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Secondary school staff experiences of supporting and promoting adolescent mental health in Ireland

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ABSTRACT

Teachers and other school staff are increasingly relied on to address student mental health in secondary schools in Ireland. As part of the *Wellbeing Policy Statement and Framework for Practice (2019)*, the Department of Education set out the ambition to place the promotion of wellbeing at the core and ethos of all schools in Ireland by 2023. This study investigates secondary school staff's experiences of addressing mental health in schools through qualitative analysis of open question data provided by $n=359$ school staff. Reflexive thematic analysis was used to analyse the data, resulting in three themes. The themes highlighted the salience of mental health in schools, the wide variety of ways mental health is integrated in Irish secondary schools, and how mental health in schools can be a source of pressure for staff. The findings of this study suggest that staff, while generally positive towards mental health engagement in schools, do not feel adequately prepared to deliver this content to the extent expected of them. Findings are discussed in relation to the Wellbeing Framework as well as the existing international literature on school based mental health content, and implications for policy and practice are proposed.

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Introduction

Mental health difficulties are widely considered to be some of the most significant health challenges for children and young people internationally (World Health Organization 2022). They often have their onset in adolescence (Solmi et al. 2022), and studies point to an increase in recent decades (Silva et al. 2020). While data on young people's mental health in Ireland is limited (Lynch et al. 2023), available research suggests that levels of anxiety and depression among young people in Ireland have been on the rise in recent years (Dooley et al. 2019). Furthermore, there is growing concern that the COVID-19 pandemic has exacerbated these trends (Hossain et al. 2022; Watson et al. 2022). As a result of these trends, there is a significant growing public and policy interest in youth mental health and wellbeing. We define mental health along the lines of the World Health Organization (2022), as a state of positive wellbeing in which an individual

is able to engage productively in activities of their choosing, and have the ability to cope with challenges as they arise. Mental health is thus more complex than merely the presence or absence of a mental health condition, and individuals with mental health conditions do not always experience lower levels of mental wellbeing. Throughout this paper, we will use the concept mental health in conjunction with wellbeing to denote the promotion of positive states of wellbeing and good mental health. By contrast, we draw on Hennessy, Heary, and Michail (2022) for our definition of mental health difficulties, which is the term we use to denote states of mental distress and the presence of issues or symptoms that may or may not be linked to diagnosable mental health conditions.

Mental health in schools

Schools have been identified by policy makers on multiple levels, including the World Health Organisation (2021), as ideal settings for the promotion of mental health and wellbeing. This is, at least in part, because children and young people spend a large portion of their time in school, with teachers and other staff responsible for their care during this time (Beames et al. 2022; Stoll and McLeod 2020).

A particular focus is on whole school approaches as a way of achieving the best possible outcomes for students. Whole school approaches place students at the centre, involve the whole school community, and aim to support students' development in a holistic manner (Lewallen et al. 2015; Margaretha et al. 2023; Nielsen et al. 2015). A review of the evidence behind whole school approaches suggests that the availability of in-school support, involvement of families and wider communities, as well as partnership between schools and other services are crucial. Other important factors include school ethos and environment, including quality relationships and strong leadership (Thomas and Aggleton 2016).

School staff experiences of supporting adolescent mental health

Teachers and other school staff are situated at the 'frontline' of mental health support (Beames et al. 2022; Stoll and McLeod 2020). Indeed, school staff are often relied upon to deliver and facilitate the growing number of school-based mental health programmes and interventions (Franklin et al. 2012). While the literature indicates that most school staff agree that mental health support is part of their role (Beames et al. 2022), studies have shown that many do not feel prepared or equipped to support students with mental health difficulties (Deaton et al. 2022). Indeed, as argued by Barkham et al. (2019), most school mental health and wellbeing initiatives, including whole school approaches, are intended for the general student population, and are not designed or capable of addressing challenges faced by the subset of students struggling with mental health difficulties.

One of the most widely cited barriers to school staff supporting student mental health is a lack of adequate knowledge or training in mental health (Dimitropoulos et al. 2022). Furthermore, there is a perceived lack of clarity around the roles and responsibilities of teachers and other school staff in the area of mental health; where their duty of care begins and ends respective to that of mental health professionals (Hattersley 2023). Finally, there are concerns within the literature about the potential mental health

impact on teachers and staff themselves, with studies showing that many staff find this part of their job stressful and difficult. These negative experiences are often directly linked to the inadequate preparedness of staff to deal with this challenge (Stoll and McLeod 2020).

The Irish context

Others have discussed the increasing and concerted legislative and policy focus on implementing whole school guidance, mental health and wellbeing efforts in Ireland (e.g. Higgins and Booker 2022; O'Toole, O'Flaherty, and Hearne 2022). A key development has been the implementation of the *Wellbeing Policy Statement and Framework for Practice* ('Wellbeing Framework'; Department of Education 2019). The Wellbeing Framework characterises wellbeing as a multi-dimensional construct, and defines it as an ability to reach one's potential, cope with stressors, and having a sense of purpose and belonging. This is in line with the previously mentioned definition of wellbeing used in this paper, further denoting a state of good mental health. The Framework highlights the vital role that schools play in nurturing and enhancing the wellbeing of children and young people and asserts the role of the school in developing the whole child. Central to this vision is the adoption of a whole school approach to wellbeing in all schools, and school staff are seen as central to the delivery and implementation of wellbeing policies and strategy. Staff are therefore key agents of change in terms of wellbeing in the school context, without whom the vision of the Department of Education cannot be realised. The Framework also highlights the importance of staff wellbeing, advocating for appropriate supports to be in place and for staff wellbeing to be seen as equal to that of children and young people within the school (Department of Education 2019).

