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**How does the school nurse contribute to the identification
of mental health needs in secondary school pupils?**

A narrative inquiry

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Doctor of Advanced Healthcare Practice**

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Summary

This narrative inquiry study explores the role of school nurses in identifying mental health needs of secondary school children in the school environment. The study aimed to identify effective strategies for identifying mental health needs in secondary school pupils and to explore the role of school nurses in this process. The research was conducted during the Covid-19 pandemic and in the aftermath of two suicides in the school, adding a unique perspective to the study and some profound and meaningful stories from the people who experienced, and were still experiencing at the time of data collection, significant and individual responses of loss and grief. This aspect of the findings, though unexpected meant that the study offered an original and unforeseen contribution to the existing body of evidence.

The findings of this study indicate that a 'Whole School Approach' is necessary to identify mental health needs in secondary school children, and relationships between the school nurse, the children and other members of the school community play a crucial role in this. However, the study found that in the school studied, the school nurse was not part of this approach because she was often unavailable. Reduced school nurse numbers and time pressures were blamed for this. The study provides an original contribution to the evidence, highlighting the importance of a school nurse's presence in a school and the need for collaborative relationships between the school nurse, school staff and the pupils for the school nurse to be part of the 'Whole School Approach' to identifying mental health needs.

The study used a narrative inquiry methodology to gather deeply personal stories from participants who had experiences of identifying mental health needs in the pupils, which were then themed by the Clandinin and Connolly (2000) 'three dimensional space' analytical model. John Dewey's theories of experience and of schools as societies formed the overarching link between findings and theoretical perspective (Dewey 1900, Dewey 1938). The study concludes that relationships are crucial for a 'Whole School Approach' to identifying mental health needs of pupils in a secondary school setting, confirming elements of Dewey's philosophy and fulfilling the aims of a narrative inquiry approach.

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Preface

My nursing career began when I worked with older people on an acute 'care of the elderly ward' (as it was referred to then) as a nursing auxiliary. I loved my time on the busy ward and soon applied for nursing in Cardiff. My career has been full of mixed specialities which has given me a wide range of experiences but more recently I have found a passion for helping younger generations and families from a sense of frustration that sometimes we, in health are helping to fix problems which could have been prevented or lessened earlier on in people's lives. I left midwifery to explore the ideas of health education and promotion and of early intervention. My MSc in Specialist Community Public Health Nursing (SCPHN) led to me to work as a school nurse in 2009, which although brief gave me the passion for school nursing which formed my research question.

The potential of school nurses seemed immense. The ability to link health and education for the benefit of children's health and well-being struck me as incredibly valuable in improving outcomes for the children. Most school nurses were highly experienced in numerous fields of nursing or midwifery and had completed the SCPHN BSc or MSc in addition to their nursing qualifications and further learning. They felt like ideal collection of experience and knowledge in one nurse who could move seamlessly between health and the education settings where most children were. I was idealistic but it made no sense to me when, as time went on the role seemed to alter. I had hoped for a future where the role grew and encompassed wider health needs, including needs related to emotional well-being and mental health. Instead, anecdotal reports suggested the opposite and I was reading statements from the RCN and on social media that school nurse numbers were reducing. At the same time, the children I was seeing in practice were in more need than ever for the kind of support which a school nurse could offer.

I wanted to find out what was going on and whether the anecdotal evidence was an accurate representation of what was happening in schools. I was seeing children who needed someone to talk to, who were unsure about what they needed and not always able to articulate how they felt. They were asking for someone who was available and confidential, when they had the opportunity and confidence to seek help. They wanted this on their terms, in their environment which often happened to be school. Again, this was all anecdotal but from a personal and professional perspective, it was a powerful driver in

wanting to find out more. My research question was forming before I had decided to undertake a doctorate. The path to a doctorate was unclear and uncharted territory. I was a nurse, a milkman's daughter, who was the first in my family to be educated to degree level. Imposter syndrome ran deep .

During the seven years of my doctorate, the situation for children's mental health was changing. Studies and surveys, such as those facilitated by the Children's Commissioner for Wales indicated a rise in the numbers of children and young people who were reporting mental health needs. Statistics on suicide and self-harm were of great concern and mental health services were becoming overwhelmed. The situation was exacerbated by the Covid-19 pandemic which took place during my data collection period. The strategic movement which came from the identification of the increase in mental health needs and led to the policies for change, especially in Wales occurred in parallel to my study which added an interesting, affirming and encouraging element to my study. I felt hope for the future of children and young people and for the mental health services which support them, which may be overly optimistic but embedding emotional well-being and mental health at a Welsh Government level appears to be a positive and progressive step. The role of the school nurse in the future of emotional well-being and mental health identification, education, support and intervention is unclear as policy does not always correlate with school nursing SCPHN role descriptions from the NMC. School nurses are missing from some recent school mental health publications in Wales, which along with the reduction of school nurse posts and increase in children's needs suggests further exploration of the role is required.

Chapter 1 - Introduction

The purpose of this chapter is to establish the context and rationale for the study. It will offer a background to the research topic and present the research question which aims to answer the problem. This chapter will begin with a presentation of the background of the subject and the rationale for study. The global pandemic which created some unprecedented challenges and opportunities will be considered, followed by a focus on the local Welsh context. The role of the school setting and the relevance of identifying mental health needs in addressing the research problem will be explored. This chapter will then introduce the emerging research question and aims.

1.1 General overview

The mental health of children and young people is a major public health issue which Welsh Government has recognised in key strategic policy as a priority which requires action to support the healthy growth of future generations in Wales (National Assembly for Wales 2017). Schools have been identified as an ideal setting to intervene positively to improve the mental health outcomes in children and young people (ONS 2020). A collaborative, community of school staff, young people, families, health, social care and the surrounding community forms, what is termed as 'A Whole School Approach' (Weare and Nind 2011, WHO 1996) and this Whole School Approach is recommended in identifying mental health needs in children and young people (Welsh Government 2021). The school nurse has traditionally played a major part in supporting the physiological health needs of children and young people in school, with an increasing role in identifying and supporting those with mental health needs (Baldwin and Robbins 2020).

School nurse numbers in the UK have fallen, making the workload of those who remain in post, pressured and over whelming (RCN 2017). So, whilst the mental health needs of children have increased, school nursing numbers have decreased (RCN 2017). It is, however difficult to conclude whether the disparity in need compared to support has had an impact, as there is little evidence which considers how the school nurse contributes to the identification of mental health needs in secondary schools.

My research aimed to explore the role of the school nurse in the identification of mental health in a secondary school setting and my objectives were to establish which strategies are effective in the identification of mental health needs in secondary school pupils by undertaking a literature review, to explore how school staff and school nurses contribute to the identification of mental health needs in pupils by gathering the stories of experience and to develop recommendations for policy and

practice. The findings will potentially add a new contribution to the body of evidence, which will hopefully assist in the development of the school nursing service.

1.2 Children's Mental Health

Mental Health problems are a worldwide health issue, and they contribute significantly to the Global Burden of Disease (GBD), a global epidemiological measure of diseases and risks to health (Mokdad 2018). The World Health organization (WHO) stated in the 'Comprehensive Mental Health Action Plan 2013–2020' (WHO 2013) that mental health was a global health emergency and an integral component of human rights. The action plan was a commitment by all 194 member states to address mental health needs and support the prevention of mental health problems from occurring (Saxena et al 2013). In 2022 WHO published 'World mental health report: Transforming mental health for all' which addressed newer evidence and the impact of Covid-19 on mental health. WHO (2022) recommended that those at risk of poor mental health should be protected, naming children and adolescents as an age group at risk and that this should be done outside of health settings such as in schools.

WHO (2014) recognised poor mental health was one of six preventable adolescent behaviours which could have a significant impact in adulthood whilst Patel et al (2018) suggested that preventative interventions for mental health problems and the promotion of positive mental health strategies should target developmentally sensitive periods and recommends that childhood and early adulthood in particular, is targeted. A longitudinal study by Sellers et al (2019) examined the long term outcomes of children and young people with mental health needs and found that compared to their peers, children with mental health problems were considerably more likely to experience isolation, loneliness, achieve poorly academically and face mental health illness later in life (Sellers et al 2019). Mental health is a growing issue for children and young people in the UK with NHS Digital reporting that 1 in 10 children experienced a diagnosable mental health disorder in 2017, rising to 1 in 6 in 2020 and most recently 1 in 4 (NHS Digital 2022).

Self-harm and suicidal ideation are an escalating issue amongst young people mental health services are overwhelmed, with an average waiting time of 18 weeks for an initial assessment with child and adolescent mental health services (CAMHS) (Punton et al 2022), some of which will be dismissed as an inappropriate referral (Babatunde et al 2022, Appleton et al 2021, Frith 2016). CYP are waiting too long without support and CAMHS is not always the appropriate service to help (National Assembly for Wales 2018). Some Children and Young People report that they simply want someone to talk to, preferably someone who they are familiar with who will listen to them (Glazzard 2019, Person 2017, Gulliver et al 2010). Depending on the need of the individual child, that someone might

not be a CAMHS practitioner. Indeed, the need of the child or young person might not warrant CAMHS care (National Assembly for Wales 2018). There appears to be gap in provision for those who are not, or not yet in crisis but are nevertheless in need of help, which has led to recommendations for all levels of need to be acknowledged and offered support (Pitchforth et al 2018).

To reach children and young people before a point of crisis, a co-ordinated approach to prevention and early identification of potential mental health problems is needed (Ashton 2019, Taubman et al 2019, Connor et al 2017, Costello 2016). This co-ordination of systems connected to the school and the pupils is called a 'Whole School Approach' (Ashton 2019) and will be discussed later.

1.3 The Covid-19 Pandemic

The impact of the Covid 19 pandemic on the mental health of young people is beginning to emerge, with studies indicating that issues relating to the lockdown and the fear of the virus itself has exacerbated the mental health needs of young people (Crawley et al 2020). Some national surveys of young people have added a young person's voice to the picture, highlighting the need for greater mental health awareness and problem recognition in the adults around them, as they report worsening mental health as a result of Covid 19 (Young Minds 2020). The charity Young Minds' (2020) survey presented a significantly negative consequence of Covid 19 and the lockdown period on the mental health of young people. The findings were mirrored by the Office of National Statistics (ONS 2020), who also found that young people felt their mental health was worse compared to before the pandemic.

At the time of writing, the Covid 19 pandemic continued to affect daily life across the world, albeit in a gradually lesser extent as time went on and public health interventions became established. Although evidence has emerged, it is likely that research is merely scratching the surface of the longer-term sequelae caused by Covid 19. The study was impacted by the pandemic, but transparency is maintained throughout the thesis with the inclusion and acknowledgement of any adaptations to the research process included where relevant.

1.4 The local context

In 2018 the National Assembly for Wales Children, Young People and Education Committee published a report named 'Mind Over Matter' following a two-year exploration of the needs of Welsh children and young people. The findings were presented to Welsh Government with a set of recommendations and actions for improving the mental health of Welsh children. The Committee was developed to scrutinise the financial commitment, policies and management of the health, well-being and education of children and young people in Wales. Welsh Government have been

questioned and held to account over the progress of achieving these recommendations at regular committee meetings since 2018.

This Welsh context is particularly progressive and relevant, with the 'Mind over Matter' report guiding the path of all levels of mental health and emotional well-being support for children and young people. The report pays particular attention to the role which the school environment plays in a child's life and the potential for schools to have a positive influence on the mental health and well-being of children and young people. This is key to my research question as I aim to explore the role which the school nurse has as a contributor to the identification mental health needs. In line with the UK government, the Welsh Assembly Children and Young People's Committee strongly encourage Welsh Government to support the Whole School Approach but state the need for health services to partner with schools to enable the approach to work.

"We believe that schools are perfectly placed to make a significant contribution to building an emotionally resilient population of young people. But they cannot do it alone. Support from other statutory and third sector agencies, most notably health, is essential".

Welsh Assembly Children and Young People's Committee 2018 pp. 54

The report acknowledges the role the school nurse has in the prevention and early identification of mental health needs within a school environment but states that the school nursing service is 'overstretched' and without the capacity to provide the mental health support needed by the children and young people. It highlights the important role that schools play in addressing the need to intervene early and acknowledges that the school nurse is a vital element in the Whole School Approach. The report does, however, include statements from stakeholders which express concern about the perceived decline in both the number of school nurses and their availability to support emotional needs because of carrying out other tasks. All stakeholders agreed that school nurses were fundamental in addressing emotional needs of children in a school setting (National Assembly for Wales 2018). The Mind Over Matter report has begun to push for improvements in Wales but the impact of local research has been an immense force in informing change, especially in schools. Wales launched The School Health Research Network (SHRN) in 2013 as a strategic partnership between Cardiff University, Welsh Government (Welsh Government), Public Health Wales (PHW) and Cancer Research UK. SHRN is situated in Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer) which is part of Cardiff University (Young 2019). The work of SHRN has foundations in the World Health Organisation (WHO). The Health Behaviour in School-aged Children (HBSC) study has been running over 30 years across in 49 countries across Europe. SHRN has successful research partnerships with Welsh schools which enables them to undertake

survey-based data collection with the pupils every two years and the findings are then incorporated into the HSBC four yearly reports. The SHRN survey results have given individual schools the data required to make changes at a micro level and provide Welsh Government the evidence to implement change to policy and funding (Young 2019). The publications produced from the findings of the SHRN surveys have focussed on a number of health issues, including those related to mental health and emotional well-being. One study by Littlecott (2018) examined a Whole School Approach which included the school nurse, although not specifically focussed on the role itself, the findings of the study indicated that the school nurse has an important role to play in supporting mental health needs in Welsh schools.

The Welsh perspective is positive and clearly progressing in an evidence-based direction. The Well-being of Future Generations Act (2015) could be considered one of the most significant pieces of legislation in recent Welsh history, the other which is of particular importance to children is the Welsh Measure which embeds children's rights into law. The Welsh Measure and the United Nations Convention on the Rights of the Child (UNCRC 1989) will be discussed further on. The Well-being of Future Generations Act (2015) requires all public bodies to consider the impact of decisions on future generations. The Act gives public bodies seven goals to adhere to, one of which is a 'healthier Wales'. This includes the aim to make Wales a more compassionate nation which understands and supports mental health and well-being and adopts a preventative stance to avoid future poor mental health (Welsh Government 2015). The onus on public bodies to take action to prevent mental health needs in adulthood and treat individuals with compassion and kindness, means that early identification and intervention for children and young people is a key component in achieving the goal as the evidence clearly states that over 50% of mental health problems begin during the age that a child will most likely attend secondary school (Kessler 2005, Thomson et al 2019).

