment Aware Schools project has sought to enhance awareness of how attachment issues can impact pupil well-being and behaviour (Rose et al., 2019). Initial evaluations report some success in terms of improved academic outcomes and reduced exclusions as well as improved understanding on the part of school staff (Fancourt & Sebba, 2018). Similarly, nurture as a whole school approach has been a key focus for some Local Authorities in Scotland in recent years as schools have tried to intervene early and provide safe emotional spaces for learners (March & Kearney, 2017). This sees a step away from traditional behaviourist approaches and towards those which focus on relationships. Cavioni et al. (2020) comment that school mental health programmes primarily aim to promote social and emotional learning, foster resilience and prevent social, emotional and behavioural difficulties. As such they offer a framework structured around these three broad areas.

Recent recommendations include avoiding a “deficit model perspective” and embracing “techniques which encourage pupils to feel secure and that foster good relations with teachers” (Carroll & Hurry, 2018). Others include integrating mental health interventions into the daily life of the school as well as engaging all staff and parents and collaborating with outside agencies (Tome et al., 2021). The involvement of pupils is also a crucial aspect of successful intervention programmes (Tome et al., 2021) as the reduction of the stigma around mental health issues and gaining a true understanding of the triggers for young people become key aims (Atkinson et al., 2019). Weare and Nind’s (2011) systematic review offers a further series of considerations namely that there is a place for both universal and targeted approaches, that teaching social and emotional skills is beneficial but particularly when integrated into the curriculum than when taught separately. They summarise:

for optimal impact, skills work needs to be embedded within a whole-school, multi-modal approach which typically includes changes to school ethos, teacher education, liaison with parents, parenting education, community involvement and coordinated work with outside agencies.

WEARE & NIND, 2011

Winship takes this further and suggests that mental health in schools needs to be “re-framed in terms of restorative practices” as we seek to foster empathy, social competence and emotional wellbeing (Winship, 2021). He asks for a focus which “builds on a core agenda of curiosity and compassion”.

An area demanding further research, and indeed action, is that of teachers’ mental health and wellbeing (Barnardo’s Scotland, 2019). Barnardo’s calls

for a “proper care infrastructure” for educational professionals in recognition of the crucial role that they play in the lives of the children with whom they come into contact. Teachers can often be the victims of vicarious trauma as they grapple with the demands of dealing with children with traumatised backgrounds (Lucas, 2007) and this can lead to burnout, emotional exhaustion and leaving the profession (Philipp, 2010). Teachers’ own emotional health is a key factor in maintaining their dedication to the profession (Lucas, 2007) and yet data shows that those working in the UK education sector report to be significantly more stressed, depressed or anxious than those in other industry sectors (White, 2020). The suggestion that psychological supervision is provided for education staff or at least a safe reflective space in order to manage the effects on their own mental health and wellbeing is supported by teachers (Barnardo’s Scotland, 2019). Gu (2014) highlights the relational nature of teacher (Lawrence, 2020) resilience and argues that positive connections with colleagues and pupils as well as organisational structures and conditions which support mental wellbeing are crucial. This need to promote positive mental health among teachers has also been recognised by the charity Place2Be as they have collaborated with two of the initial teacher education institutions in Scotland to provide a reflective space as well as lectures and seminars on mental health and wellbeing to those students training to be teachers. Students have responded very positively to the initiative (Place2Be, 2019) as attention turns to the evolving role of teachers in pupils’ mental health.