The present study

In the context of this increased policy-focus on mental health and the resulting reliance on school staff, the present study seeks to employ a qualitative method of analysis to investigate the experiences of staff within Irish secondary schools. Conducted as part of a wider research project examining school staff confidence to deliver mental health content (Dwan-O'Reilly et al. 2023), this present study aims to examine school staff's experiences of addressing mental health in secondary education in Ireland.

While there are many studies examining staff experiences of youth mental health (e.g. Beames et al. 2022; Dimitropoulos et al. 2022; Shelemy, Harvey, and Waite 2019), there has been little focus on the experiences of staff in Irish secondary schools. Furthermore, unlike many studies which include only teaching staff, this study employs a broad focus by including all school staff, rather than just subject teachers. This includes individuals in roles such as principals, year heads, guidance or career guidance counsellors and special needs assistants. This choice was made to reflect the increasing drive towards whole school approaches, and to allow the research to capture the diversity of mental health support within the school community. When the survey was conducted, between February and March 2021, the Wellbeing Framework had been in effect for a number of years, having been published initially in 2018

(Department of Education 2019). The focus on staff experiences was thus timely and warranted, facilitating an increased understanding of school staff's experiences of their roles as promoters of wellbeing within schools in light of the recently increasing policy focus on the area. It is important to understand how this responsibility is experienced and understood by those directly affected. The experiences documented in this study have potential to support decision-makers on both local and national level to direct resources to areas identified by school staff themselves as crucial to a successful implementation of wellbeing and mental health approaches within schools.

Methods

Design

The data were collected using a broad open question as part of a cross-sectional online survey conducted between February and March 2021. The study received ethical approval from the University College Dublin Human Research Ethics Committee (HS-E-20-154-O'Reilly-Hennessy). The study's inclusion criteria specified that participants had to be a member of staff working with adolescents in secondary level education in Ireland and be over the age of 18. Participation was open to all staff working in secondary schools. Participants were recruited through various social media platforms, as well as through a national volunteering website. Recruitment was further supported by Jigsaw, the National Centre for Youth Mental Health in Ireland, who advertised the study to school staff availing of their online courses. A snowball sampling method was also utilised, using social media groups and school staff mailing lists.

The survey was developed using Qualtrics and included key demographics relating to participants as well as schools in which they worked. The overall purpose of the survey was to assess school staff confidence and experience around engaging with mental health in the school context, including assessing the psychometric properties of two measures for use in the Irish context; the Teacher Confidence Scale for Delivering Mental Health Content and the What Worries Me Scale (Dwan-O'Reilly et al. 2023; Linden and Stuart 2019). The present study focuses on the data collected using the following open question: 'Tell us about your experience of addressing mental health in school'. The aim of this study was to investigate the understanding and meaning that the participants attribute to their experiences of supporting young people's mental health as part of their professional roles.

Participants

The present study focuses on survey participants who provided a written response to the open question. The full sample of survey respondents consisted of $N = 644$ secondary school staff. Out of the total sample, just over half of the participants (56%, $n = 359$) responded to the open question. These respondents comprise the total sample for this study. Eighty-one percent of respondents ($n = 290$) identified as female, and forty-eight percent ($n = 171$) had over 15 years' experience in the post-primary sector. A majority of respondents (63.5%, $n = 228$) were subject teachers, and fifty-one percent indicated that they had received previous training in mental health ($n = 184$). See Table 1 for full sample characteristics.

Table 1. Demographic characteristics of participants.

| Demographic variables ^a | | N | % |
|------------------------------------|-------------------------------------|-----------|-------------|
| Gender | Male | 66 | 18.4 |
| | Female | 290 | 81.0 |
| | Prefer not to say | 2 | 0.6 |
| Age | Under 25 | 18 | 5.0 |
| | 26–30 | 38 | 10.6 |
| | 31–40 | 103 | 28.7 |
| | 41–50 | 123 | 34.3 |
| | 51–60 | 67 | 18.7 |
| | Over 60 | 10 | 2.8 |
| Work experience | Less than 3 years | 29 | 8.1 |
| | 3–5 years | 35 | 9.7 |
| | 6–10 years | 54 | 15.0 |
| | 11–15 years | 70 | 19.5 |
| | Over 15 years | 171 | 47.6 |
| Previous mental health training | Yes | 184 | 51.4 |
| | No | 174 | 48.6 |
| Role ^b | Principal/Deputy principal | 21 | 5.8 |
| | Year head | 46 | 12.8 |
| | Subject teacher | 228 | 63.5 |
| | Career/guidance counsellor | 54 | 15 |
| | Home school liaison | 2 | .6 |
| | Special needs assistant | 5 | 1.4 |
| | Qualified but not currently working | 0 | 0 |
| | Pre-service/Student teacher | 4 | 1.1 |
| | Other | 52 | 14.5 |

^aSample N = 359. Valid percentages reported. ^bTotal percentages reported for Role variable. Roles were collected as individual binary variables, and respondents could choose ‘yes’ for more than one, allowing staff who hold more than one role in their school to provide accurate data.