The United Nations Convention on the Rights of the Child (UNCRC) (Unicef 1989) gave children specific rights in addition to their basic human rights as recognition of their vulnerability and legal reliance on adults to make decisions for them. The UNCRC is accepted across the world, with the United States as the only exception but Wales has progressed further, driving the articles, the set of rights into Welsh law. The law, called The Welsh Measure (Senedd 2011) embeds children's rights into the decisions made by Welsh Government (Butler and Drakeford 2013, Williams 2013). The passing of the Measure in Wales was a significant step, as it requires Welsh Ministers to consider the rights and obligations outlined in the UN Convention on the Rights of the Child (UNCRC 1989) when making strategic decisions. Wales was the first country in the UK to integrate the UNCRC into its domestic law and give the Welsh Children's Commissioner influence over key agencies including health and education (Children in Wales 2020, Butler and Drakeford 2013, Williams 2013). The

Children's Commissioner for Wales has responded to calls for help with mental health needs from young people with the publication of 'No wrong door: bringing services together to meet the needs of children and young people' (Children's Commissioner for Wales 2020), a report which calls for action from Welsh Government, Health and Social Care to improve the services for children with mental health needs or learning disabilities in Wales (Children's Commissioner in Wales 2020). One of the key points from the report is the recommendation that education, health and social care work together for the benefit of young people's mental health rather than disputing who should hold responsibility. The Children's Commissioner uses a real-life example in the report, stating that services have "*literally been arguing over a child's head*" (Children's Commissioner for Wales 2020 pp 5) to pass the responsibility to another professional. The report firmly states that the mental health of children is everybody's business and that professionals should improve the collaboration between services.

1.5 The role of schools

A Whole School Approach essentially means that the school regards positive mental health and emotional well-being as fundamental to its core values and philosophy. A Whole School Approach involves all parts of the school working together and being committed. It needs partnership working between governors, senior leaders, teachers, and all school staff, as well as parents and carers. It not only involves the school staff, pupils, and families but also the community and services not directly employed for education, such as health and third sector organisations (Welsh Government 2021, Mentally Healthy Schools 2020, Public Health England 2016, Public Health England 2015). The evidence is clear that a school provides a sound environment to help prevent, detect and intervene early in a child's mental health needs. The United Kingdom Governmental response supports the evidence and promotes a Whole School Approach.

"There is clear evidence that schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems" (DfE/DoH, 2017:4).

In 2021 the Welsh Government published the statutory guidance for schools, a 'Framework on embedding a whole-school approach to emotional and mental well-being' (Welsh Government 2021) which aims to advise schools on implementing a Whole School Approach in mental health, using a children's rights approach in collaboration with schools and partners from health, social care, local authority and third sector. The guidance intends to raise mental health to the same level of importance as physical health and educational attainment, with the effective use of (where possible)

existing resources. One valuable existing resource is the school nurse service but the guidance only mentions them once as an example and not until page 51.

“Some school support staff have a specific role in relation to promoting/supporting well-being, e.g. school counsellors, school nurses, educational psychologists and education learning support assistants” (Welsh Government 2021 pg 51).

1.6 Early Intervention

The Well-being of Future Generations Act (Welsh Government 2015) also recommends that all practitioners have training on Adverse Childhood Experiences (ACE's). Adverse childhood experiences are traumatic events in childhood that negatively affect the health and well-being of people in later life (Public Health Wales 2018). Public bodies in Wales have become aware of ACE's and the significance of them, since Public Health Wales published the now landmark study by Ashton et al (2016) 'Adverse childhood experiences and their association with health-harming behaviours and mental well-being in the Welsh adult population' in 2016. Research on ACE's was not new, but previous studies had been based in the United States (Hambrick et al 2019).

The emergence of the ACE studies and the parallel development of the trauma informed approach for schools created an environment for improved philosophies around mental health and why we need to intervene early (Oral et al 2016). The evidence on Adverse Childhood Experiences (ACEs) supports this hypothesis and the importance of early identification for early intervention (Kessler 2010). The sooner a child is identified as in need, the sooner their discomfort could be eased and prevented from worsening (Costello 2016). The school nurse is ideally placed to identify mental health need in the school aged child (Baldwin and Robbins 2020, Bonnenkamp 2015).

Trauma in childhood, as shown by the ACE's study can have lifelong negative effects. Trauma, and adverse childhood experience in itself does not only affect the adult, but it impacts on the child and often presents as anger, developmental delay, behavioural issues and mental health problems. Hambrick et al (2019) suggests that the ACE studies, although incredibly valuable are over simplistic and that ACEs can create an awareness that trauma informed practice can build on to create strategic change to policy and practice. Hambrick et al warns that an awareness of ACE's by lay or non-trained individuals could lead to well-meaning but ineffective practice. It could be suggested then that the involvement of the school nurse, a health professional in the Whole School Approach is vital.

The increasing body of evidence on the impact of trauma on children provides an invaluable opportunity to make a significant positive impact on the life trajectory of a child and their own

future families (Perry 2018). Signs of poor mental health might alert a school nurse to existing or past trauma for the child and so facilitate the appropriate help for them. Trauma adds to the rationale for early identification by a holistic practitioner who can judge the appropriate referral route. Wales is beginning to promote trauma informed approaches within schools as part of the Whole School Approach to addressing mental health in children (Welsh Assembly 2018). School staff are receiving training on childhood development and the impact of trauma on behaviour and mental health. They are being taught how to respond with compassion and understanding rather than punishment and to see children as individuals with unique needs. The 'Trauma Informed Framework' (Public Health Wales 2022) recognises that identifying and supporting the mental health of children and young people in a school environment requires a knowledge of and sensitivity of potential trauma that has occurred. Trauma informed practice sits perfectly within the Whole School Approach and offers another layer of interest in the study of the school nurse's role in school.

The Welsh guidance, a 'Framework on embedding a Whole School Approach' (Welsh Government 2021) promotes a focus on the prevention of mental health needs of pupils and supports that a compassionate school environment and a whole school collaborative approach are utilised to identify and intervene in the mental health needs of young people as early as possible (Welsh Government 2021).

It could be argued that early identification of mental health needs is even more pertinent in light of Covid-19 and the subsequent lockdown, where children and young people were isolated and worried about themselves and loved ones (Danese 2020, Young Minds 2020). Calls to the NSPCC (National Society for the Prevention of Cruelty to Children) Childline service increased 32 % during the lockdowns, with children worried about intensified home situations, subsequent increases in domestic violence, substance use and also significant concerns over their own mental health needs as a direct result of Covid 19 (NSPCC 2020).

1.7 School Nursing

A key component of the school nurse role is to prevent poor health in the pupil population using a blended approach of direct support, health promotion and education (Welsh Government 2017). The Framework for School Nursing Services in Wales (Welsh Government 2017) stipulates that health education and promotion are integral parts of the school nurse role however, evidence indicates that there is currently a paucity in operational activity of three essential elements; providing prevention, early identification and early intervention for mental health issues in pupils whilst there are school nurses ideally placed to meet these needs (National Assembly for Wales 2018). It is argued here that, the three elements are all key to helping children (Allison et al 2014,

Deighton 2012) but for the purposes of this study, the focus will be on the early identification of mental health needs.

The report, 'Mind over matter: A report on the step change needed in emotional and mental health support for children and young people in Wales' (National Assembly for Wales 2017) recognized the emergency situation for children and responded to the urgent need to invest in preventative and early intervention services. Lynne Neagle, the Committee Chair stressed the importance of early intervention to address mental health needs as soon as possible. For an intervention to occur, that need must be identified.

The identification and management of emerging mental ill health should be an integral part of the school nurse's role (Prymachuk et al 2012) but the literature indicates that school nurses in the UK are spending less time supporting children because the workload is heavy with screening (measuring, weighing, vision and audio testing children), immunizations and safeguarding (Spratt et al 2010, Haddad et al 2010, Ravenna & Cleaver 2015, Star 2018). The school nurse might be the first person to engage with a child who discloses a mental health need or feelings of distress (Baldwin and Robbins 2020) but as the evidence suggests that the role is under pressure from workload and time constraints, it is unlikely that this part of the role is being fulfilled effectively. The research question aimed to explore this in more depth, to present a meaningful representation of the situation in one school. The study sought to extract evidence which would contribute to the existing research base and provide some valuable recommendations for school nurse practice and potential role development.

The development of a strategic approach and policy for a Whole School Approach to mental health and emotional well-being in Wales happened during the timespan of my research, culminating in the publication of 'Framework on embedding a whole-school approach to emotional and mental well-being' (Welsh Government 2021). The draft 'Framework on embedding a Whole School Approach' (Welsh Government 2020) included the school nurse role, albeit briefly but by the time the final publication was released in 2021, the school nurse was mentioned only once as an example with other practitioners and in a featured case study. The Mind Over Matter report stated that although a school nurse is important in the philosophy and the delivery of mental health support for pupils in school, it supported the evidence that capacity prevents the required level of school nurse involvement (National Assembly for Wales 2018).

It could be argued that the school nurse service has become less prominent because it is rarely visible. In contrast, the youth service and school counsellors feature throughout the guidance. It is unclear how the school nurse fits into the community, co-operative and collaborative Whole School

Approach in reality, and how a school nurse identifies mental health need in pupils. The evidence is sparse and the literature review presented minimal results on the school nurse involvement in the collaborative approach to identifying mental health needs in secondary school pupils. My research aimed to answer some of the questions which appeared to be unanswered at the time of study commencement and unexpectedly provided a meaningful insight into the collective human experiences of a global pandemic and post suicide grief, in a secondary school.

1.8 Research question and objectives

Table 1 - Research question and objectives

<p>Research question</p> <p>How does the school nurse contribute to the identification of mental health needs in secondary school pupils?</p>
<p>Objectives</p> <ol style="list-style-type: none"> 1. To establish which strategies are effective in the identification of mental health needs in secondary school pupils, by undertaking a literature review. 2. To explore how school staff and the school nurse contribute to the identification of mental health needs in pupils by gathering the stories of experiences from the school nurse and school staff. 3. To develop recommendations for policy and practice that further enhance the identification of mental health needs in secondary school aged children.

1.9 Chapter conclusion

In conclusion, this chapter has presented the background, rationale, and context for the study. The research problem and its significance has been explored, resulting in the emergence of a research question and aims. The following chapter will undertake a comprehensive investigation of the existing literature, to build a foundation of knowledge and to identify gaps in the pool of that knowledge to inform the focus of the study.

Chapter 2 Literature Review

2.1 Introduction

The literature review aimed to explore existing research to provide a background for the subsequent research project, to establish the context for the study, identify gaps in research and to demonstrate a solid knowledge base so that the basis for my study was rigorously justified. The Critical Appraisal Skills Programme (CASP) tools for systematic reviews, randomised controlled trials (RCT) and qualitative research (CASP 2018) framed and guided the critical review of evidence found by a comprehensive search strategy. In this chapter the research question and objectives were revisited, presenting the search strategy and identified themes which facilitated the research methods and focused study objectives.

2.2 Literature Review Aim

The review aimed to critically analyse the published literature relating to the identification of mental health needs in secondary schools and how the school nurse contributes to that process.

Kim (2016) emphasised the importance of the literature review as a foundation of knowledge on which a narrative inquiry methodological approach to a study can grow from. Kim (2016) likened it to the ploughing of a field, before seeds (in this case seeds of knowledge) can grow.

My research question asked: How does the school nurse contribute to the identification of mental health needs in secondary school pupils?

The search objectives were to explore:

- A) Which interventions or strategies are effective in the early identification of mental health needs of children (aged 11 to 18) in secondary schools?
- B) What is the school nurse's role in school in relation to the identification of mental health needs in secondary schools and what are the benefits, challenges and requirements of the role?

2.3 Search strategy

A scoping search was undertaken on Google Scholar to gain a rudimentary idea of the volume of evidence available related to my subject and to ascertain data bases and key search terms used in relevant systematic reviews. Using the words 'identifying mental health in secondary school pupils' resulted in 267,000 results. The addition of the term "school nurse" in quotation marks reduced the results to 20,700.

The PICO framework was used to structure the search (Yensen 2013), because a rigorous and methodical search process is vital to find the relevant existing evidence (Eriksen and Frandsen 2018). Devised to guide searches for clinical inquiries, PICO has been criticised as being a tool for predominantly quantitative research questions, but that it is also effective in searching for answers which are less clinical and more qualitative in nature (Nishikawa-Pacher 2022). For the over-arching research question, ‘How does the school nurse contribute to the identification of mental health needs in secondary school pupils?’ and the two search objectives, PICO was used as a logic grid, (P) represented the population, (I) the phenomenon of interest and (Co) related to the context. Synonyms of every term was searched to ensure variations or descriptors were included, truncation was used to include the variety of word endings, search operators AND and OR focussed the search and quotation marks for phrases such as “school nurse” helped to avoid irrelevant results, such as school of nursing (although some hand sifting was still required because of this). It was noted that some papers specifically used the terms ‘depression’ or depressed or depressive, when referring to the identification of generic mental health needs. The term ‘depress*’ was therefore included in the search to ensure research using this language was included in the inclusion and exclusion process. The search terms used are listed using the PICO framework in table two.