### The Scottish Context

Getting It Right For Every Child (GIRFEC) is the Scottish policy which underpins all interventions involving children in its aim to provide them with appropriate help from the appropriate people at the right time. It encourages partnership working across health, social services and education in order to ensure that children reach their full potential and are safe, respected and loved (Scottish Government, 2006). Poor mental health is estimated to cost £10.7 billion per year in Scotland (Murphy, 2016). Research shows that half of mental health problems are established before the age of fourteen (Kessler et al., 2007) and the enhanced awareness of the potential impact of Adverse Childhood Experiences (Felitti et al., 1998) on a young person’s development has contributed to an acceptance that future mental health policy needs to begin with childhood and adolescence (Scottish Government, 2018b). In Scotland specifically, recent reports suggest that 1 in 10 young people aged 5 to 16 have a clinically diagnosable mental illness (Audit Scotland, 2018). In parallel to this data,

the most recent findings on Scotland from the Health Behaviours in School-Aged Children (HBSC) survey state that 35% of young people aged 11 to 15 experience weekly multiple mental health complaints, the highest such figure since 1994, with the most common complaints being sleep difficulties, feeling nervous and feeling irritable. What is more, 37% of adolescents are classified as having low mood with 14% at risk of depression (Inchley et al., 2020).

In recognition of the prevalence of poor mental health and indeed the high personal, social and economic impact of mental health issues, it is no surprise that mental health is one of the Scottish Government's six Public Health Priorities (Scottish Government, 2018b). Its ten-year Mental Health Strategy 2017–2027 stipulates that every child should have access to support in school. Schools are to “provide a positive culture for all students' social, emotional and mental wellbeing” providing “appropriate pastoral care” and access to educational psychologists (Scottish Government, 2017). A review of progress, carried out in 2018 (Scottish Government, 2018a), demonstrated that investment has been made to provide a counselling service in every high school and funding for mental health first aid training to Local Authorities. The Children and Young People's Mental Health Taskforce goes further suggesting that a key focus should be on the “capacity building” of staff and that collaboration across sectors is crucial (Scottish Government, 2019). Undergraduate mental health training for initial teacher education students is also suggested. Intentions are ambitious, then, but as Audit Scotland reports, access to services is varied and the promise of a focus on early intervention and prevention is yet to be fulfilled (Audit Scotland, 2018).

Given that teachers are considered by the Scottish Government to be Mental Health Tier One practitioners (Public Health Scotland, 2019), their responsibilities should include the promotion of positive mental health; the provision of general advice and support; and early identification of problems. Hence it is imperative that the degree to which teachers feel confident with these responsibilities is discussed. Writing in 2008, Rothi et al. report that teachers in England recognise and accept their role in addressing barriers to learning but feel incompetent, frustrated and helpless in the face of pupils' mental health problems (Rothi et al., 2008). A survey by the Mental Health Foundation Scotland in 2018 reported that 71% of teachers felt they lacked the appropriate training to deal with pupils' mental health (Mental Health Foundation Scotland, 2018). Others call for clarification of the school's role in terms of pupil mental health as well as guidance on how it can be married with the focus on academic attainment (Kidger et al., 2010). Commenting on wellbeing in general, Thorburn suggests that under Scotland's Curriculum for Excellence thinking about wellbeing is more of a “supportive addition to curriculum

teaching rather than part of a more radical repositioning of educational aims” (Thorburn, 2015). It seems, then, that the “paradigmatic shift” (Koller & Bertel, 2006) needed if schools are to align with the strength-based view of mental health has not yet occurred. This in spite of the intentions of the Scottish Government which stipulates that Health and Wellbeing, alongside Literacy and Numeracy, are the ‘Responsibility of All’ who work under Curriculum for Excellence (Education Scotland, 2014). Mental, emotional, social and physical wellbeing is one of the six ‘organisers’ of provision for Health and Wellbeing.

Our questions then seek to move beyond teachers’ reported lack of confidence and focus on the role of the teacher and his/her sense of responsibility for pupils’ mental health. Are teachers required to rethink their professional responsibilities and identity? Is this an “expansion” of their role (Kidger et al., 2010) which they are willing to accept? And, if so, what does this imply for teacher education? In her study on the concept of wellbeing in Scottish educational policy, Jennifer Spratt analyses to what extent health and wellbeing is seen as a foundation/pre-requisite for learning or if it is an outcome of learning. She concludes that the valuable contribution of teaching and learning to wellbeing is over-shadowed by the belief that it is a prerequisite for learning therefore illustrating the complexities inherent in discussions around the place of health and wellbeing in Scottish education. With this pilot study we seek to explore the complexities surrounding secondary teachers’ responsibility, both that which they have been *assigned* and that which they *assume*, for the mental health of their pupils.