Table 2. Demographic characteristics of schools.

| School demographics ^a | Sample | | National figures 2020/2021 ^b |
|------------------------------------|------------|-------------|---|
| | N | % | % |
| School gender (n = 358) | | | |
| Single-sex school | 128 | 35.8 | 31.4 |
| Mixed school | 230 | 64.2 | 68.6 |
| DEIS school ^c (n = 345) | | | |
| DEIS school | 94 | 27.2 | 27.1 |
| Non-DEIS school | 251 | 72.8 | 72.9 |
| Fee charging school (n = 342) | | | |
| Fee charging school | 25 | 7.3 | 7.0 |
| Non-fee charging school | 317 | 92.7 | 92.7 |
| School size (n = 354) | | | |
| < 300 students | 66 | 18.6 | 24.5 |
| 300–500 students | 90 | 25.4 | 24.9 |
| 501–700 students | 85 | 24.0 | 24.2 |
| 701 + students | 113 | 31.9 | 26.3 |

^aSample N = 359. Valid responses reported for school demographics, ‘does not apply to me’ and ‘don’t know’ responses omitted. ^bNational figures for academic year 2020/2021 drawn from the Department of Education (2021). ^c‘DEIS’ refers to Delivering Equality of Opportunity in Schools (DEIS), An Action Plan for Educational Inclusion which is designed to offer support to schools with high levels of disadvantage (Department of Education 2022).

Demographic information was also collected about the schools in which participants worked. This information is included in [Table 2](#). Descriptive and statistical analyses including chi-square analyses and t-tests were performed in order to determine whether those who responded to the open question were substantially different from those who did not. The distributions of the two samples were very similar, but analyses did uncover two significant associations. Firstly, those who had received previous mental health training were more likely to have responded to the open question. Secondly, those who scored higher on a measure of confidence in relation to mental health content in schools were also more likely to have responded to the open question. The implications of these findings for our sample are discussed in the limitations.

Analysis

The survey data were initially exported from Qualtrics and analyses and recoding were performed using SPSS version 27 (IBM Corp 2021). The subsample was extracted, and the qualitative data was then imported to NVivo version 12 (QSR International Pty Ltd 2018) for further analysis. While recognising that data derived from open-ended survey questions is not always suitable for qualitative analysis, this study fits the criteria set out by LaDonna, Taylor, and Lingard (2018) for when and how qualitative insights can be derived from this type of data. Namely, the open-ended question was chosen to support the research focus, the data collected included contextual detail and specificity and was deemed to be rich enough to be able to generate insights, and a rigorous qualitative methodology was utilised. Specifically, analysis was conducted using reflexive thematic analysis as outlined by Braun and Clarke (2022).

Following a process of familiarisation with the data, several rounds of coding of the full dataset were completed by the first author. Both semantic and latent coding strategies were utilised, generating a mixture of descriptive and interpretive codes (Byrne 2022). During this process, initial patterns were also documented and discussed between the researchers. Each iteration of codes was shared with and reviewed by the second author, and discussions and interpretation between the first and second authors were ongoing throughout the coding process. Once the coding was completed, initial themes were developed by the first author and refined through collaboration between the first and second authors. A collaborative mind mapping board was used for the development of themes, using the digital collaboration platform Miro (RealTimeBoard, Inc 2023). Through several iterations of discussion, interpretation and co-creation between the first and second authors, the final themes and subthemes were produced. Disagreements as part of the research process were resolved through discussion, and documentation was made of all meetings held and decisions made as part of the analytical process.

Reflexivity

In coherence with the central principles of reflexive thematic analysis as set out by Braun and Clarke (2022), the values, beliefs and experiences of the researchers are central to our analysis of the data and creation of meaning. As a result, reflection

on relevant parts of the researchers' backgrounds has been undertaken and will be presented here. While the first author has no prior experience in teaching and education, the second author does have a teaching background. All authors of this study work and conduct research in the field of mental health and have particular expertise in the area of youth mental health. Three of the authors were, at the time of conducting this research, employed by an organisation which provides mental health services to young people in Ireland. The authors further believe in the importance of the school as a centre for the promotion of mental health knowledge and literacy, and in the importance of school staff in contributing to students' wellbeing. Finally, several of the authors are experienced qualitative researchers, and are proponents of the importance and value of qualitative analysis.

Results

The analysis resulted in the development of three themes and ten subthemes. The first theme is concerned with mental health as an increasing preoccupation in schools, the second theme focuses on specific ways that mental health features in Irish schools, and the final theme deals with some of the challenges and pressures associated with mental health content in schools. [Figure 1](#) details the main themes and subthemes and all themes are discussed in detail in the following sections.