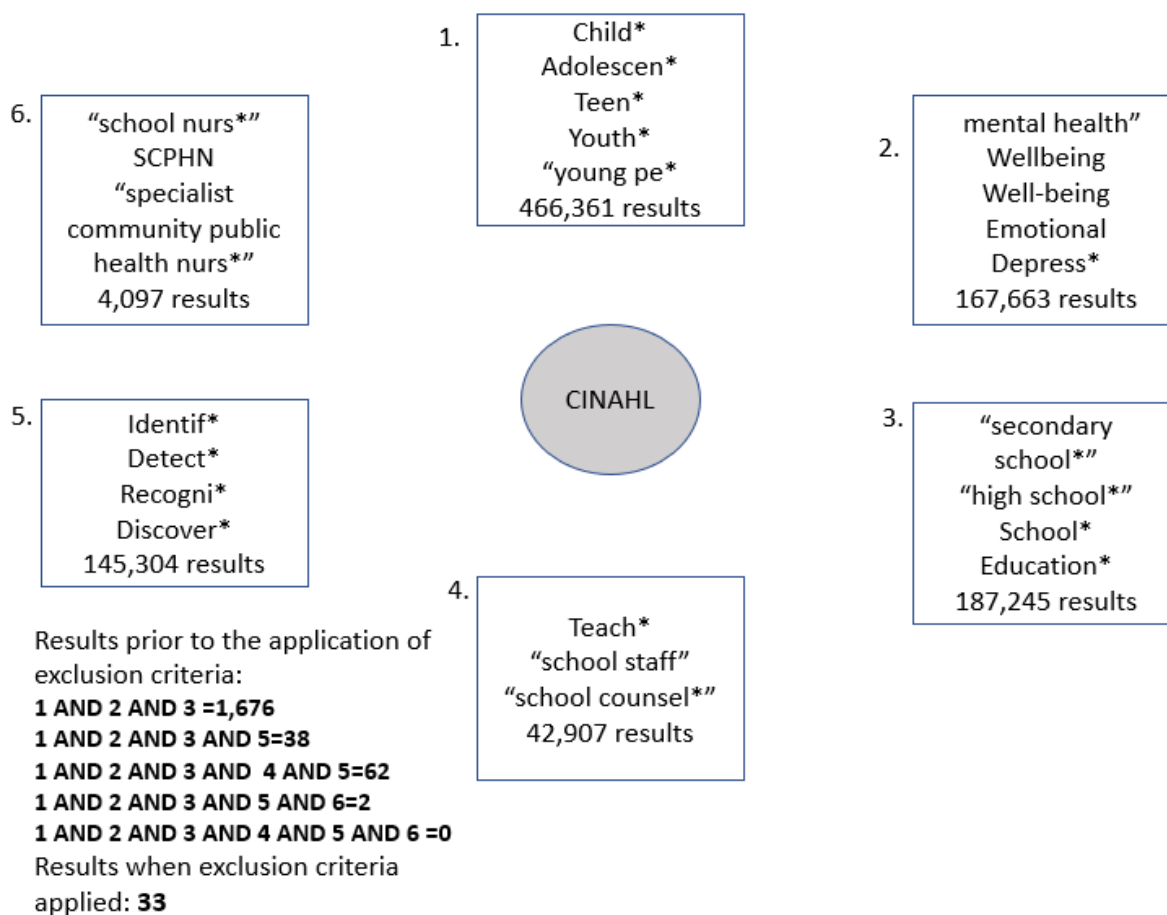
Table 2 - The PICO Framework

P- population	I-phenomenon of interest	Co-context
“school nurs” “specialist community public health nurs*” “SCPHN” AND / OR Teach* “school staff*” “school counsel*”	Child* Teen* Adolescen* Young Pe* Youth* AND / OR Ident* Detect* Discover* Recogni* AND / OR “mental health” Emotional Wellbeing Well-being Depress*	“Secondary school”* School* High Education*

The search strategy was carried out by systematically searching electronic databases with the same search terms. An example of the search strategy used for CINAHL and repeated for all databases, is included in the appendices. The databases were identified as relevant to the review aims and objectives during an appointment with a Cardiff University librarian and from reading existing reviews of mental health and school nursing in secondary schools. CINAHL, MEDLINE, PsychINFO, EMBASE, Applied Social Science Index (ASSIA) and ERIC databases were searched.

The search terms for school nurse, teachers, mental health, identification, children and high school and the variable terminology were searched for separately. The variables of words were joined by using Boolean phrases 'OR', so "school nurs*", "SCPHN" and "specialist community public health nurs*" became one and could then be search using 'AND' with the words relating to mental health, secondary school, children and identification. When teach* and "school nurs*" were both included with the other terms, the result was 0. Individually, the results for school nursing when added to identification, mental health, children and schools was three and the results for teachers was 62. When the exclusion criteria was then applied, the numbers reduced to 15 as presented in table 3. The process was repeated for each database, after which the screening process began with sifting through titles, then reading the abstracts, as shown in figure one. The abstracts of the resulting papers were read to shortlist for a review using the CASP (2018) quality review tools.

Table 3 CINAHL (example) Search Strategy



Suitable journals were searched with the same search terms. The British Journal of School Nursing, British Nursing Journal, British Journal of Child Health, British Journal of Mental health Nursing were searched via MAgonline journal library. The journals were chosen for their relevance to the subject matter and because of a noted prevalence in the searches.

2.4 Inclusion and Exclusion criteria

The search terms 'mental health' and 'school', provided a huge volume of results when searched for singularly (or) or together (and). Together 'mental health' and 'school' collected studies which focussed on aspects not directly related to my research question. A significant volume of the evidence found explored the topic of health promotion, some considered children's behaviour or the impact of mental health on academic achievement. Some research studied specific diagnosable mental health conditions or reviewed the statistics of mental health diagnoses in school age children. My research question focussed on the identification of mental health needs with the

additional objective of exploring how or if the school nurse contributed to that identification in a school setting. The literature found on the identification of mental health needs was facilitated by maintaining a focus on my research question. The search terms (and variables of them), children, mental health, school, resulted in a high volume of results but when 'school nurse' was then added to the search terms as an 'AND', the results dropped drastically. This is indicated in the CINAHL search example in table 3, where adding 'school nurse' to the search combination resulted in no papers. Teachers ,school staff and variables of the terms provided mixed results with 62 from CINAHL, when the terms, 'teachers', 'identify', 'mental health' and 'schools' were used to search on the ERIC (Educational resource information centre) database there were 6,514 results before utilising the exclusion criteria.

The inclusion and exclusion criteria are presented in Table Four.

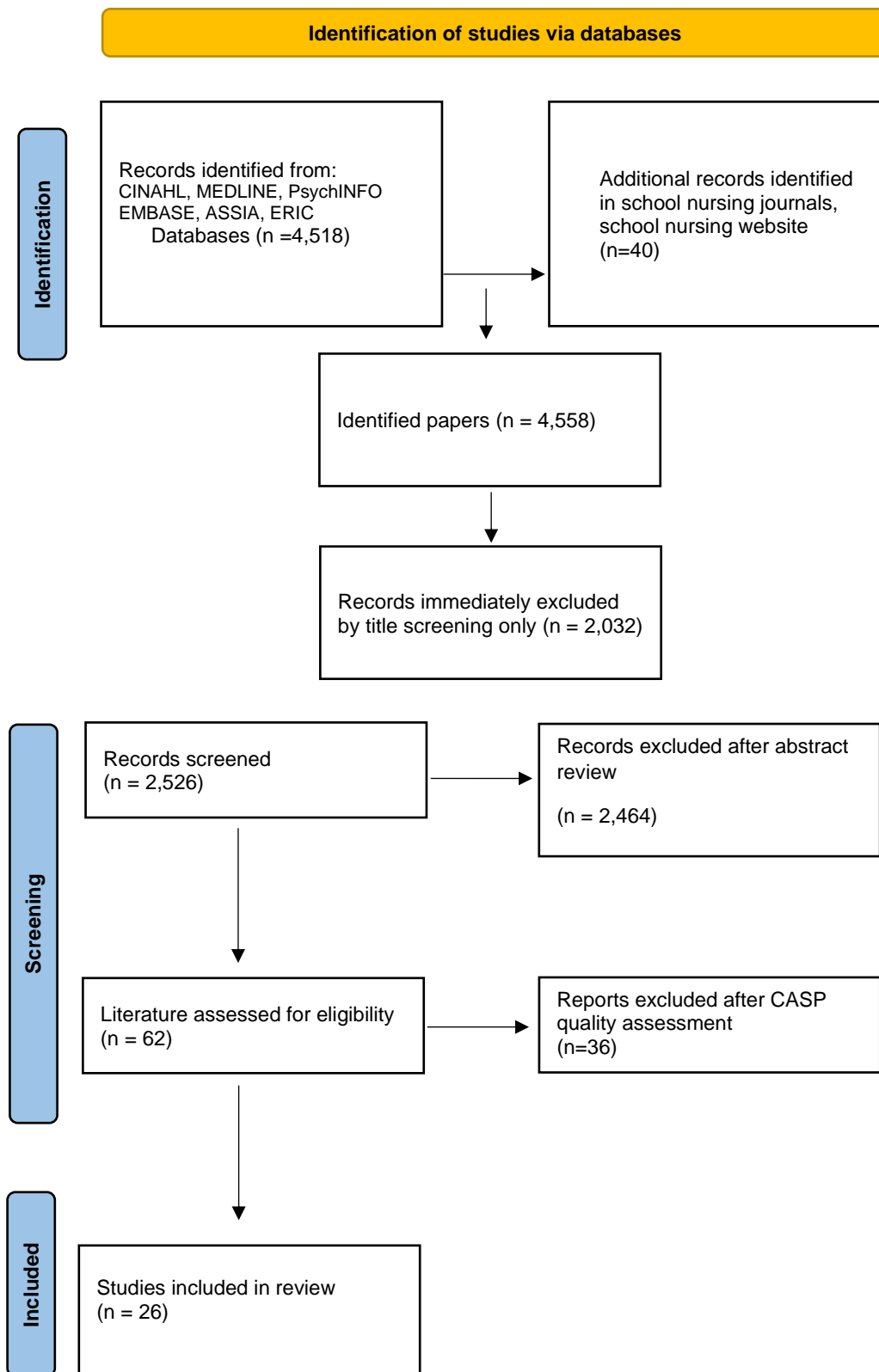
Table 4 - Inclusion and Exclusion Criteria

Inclusion	Exclusion
Original research which meet the aim and objectives	Evidence which referred to 'school of nursing' or 'nursing school' instead of 'school nursing'
Systematic reviews which meet the aim and objectives	Opinion pieces, editorials, or essays
Studies published from 2011* onwards	Research which measures the behavior of young people
Studies in the medium of English language	Research which focusses on the prevalence of mental health needs or treatment
Studies which consider secondary school aged children (or ages 11 to 18)	Research considering health promotion in schools
Grey literature	

The move towards a 'Whole School Approach' to mental health in schools, which would later manifest in a framework for schools and contribute to the ethos of the new Welsh schools curriculum appeared to have begun during this period. Significantly the seminal systematic review by

Weare and Nind (2011) was published in 2011, offering a major contribution to the evidence relating to mental health in schools. The systematic review studied 52 systematic reviews, creating a substantial data set and recommendations for policy and practice. It was therefore decided that the 2011 seminal paper by Weare and Nind (2011) would set the lower date parameter for the literature searches.

Figure 1 – Prisma (page 2020) Flowchart of the Search Process and Results



2.5 Literature review process

The search presented research which required frequent hand sifting due to the inclusion of 'school' and 'nurse' which referred to the school of nursing rather than school nurses. Some papers explored the link between mental health and behaviour, which was not relevant to my research question but still got through to the title filtering process as the detail was not clear until reading the abstract. Literature was included from outside Europe to generate a larger volume of evidence which, in relation to school nursing in particular was sparse. Each paper found the search was initially filtered by title and excluded or included as relevant by referring to the criteria in Table Four. The abstracts of the remaining literature were read and checked for relevance to the study and a match to the inclusion criteria. Those which were selected by utilising the exclusion and inclusion criteria were read in full and if they met the measures on further examination, they would be assessed on the initial two CASP (2018) screening questions (are the results valid and what are the results?) before progressing onto the full CASP checklist for quality. The Critical Appraisal Skills Programme (CASP) checklist for systematic reviews (2018), Qualitative Studies (2018) and Randomised Control Trials (2018) were used to systematically review the literature. In line with the CASP guidance, the 62 studies were scrutinised after using the scoping questions for each checklist (Appendix A) which resulted in 26 remaining studies to include in the review.

The literature search was revisited in 2022 to explore new research, the results of which were merged into the existing review, and included in the tables to present evidence which is contemporary at the time of thesis completion.

2.6 Literature themes

Commonalities or themes began to be identified as evidence was reviewed. As the themes were found, emerging from reading and re-reading the papers, they were organised for clarity. Four themes were identified, to focus the findings of the literature review. The themes were:

1. Identification of mental health needs
2. Schools as collaborative communities; Whole School Approach
3. Relationships
4. Barriers for the school nurse or barriers to fulfilling the school nurse role

Fourteen papers considered the ways in which mental health needs are identified in pupils, who is responsible for identification and some of the challenges faced. Five considered the values held by the school in relation to supporting and identifying (specifically addressed in Bartlett 2015 and

Pryjmachuk et al 2012) those mental health needs. The Whole School Approach to mental health and emotional well-being emerged as a key theme early on in the search, as an effective influence on identifying mental health needs in the pupils and on positive relationships. The significance of relationships featured in the majority of papers, in relation to both school staff and pupils or school staff and school nurses or generally between everyone involved in the Whole School Approach, which was discussed in eight of the papers. Table Four presents the thematic organisation of the literature.

Although evidence was generally sparse on school nurses identifying mental health needs in pupils, the studies found indicated that barriers hinder the fulfilment of the school nurse role in identifying mental health and in working with the school, pupils, families, other health professionals and communities collaboratively to address children’s needs. The prevalent need in eight of the nine papers which explored the theme of barriers to the school nurse identifying mental health issues was training and the perceived association with a lack of skill, knowledge, and subsequent confidence because of unmet training needs. Whilst eight papers focussed on this issue, five considered the values, sometimes referred to as the ethos held by the school in relation to supporting and identifying (specifically addressed in Bartlett 2015 and Pryjmachuk et al 2012) those mental health needs.

Table 5 - The Thematic Organisation of the Literature

Identification of mental health needs	Schools as collaborative communities; Whole School Approach	Relationships	Barriers to the school nurse role
Weare and Nind 2011	Weare and Nind 2011	Kutcher and Wei 2012	Trudgen and Lawn 2011
Trudgen and Lawn 2011	Goldberg et al 2019	Jonsson et al 2017	Jonsson et al 2017
Jonsson et al 2017	Moon et al 2017	Bartlett 2015	Bartlett 2015
Bartlett 2015	Soneson et al 2020	Skundberg and Moen 2017	Pryjmachuk et al 2012

Skunberg and Moen 2017	Jonsson et al 2017	Prymachuk et al 2012	Kaskoun and McCabe 2022
Cunningham and Suldo 2014	Bohnenkamp et al 2015	Kaskoun and McCabe 2022	Haddad et al 2018
Anderson et al 2018	Bartlett 2015	Warin 2017	Smith and Bevan 2020
Eklund and Dowdy 2014	Kutcher and Wei 2012	Dimitropoulos et al 2021	Ravenna and Cleaver 2016
Allison et al 2014	Cefai 2021	Coleman 2020	Skunberg and Moan 2017
Soneson 2020		Poulou 2020	Prymachuk et al 2012
Bohnenkamp et al 2015		Aldridge and McChesney 2018	Kaskoun and McCabe 2022
Moon et al 2017		Oberle et al 2018	

2.7 Review Findings

2.7.1 Theme One: The identification of mental health needs

2.7.1a Screening for mental health; is it effective and who should screen?