### Given and Felt Responsibility

The reasons why a teacher may *feel* responsible for the mental and emotional wellbeing of a child are numerous and varied perhaps including the amount of training they have had (Shepherd et al., 2015), their sense of social responsibility (Edling & Frelin, 2013) or a genuine concern for the children they meet on a daily basis (Graham et al., 2011). However, the degree to which this *felt* responsibility is accepted, embraced, assumed or promoted is less easy to ascertain. In their study on adolescent mental health in the UK, O’Reilly et al. (2018) mention that it is inevitable that teachers will invest in the lives of their pupils not least because they are often the individual to whom a distressed pupil may turn in the first instance (2018). Ekornes points to the fact that high levels of *felt* responsibility for mental health can often lead to increased stress and worry on the part of educators (Ekornes, 2017) as well as suggesting that there are substantial differences in how individuals process their sense of responsibility.

It is important to contrast *felt* responsibility, that which we feel from within, with *given* responsibility, that which is assigned to us from ‘above’ specifically governments, local authorities or headteachers. It is the nature of the *given* responsibility which is the issue for many with the conflict between academic and non-academic duties dominating (Graham et al., 2011) (Ekornes, 2015). For example, that health and wellbeing is the Responsibility of All in Scotland (Education Scotland, 2014) sounds like a positive move to prioritise wellbeing but this exists alongside a relentless drive to improve academic results and narrow the attainment gap between children with differing economic status (Sosu & Ellis, 2014). What is more, the broad nature of Responsibility of All could be said to mirror the “vague conceptualisations” of teacher professionalism which Ekornes identifies in Norway (2017). Edling and Frelin (2013) draw attention to the nature of accountability in current times as policies (and headlines) across the world focus on measurable goals and academic results. They highlight the ensuing tension between *given* and *felt* responsibility as teacher professionalism becomes publicly intertwined with fixed and calculable measures of success often at the expense of how teachers *feel*, and to some extent act, on a daily basis. Responding to unpredictable and varied situations within the context of building relationships and caring for the emotions of their pupils therefore often lies outwith the discussions on teacher professionalism.

### Methodology and Context

This pilot study took place in October 2019 in a comprehensive secondary school in a town near a large Scottish city. The school takes pupils from ages 11 to 18 and has a roll of approximately 550. Although the catchment area of the school is socially and economically diverse, approximately 40% of pupils live in the most deprived areas of Scotland (SIMD 1–3) (Scottish Government, 2020). Although the Local Authority, as a whole, is considered to have some of the lowest levels of child poverty (Innes & Murray, 2019), the town in which the study was conducted has child poverty exceeding 27% (NHS Health Scotland, 2019). The majority of the students are white, with a small number coming from a minority background.

Ethical approval was granted by the University of Glasgow College of Social Sciences ethics committee. All participation was on a voluntary basis, participants were provided with a detailed explanation of the project and they could choose to leave at any time. Written consent for audio recording was obtained and ethical principles were carefully adhered to with regard to protecting participants’ anonymity. This included ensuring that recordings were destroyed



after use and using pseudonyms/codes for participants. The questionnaire was issued electronically meaning that participants need not at any time disclose their identity. The researchers' emails were provided in order to facilitate volunteering to be interviewed or join the focus group. The sensitivity surrounding any research into mental health was carefully considered with researchers aware that discussions could trigger a variety of emotions. As such, no personal questions were asked, participants were reminded that they could withdraw at any time and were encouraged to seek support from colleagues or external support agencies should they feel the need.