Theme 1: mental health as a growing concern

The data strongly suggested that participants considered mental health to be a growing priority within schools, as well as within the Irish education system and society as a whole. This was often linked to a perception that, as a society, we have become increasingly aware of and concerned with mental health. The focus on mental health was also

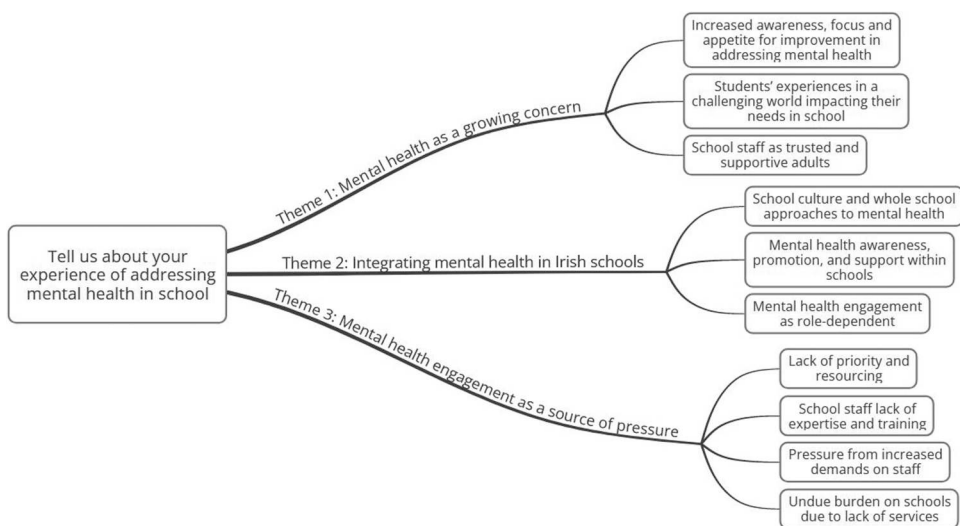


Figure 1. Main themes and subthemes developed during thematic analysis.

attributed to the growth in mental health difficulties among young people, and the contextual challenges of an ever-changing social world in which young people live. The instinctive response among staff in responding to this new priority was simply to support students on the interpersonal level, and by establishing themselves in the role of trusted and supportive adult in the lives of their students.

Increased awareness, focus and appetite for improvement in addressing mental health

Staff described an increased awareness, sustained focus, and an appetite for improvement in terms of addressing mental health in Irish schools. Many respondents spoke of mental health as being of crucial importance, and one of the key priorities on both an individual and school level. The data showed that staff care a great deal about the mental health and the personal and social development of their students, and their ability to support it. Many reported having received some training in mental health, often seeking out training on their own initiative. Respondents also referred to their length of experience, indicating that they have grown more comfortable supporting students through their career. Others described utilising personal experience with mental health difficulties in interactions with students, such as having supported a family member or friend.

Over the years I have learned the importance of being aware and creating an awareness of mental health issues and endeavour to do the best I can to help in any way possible to help any student to be the best they can be, and I have learned to seek help if I am out of my depth. I do think it would be useful to have further training in this area as we can always learn more to help others. (P560: female, subject teacher, > 15 years' experience)

This appetite for supporting mental health in schools extended to a desire for improvement. Primarily, this was expressed through a call for more training and, above all, for training to be made available in a more structured way. Many respondents also discussed the need for dedicated mental health support staff, such as guidance counsellors and school psychologists.

Students' experiences in a challenging world impacting their needs in school

Some respondents felt that the world is becoming an increasingly difficult place for young people to grow up in, resulting in an increase in mental health difficulties among the young people in their schools.

Teenagers in today's world are subjected to far more negative influences than teachers or parents are fully aware of. Some teenagers are struggling to keep themselves afloat on a daily basis. (P600: female, subject teacher, > 15 years' experience)

School staff referred to a myriad of complex issues that students in their care were dealing with. These ranged from challenges online or on social media, issues directly related to the school environment, such as learning difficulties or bullying, and issues outside of school, such as family or home circumstances. These issues often impact students' academic performance and their behaviour and needs in school, sometimes to the extent that they require additional support. The COVID-19 pandemic was also cited numerous times by staff as a contributing factor to young people's deteriorating mental health:

I have seen a big increase in mental health issues during COVID (...) I have noticed far more mental health issues with this year's 1st year cohort than ever before - possibly due to lack of usual transitioning events due to COVID. (P20: female, multiple leadership and guidance roles, > 15 years' experience)

School staff as trusted and supportive adults

Perhaps the main way that teachers and other staff described supporting students with their mental health is simply by being there for them. The data suggested that staff take on the role of trusted and supportive adult, despite not always knowing how best to support the young person's needs.

My biggest concern is that we are not counsellors, we are not trained in any way. If a student comes to me I am usually listening with a "mammy" hat and hoping I am saying the right thing. (P456: female, subject teacher, > 15 years' experience)

Respondents mentioned taking on a sort of parental role in relation to their students. They described listening to them, building relationships with them, as well as, in some cases, liaising with external mental health services on their behalf. Staff also mentioned creating safe spaces for the students, using care and empathy in their approach to young people, as well as opening up for conversations about mental health related topics as part of their teaching.

Ultimately, we offer well-meant kindness but not clinical expertise or structured one-to-one support. (P249: female, assistant principal and special education training teacher, > 15 years' experience)

Theme 2: integrating mental health in Irish schools

The data illuminated the various ways in which mental health promotion and support are incorporated into Irish secondary schools. These range from high level initiatives aimed at reaching the whole school community, to more direct and intensive support aimed at supporting specific individuals.

School culture and whole school approaches to mental health

Throughout the data, respondents discussed approaches to mental health that involve the whole school community. Many respondents discussed how various aspects of school culture and ethos could impact on the mental health of students and staff, mentioning aspects of school culture such as openness, student centredness and promoting or discussing positive mental health. Others highlighted the importance of staff acting as role models and mental health advocates, modelling good mental health practices as well as interacting with others in the school in a positive and supportive way.