Cunningham and Suldo (2014) investigated the teacher's role in the identification of mental health needs in young people in a United States secondary school setting, by measuring the screening results from young people against the teacher's perceptions of which young people in the group were demonstrating signs of anxiety or depression. The screening was undertaken by two validated measurement tools, which assigned the young people into an 'at risk' or 'not elevated' category. This was compared to the teacher's feedback using comparative statistical analysis. One of the criticisms of screening is the false positive results which can occur, leading to referrals and processes which are unnecessary (Allison 2013, Cunningham and Suldo 2014, Anderson 2018). However, teachers have

demonstrated a tendency to under report and miss internalized symptoms of mental health need in young people (Eklund and Dowdy 2014).

244 participants were recruited for the young screening group but in the following paragraph only 238 are accounted for. It is loosely implied that parental consent was not given for the missing six but it was not stated clearly. The authors recognise the limitations of pupils self-reporting on their feelings. Children, of secondary school age are experiencing an adolescent neurodevelopmental event and are doing so at different rates and stages. It is acknowledged that some will be unable to recognise or communicate their feelings, without a fully formed pre-frontal cortex (Blakemore 2018), so to ask them to report, especially in retrospect may have affected the validity of the screening. There was some allowance given for those who were unable to understand the directions and they were able to raise their hands and ask for help from the researchers. It could be suggested that only the more confident pupils would have done this and some would have answered incorrectly rather than raise a hand.

The study does not mention school nurses or any of the other key people in the lives of young people like peers or school counsellors who might have offered added individualised value to the identification of mental health issues, although parental rating is included once when the limitations of the study are discussed. The overall recommendations from the study which found that teachers did not identify all of the children which the screening did, was that teachers needed more training so that young people in need are not missed. It is possible that, given the limitations of screening this age group with self-reported measures, the validity of the findings might have been negatively affected.

Although the findings of these studies are encouraging, a systematic review by Anderson et al (2018) investigated 44 different mental health identification programmes in schools but concluded that the findings were weak because of the quality of the research methods used in the studies. The study reviewed the effectiveness of different identification methods and the rate of referrals for specialist support, which has a direct implication for practice. The CASP (2018) appraisal tool indicated a moderate to high level of quality in the review, despite the findings providing only indefinite conclusions. 27 studies were ultimately included which had a participant population of 26,256 which indicated, albeit tentatively, that a universal screening approach for mental health issues in school could be effective. Anderson et al (2018) explored mental health screening, the training of staff in mental health identification and curriculum based mental health education which aimed to empower children to recognise a need in themselves and seek help. They also examined the nomination of individual teachers to act as mental health advocates and links to services. School

nurses were not considered. Anderson et al (2018) support the findings in the study by Cunningham and Suldo (2014), that teachers under identify children who are experiencing or at risk of experiencing mental health problems' suggesting that mental health screening in schools by teaching staff might not be effective.

Additionally, the database searches were robust but there was no sampling strategy, the studies found were of mixed quality and the aims of the review were only loosely achieved. However, the authors acknowledged the limitations of the study and made recommendations for future research based on the potential of their findings. They emphasised the need for finding ways to facilitate help for children who are in distress or at risk of becoming unwell, in a "real world" (Anderson et al 2018 pp 17) setting such as school.

An earlier study with similar aims, by Eklund and Dowdy (2014) compared the efficacy of screening to teacher observation methods, which they refer to as 'traditional methods'. They hypothesised that screening completed by teachers would identify more young people with mental health needs than traditional observational methods of identification. The sample size was large with 867 participants who were randomly sampled from 20 schools with an almost equal representation of males and females and no one who identified as neither or non-binary. Two screening tools were used, one which was identified as valid with a high reliability score (Eklund and Dowdy 2014) and one which they adapted themselves, which had no evidence for use or effectiveness.

The findings supported the use of screening with the identification of 160 of young people at risk of experiencing mental health issues compared to 61 identified by teacher observation, but the authors discuss the difficulties in making firm conclusions from the findings. Teachers are shown to under report, whereas screening can over identify and give false positives (Anderson 2018, Cunningham and Suldo 2014, Eklund and Dowdy 2014, Trudgen and Lawn 2011). In the Eklund and Dowdy (2014) study some young people were already identified and some were in treatment but were missed by the screening. The sensitivity of the screening tools may have influenced this or there may have been signs of mental health need that is unique to individuals and thus reliant on a familiar relationship to detect.

The research supported the familiar finding that teachers under report mental health problems in children in school (Anderson 2018, Cunningham and Suldo 2014, Eklund and Dowdy 2014, Trudgen and Lawn 2011). Teachers also reported that addressing the mental health needs of their pupils was not their responsibility, which can lead them to make subjective decisions about children's mental health and pathways to treatment (Eklund and Dowdy 2014). The role of school nurses was not discussed in the study.

Alternatively, Allison et al (2014) promotes the early identification of mental health needs in young people in school as a much needed means to access support or treatment but school nurses were implementing the screening in this study rather than teachers or researchers. The school nurses were trained in the use of the two validated screening tools (although the PHQ9 screening tool was not validated for this older age group), which were evidenced as having a high sensitivity and specificity rate (Anderson et al 2014). The sample consisted of 182 young people and those who were identified were then discussed at a multi-agency meeting to decide the most appropriate referral route for them. Parents were then contacted by the school nurse. The study does not state whether the young people were involved in the process post screening and whether they were given any choices but the omission in the text indicates that they were not. This, like many of the studies reviewed, draw inferences about children without including their voice or referring to their right to participate in decisions about their own health, thus not adhering to a children's rights approach (UNCRC 1989). Parental consent is discussed but not the child's right to consent to or not to consent to the screening.

The authors discuss the findings of the screening and the young people of the 182 participants who were diagnosed as a direct result of the screening with eight being diagnosed with depression, four with ADHD, one with obsessive compulsive disorder, one with bipolar disorder and one was hospitalised because of suicidal ideation. Seven were able to access school based mental health support and six were in contact with school pastoral support. Literacy skills were recognised as a major issue by the school nurses, which enabled them to support young people with understanding the screening questions. Had the school nurse not recognised the problem and sensitively intervened, the screening results for these children would not have been valid. The authors recognised this limitation and the value of the school nurses involvement. The school nurse's role in the identification of mental health needs in pupils in school was highly commended in the Allison et al (2014) study. Here, the authors stated that the school nurse had "expertise" in identifying mental health needs and will help prevent young people from falling "through the cracks" whereas teachers may "miss warning signs" (Allison et al 2014 pp170).

Eklund and Dowdy (2014), Sonesson et al (2020) and Anderson et al (2018) compartmentalised identification methods in the school setting as screening, a curriculum-based education approach, staff training or teacher nomination methods and studied the effectiveness of all four whilst acknowledging that schools utilise poor school attendance and behavioural issues as additional identification methods. Furthermore, Cunningham and Suldo (2014) measured the teacher as

nominated mental health 'gatekeeper' compared to a screening method and Allison et al (2014) studied the sensitivity of screening undertaken by school nurses. Screening for mental health issues in school, resulted in large numbers pupils identified as in need of various levels of support, which contrasted significantly with the numbers identified by the other means, but the studies all acknowledge the potential for false positives from screening and that resources, time and cost were barriers for implementation in schools.

Only Allison et al (2014) and Cunningham and Suldo (2014) considered how children with communication needs might struggle with the self-reporting screening tools and how this could impact the results. Cunningham and Suldo (2014) stated they gave the children the opportunity to raise their hand in the setting with other children and ask for help from the researcher when completing the screening tool which might cause some embarrassment and dissuade a child from seeking assistance. Allison et al (2014) gave examples of the school nurses, who were facilitating the screening giving support to the children they knew might have difficulties or that they observed to be struggling. The familiarity and trust between the school nurses and pupils enabled the comfortable exchange. However, Trudgen and Lawn (2011) asserted that the skills of teachers in this respect were less consistent. They examined the recognition skills of teachers of pupils with mental health needs in school and found that teachers had an immense variance in skills and knowledge on the subject which resulted in significantly subjective decision making about referring to specialist services. Worryingly, the study found that some teachers were more likely to refer when they personally knew the member of staff responsible for facilitating referrals. Eklund and Dowdy (2014) mirror the findings of Trudgen and Lawn (2011) stating that teachers in their study were subject to bias, under reporting of mental health concerns and a rejection of pupil mental health needs as part of their role. The likely cause of some of the negative findings relating to teachers' skills and attitudes is training need and workload pressures (Trudgen and Lawn 2011), just as school nurses have reported about their role in the evidence presented by Jonsson (2017), Ravenna and Cleaver (2016), Bartlett (2015) and Prymachuk et al (2011).

Both teachers and school nurses described low confidence because of unmet training needs and extreme workload pressures, but school nurses appear to enthusiastically accept that managing the mental health needs of children in secondary school is very much their role (Jonsson 2017, Skundberg and Moen 2017, Ravenna and Cleaver 2016, Bartlett 2015, Allison 2014 and Prymachuk et al 2011). In the study by Jonsson et al (2017) school nurses describe themselves as a 'safe adult' for pupils to talk to and that they are aware of the impact they can have on a child's mental health by helping at the right time. Ravenna and Cleaver (2016) included statements from school nurses

about how vital their role was in mental health in schools and how their experiences were positive learning opportunities.

A recent feasibility study on the identification of mental health issues in children in schools undertaken by Soneson et al (2020) explored which identification models could be used by systematically reviewing evidence on screening, staff training in mental health identification and a curriculum-based approach. The curriculum-based approach aims to educate children so that they can identify their own needs and seek help. The search strategy was robust, although there was no clear date parameter, 33 studies met the criteria. Critical appraisal of the literature was systematic, using recognised tools for assessment for both the qualitative and quantitative studies. The authors acknowledge that most of the 33 studies were weak but that the qualitative research provided a higher quality of evidence with a deeper meaning and personalised perspective more suited to the topic of mental health identification in schools. Soneson et al (2020) presented clear aims and methods, a robust search strategy and used the CASP scoring tool to assess quality in the studies included. Despite the high quality of the systematic review, screening for ADHD, a neurodevelopmental disorder, was included alongside the generalised term of mental health difficulties as a comparison of school attitudes towards screening. The given logic was tenuous for this comparison, but the overall standard of the paper was high.

The findings presented pertinent and meaningful information of significant value to practice. Screening was effective according to systematic review, but it was not as popular with school staff as other methods. This was attributed to the perceived cost and a lack of resources in the form of teacher's time and a feeling that mental health was not their responsibility. The study concludes with suggestions for using existing recourses and strongly advises that health and education work together to improve outcomes for young people, but school nurses are not mentioned at all which could be deemed an unfortunate omission considering the recommendations.

2.7.1b Perceptions and experiences of identifying mental health needs

The study by Bohnenkamp et al (2015) is not a robust study from a methodological perspective, providing no statistical analysis or demographic data but the findings from a large sample are of interest and have some potential to inform practice and future studies. A 'quick poll' was distributed via a school nursing weekly digital digest, asking three questions of those who chose to respond. They asked what mental health conditions they routinely screen for, what barriers they have faced and what mental health practices they currently participate in, in school. 554 school nurses responded stating that the most common reasons they see young people is depression, anxiety and suicidal feelings. Moreover, they reported a lack of training and resources as barriers. The most

common action taken by respondents was to refer to mental health specialists and communicate with parents / guardians. Bohnenkamp et al (2015) offer some recommendations for practice but the validity of the recommendations comes from the literature included in the paper and not from the survey which lacks scientific rigour.

Moon et al (2017), explored the perceptions of school staff on the mental health of young people in schools. They used an anonymous online survey method to collect the data from a variety of staff which were teachers, administrators and school health employees. However, it was not stipulated whether school nurses were included in the school health category. Consent was implied by the completion of the survey which was returned by a total of 786 participants. In terms of quality appraisal, the study is of moderate to high quality with a robust statistical analysis and all aims met. The sample however is not diverse which is probably unlikely to be representative of the population as 81% were female and 92% identified as white. Moon et al (2017) found that the participants held significantly high levels of concern regarding the mental health of young people in their schools and over 96% of those surveyed said they are likely to encounter a pupil with an emerging mental health need in their daily work. The experiences of mental health training and having access to mental health recourses in school, were conclusively poor, with over 80% sharing negative feedback. In conclusion, Moon et al (2017) suggested that the whole school community should work together for the positive mental health of children. School staff have “key roles” in mental health prevention and encouraging positive mental health through early identification of emerging needs (Moon et al 2017 pg 390).

A qualitative study by Trudgen and Lawn (2011) explored the threshold of teachers’ detection of depression and anxiety in their pupils and what their actions are following identification of need. The aims of the study were presented clearly in a point format and referred to as the authors conclude. No methodological approach is mentioned but the overall quality of the research is moderate to high, and an axial coding method was used for analysis. The sampling strategy and data collection methods are appropriate to facilitate the achievement of the study aims. Validity was achieved by the two researchers coding independently of each other before coming together to check reliability. The study findings were relevant to practice and further research as they conclude that there is more to investigate. The participants, who were all teachers with a minimum of two years’ experience all spoke about the increasing rates of mental health needs they have seen since they began their careers. They spoke of learning by experience, of managing mental health issues in children and gave some harrowing examples of suicidal pupils approaching them for help. The teachers expressed varying levels of understanding of when to refer for specialist help and, worryingly, they were more likely to refer on if they knew and trusted the individual who is

responsible for the referral procedure, suggesting that a child being referred was dependant on personal opinion rather than need or process. Some stated that identifying and referring children with mental health needs is not their responsibility.

In contrast to the teachers in Trudgen and Lawn's (2011) work, the school nurses interviewed in Jonsson et al (2017) qualitative study unequivocally felt that identifying and supporting young people with mental health needs in schools was their responsibility and a significant part of their role. The study aimed to explore the experiences of school nurses working with young people who had mental health needs, by interviewing 14 school nurses from different municipalities in Sweden. Jonsson et al (2017) used a whole population sampling strategy to recruit school nurses in the area via email invitation. The participants were all female, their ethnicity was unknown, and the mean age was 51. The lack of gender diversity in the sample is unfortunately demonstrative of the situation in the profession as a whole (MacWilliams 2013), therefore an unavoidable limitation in the study. The age range was 31 to 60 years old, which is similar to other countries where the school nurse is qualified, with experience and an additional Public Health masters (Merrell 2007). This finding is, therefore, unsurprising.

The school nurses in the Jonsson et al (2017) study all felt that they had made a positive impact on the lives of young people they had supported by accessing specialist help for them or managing support systems in school and they reported a sense of job satisfaction from helping young people in need. One participant referred to herself as the 'safe adult' in a young person's life, offering a confidential and supportive service with a consistent professional who cares about the well-being of young people.