The researchers accept the limitations of such a small-scale study and do not seek to generalise but rather to offer points of discussion to inform further research about how secondary teachers view and deal with the mental health of their pupils. Methods included the distribution of a questionnaire to all staff in the school and a total of 24 responses were received. The questionnaire consisted of 16 questions, 3 of which gathered quantitative data. The latter asked participants to use a 5-point scale to register their agreement or otherwise with specific statements. Six of the respondents volunteered to be interviewed and a further seven participated in a focus group, all of which were audio-recorded and transcribed. The interviews and focus group were semi-structured. Care was taken to ensure that interview questions were neither leading, biased nor overly-complex (Wood & Smith, 2016). Focus group discussions are becoming more popular within education research and it was felt that the opportunity to facilitate discussion rather than lead it would be significant as the interaction between different members of staff with different views and responsibilities could generate unique and valuable insights (Punch & Oancea, 2014; Nyumba et al., 2018). Participants had teaching experience ranging from 1 year to over 40 years, some having extra responsibilities within departments or on a whole school basis. The exploratory nature of the study was suited to a predominantly qualitative approach and thematic analysis using Braun and Clarke's data-driven strategy was employed to analyse the results (Braun & Clarke, 2006). An inductive approach was adopted as both researchers independently coded the transcribed data, identified emerging themes before comparing and contrasting findings. The quantitative data was analysed in conjunction with the qualitative responses and reported as part of the thematic analysis.

## Discussion

The rich data garnered from the interviews, focus group and questionnaires initially generated a total of 32 possible themes. The vast majority of these

connected in some way to the complexities surrounding the role of the secondary school teacher, the expectations placed on them both by others and themselves (Graham et al., 2011) as well as the extent to which teachers *act* (and are able to act) on their *felt* responsibilities (Edling & Frelin , 2013). When considering these themes, it is first useful to consider *felt* responsibility for pupils' mental health as lying on a continuum rather than a series of clearly defined categories. The continuum ranged from agreement that it is a fundamental part of the role of any teacher to a refusal to accept it as part of the class teacher's professional responsibility. For example, within that continuum, there were those who believe that pupils' mental health is a core aspect of being a teacher and therefore all teachers' responsibility; those who feel responsible but assert that they do not have the skills to act; those who feel responsible but believe that the inadequacies of the system prevent them from acting; those who feel that they should 'be there' for pupils but that there is a limit to their responsibility for pupils' mental health; and those who feel it should not be part of their role, that it is someone else's responsibility. When considering the fluid nature of this *felt* responsibility, it became apparent that the idea of the continuum could best be represented diagrammatically. Figure 1 hence evolved from the discussions between the researchers following detailed analysis of the data.

The horizontal arrow represents the continuum with the most extreme versions of the views given at either side. Perceived barriers and facilitators like confidence, experience and resources all impact (to different degrees) on the



FIGURE 1 The continuum of teachers' felt responsibilities for pupil mental health

views presented by all on the continuum while perceptions of the role of the teacher (from wherever they may have come) also influence how teachers view their responsibilities towards pupils' mental health (O'Reilly et al., 2018). All of this could be said to lie within the sphere of given and felt responsibilities (Edling & Frelin, 2013) therefore highlighting the myriad concepts which necessarily overlap, coincide and, at times, contradict each other in the minds of educators. In order to elaborate on this, the 32 themes were categorised into three broad areas for discussion, each illustrating different points on the continuum.

### *It's Everything We Do'*

One of the aspects which several participants were at pains to express was that they felt paying attention to pupils' mental health was a core aspect of the role of the teacher (left hand side of the continuum in Figure 1) (Rothi et al., 2008). 75% of respondents strongly agreed or agreed that Health and Wellbeing (HWB) is at the heart of everything they do (though this is of course far wider than mental health as such). Another respondent asserted that mental health 'permeates everything we do in school'. However, whether or not this responsibility was more *given* than *felt* is more difficult to ascertain. 21 of the 24 who answered the questionnaire agreed that they had seen a change in pupils' mental health since they started teaching. One called this a 'dramatic shift' while others pointed to the fact that the issues now seem more extreme. When answering whether they thought that expectations on teachers had changed, one participant suggested that teachers are now 'the keepers of the keys...the new generation's parents'. Another stated it is 'integral to being a caring teacher'. Those members of staff who currently or previously had pastoral responsibilities all bore witness to the idea that dealing with pupil mental health was a fundamental part of their roles though there was more variation in their views on whether or not all staff should be trained in mental health. While one stated that 'it should be mandatory, it has to be mandatory, if this accountability is lying at our door, it's the responsibility of all', another questioned whether or not further training was appropriate for all staff:

the more mental health has come to the fore in schools and the more schools have taken on more and more responsibility to facilitate...kind of... whether it be lessons, workshops, a kind of mentoring, counselling role... much more investment's needed in teachers.... willing teachers. I wouldn't want to impose that upon anybody that was uncomfortable with it.

These last two quotations illustrate views which have in common a sense that this responsibility has been *given* to teachers without them feeling ready to manage it (Lauermann & Karabenick, 2012). That said, several participants also *felt* that it was crucial to focus on mental health given the potential impact it can have on attainment. However, even when this *given* responsibility is *felt* to be appropriate a number of barriers are mentioned. One of the participants stated that she believed that there is a ‘real disconnect’ between what she described as the ‘critical’ need for teachers to deal with pupil mental health and the training that they have had. Another proponent of this view suggested that it is very difficult to focus on pupils’ mental health given the other pressures involved in teaching (Biesta, 2019; Kidger et al., 2010):

I think sometimes it’s... it’s the nature of schools... to dilute what we’re doing because there’s so many things you’re involved in but actually the core bolt is the children in the classroom.

Furthermore, as will be explored further below, even those staff who had most experience dealing with pupils’ mental health issues still reported that they felt ‘ill-equipped’ and lacking in confidence describing themselves as having ‘a real case of imposter syndrome’. Their suggestion is that there should be a base level of training for all staff so that they can respond appropriately when pupils approach them with issues (Shelemy et al., 2019). They likened their frontline position (‘we’re the first port of call’) to that of a GP who would not necessarily diagnose a condition but would listen and refer to the appropriate specialist. Following on from this, they found it ‘baffling’ that adequate training was not provided prior to entering the profession:

‘you wouldn’t be a neurosurgeon if you didn’t go through specific training yet probably arguably one of the most important jobs is educating a child and protecting a child for 7–8 hours a day... to not have those skills in training before I go into the workplace I think... are we arguably getting it right for every child then?’

Others pointed to the fact that experience and learning from mistakes is a ‘facilitator’ (Figure 1) and that this allowed them to feel more able to deal with issues that arose. In the case of one participant, she commented that it was indeed her experience of finding herself having to address pupils’ mental health issues in her role as a class teacher that had led to her seeing it as a crucial part of her role. In essence, there are a variety of reasons why individuals

had come to the acceptance that pupils' mental health was a fundamental part of their role.

*'I'm Not Equipped'*

All interviewees highlighted a lack of confidence in their ability to deal with pupils' mental health issues (SAMH, 2018). Many reflected on the caring, nurturing environment in their particular school and there was considerable recognition of the significance of the role of the class teacher in terms of the relationship they may have established with individual pupils:

'we do step in...as much as I have a good relationship with them and they will come to see me and I'll do my best to help them.. I still don't...feel best equipped to help them'

Another commented that when a child approaches a member of staff it is incumbent on him/her to listen:

'For whatever reason you've come to me, you want to speak to me... Maybe it was something I said, maybe it was something I did... I don't know... For whatever reason you've seen something in me...If we have the correct support in place I might be the most important person that young person has spoken to that day for whatever reason... so it might be just being there'

It would seem, then, that these participants' perceptions of the role of the teacher did include the need to 'be there' for pupils' emotional wellbeing (Rothi et al., 2008). However, the fear of not 'doing it right' dominated much of the discussion. For class teachers they reported that they did not feel equipped, they worried that they were 'saying the right thing', they feared making the situation worse and doing more harm than good (Ekornes, 2017). Some mentioned that experience had enabled them to improve their response to some degree while one commented that they find it 'frightening' as they struggle to understand aspects of mental health. Those in positions of responsibility reinforced this theme in even more powerful ways as they lamented the lack of training they had had even in their role as specialists and expressed concern over the impact of this:

If I think of some of the mistakes I've made... they're actually catastrophic, some big ones...just the lack of knowledge, it is just learning on the job.