In every action, deed, word, image, activity and gesture, we promote positive mental health, we openly dialogue about having a good day, a bad day, being stressed, overwhelmed, anxious, and that all these emotions are perfectly ok, fine and allowed (P431: female, special educational needs and disabilities coordinator, > 15 years' experience)

Some respondents also mentioned the role of students themselves in relation to mental health in schools. A small number of school staff indicated that students are

involved and have input into mental health strategy in their schools. Others explained that students actively contribute to classroom discussions, and how conversations about mental health will come up in connection to the subjects taught in schools. Finally, respondents also discussed the importance of extra-curricular activities within schools. Activities mentioned included various types of physical activity and outdoor time, as well as practicing yoga and mindfulness.

Mental health awareness, promotion, and support within schools

When it comes to dedicated mental health in Irish schools, there are various different types and levels of engagement, including awareness-raising activities, targeted mental health promotion content, and more direct mental health support designed for students in need. Respondents described aiming to reduce the stigma surrounding mental health by way of awareness-raising and normalisation. For example, some highlighted the need to educate students on how mental health is similar to physical health, in that it is normal for everyone to struggle from time to time. Mental health support within schools also takes the form of specific time earmarked for mental health awareness. Respondents mentioned having hours, days and weeks set aside for wellbeing and mental health activities, such as ‘wellbeing days’ or ‘mental health weeks’. Other themed weeks were also mentioned in relation to awareness-raising activities, such as ‘eating disorder awareness week’ and ‘LGBT week’.

Building on awareness-raising activities, many respondents also discussed more targeted mental health promotion activities directed at students. Some of these are part of the curriculum, and many respondents mention mental health content being part of the Social, Personal and Health Education (SPHE) course. Other programmes are delivered in partnership with external organisations. A smaller number of respondents also mentioned programmes aimed at staff. As part of promoting better mental health, respondents also discussed teaching resilience and coping skills to students.

I do my best when teaching SPHE/Well-being and in all my classes to foster a culture of positive mental health and resilience. The most important message I try to teach students is that this is a moment in time and ‘this too shall pass’. I teach students coping strategies that they will be able to use throughout their lives. (P400: female, subject teacher, > 15 years’ experience)

The strategies discussed above for integrating mental health into the school setting are aimed at most or all students within the school. In the cases where individual students are identified as experiencing poor mental health, school staff often provide more direct support. It became clear from the data that this support can take many different shapes, ranging from more informal and interpersonal approaches (as discussed in theme 1), to more structured support and guidance. Where support is provided internally, it is often delivered by dedicated staff members, such as guidance counsellors and school chaplains. Indeed, many respondents indicated that they provide mentoring and one-to-one support as part of their role within the school. Many respondents described how having a strong student support team is key to addressing mental health difficulties among students.

We have a ‘Care Team’ in place in the school this meets weekly. The team includes Headmaster, Year Heads, [Special Education Needs] teacher, Nurse, Chaplain, Guidance teacher.

All teachers can bring any concerns to the team. These are then followed up by the relevant staff members. As a school we also have access to an external councillor and students may be referred. Information is also shared with teachers of the student. (P470: female, subject teacher, > 15 years' experience)

As illustrated by the above quote, schools sometimes draw on the expertise of outside agencies to support students. Respondents discussed signposting students to information, helplines and therapeutic services. A smaller number also mentioned engaging external services to provide direct support to students.

Mental health engagement as role-dependent

While all participants were aware of and considered themselves to some degree part of the mental health promotion within their schools, the level of engagement was often described as dependent on their role in the school. Mental health engagement in schools is more associated with some roles than others, with many indicating that they would often refer students in need of support to more qualified staff.

(...) students have confided in me a few times, I listened and thanked them for confiding in me and passed everything on to the Year Heads who take it from there and contact and talk to all the relevant people/supports. (P437: female, subject teacher, 3–5 years' experience)

Guidance staff discussed ways in which mental health is a formal part of their day-to-day role, often seeing students on a one-to-one basis and providing direct mental health support. Conversely, many teachers and other staff indicated that mental health support falls outside their formal job description, but is nevertheless part of their role primarily as a result of their regular interactions with students. Finally, some leadership staff mentioned that they often have less insight into the mental health of students, and that a student's difficulties are often severe by the time they find out about them.

While many respondents appeared to accept and appreciate the different responsibilities of different staff, some objected to rigid demarcations and reported feeling left out of conversations, lacking information and being undervalued when it comes to student mental health.

In my experience teachers are often left out of the loop when students are experiencing difficulties with their mental health. We have student support meetings that included the guidance counsellor, chaplain, homeschool, [deputy principal and principal] but rarely are staff briefed about common issues arising in the school & are not considered when training is available. This void makes it difficult to recognise a student who is struggling and even more difficult to help those students. (P114: female, subject teacher, > 15 years' experience)

Theme 3: mental health engagement as a source of pressure

This theme captures the overall perception from school staff that engaging with mental health in the school context can, at times, be a source of pressure. Despite the generally positive attitude towards incorporating mental health content into the school environment expressed in theme 1, this extension and broadening of the school's remit has not always been accompanied by increased resources and training for those relied on to deliver it; namely school staff. As a result, mental health engagement has in some cases led to significantly increased demands on school staff. These demands result in

many staff feeling under duress and in some cases experiencing mental health issues themselves. Staff experience increased pressure due to rising demands, the lack of appropriate external services to refer students to, as well as the difficulty of balancing mental health support with their other duties within the school.