Bartlett (2015) explored whether school nurses can identify mental health needs in a review of UK based evidence, some of which had sought the experiences of school nurses. The aim of the review was clearly stated, with school nurses as the study population and the issue of identifying mental health issues in the school environment as the focus. A reoccurring finding in the studies is the paucity of literature regarding any aspect of school nursing from a UK perspective so the pool of available evidence for Bartlett to review was restricted from the outset. The rationale given for including only UK based studies was that the role was not comparable to other countries where the role might be different. With the parameters in place, only eight papers were included in the review. The search terms did not allow for variations of terms, being set at 'school nurse', 'mental health' and 'children and young people', there was no allowance for authors who have used alternative descriptors nor did the author state why 2003 was chosen as the lower date parameter. The methods section included a substantial amount of opinion which is unsubstantiated about why

qualitative methods are problematic when the participants are school nurses. The CASP appraisal tool indicates that this review is of moderate to poor quality. Bartlett (2015) used the CASP appraisal tools for the research included in the review and concluded that some were of poor quality, but they were still included because the volume of available literature was minimal. The findings offered valuable material for practice which mirrors the findings of other studies in this review, school nurses expressed a drive to identify and support children with mental health needs and saw it as a significant element of their role. School nurses shared the barriers they faced in providing the opportunities for pupils to disclose mental health needs, such as not having a private room in the school to facilitate an open, confidential conversation. They spoke of unmet training needs and a lack of supervision, increasing constraints on their time which removed them from the school setting and the subsequent unfamiliarity with the pupils. They shared how children did not know who their school nurse was.

Kaskoun and McCabe (2022), Jonssen et al (2019), Skundberg-Kletthagen and Moen (2017) and Membride et al (2015) suggest that school nurses are ideally placed to identify mental health needs in children, which the Royal College of Nursing states can be achieved by pupils attending the school drop in provision school nurses should provide (RCN 2017). Identification could be achieved by building relationships and trust with the pupils and offering a confidential space for conversations to take place, but the RCN recognises that the decrease in school nurse numbers has had an impact on the ability to provide a drop-in service (RCN 2017). In the absence of mental health support in schools by practitioners such as school nurses, teachers and school staff are often the ones who pupils go to for help (Halliday et al 2020).

2.7.2 Theme two: Schools as collaborative communities; A Whole School Approach

The 'Whole School Approach' model or its principles of collaboration have featured in the evidence as an influential factor in the identification and support of the mental health needs of young people in a secondary school environment. A Whole School Approach to mental health is defined by the collaborators, teaching staff, pastoral staff, communities, outside agencies, parents / guardians and pupils working towards a shared goal of achieving the best outcomes possible for children and young people with an ethos of empathy and understanding (Glazzard 2019). The adoption of a Whole School Approach was named directly in eight and implied by many of the studies reviewed as effective in the detection of mental health issues in young people. The literature review demonstrated that identification methods, even those with promising results need to be part of a wider approach which includes key contributors from education and health.

There are different interpretations of the idea of a Whole School Approach. Weare and Nind (2011) concluded, that a Whole School Approach is the consistently significant factor in the effectiveness of the various interventions. A variance was noted between a European and United States model of a Whole School Approach, with the latter showing less favourable results. The European model encompasses a flexible approach which empowers children and members of the Whole School Community, promoting participation and a collaborative ethos which contrasts with the U.S model which Weare and Nind (2011) describe as a 'top down' and 'prescriptive' approach (Weare and Nind 2011 pp i66). From a quality perspective, the systematic review is of good quality, the global reach is extensive and as representative as the available literature allows. The number of children included as participants in the studies are of significant volume to be of value to the evidence base. The aims are clearly defined, and the search strategy was extensive but the reviews studied were so varied, comparative analysis was not uniform. Weare and Nind (2011) assessed the quality of the reviews included and acknowledged the study limitations, namely that the study was a review of reviews, most of which had acknowledged poor methodological rigor.

The research by Warin (2017) focussed on the role of school leaders in inspiring and encouraging a 'whole school ethos of care', which enables the identification of mental health needs. The study is underpinned by the theoretical framework of 'nurture' in schools which originates from the work of Boxall (2002) and is described clearly by the author as the supporting principle of the study. The research question was clear, the aims presented in the first sentence and the methodology was appropriate for the research aim. The researcher utilised three qualitative methods of data collection, interviews, observations and focus groups in seven different schools. The participants were from both the mainstream element of school and from the 'nurture groups'. 'Nurture Groups' (NG), small groups set up for children in mainstream schools to provide a temporary intervention for children with social, emotional well-being and emerging mental health needs. Warin (2017) found that leadership influences the effective adoption of a collaborative school approach to mental health. She also acknowledged that such a positive impact could have a tentative reliance on individuals rather than it being an embedded systemic approach. Warin (2017) suggested that a collaborative compassionate approach to mental health influenced by individual leaders could also present a temporality risk, should new leadership be employed. The Welsh Government Framework on embedding a Whole School Approach to emotional and mental well-being (Welsh Government 2021) aims to prevent instability and inconsistency to the Whole School Approach by providing guidance to all Welsh schools. Warin (2017) explores the concept that schools can act as positive models of a compassionate society, mirroring John Dewey's theory on schools (Dewey 1958) whilst supporting Weare's recommendations for a Whole School Approach to mental health in schools

(Weare 2011). The importance of effective and positive relationships between pupils and school staff, school staff and families and between school staff themselves on the identification and the support of the mental health needs of pupils and staff is emphasised by Warin (2017) and supported by Dimitropoulos et al (2021), Coleman (2020), Poulou (2020) Aldridge and McChesney (2018), Oberle et al (2018), Moore et al (2018) and Joyce (2018). A Whole School Approach requires compassion, collaboration and an understanding that mental health is everyone's responsibility (Baldwin and Robbins 2020).

Studies which recommended a Whole School Approach, suggested a flexible model works better than a rigid, set, didactic approach (Glazzard 2019, Weare 2015, Weare and Nind 2011). In contrast, Goldberg et al (2019) surmise that the more flexible approach, which Weare and Nind (2011) identify as the European and Australian model contributed to some confusion for teachers in their meta-analysis, which showed higher success rates in the U.S studies. Training has been suggested to support the understanding of a Whole School Approach to mental health. Bohnenkamp et al (2015) suggest that training in mental health awareness should be multi-agency and involve all who contribute to a Whole School Approach, to build positive collaborative relationships and develop good communication. The school nurse is described by Bohnenkamp et al (2015) as a critical member of the school team and a key partner in the Whole School Approach ethos.

The ethos of a school was identified as key in factor in an effective Whole School Approach to mental health (Bohnenkamp et al 2015). A systematic review by Aldridge and McChesney (2018) explored how school climate affected the mental health of pupils. The term school climate encompassed the values and norms of the school environment, which contributed to making the children feel emotionally supported and empowered to disclose how they feel. This was particularly relevant for children presenting for help and therefore being identified as needing support for mental health needs. The definition of 'school climate' was however, ambiguous, and potentially open to confusion and despite the authors open acknowledgement of the different definitions, the vagueness of the term remained. The study had clear aims and a focussed question with a defined inclusion criteria which resulted in the review of 48 papers. The majority of which were of a quantitative design (44 out of the 48) meaning only three were qualitative and 1 mixed method. Given the personal and individual context of the subject, the impact of school on how pupils feel a more balanced range of quantitative and qualitative research might have offered a more objective set of results. The study concluded that a child who is part of a school with a '*positive social relational climate*' has an increased potential for positive mental health (Aldridge and McChesney 2018 pp 154). Bartlett (2015) supports this finding but goes on to suggest that the ethos of a school

directly impacts on the school nurses ability to manage mental health needs in young people, to work effectively and to contribute positively to the school community.

The Weare and Nind (2011) systematic review of systematic reviews took a broad aim to examine the prevention of mental health problems in the school environment, which included the identification and management of mental health problems. The authors were looking to find which interventions were effective by reviewing and appraising 52 systematic reviews which contained the findings from another 3,499 studies all together, the majority of which were of high and moderate quality (Weare and Nind 2011). Although Weare and Nind (2011) conducted the largest review of its kind on the subject, they experienced the same as many other researchers included in this review, that the available research is heterogeneous in methods, aims and focus, which created challenges for comparative analysis and therefore firm recommendations for practice. They concluded a Whole School Approach and a shared school ethos was central to the prevention of and identification of the mental health needs of pupils in schools.

2.7.3 Theme three: Relationships

The importance of effective and positive relationships between pupils and school staff, school staff and families and between school staff themselves on the mental health of pupils and staff is emphasised by Warin (2017) and supported by Dimitropoulos et al (2021), Coleman (2020), Poulou (2020) Aldridge and McChesney (2018), Oberle et al (2018), Moore et al (2018) and Joyce (2018).

The integrative review by Kaskoun and McCabe (2022) found that it was vital for the school nurse to be seen as trusted members of the school team, which was mirrored in the views shared by the school nurses interviewed in one study. They felt they were an important part of the school community and the Whole School Approach to mental health and emotional well-being. The school nurses discussed how collaborative relationships with school staff was key to their work with children and young people who might have mental health needs.

The role of positive and familiar relationships featured in the qualitative and quantitative data obtained from the school nurses in the reviewed studies. Visibility in schools was presented by the findings as having a direct influence on the trusted relationship sought by the school nurses, so when visits to schools were de-prioritised in favour of other tasks relationships were by default, affected (Kaskoun and McCabe 2022, Jonsson et al 2017, Bartlett 2015). The value of relationships was not confined to those between school nurse and school staff but included relationships with the pupils.

“The literature notes that when school nurses have a visible presence, it helps students understand the nurses’ role and assists with building a trusting relationship” (Kaskoun and McCabe 2022 pp 9).

The Kaskoun and McCabe (2022) study was based in the United States where, as previously stated the school nurse role differs to the European and UK roles. The findings provide a relevant contribution, however as the mental health needs of the children in the studies are comparable.

Kutcher and Wei (2012) found that the relationships between the collaborators in a school setting were sometimes problematic, especially where information needed to be shared or differing ideologies held but ultimately those relationships were key to a successful approach to mental health in secondary school. Kutcher and Wei (2012) explored mental health in the secondary school setting by reviewing the literature, which they acknowledged was sparse. The aim was focussed and the design appropriate to the study aim but the methodology was of a moderate to low quality as appraised by the CASP checklist (CASP 2018). The study aim was to review papers which explored the promotion, prevention, early identification, and intervention of mental health needs in secondary schools. Four databases were searched but the search strategy demonstrated a systematic approach was not taken. All types of articles were included which were then filtered by discussion rather than a clear inclusion and exclusion criteria, leaving 26 papers which had broad and different objectives. Appraisal did not utilise any tools for guidance or to maintain a consistent evaluation process. The findings were interesting, although without a systematic search, filter and review process the validity is uncertain. Kutcher and Wei (2012) suggested that collaborative relationships between professionals in schools can be negatively impacted by differing ideologies and territorialism but when relationships are positive the accessibility of mental health support for pupils is increased.

Jonsson et al (2017) explored the experiences of school nurses of working with mental health needs in schools. The school nurses interviewed by Jonsson et al (2017) discussed solutions to the challenges they faced, they identified training, support and the benefits that being part of a school wide team can bring, but they also described some considerable challenges that being part of that team brought. The study discusses previous literature in which school nurses reported feeling dismissed and isolated in schools which correlated with the feedback Jonsson et al were given, where the relationship between schools and school nurses was “troublesome” (Jonsson et al 2017 pp 4). The participants did, however go on to express positive examples of when the school staff and school nurse relationships have worked and how important those relationships are to positive outcomes for young people.

Some school nurses reported that they had no room to see pupils in the school and those who did often found themselves in storerooms or other unsuitable settings to discuss potentially emotive, confidential issues (Bartlett 2015). This added to the feeling of not being valued, of not being part of a respectful relationship. The lack of a suitable, private provision had also impacted on the ability of the school nurse to talk with pupils, to form trusted relationships and encourage further engagement. The importance of the partnership between health and education was the key point made in Bartlett's paper but the quality of the review and some of the eight papers included, being of moderate to poor quality affects the validity of the conclusion.

The relationships between school staff and school nurses emerged as a theme in Skundberg and Moen (2017), as it has in other studies with some participants reporting that they do not have access to a suitable workspace. One participant said she had to sit in a storage room, and some described adverse and hostile attitudes from staff about their role and about the pupil's mental health, indicating that relationships are instrumental in determining positive or negative practice, collaboration and respect (Vejzovic et al 2022).

The relationship between school nurse and the school was a significant issue for the school nurses in the Prymachuk et al (2011) study, with some of them citing professional tensions as a barrier to their work in schools. Some felt there was a lack of understanding about the school nurse role from school staff and some disclosed having their work made more difficult by the attitude of the school staff. Prymachuk et al (2011) highlighted how negative professional relationships between school staff and the school nurse affects the suitability of schools as a place for the school nurse to offer mental health intervention or support. They used the term 'professional tensions' when describing some of the relationships between teachers and the school nurse, in particular.

The study limitations given acknowledge the size of the sample and that the participants were from similar localities of London and Manchester, however the findings in the Prymachuk et al (2011) study correspond with findings in the Kaskoun and McCabe (2022), Smith and Bevan (2020), Jonsson (2017), Skundberg and Moen (2017) and Bartlett (2015) studies. The authors conclude by recommending that managers consider the tasks which make up the school nurse's workload and allow them training and development time. They advocate for school nurses role in the early identification of mental health needs but recognise that it will be very challenging without constructive relationships with other professionals. They go on to state that professional rivalries will hinder the fulfilment of the school nurse's role.

Dimitropoulos et al (2021) goes further to call relationships “critical” (pp 402) in addressing the mental health needs of pupils in schools and Oberle et al (2018) who obtained data from over 4,000 pupils in their longitudinal study, came to the same conclusion.

The evidence suggests that relationships and the school ethos are significant influencers on the mental health needs of the CYP in schools. Dimitropoulos et al (2021) conducted a qualitative study of 48 participants, consisting of a variety of school staff, including school counsellors. The paper was deemed of good quality according to the measurements of the CASP appraisal tool (CASP 2018) and offered a valuable insight into the experiences of school staff. This was the only study included which considered the identification of the mental needs of pupils in a school and found that positive relationships between staff and pupils enabled the identification of mental health needs in two ways, the ability to notice even the smallest changes in a pupil and the willingness of pupils to tell staff how they feel. Halladay et al (2020) firmly substantiates this finding, concluding that their survey of 31,125 young people indicated that positive pupil-teacher relationships encouraged them to seek help for mental health needs.