Another reported feeling 'completely ill-equipped' in her promoted position as pupils confided in her that they were contemplating suicide:

I remember just thinking... so I'm supposed to be the one with the answers here...what life experience can I possibly... what have I got to offer here?

She continued to underline how emotionally taxing this *felt* responsibility and accompanying perception of incompetence actually are (White, 2020) as the participants reflected on previous pupils' suicides:

I really worry about dropping the ball one day... perhaps you could've done more or should've done more and you weren't aware how to do it or didn't have the confidence... that absolutely terrifies me to the core'

While professional experience was clearly something from which participants had learned, personal experience was also seen as a facilitator by some as they reflected on the fact that a family member's issues with mental health or their own issues had stimulated a sense of empathy with pupils and a recognition that teachers needed to focus on mental health.

Related to these sentiments was a further aspect: the inadequacies of the system in which they work. We may consider this to represent the blurred middle area of the continuum. The most prominent theme here, as mentioned above, is the lack of appropriate training for staff. It was highlighted that in spite of the increasing expectation and need for teachers to deal with pupils' mental health, training in this area is significantly lower than that which is focussed on teaching and learning. Others pointed to decreasing resources which amounted to a lack of support in class, larger class sizes and exhausted time-starved teaching staff. Cuts to services outwith school also meant that there was insufficient external support even when teachers referred to specialist services (Audit Scotland, 2018). Procedures and processes were described as long-winded, inadequate and 'reactive'. All of this meant that more was 'falling' on teachers who, as discussed, do not feel equipped to deal with such serious issues as suicide and self-harm:

I just feel we are spread far too thinly these days and we're trying to be all things to all people. Something's got to give eventually.

the longer that we go on it's just like a ball of wool... it's totally unravelling.. so many plates spinning...

For these participants, then, they felt that their responsibility could only go so far and that more collaboration and consistency with external agencies was essential in order to move away from the reactive nature of the current system (Weare, 2015).

Others drew attention to the pressure to ensure that pupils attained academically and how they saw balancing this with dealing with pupils' emotional needs as a difficult balance to achieve (Cefai & Cavioni, 2015). Here we see how perceptions of the role of the teacher influence how staff perceive pupils' mental health. This view suggests that the academic and the pastoral are viewed as separate phenomena in contrast to the view that they are necessarily intertwined and interdependent as expressed by others. Perceptions of the teacher's role also came to the fore when the topic of information sharing was discussed (Ekornes, 2015). Several participants commented on the lack of information about pupils that they received, as class teachers, from other areas of the school. They felt that this hampered their ability to adequately respond to particular pupils' needs:

It's quite insular in that aspect... you get to know what you should know but actually you could probably know a little bit more and that would help you a little bit more... it would give staff a better understanding as to why that behaviour occurs.

Others commented that more knowledge of the pupil would foster empathy therefore permitting a more nuanced response. The system in this regard, then, does not seem to *give* responsibility to all and as such hampers even those with a desire to address pupils' emotional needs.

#### *'To the Detriment of What?'*

It is this separation of academic and pastoral which leads us further to the right on the continuum: here we find those who feel that they should 'be there' for pupils but that there is a limit to their responsibility for pupils' mental health. When discussing the place of health and wellbeing in the curriculum and in daily activities, it was clear that many respondents equated it with the set of Experiences and Outcomes as prescribed in Curriculum for Excellence. They sought to explain how these were integrated (or not) into particular topic areas within their curricular area. For some, it amounted to a bureaucratic *given* responsibility which simply added to their workload rather than part of their role as a teacher. With regard to mental health specifically, some viewed it as outwith their remit:

I think everyone has their clearly defined job roles and we know what to refer on to guidance.