Lack of priority and resourcing

In spite of the various approaches deployed to address mental health in schools, it was clear from the data that these efforts are not always accompanied by the necessary resourcing required to fully implement them. Some respondents were concerned that much mental health discourse in the school context is tokenistic, and that any support available for students is often too ad-hoc, light-touch and ultimately insufficient. A smaller number of respondents also felt as though mental health is not taken seriously, and in some cases that reported concerns about students are neglected or brushed under the carpet.

I fear sometimes that ‘mental health’ has become a buzzword for the Dept of Ed. If they put up posters and introduce classes like well-being that is ‘mental health’ covered. However, mental health is holistic it belongs to all of society. Too often schools are now charged with looking after ‘mental health’. The concept becomes nebulous, commodified, ‘dealt with’. (...) when this [COVID-19 pandemic] is over will all those people calling for the mental health of children to be looked after put their hand in their pocket to pay for it? I doubt it. (P517: male, subject teacher, 11–15 years’ experience)

Many participants felt that those in leadership positions, whether it be local school leadership, the Department of Education, or the government as a whole, do not prioritise mental health. Participants called for increased funding and resourcing, as well as better and clearer strategies and policies, and above all, more time. Teachers felt as though they have limited time to engage in mental health support outside of their teaching activities, and guidance counsellors reported not having enough hours available to meet the needs of the many students that need counselling. Some staff also felt as though some of the mental health support activities that occur in schools, such as well-being hours, put further strain on their limited time.

I feel timetabling 400 ‘well-being’ hours in schools is adding to pressure; wellbeing needs to be seen as an approach and the culture/ethos of schools and individual subjects rather than something we are scrambling to squeeze in and still complete all the subject curricula. (P188: female, subject teacher, 6–10 years’ experience)

School staff lack of expertise and training

Despite being relied on to deliver mental health initiatives as part of increasing drives towards wellbeing in schools, teachers and other staff often felt they were not adequately prepared or skilled in this area. Many respondents expressed concern over the lack of training they have received themselves, or more generally the lack of training received by staff in their schools.

We are presented with mental health issues so regularly. The introduction to wellbeing into the curriculum is a positive move. However there has been limited training in the area. Teachers need to be trained and feel confident. We have been trained to teach subjects. The expectation to ‘teach’ wellbeing is totally new and a lot of teachers feel overwhelmed with

the area. (P326: female, subject teacher and career/guidance counsellor, 6–10 years' experience)

This lack of training and qualification led many school staff to find engaging in mental health support difficult and, as stated above, overwhelming. Respondents were concerned about saying the wrong thing, expressing fear of causing harm to the students in their care by 'sticking their foot in it' (P114) or otherwise of making things worse. Respondents also discussed considerable fears around missing signs of serious mental health issues. Finally, a smaller number of staff also discussed a lack of knowledge of how to balance the need to manage student behaviours and academic progress with the need to support and accommodate students who may be suffering from mental health difficulties.

Pressure from increased demands on staff

Many respondents described feeling under pressure due to the increasing demands on schools, and that this pressure was impacting their own mental well-being. In some cases, resulting in serious distress and burnout. Some respondents also reported feeling burdened or emotionally affected by the high prevalence of mental health difficulties among students, as well as by adverse experiences and challenges faced by their students.

Some school staff reported feeling overlooked in their own mental health needs, and expressed dismay at the lack of support they received in this area. Indeed, many respondents noted that while student mental health has become an increasing priority, as discussed in theme 1, the same cannot always be said for the mental health of staff. These challenges to staff wellbeing were in many cases cited as one of the main reasons that staff may struggle to support students. Respondents used various different metaphors to illustrate their experience. Two separate respondents expressed that 'you cannot pour from an empty cup' (P8, P150) while another said that 'an empty sack can't stand' (P77).

A lot of the time, I'll go to an event and hear great ideas about what I can do in my classroom, but at the end of the day at work I'm so tired and overwhelmed that these great ideas go out the window and are replaced by merely surviving the work week. So often I feel like a fraud. Who am I to teach my students how to look after themselves when I'm struggling? (P280: female, subject teacher, 3–5 years' experience)

Staff reported feeling as though they are increasingly having to try to be 'all things to everyone' (P136), and that there is too much pressure put on schools to address various societal problems. Further to this, some respondents experienced being subject to what they felt were undue criticism and 'teacher bashing' in mainstream and social media. Taken together with the increasing demands as well as challenges (such as those wrought on schools by the COVID-19 pandemic), these negative attitudes from the public were seen as contributing to poor mental health among school staff.

Undue burden on schools due to lack of services

Additional to the pressure put on school staff, many respondents experienced further pressure owing to the paucity of accessible and appropriate external mental health services available to students. Respondents felt as though external services are inaccessible, difficult to engage with, and generally lacking in quality and ability to care for all the

students that need support. Indeed, respondents felt as though there simply are not enough services available for young people, and that for those that exist, waiting times are unacceptably long.

Increasing number of students with serious mental health issues. Lack of services and once referred, I am in the position of “holding” the student until services become available. (P65: female, career/guidance counsellor, > 15 years’ experience)

As a result, school staff were concerned about having to ‘hold’ students in their care that are left without external specialist support, despite the lack of expertise and resources to support these vulnerable young people. Some respondents also described situations in which students are turned away from services due to a high threshold for care, and referred back to the school’s overstretched student support team. Furthermore, respondents express a frustration with the lack of support schools receive from external mental health services to enable them to care for and support these students.