The impact of positive relationships on the emotional wellness and trust of children in secondary school relates then to the likelihood that children will seek support or that staff, including the school nurse will notice changes in them. Aldridge and McChesney (2018) concluded that relationships based on respect and connectedness were linked to positive well-being and a reduction in mental health needs.

The nuances of the relationships between school nurse, teachers and other support staff in the school environment have demonstrated an unexpected but interesting aspect to the literature review. It seems that when they are supportive, collaborative and respectful, with a shared goal of helping young people with mental health needs the relationships are a vital factor in positive outcomes (Jonsson et al 2017, Dina and Pajalic 2014, Spratt 2010, Holmstrom et al 2013).

The importance of relationships has emerged as a key theme in the evidence. The relationships between school staff and the school nurse have the potential to significantly influence the effectiveness of managing mental health issues of young people in school (Jonsson et al 2017, Skundberg and Moen 2017, Kutcher and Wei 2012, Prymachuk et al 2011). The work of Skundberg and Moen (2017), Bartlett (2015) and Prymachuk et al (2011) all include reports from school nurses about having inappropriate facilities to see young people in schools, that they feel they are not valued enough to warrant a private room and more than one school nurse spoke about being given a store room to work in. Some nurses felt excluded and isolated from the school community (Jonsson

et al 2017) but recognised that their absence due to workload pressures and a poor understanding of their role is the probable cause (Jonsson et al 2017, Bartlett 2015, Pryjmachuk et al 2011).

2.7.4 Theme four: Barriers to fulfilling the school nurse role

2.7.4a Training needs

In the Jonsson et al (2017) study the compassion and enthusiasm felt by the school nurses is clear as is the recognition of the impact which they can make but another consistent theme which emerged from the study was low confidence levels and a training need. The lack of training in mental health has impacted on the confidence levels of the nurses which, when combined with significant time constraints, minimizes their availability in schools and thus opportunities to identify mental health needs in the young people who attend. Recommendations were for all school staff to undertake training and change needs to happen at a school policy level (Trudgen and Lawn 2011). Bartlett (2015) found that training was high on the agenda for school nurses and the absence of it was affecting confidence levels. The need for supervision and support for school nurses who are managing mental issues in schools was emphasised and the absence of it, highlighted as a significant barrier to fulfilling the role.

Ravenna and Cleaver (2016) undertook a scoping review with the aim of discovering school nurses experiences of 'managing young people with mental health problems'. As with Bartlett (2015) the lower date parameter is set at 2003 but a reason is not stated in the text. Regardless of this, the study has a clear aim, search strategy and analysis of the research found. The authors acknowledge the lack of research conducted on the experiences of school nurses supporting and managing mental health issues in schools and give it as the reason for doing a scoping rather a systematic review. The search and filtering processes were detailed and presented in a transparent manner. This ultimately resulted in 15 studies which were identified and then reviewed by two researchers independently of each other to improve the validity of the findings. They used a critical appraisal tool before including them in the review, and in doing so kept a high standard of quality research papers for inclusion. The findings were themed into barriers experienced by the school nurse, the role itself and the impact of training. As is familiar in the other studies, where training in mental health has taken place, confidence levels increase.

The exploration of school nurses experiences of working with children who have mental health needs in secondary schools continued with the qualitative study by Skundberg and Moen (2017). A questionnaire, containing 23 questions, three of which were open ended was sent to 703 school nurses, 284 participated and of those 212 answered the open-ended questions. The methodological

approach used in the study is not discussed but a coding method was utilised to analyse the data. There were no face-to-face interviews, with all correspondence taking place via email. As in the Jonsson et al (2017) study, all the participants were female. The findings centred around school nurses perceptions of their role, competence, confidence levels and their experiences of contact with children. Again, training needs and confidence levels were inextricably linked with school nurses describing the need for increased specialist knowledge and access to the resources needed to identify and manage children with mental health issues.

Pryjmachuk et al (2011) found that school nurses identified a training deficit in their research. They explored the perceptions of a total of 33 school nurses on managing the mental health needs of pupils in a school setting. The study clearly identifies the methodology used and presents it systematically, however each focus group with between six and 12 participants only lasted an hour, limiting the amount of data which could have been collected. It could have potentially discouraged some school nurses from contributing to the focus group, if there were more confident or strongly opinionated nurses present. The authors state that “most” did not know the researchers, but this is not elaborated on, leading the reader to assume that some of the participants were familiar with the researchers but without further information the implications for potential bias in the study is not made transparent.

Data analysis was conducted by two researchers independently from each other at first, followed by discussion to resolve any disparities and to maintain reliability. Furthermore, the data was reviewed by a third, independent researcher to ensure rigour. The findings add significant value to the body of evidence on school nurses and their role in addressing mental health needs in school settings. School nurses indicated compassion and concern for the children they see in schools, detailing how they worry that pupils are in distress but are not getting the help they need and despite wanting to help, they report there are several barriers to their involvement (Pryjmachuk et al 2011). The school nurse discussed training needs which they linked to a lack of confidence on their part in dealing with mental health issues in schools and they highlighted a lack of time due to the volume of work they had. They spoke about a lack of support and clinical supervision, which again impacted on their confidence. Nevertheless, they reported that they wanted to help, and they acknowledged that it was a key part of their role to identify and manage the mental health needs of children in school.

A systematic review by Kaskoun and McCabe (2022) explored the perceptions of school nurses in addressing the mental health of children in the school setting. They reviewed primary research from across the world, with 5 from the UK. The search strategy was robust and the critical appraisal tools enabled consistency and quality in the analysis which ultimately resulted in emergence of three

over-arching themes. They found that school nurses wanted to gain confidence, which the school nurses assumed would happen if they were able to access the relevant training, that it was important to school nurses to uphold professional standards and Kaskoun and McCabe (2022) as the newest literature featured in the review further indicates there has been minimal research undertaken between the inclusion dates of 2011 to present. Eleven qualitative and three quantitative studies were reviewed, and the authors stated that of those studies only three had any theoretical underpinning, but the literature pool is limited for the subject. My searches support this and it is acknowledged that the reviews featured have found the same studies to examine.

Training needs are a regular theme in the research reviewed but few papers have studied which training and whether training is effective in improving the school nurses ability to identify mental health needs in children in the school environment. Haddad et al (2018) conducted a randomised control trial with 146 nurses and measured their identification skills before the training at three intervals afterwards. The hypothesis, that school nurses would gain skills to detect depressive symptoms more effectively was upheld. The robustness of the study was strengthened by a pilot study, a multi-agency steering group and the use of an independent researcher to hide the allocation of participants.

However, the measurements at the three- and nine-month intervals may have been influenced by the loss of school nurses as participants, with 70% of participants leaving at the three month stage and 60% at the nine month measurement. The authors acknowledge the impact this rate of drop out might make and go on to consider the impact of high profile safeguarding cases in the media and the subsequent increased awareness of school nurses in the following period.

Encouragingly, Haddad et al (2018) did find improved sensitivity to depressive symptoms in the school nurse's post training but also discovered increased confidence levels in the school nurses. This supports previous assertions of the link between knowledge and confidence, which have been discussed at length but not studied in the literature (Jonsson et al 2017, Bohnenkamp et al 2015, Pryjmachuk et al 2011). Smith and Bevan (2020) also concluded in their literature review that training in mental health was pivotal in the perceived ability school nurses hold of their own skills but also acknowledged that the demise in school nurse numbers and subsequent pressure on time was problematic in the identification of mental health needs in children.

The literature showed how intertwined training and support or supervision are to the confidence levels of the school nurses when managing mental health in schools. Smith and Bevan (2020), Kaskoun and McCabe (2022), Haddad (2018), Jonsson et al (2017), Bartlett (2015), Bohnenkamp et al (2015), Allison (2014) and Pryjmachuk et al (2011) all highlight the need for mental health training

for school nurses and a source of support, advice or supervision which could be a mental health professional, a senior colleague or manager or someone with the appropriate skills based in the school. Unsurprisingly, when school nurses were trained their confidence increased as did their ability to identify mental health needs in young people (Haddad et al 2018, Allison et al 2014).

The Skundberg and Moen (2017) study concluded that collaboration between all parties in a school setting is vital in achieving positive outcomes for young people and that school nurses are a fundamental part of the identification of mental health needs. They do, however need the training, support and reciprocally respectful relationships to fulfil their role. The evidence also highlighted that the school nurse might be the first person a child opens up to and that is a significant opportunity, not to be missed.

2.7.4b Workload

Workload pressures impact on school nurses time and availability in the school but all school nurses acknowledged mental health, particularly the identification of mental health needs as part of their role and were driven to do their best. A common thread running through the research is the compassion of the school nurses and the will to help young people who are at risk of or are experiencing mental health problems (Jonsson et al 2017, Skundberg and Moen 2017, Bartlett 2015). The pressure on the time available to school nurses formed a problematic barrier to the visibility of school nurses in schools, the forming of relationships and the opportunities for identifying mental health needs for which they are ideally placed (Bohnenkamp et al 2015). Prymachuk et al (2012) and Smith and Bevan (2020) recognised organisational pressures on the time which school nurses have available. Prymachuk et al (2012) suggested that term time only and part-time working hours places pressure on the availability of the nurse whilst Smith and Bevan (2020) found in their literature review that time pressures affected the ability of school nurses to undertake their role in supporting and identifying mental health needs in pupils.

Time pressures were given as a major barrier to identifying mental health needs in pupils in the systematic review by Soneson et al (2020), specifically in relation to screening programs. The systematic review found that no one particular model to identify mental health was more effective than another but concluded that the identification of mental health needs in pupils should be a shared and collaborative responsibility of both schools and health professionals, which could ultimately impact time pressures positively (Soneson et al 2020).

As discussed, the school nurses in the literature overwhelmingly viewed managing the mental health needs of children in school as a significant part of their role and one which they could make a

positive impact to the lives of pupils. School nurses have identified the barriers to fulfilling their mental health role in schools in the Kaskoun and McCabe (2022), Smith and Bevan (2020), Jonsson et al (2017), Skundberg and Moen (2017) Bartlett (2015) and Pryjmachuk et al (2011) studies, citing them as training needs, challenging school relationships, low confidence, a lack of support and workload pressures which impact on the time spent in schools. Skundberg and Moen (2017) state that school nurses are unable to spend time at school and as a result are viewed as less of a team member. They report that school nurses,

“in some cases, due to the workload, they are forced to prioritise the most concrete tasks such as vaccination and health screening” (Skundberg and Moen 2017 pp 5049).

2.8 Summary

The key findings of this review of the literature indicated that relationships are a key component of identifying mental health needs in secondary school children, that screening processes have a mixed and methodologically weak evidence base and that school nurses are in suitable position to identify mental health needs in the pupils. The unavailability of the school nurse and the unmet training needs contributed to barriers which the school nursing service experienced in providing effective mental health support (including identification of needs) in schools. The literature presents mixed findings on the quality of relationships school nurses held with the schools but the consensus supports the importance of those relationships being positive to be effective. The Whole School Approach was a consistent recommendation in the research which examined effective strategies of identifying mental health in pupils, however the inclusion of the school nurse in the approach was infrequent and only present in two of the studies. Bohnenkamp et al (2015) was a US study so, although the school nurse was included in the school community approach to mental health the Whole School Approach model (Weare and Nind 2011, WHO 1996) was not included or explored. The second paper, Bartlett (2015) which did include the school nurse and the whole school approach together in the study, only actually mentions the Whole School Approach once.

Recent systematic reviews by Soneson (2020) and Anderson (2018) had begun to examine methods for identifying mental health issues to facilitate support or referral to specialist services, but both omit the school nurse as a possible key collaborator in the approaches reviewed despite recognising that resources, cost and expertise are barriers to implementing any of the identification methods. The school nurse is present in schools and the evidence has clearly indicated that there is a gap which the school nurse can and is 'best placed' to fill (RCN 2017). The phrase 'best placed' or 'well placed' when referring to school nurses addressing mental health issues in schools was used frequently in the literature reviewed by Kaskoun and McCabe (2022), Willgerodt (2021), Haddad et

al (2018), Skundberg and Moen (2017), Bartlett (2015), Allison et al (2014) and Prymachuk et al (2011). In summary, the school nurse was found to be absent in much of the research discovered, giving my research focus an opportunity to add knowledge to a sparse catalogue of evidence.

Some studies examined the role of teachers as nominated identifiers of mental health need but the results were mixed, with teachers reporting that it is beyond their role whilst school nurses' welcomed it as part of theirs (Kaskoun and McCabe 2022, Bartlett 2015, Prymachuk et al 2011) . School nurses compassion and concern for young people was evident in the literature as was the drive to help those young people who were in need of intervention or referral for mental health needs (Skundberg and Moen 2017, Allison 2014, Prymachuk et al 2011). The literature review has indicated however, that the identification and management of mental health issues in secondary school is not the responsibility of one professional, it is the responsibility of the whole school community (Weare and Nind 2011). Where (or if) the school nurse fits into the school community as part of what is termed in some literature as the 'Whole School Approach' to identifying mental health needs, had not been explored at the time of writing.

2.9 Review Strengths

The strengths of this literature review were demonstrated by the finding's correlation with key strategic investigation which had taken place during the same time period, to inform Welsh Government guidance. The 'Framework on embedding a whole-school approach to emotional and mental well-being' (Welsh Government 2021), does not acknowledge the school nurse but the recommendations for all Welsh schools reflect the findings from this literature review.

A further indication that the literature review achieved the aims set, was that the same seminal papers were found in the search as featured in the systematic reviews, which indicated an effective search strategy and filtering process. Additionally, the challenges found during the literature search and review were mirrored in the limitations analysis within the papers.

2.10 Review weaknesses

The weaknesses of this review were in the potential limitations caused by a small body of research, which required a widening of the search criteria. The school nurse role in the UK differs to that in other parts of the world, particularly the U.S (Bartlett 2015). The Specialist Community Public Health Nurse (SCPHN) qualification which incorporates the role requirements and the standards of proficiency from the Nursing and Midwifery Council (NMC 2022) is specific to the UK. The available literature on the SCPHN school nurse role was sparse. Expanding the search criteria offered a larger volume of literature, some of which was relevant to review aims relating to the identification of

mental needs and the effectiveness of a whole school collaborative approach. The Whole School Approach model, however was not considered in the research outside of Europe meaning that two key specifics in the literature review objectives, the school nurse (the UK role) and the Whole School Approach (WHO 1996, Weare and Nind 2011, Welsh Government 2021) were missing from any non-European papers.