As previously mentioned, a feeling that they were ill-equipped and lacked confidence was clearly part of this but another element was the sense that it was not really part of their job, that it was the role of others in the school (Kidger et al., 2010). The creation of Mental Health First Aiders (volunteers who had been given extra training) within this particular school was welcomed but again reinforced the idea that it is not part of the role of the class teacher. When one participant was asked if he would like more training he replied:

yes but to the detriment of what? Yeah I would, I think.....Aye we should be able to deal with them or whatever but doing that alongside everything else you're doing and all the rest of it.... It's kind of like it's a different job.

Again we see mental health being viewed as something separate from the 'day job' of a class teacher, as if both sets of duties or responsibilities are incompatible (Byrne et al., 2018). Perceptions of the role of the teacher clearly have an influence on the extent to which some *feel* their responsibility for pupil mental health. Alongside this is the perception of mental health itself and the degree to which it is viewed pathologically as an 'illness' to be treated by a specialist or alternatively as a concept (like physical health) which we must all seek to protect, promote and maintain. One participant reminded us that teachers are not medical professionals illustrating the view that mental health is yet to be fully accepted as something that is the responsibility of all. Others lamented the fact that cuts in other services like CAMHS meant that more was being 'passed down' to teachers. A final category of responses went further than this and insisted that mental health must not be considered part of teachers' roles. Using teachers to address pupils' mental health issues was described as 'ridiculous', 'the work of others' and 'ludicrous'. Although a minority expressed such views (at the extreme right of the continuum) these views were vociferously expressed. It was thought that asking teachers to deal with pupils' mental health was 'a sticking plaster solution' to a societal issue and that it is the work of others. Some commented that they felt this view was held by many teachers, in particular secondary teachers, who feel that mental health is not their responsibility.

## Conclusion

To return to Figure 1, it has been illustrated that there are a range of opinions with regard to how schools and teachers should address pupils' mental health.



The factors which influence these views include perceived barriers like lack of training, fear of making mistakes, time and resources as well as definitions of mental health. Facilitators include personal and professional experience and, for many, a passionate desire to improve the experience and life chances of many of the children with whom they come into contact on a daily basis. With regard to perceptions of the role of the teacher, there were many who felt that pupils' mental health was not something that they could fit into their role and that it was not appropriate that they should be expected to do so. Others argued fervently that without a consistent approach in which *Responsibility of All* was truly recognised, little progress could be made. We can see, then, how the concepts of *given* and *felt* responsibility and the complex relationship between the two is portrayed here. There cannot be one without the other if true and lasting change is to occur. While the Scottish Government publicises a *Responsibility of All* approach, this is not enough to ensure that responsibility, in particular for pupil mental health, is *felt* by all teachers (Education Scotland, 2014). Hence the barriers become greater than the facilitators and consistency of approach is denied. Messaging which includes altering perceptions of the role of the secondary teacher and accepting the need to maintain mental health as well as address issues when they arise is crucial if schools are to be able to meet the changing needs of their 21st century pupils.

### *The Way Forward*

It would be easy to say that the answer is simply more training, and indeed this is called for by many participants, but it is important to unpick what they mean by 'more training'. Most significant was the expressed need for deeper knowledge and understanding: knowledge of how different mental health issues manifest themselves in young people; what strategies may be employed by teachers when they initially come across these issues; better understanding of how the brain works; how to effectively listen to pupils. Time-starved, stressed teachers are calling for appropriate training at the start of their careers. Several stated that it should be a mandatory part of Initial Teacher Education and that everyone should receive such training so that a consistent approach can be employed. They called for specialists to work in and with schools in order to develop teaching and support staff's awareness and skill set. One particular respondent expressed her desire to be able to manage pupil issues better herself so that the need to 'pass it on' was eased. There was also a desire for improved collaboration and a shared language across agencies so that schools could be fully supported in their work. As ever, it was recognised that funding needed to be increased so that resources, like pupil support staff, could be augmented but also so that teachers could be given more time to build the relationships many felt were the crucial part of supporting pupils.

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