One of the reasons families look to me as year head to provide such nuanced support is because there are so few services available for teenagers with mental health difficulties and there are significant waiting lists for those that do exist. It feels that there is no real help until a student’s mental health is so damaged that they have engaged in serious self harm or attempted suicide. (P75: female, subject teacher and year head, > 15 years’ experience)

Discussion

This study aimed to explore the experiences of Irish secondary school staff of engaging with mental health within schools. The broad research question allowed this study to identify and pinpoint commonalities in practices across Ireland. Findings suggest that staff are motivated to support young people’s mental health, but that they do not feel adequately prepared and/or resourced to do so. This study has further illustrated staff perceptions that failure to better support schools to implement mental health support structures may have negative consequences for both students and staff. These findings will be discussed below, alongside implications for policy and practice.

This study captured the perspectives of school staff in Irish secondary schools regarding supporting and promoting youth mental health. Clear parallels can be drawn between the experiences and challenges faced by staff in Ireland and those in other countries. However, the qualitative data in this study also provides an insight into the unique context of mental health in Irish schools with participants reflecting on the introduction of the Wellbeing Framework, the wide variety of approaches to mental health in Irish schools, and the unique roles occupied by different school staff.

The experiences outlined by staff participating in this study illustrated clearly the commitment and care that school staff in Ireland feel towards the students within their schools, and their willingness and drive to provide them with an environment that supports their wellbeing. The results support the assertion made by others, namely that school staff view mental health support firmly as part of their roles and part of the remit of the school (Beames et al. 2022). The data contained several direct and indirect references to concepts and methods that are common within the literature and policy landscape, such as whole school approaches and levelled support systems, such as the

multi-tiered systems of support (MTSS) model (August, Piehler, and Miller 2018), or the similar model primarily used in Ireland known as the continuum of support model (National Educational Psychological Service 2007). There was considerable heterogeneity in participants' experiences with mental health support, with many supporting mental health in a multitude of different ways. Wellbeing is part of the curriculum for Irish secondary education, for example as part of the Social, Personal and Health Education (SPHE) course, and many respondents cited delivery of this as their primary exposure to mental health content.

As illustrated in theme 2, participants emphasised the need for the entire school community to be involved in mental health promotion and support, indirectly advocating for a whole school approach to mental health. Participants highlighted the importance of a number of key aspects that are seen as fundamental to whole school practices, including building strong relationships among students and staff, encouraging participation and community involvement as well as promoting a positive perspective of mental health and wellbeing (Lewallen et al. 2015; Weare 2000). In fact, some respondents demonstrated a clear familiarity with the concept and directly endorsed it, making references to the whole school approaches that are utilised in their places of work. This endorsement of whole school approaches reflects the guidance of global policies which have highlighted that involving the whole school community is the most efficient way to promote and support youth mental health in schools (Margaretha et al. 2023)

As mentioned, national and international policy on school mental health support includes models that emphasise different levels of support aimed at different groups of students, based on their need. As outlined in theme 2, staff identified different ways of integrating mental health in the school environment; from general awareness raising, to the delivery of mental health content as part of the curriculum, to targeted support to struggling students. While the data collected for this study were not designed to establish the extent or success of the implementation of such models or frameworks in Irish schools, participants' responses illustrate how school staff conceive of their role in relation to mental health interventions of different scope and intensity.

One of the main challenges highlighted by staff in relation to their mental health engagement at all levels is a perceived lack of preparedness and capability, echoing the findings of other researchers (Askill-Williams and Lawson 2013; Deaton et al. 2022; Graham et al. 2011; Rothi, Leavey, and Best 2008; Shelemy, Harvey, and Waite 2019). This study identified that many school staff in Ireland were unfamiliar with teaching content relating to wellbeing, and engaging with mental health support. It is clear that the introduction of the Wellbeing Framework has introduced a new aspect to the roles of many school staff around the country, and one that is not without its challenges. Firstly, facing the responsibility to deliver mental health content despite having received no training to do so made staff feel out of their depth. Consistent with trends identified by others, staff worried about not knowing the most appropriate thing to say or do, leading to fears of causing harm or making things worse (Shelemy, Harvey, and Waite 2019; Stoll and McLeod 2020). Moreover, in line with Stoll and McLeod (2020), staff expressed concern about missing signs and failing to react to students requiring support, which in turn further exacerbated the stress felt. To address this challenge, staff called for adequate training and resourcing to be provided, arming them with the tools needed to step into this new role of mental health supporter. Elsewhere within the literature, arguments

for further mental health training for teachers and other school staff are plentiful, including calls for mandatory mental health guidance to be incorporated into the formal teacher education curriculum (Graham et al. 2011; Nielsen et al. 2015; Rothi, Leavey, and Best 2008). The extent to which mental health is taught to student teachers in Ireland currently is not entirely clear, although there is some indication in the literature that it may be covered by some institutions and teacher education lecturers, but not others (Stenson et al. 2018). There are furthermore opportunities for staff themselves to choose to engage in training through their continuous professional development, which was mentioned in the data. However, as shown in Table 1, our data revealed that almost 50% of all respondents had received no previous training in the area of mental health.