The search was made more challenging by the abundance of research which considers health promotion in schools which added volume but not relevance to searches, sometimes requiring the hand searching of papers. The research question, required for a doctoral study needed to remain focussed on the identification of mental health needs. In summary, the literature findings suggest that the identification of mental health needs were linked to observation, relationships, familiarity and collaboration between professionals, family members and children which correlated with the positive findings related to the Whole School Approach.

2.11 Gaps in the literature

The literature review has presented limitations affected by the moderate amount of research available on the role of the school nurse in the identification of mental health needs, which is mirrored in the absence of the role in contemporary Welsh Government policy and strategic direction. When the term 'Whole School Approach' was added as a search component with 'school nurse' (and the derivatives of the title), the pool of research reduced significantly. Substantial gaps were noted in the available evidence of the school nurse role as part of the Whole School Approach to identifying mental health needs in children. Original studies which explored the role of the school nurse in the identification of mental needs in children as part of the Whole School Approach to mental health, within a UK secondary school environment were absent.

The research, which explored the school nurse perspective indicated that school nurses view identifying mental health needs as part of their role but face numerous barriers to practising this aspect of the job in the face of diminishing numbers and a lack of training. There are several barriers faced by school nurses which impact on their identifying of mental health needs in children in secondary schools, as shown in the evidence. However, one of the more unexpected, impactful, and interesting challenges which emerged was the relationships between school staff and school nurses. Although some studies touched upon the intricacies and implications of the relationships there is a gap in research which explores the human experience of these relationships, the feelings they provoke and if they impact on the effectiveness of identifying mental health needs in young people.

It is unclear where and how the school nurse fits into the school's approach as a community to identifying pupils mental health needs . A qualitative study which explores these relationships and their implications on how the school nurse contributes to the identifying mental health needs in young people in secondary school, could add meaningful and rich evidence to the body of literature which is currently sparse (Bartlett 2015). My study aim was to answer the question regarding the school nurse's role in identifying mental health needs in secondary school pupils and potentially contribute to the gap in the evidence highlighted by this review.

2.12 Chapter conclusion

The literature review has provided a comprehensive overview of the research available on the subject and has met my search objectives. My search objectives were to explore 'which interventions or strategies are effective in the early identification of mental health needs of children (aged 11 to 18) in secondary schools' and 'what is the school nurse's role in school in relation to the identification of mental health needs in secondary schools and what are the benefits, challenges and requirements of the role'? My research question asked, 'how does the school nurse contribute to the identification of mental health needs in secondary school pupils?' which has been partially answered by the available literature. My own original research sought to answer the question further, to meet the study objectives, to add original research to the gaps in literature and to add a deeper, meaningful human perspective.

The analysis of the literature has identified four key themes, which emerged from the papers found from a systematic search. The findings added to my understanding of current knowledge on the subject and identified gaps to be filled, gaps which my study could contribute to. Overall, this literature review provided a foundation, "*ploughed the field*" according to Kim (2016 pp 11) for the subsequent study which took place.

3. Methodology Chapter

3.1 Introduction

In this chapter, an account of the research design, methods, limitations and justification for a narrative inquiry methodology is presented. This chapter explains the choice of methodology chosen to answer the research question. The research question asks ‘How does the school nurse contribute to the identification of mental health needs in secondary school pupils?’ and the objectives of the study are ‘to establish which strategies are effective in the identification of mental health needs of secondary school aged children by undertaking a literature review, ‘to explore how school staff and the school nurse contribute to the identification of mental health needs of children by gathering the stories of experiences?’ and ‘to develop recommendations for policy and practice that further enhance the early identification of mental health issues in school aged children’.

3.2 Research design

3.2.1 The research philosophy

Yin (2016) describes a continuum of philosophical assumption with positivism at one end and constructivism at the other. Within constructivism, the epistemology is ‘constructed’ subjectively by an individual sourcing knowledge from experiences, background and what has been learned (Fosnot 2013, Brandon 2010). The ontological perspective of the constructivist is that multiple individual human realities exist and are experienced through social interactions in the world. Dewey (1900), the philosopher behind the theoretical foundation of this study, described schools as small societies in which human experiences occur simultaneously thus supporting a constructivist position.

3.2.2 The research approach

A constructivist philosophy is often associated with qualitative research designs, as both emphasize the importance of subjective experiences and the need to understand the meaning that individuals attribute to events. Constructivist philosophy holds that reality is constructed through human experience, and therefore, qualitative research designs that aim to understand the perspectives and interpretations of participants align with this perspective, whilst positioning the researcher within the context of the research (Denicolo et al 2016, Fosnot 2013, Maxwell 2013).

3.2.3 The research strategy

The research strategy was informed by the research question and guided by the theoretical and philosophical underpinning. The research gaps identified in the literature review indicated an opportunity for research to investigate the experiences of the school nurse in relation to identifying

mental health needs of school children alongside the experiences of those working alongside a school nurse, to gain a meaningful perspective of how this role embeds in the school collaborative to mental health. The study question invited a qualitative constructivist approach which supported the exploration of experiences.

Dewey wrote extensively about the value of human experience, stating that it is an ongoing process of interaction between the individual and the environment which allows for learning and emotional growth (Dewey 1925). He believed that schools acted as small societal communities where relationships and experiences mirrored the wider society, stressing that a child's long-term well-being and moral code can be affected, in the school setting (Dewey 1900). His philosophies informed the Clandinin and Connolly (2000) narrative inquiry methodology, which suitably met the requirements of the study to answer the research question and provide a meaningful understanding of the personal experiences and collective story of the participants. Likewise, Phenomenology could have potentially achieved my research goals and was considered as a suitable methodology for my study. Phenomenology, like narrative inquiry embraces the value of subjective individual experience but it does not have the same emphasis on co-production and hearing people's voices through stories. Rather than studying the experiential essence of a phenomena, narrative inquiry hears the story and re-tells it in collaboration with the participants, it gives individuals a voice and presents it in an accessible format as according to Kim the writing style of a narrative inquiry study should be relatable and readable (Kim 2016). It was important from my constructivist perspective, that my research question and objectives were met by hearing the subjective truth of each participant, in their words and by their experiences which consisted temporally, in relation to others and in a setting which added meaning (such as a school). Narrative inquiry achieved the objectives and framed the answers with the sensitivity which the emerged topics required.

The Clandinin and Connolly Narrative Inquiry methodology facilitated the deep exploration of personal experiences and perspectives through storytelling, whilst valuing the context, emotions and the subjectivity of the human experience. This made Narrative Inquiry a suitable methodology for the study, carrying the potential for the investigation of nuanced views and perspectives. I wanted to discover deep meaningful stories which are explored within the context of time, place, sociality, and environment. Clandinin and Connolly's Narrative Inquiry (2000), based on the philosophy of John Dewey's ideas of experience and of schools acting as micro societies provided me with a systematic framework and methodology to achieve the aims of my study.

Kim (2016) and Lincoln (2011) firmly believe that a narrative inquirer is a philosopher who is in a constant state of ontological growth and learning, which comes from engaging with people and their

experiences. Kim (2016) compared researchers to artists and writers by placing the narrative inquirer as the artist who brings human truth into academic reality.

3.2.3a Narrative inquiry

Kim (2016) suggests that narrative inquiry can be traced back to Aristotle, who Boyd (2009) recognises as the earliest known analyst of narratives. Aristotle developed theories about storytelling and emphasised the need to engage with those who read or listen to the story (Potts 1968). Kim (2016) suggests that a narrator is someone who 'knows and tells'. A narrator collects stories and then re-tells them to share the experiences of people. A narrative researcher does the same with an ethically sound, methodological design and in collaboration with the participant, as the storyteller. Kim suggests that narrative is storytelling and vice versa and that it is a human skill which has always been present as a form of communication.

John Dewey's theory of experience (Dewey 1938), was a philosophy which featured prominently in Kim's book 'Understanding Narrative Inquiry' (2016). By 1990 Connelly and Clandinin were writing about a narrative development in research and Lieblich et al (1998 pp 1) stated that the 'narrative revolution' was achievable only because a gap emerged as the positivist design began to lose its monopoly in social science research (Clandinin 2006). Indeed, Lieblich et al (1998) state that narrative inquiry is a necessary alternative to positivist designs because the human experience can contribute to knowledge, offering a whole and meaningful picture of a phenomena, a view which Hayden and van de Riet (2017) support. Clandinin and Rosiek (2006) developed their theoretical perspective further, from the 1990 Clandinin and Connolly work to see the human story as more than the individuals experience. They expand on Dewey's 'theory of experience', embracing his principles as a true and complete basis for narrative inquiry. Dewey (1938) holds a 'pragmatic ontology of experience' according to Clandinin and Rosiek (2006 pp42) which acknowledges and explores the influence that the social world or interactions, the continuity, or the timing of the story in relation to past, present or future and the setting or place. These three dimensions of narrative inquiry are supported by Clandinin and Connolly (2000) and Kim (2016) and form the basis of the analytical methods used in interpreting the collected data.

Narrative inquiry is often used by researchers who have an interest in hearing the voices of participants as stories from their own perspectives and having those voices heard by the reader, with a keen focus on the human experience at all times (Chase 2013). A story has the potential to hold significant potency, to be powerful and meaningful by connecting emotionally and offering a tangible reality of an individual's experience. Narrative Inquiry acknowledges the importance of

people's stories as a natural discourse of sharing experiences and for others to truly understand and feel those experiences for themselves (Kim 2016).

A narrative inquiry design uses storytelling, written in a literary style (Kim 2016). Kim suggests that the writing style incorporates four elements, the creation of a virtual reality so the reader feels immersed, a fidelity to the stories told (Blumfeld-Jones 1995), the inclusion of the researcher's voice and a narrative imagination (Clandinin & Connelly 2000). In her comments on storytelling, Nussbaum (1998) argues that stories are an integral component of all humans which facilitates learning. A narrative imagination suggests that the researcher learns to understand what it is like to be in the participants situation and to try to feel how they feel. The participants were the storytellers, and I was the re-teller of their stories.

3.2.4 Data Generation

3.2.4a Context

Permission was granted to conduct the data collection in a large secondary school, approached because of its diversity which offered a wide representation of pupils from different socio-economic, religious, ethnic and rural backgrounds. The school's catchment area was vast, thus welcoming children from a wide geographical region. Academically, pupils ranged from the very high achieving to those who are unable to access mainstream classes so accessed small groups with specialist teachers and teaching assistants. The school had children who were under safeguarding consideration, who were in the care of foster carers and those who were supported by youth offending teams because of criminal behaviours. The incidence of mental health needs of all levels of severity, requiring support had led the school to employ their own counsellor in addition to the one provided by the Local Authority. They reported having a waiting list despite offering the additional resource. The teachers and school staff were a mixture of employees from the city and some from rural Wales. Some participants were new to the school, and some had worked there since it opened.

3.2.4b Securing access

Access to the school setting and permission to approach staff as potential participants, was granted by the headteacher following a meeting in which the study information and university approved consent forms were given. The school assigned to the school gave her consent to take part following a detailed discussion and explanation of the study, which was then left with her in a written format. The school nurse signed the consent form the following week. Permissions were given by her immediate managers and her Health Board's Research and Development department.

3.2.4c Data Collection

Within the school, a snowball sampling strategy was used to find the school staff members who had provided pastoral support or had occasional supportive contact with pupils. To answer the research question, participants were needed who had the opportunity to gain experiences with pupils and could have identified mental health needs. As one of the study objectives was to determine how the school nurse contributed to the identification of mental health needs within the school community setting it was necessary to find participants who could have the opportunity to have contact with the school nurse or know about the school nurse role. A general insight into a school structure indicated who I should approach initially to participate. Key staff, who acted as heads of year or as a specialist teacher for children with educational needs were chosen as their job descriptions indicated they would have the necessary contact with pupils and the school nurse. The deputy head had been instrumental in granting permission and managed my visits to the school and also took on a lead role for emotional well-being in school so was an appropriate participant choice. Without the familiarity needed, I was not aware of who else in the school might fit the criteria of participant, so I needed to utilise the input of others. Snowball sampling enabled further recruitment of suitable participants.

The ten participants included, the deputy head, the heads of years nine and eleven, the special educational needs co-ordinator (SENCO), the learning coach, the physical education (PE) teacher, the head of the new curriculum development, the pupil support officer, the school counsellor and the school nurse. Individual identifying characteristics have been removed to further protect the anonymity of the participants and the school.

A semi-structured interview method was used to collect the data during interviews which lasted between 45 and 90 minutes each. Participants were interviewed in the order set by their availability and were held in a quiet room which was assigned to me for as long as required. The interviews were recorded and transcribed later by an independent, university approved transcribing service. In addition to the interview transcripts, I maintained some notes for reflexive purposes. These notes assisted my individual reflection as a researcher and served as a reminder of the emotions experienced on hearing some deeply personal and distressing stories. My reflexive accounts are included in Appendix B.

I was able to listen fully and engage the participants in an open discussion, using set prompts infrequently. Kim (2016) states that, when gathering the story of a single participant, the interviewing would need to be extensive, long, and probably multiple but with a larger sample, she suggests shorter interviews. A semi-structured interview process allowed a guided conversation to take place. Kim's (2016) narrative inquiry typically uses between 6 -10 questions to guide the

interview if needed but encourages flexibility, with the response to the participants being the most important aspect of the process (Kim 2016). The interviews followed the two sentence format which uses a statement and a question for the 6-10 guide questions (Kim 2016). Responding to the story as it develops is an important skill in narrative interviewing, according to Kim (2016). She advocates using intuitive listening skills to allow for pauses and encourage elaboration.

The questions were followed up with prompts to learn how the participants felt, with attentiveness and empathy demonstrated to encourage the sharing of authentic stories (Allen 2017). Allen (2017) states the purpose of narrative interviews is to provide an opportunity for the participant to tell their story to the researcher and goes on to say this signifies a move in the way people are seen in the interview situation, from interviewer and interviewee into narrator and listener. He also highlights that the narrative inquiry interview is slightly different to other qualitative interviewing methods in that it is more relaxed, less structured and is led by the participant. If there is no need for the guide questions, if a participant is sharing the story freely without straying from the topic, then the questions need not be asked. Allen (2017) stresses that in narrative inquiry, the researcher is not looking for answers to specific questions but rather the story as experienced by the participants. This design guided the interview strategy used during data collection and can be found in Appendix C.