In terms of the recommended nature of staff training, research has primarily focused on mental health literacy training for staff (e.g. Anderson et al. 2019; Costardi et al. 2023; Yamaguchi et al. 2020). Mental health literacy here refers to mental health knowledge, stigma and help-seeking efficacy (Kutcher, Wei, and Coniglio 2016). These training interventions reflect the needs of staff who have called for psychoeducation and the need to develop skills to support their students (Dimitropoulos et al. 2022; Shelemy, Harvey, and Waite 2019). However, to date, there is little evidence as to the effectiveness of these training programmes (Anderson et al. 2019; Costardi et al. 2023; Yamaguchi et al. 2020). While the present study did not specifically ask staff what training they feel they need, responses allude to the need for increased knowledge around mental health and strategies for supporting students. However, further research is needed in this area. Future training interventions should be developed in collaboration with school staff; ensuring they are meeting the needs of staff and supporting them to support young people.

Alongside the need for increased training for teachers and other staff, adequate resources and guidelines are required to enable schools and staff within them to implement strong mental health support programmes and initiatives. In their recent review of UN policy around school mental health promotion, Margaretha et al. (2023) assert that implementing these policies locally necessitates significant investment from national governments, including clear local policies and operational guidelines for schools. This study has established that staff believe there is room for improvement in terms of delivering on these policies within the Irish context, with school staff reporting considerable diversity in how well policies were enacted within their school environment. Furthermore, this study has identified that staff mental health is not always covered as part of local school mental health policies, despite the commitments to staff wellbeing contained within the Wellbeing Framework (Department of Education 2019).

Without further support and resources, mental health engagement within the school environment risks becoming an additional burden for teachers and other staff, causing them increased stress and pressure. When inadequate capacity is allocated to mental health initiatives, they risk having to compete with other school priorities and their proper implementation suffers as a result of time constraints for staff. This finding aligns with those of previous studies, which have pointed out that despite schools' commitment to wellbeing and mental health support, educational outcomes tend to take precedence when time and resources are limited (Dimitropoulos et al. 2022; Shelemy, Harvey, and Waite 2019; Wyn et al. 2000). Lack of time is further cited in the literature

as one of the main barriers for teachers and other school staff to take part in mental health training (Graham et al. 2011; Parker et al. 2021).

Where mental health support becomes an additional burden, staff often feel as though too much is expected of them. These high expectations contribute towards increased stress, decreased job satisfaction and, crucially, impact staff's own wellbeing (Roth, Leavey, and Best 2008). The impact on staff wellbeing should give rise to serious concern in and of itself, but the findings of this study also indicate that challenges to staff wellbeing are seen as a key barrier to their ability to support their students. Improving conditions for teachers and other staff therefore appears to be instrumental to supporting youth mental health in schools. Supporting staff and enhancing their wellbeing is also, as previously mentioned, key to the successful implementation of the whole school approach that is advocated for in the Wellbeing Framework.

Implications for policy

This study is timely as 2023 is the final year included in the current Wellbeing Framework, and it is a good opportunity to reflect on what implications can be drawn from these findings in terms of policy-making in Ireland into the future. This study has illustrated that sufficient and appropriate mental health training should be a prerequisite for school staff to be able to comfortably and successfully engage with mental health promotion and support in schools. Providing training as well as other resources such as dedicated time and clear policies and guidelines is crucial to the successful implementation of school-based mental health initiatives, whilst avoiding negative consequences for those at the forefront of the delivery of such initiatives, namely school staff themselves. Finally, while this study was not directly focused on mental health services, its findings suggest that further investment in specialist mental health services is necessary in order to reduce pressure on schools to care for students requiring more intensive support.

Limitations

Due to the data collection method, it was not possible to interrogate participants' responses or gain further clarity on some of the key aspects mentioned. For example, respondents mentioned a range of mental health interventions, including themed weeks, programmes and visiting organisations. In most cases, few additional details were given to describe what such interventions actually consist of, reducing our ability to interpret these responses. Future research may add to these findings by investigating the experiences of Irish secondary school staff using alternative qualitative methodologies.

Other limitations of this study include the overrepresentation of females in the sample. While women are indeed overrepresented among school staff in Ireland, national statistics indicate that in the 2020/2021 school year, women represented 69% of staff in secondary schools (Department of Education 2021), compared to 81% of this sample. Further research should aim to achieve a more representative sample. Another potential bias of the sample relates to the fact that those who answered the open question were more likely to be trained in mental health, and to be more confident in relation to mental health content in schools. This self-selection bias may have resulted in a

sample of individuals with stronger views or experiences related to mental health, missing out on the important perspectives of those who have less experience or are less familiar with the area.

Finally, the fact that this research was conducted during the COVID-19 pandemic undoubtedly impacted the data. Many respondents were concerned about the impact the pandemic would have on young people, and the additional stressors and pressures presented by virtual learning and school closures may have impacted staff members' attitudes towards their ability to engage with mental health.

Conclusion

This study addresses a gap in our understanding of how Irish secondary school staff experience mental health in the school context. It has identified a clear desire among staff for increased training in the area, however, additional research is required in order to investigate the specific training needs of this group. We propose that a co-design process around intervention development is undertaken, in order to ensure that any training intervention introduced is relevant to the Irish context, as well as feasible and engaging.

Disclosure statement

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Data availability

The data, survey, information sheet, and debriefing information for this study has been archived with the Irish Social Science Data Archive (ISSDA) and is available for use by researchers: <https://www.ucd.ie/issda/data/schoolstaffconfidence/>.

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