The stories were checked for validity with most of the participants at a follow up visit, but the collaboration process occurred less than planned due to the Covid-19 pandemic and the retirement of one participant. A second lockdown and school closure following data collection inhibited further contact with the school staff and the redeployment of both the school nurse and myself into the vaccination programme created additional and unforeseen disruption to data collection. Validation of the participants stories was sought through email communications, in the face of pandemic lockdowns and restrictions. One participant had retired and two did not respond to my emails. The remaining seven agreed with my re-storying and approved the validity of the data.

Collaboration between researcher and participant is a key aspect of narrative inquiry, as the story is told and re-told whilst staying faithful to the individual, subjective meaning of the story shared (Cresswell and Miller 2000). To align with Kim's model of narrative inquiry, there should have been frequent negotiation, to provide validation assessments during the collection and analysis phases which should have provided assurances of the accuracy of the re-storying and what participants subjectively meant in their stories. Although challenging, a narrative inquiry approach seeks validation because it is the story as understood by the person rather an objective truth which matters in a narrative inquiry methodology (Kim 2016). Collaboration can be time consuming and the nature of subjectivity can make finding meaning difficult but the benefit of finding the

significance of individual experiences as opposed to objective, decontextualized realities can be enlightening (Kim 2016). The considerable challenges to a narrative inquiry validity process brought by the Covid-19 restrictions on meeting in person, school closure, staff sickness and increased digital workload were addressed as much as reasonably possible by email communication.

3.2.5 Data analysis

The analysis of narrative inquiry data has been much less standardised than other methods of qualitative analysis according to Reissman (1993) but more recent publications, by Clandinin and Connolly (2000) in particular, have offered a structured, systematic approach for researchers. Narrative inquiry uses, although not exclusively the three-dimensional space approach to analyse data (Kim 2016). The three-dimensional space approach to data analysis is a framework developed by Clandinin and Connolly (2000) for analysing narrative data and consists of three intersecting dimensions: temporality, sociality and spatiality. Temporality refers to the chronology of the narrative and sociality represents the social context in which the narrative is situated. It includes the cultural, historical, and social factors that shape the narrative. Spatiality is the setting, the physical environment which in this case was a school.

The three-dimensional space narrative inquiry analytical design was used to understand and explore the substantial amount of rich stories gathered from personal experiences, emotions and relationships (Connolly and Clandinin 2006). The data, transcribed as spoken was initially a large mixture of unfinished sentences, repeated words, verbal sounds which were not words and colloquialisms. The process began with sifting out the sounds such as 'um' or 'mmm' and marking words such 'you know' and 'isn't it?' in grey so they were less evident. Then the process of colour coding the transcribed data began, to highlight the words as groups which would fit into the three-dimensional space model.

Each individual story was then themed under the three headings, resulting in ten tables which were cross referenced with each other for similarities (Appendix D). An amalgamated, collective table of data was then produced to enable the analysis of findings and investigation of themes and ultimately an overarching meaning. The stories were collected as verbal data, then transcribed, re-written under the three-dimensional space model (Clandinin and Connolly 2000) headings then grouped in themes, under the headings of continuity, setting and interaction. This ultimately produced a collective and combined story told from different aspects but presented in an integrated format. The individual voices are not lost but organised under key themes and heard as a whole school (Kim 2016). Themes, sometimes referred to as threads in narrative inquiry, recognise and

consider repeated thoughts and emotions through the participants stories as they are interwoven within the three dimensions of space (Clandinin and Connolly 2000). Clandinin and Rosiek (2007) reason that human experience should be analysed in the context of social interactions, cultural norms, and institutional stories whilst Pumplampu et al (2020) suggests that the themes consider the individuals experience as they occur in time and context. Both studies align with Connolly and Clandinin (1990) theories of stories being temporal and relational in nature.

When sifting through the stories to find themes, it was important to avoid 'Broadening' which as described by Connolly and Clandinin (1990) is the generalisation of elements of participants stories and can be avoided by 'burrowing' and 're-storying' (Connolly and Clandinin 1990). Burrowing encourages the narrative inquiry researcher to delve deeper into the emotions and values felt by the participants, related to their story and to explore the source of those responses whilst re-storying occurs when the researcher conveys the stories shared with authentic meaning (Connolly and Clandinin 1990). Practically burrowing was undertaken by revisiting the stories repeatedly, to compare, contrast and consider how the individual stories melded together. Clandinin and Connolly (2000) advise that the analytical practice of transferring individual stories to themed data is complex and labour intensive, especially in narrative inquiry where the volume of data is usually significantly large. Frequent revisits to burrow and explore the transcripts throughout the process of analysis and beyond were undertaken to synthesise my understanding and interpretation of the findings (Kear 2012). As stated, validity methods planned prior to the Covid-19 pandemic were not possible. Regular follow up visits to the participants, could not occur as schools were closed and visitors restricted when they did re-open. I minimised the disruption to the validity checks and ensured re-storying accuracy as much as possible, by communicating via email and phone calls where feasible.

3.2.6 Ethical considerations

Ethical permission was granted by The School of Healthcare Sciences Research Ethics Committee at Cardiff University following a considered application process in September 2020 (Appendix G).

Study participants need to be ensured of their dignity, privacy and well-being throughout the study but they also need to have trust in the researcher and to know that the time they are giving is contributing to a worthwhile and robust study (Wang & Geale 2015). Participants were given consent forms and an information sheet which they signed and returned. GDPR was upheld by secure storage of the participants data, in accordance with University requirements. All electronic data was stored securely, transcriptions and vocal recordings were password protected. Other than on the consent forms participants were referred to by the initials of their role in the school, the deputy head was DH and so on. No personal information was taken which was not necessary for the

study. Participants are purposely referred to in non-gendered terms and all attempts have been made not to identify the geographical region of the school or any details which might make the school and therefore staff and pupils recognisable to readers.

Participants were told that their story and the stories of others from the school will be available in the public domain for others to read and, although the stories have no obvious identifiable information, they needed to be mindful of the potential reach of readership. The right to withdraw at any point of the study was emphasized in the both the written information and at the beginning of the interview, up until the coding had taken place by which point separation of the data would be impossible.

A safeguarding statement was included, reminding participants of the schools safeguarding policy and of my own requirement to report and act on any safeguarding concerns, which may emerge during interviews. It was stressed that safeguarding will always override confidentiality. A further addition to the safeguarding statement included a declaration that confidentiality might need to be breached should any professional misconduct disclosures occur. If such an event occurred, it would have been reported accordingly. The Cardiff University information sheet guidance template, states that the potential risk of breaking confidentiality should be highlighted to the participants but that the need might hinge on a risk to self or others. The Cardiff University 'policy on ethical conduct of research involving human participants' point 4.7.3 states that it is important that researchers do not give unrealistic guarantees of confidentiality and anonymity and informs participants when confidentiality might need to be broken (Cardiff University 2018).

The participant information sheet (Appendix G) contained the afore stated information and was given to selected staff members within the school which consented to hosting and participating in the study. In addition to the consent form and information sheet, participants were issued with a 'freedom to withdraw' form with the consent form but were also told they could withdraw by verbal notification and the GDPR completed checklist, available via UK Research Integrity Office (UKRIO).

3.2.6a Accessibility

Prior to any requests for participation, people were provided with a comprehensive study information sheet which was available in Welsh (with English so that the researcher could understand the text). Potential participants, who may have had sight impairments, communication needs or preferences were accommodated by the offer of an audio format of the text or a one to one discussion with the researcher. The written information sheet was adapted to a large font and

was made available on different coloured paper and in an audio file as recommended by the British Dyslexia Foundation.

3.2.6b Safeguarding and well-being

In the chosen design of a narrative study, the relationship between participant and researcher which encourages an open conversation and sharing of stories, can also result in the sharing of negative or painful memories or experiences. This is even more pertinent when the topic of mental health in children is considered. A plan was agreed prior to the interviews so that the participant knew that they could have stopped at any time or taken a break. The senior leadership team were made fully aware of the potential risk of emotional distress to the staff involved and the staff were encouraged to report any distress. The school nurse, who is employed by health was advised to report to the school nurse manager. The school has a resident counsellor who sees both pupils and staff. The role is additional to the part-time school-based counsellors which all schools have. The resident counsellor and head teacher were prepared to support participants should they need it. In addition to the support available in school, participants were signposted to support services and provided contact details for The Samaritans and the C.A.L.L helpline, a Welsh mental health helpline.

If the interviews had alerted the researcher to any safeguarding concerns for children or adults, this information would have been shared with the school and health board's safeguarding leads. The safety of vulnerable adults and children would have taken priority as stipulated in the Wales Safeguarding Procedures (Welsh Government 2019).

3.2.6c Reflexivity

Reflexivity, the consideration of the views, principles, judgements, and practices of the researcher throughout a study is particularly important in the situation where the researcher may have an existing, albeit professional relationship with some of the participants of the study. An open and honest reflection of how the relationships and pre-existing knowledge of the school might influence the research, is of ethical and professional significance. Kim (2016) describes reflexivity as a kaleidoscope which enables a researcher to scrutinize their place and influence in their research, a tool which is a step even further back from reflection. When a researcher is transparent in the presentation of relationships between them and the participants, it strengthens the credibility of the study and develops the readers appreciation of the research (Dodgson 2019). To be reflexive in my study required a constant inner discourse and self-critique of my role as researcher, which was facilitated by making personal notes and attending regular supervision.

3.3 Limitations and challenges

Narrative inquiry typically generates large volumes of data, which can be challenging for researchers to manage (Kim 2016). The overwhelming amount of data was indeed a challenge as was the coding of data which could have fallen into more than one category of the three-dimensional model. Some statements were both stories from the past and stories of relationships fitting into two of the three possible dimensions, which led to assessments based on subjective analysis. Subjectivity, which is recognised as a potential limitation of narrative inquiry (Kim 2016), gives room for researcher bias which was made an increased consideration given my ontological position and preconceived opinions of the school nurse role. The risk of my bias because I was a nurse and previously a school nurse, was acknowledged on my part and reflected upon. The potential for participants to censor their stories so they did not offend me, as a nurse or the school nurse who might read the study was mitigated, at least in part by verbal reassurance. I observed that, the participants who did begin their interviews trying to avoid saying anything negative about the school nurse role, relaxed as the interview proceeded.

The Covid-19 pandemic had adversely affected the school routine in the six months before data was collected and continued to do so during data collection which started in September 2020. Soon after data collection, another lockdown was implemented, and U.K schools closed again for a further four months. During the data collection, significant disruption took place outside of the interview rooms as whole classes of children were sent home after being identified as contacts of infected people. The resulting noises and calls over walkie talkies did occasionally interrupt interviews but generally, the school staff tried to minimise the disruption as much as possible. My timeframes were affected by the pandemic, as I needed to fit around the busy schedules of staff who were covering for Covid-19 related sickness. I knew that I needed to utilise my opportunities and see the participants when they were available. This meant that I had to conduct the interviews over a shorter time frame than I would have liked, leaving less time for reflection between interviews. The adaptability the school afforded me, however meant that I was able to collect data at a time when some researchers were unable to.

3.4 Chapter conclusion

In conclusion, this chapter outlined the research methods and techniques utilized to address the research questions and objectives of this study. Through a thorough and systematic approach, the approach was designed to ensure that data collected was valid and representative of the participants stories. The narrative inquiry research design and sampling method were appropriate for achieving the research objectives, and the data collection and analysis procedures were guided

by a narrative inquiry methodology. Ethical considerations have been regarded to ensure that the research was conducted in an ethical and sensitive manner, which respected the emotional well-being of participants. The limitations of the methodology and setting have also been acknowledged, and strategies have been put in place to mitigate any potential limitations. Overall, the methodology chapter has provided a clear and comprehensive description of the research methods employed.

Chapter 4 Findings

4.1 Introduction

This chapter will present the findings of the study which have emerged from the analysis process. The identified threads are pupils in distress, stories of loss, stories of interactions and relationships and the Whole School Approach. Meaning is reached by finding the overarching theme which will form the basis for further discussion in the following chapter.

4.2 Individual storytellers

As presented in the methodology chapter, the participants who took part in the study were people who had direct and regular contact with pupils and so had the opportunity to identify mental health needs or who played a part in their emotional well-being. There were five participants chosen initially because of their direct role with pupils and emotional well-being who then suggested who else should be approached to participate in the study. The first five participants assisted in the snowball sampling of the other five. They suggested members of the school staff from their perspective of familiarity with the school processes and culture resulting in a diverse mixture of teachers and support staff. The heads of year nine and eleven (H9 and H11) were suggested by the four school staff because of their support for pupils in these year groups. The other members of staff who were suggested by the first five participants were the learning coach (LC) and the physical education teacher (PE). The learning coach was employed by the school, to support children academically but it was explained that the role gave them the opportunity to spend an indefinite amount of time with children talking in a private and relaxed environment and that they were key in identifying all types of needs including mental health needs. LC had the time, the opportunity and the positive relationships to be able to listen to the pupils who came to them. The PE teacher was suggested by everyone in the group of the first five participants and by everyone else in the subsequent group of participants. I had been surprised by this initially but followed the snowballing procedure and interviewed PE for almost an hour.

This snowball sampling method offered me the opportunity to hear to the stories of five more people who were likely to have experiences to share, which ultimately resulted in meaningful and

sometimes powerfully emotional stories and a rudimental early phase of theming. This is presented in Table 6.

Table 6 – Findings by Three-Dimensional Space Theme (Clandillin and Connolly (2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>CYP in distress</p> <p>PS “seems really down...gone quiet” “the ones that stand out for me are the eating disorders” “parents had found a razor under the pillow”</p> <p>H9 “some really sad boys here” “he disappeared completely in his shell” “she was really tearful, in school” “she was really struggling with everyday life”</p> <p>SE “we had a significant disclosure (pupil sought help after an overdose in school)”</p> <p>H11 “she was looking tired, her clothes unwashed and I was worried” “he just started to act really low” “had been self-harming for years” “there’s one we were really, really worried about (self-harm)” “she had taken pills in school”</p> <p>DH “tearful in every lesson” “we are seeing lots of angry little men because...low mood...worries...but express feelings with</p>	<p>Experiences as a direct result of the pandemic</p> <p>PS “daily need for mental health support since covid started”</p> <p>H9 “not able to cope coming back after lockdown, really tearful” “some girls have come back scared” “the friendship dynamics changed (since return from lockdown), he wasn’t fitting in anymore” “noticeable difference in pupils...come back anxious”</p> <p>LC (mental health needs are) “almost epidemic”</p> <p>CO “used to have a cup of tea and just chat but can’t do that online or with restrictions”</p> <p>PE “we don’t come together...no assemblies because of covid restrictions” “She is (pupil) feeling low, shes not going to be with her friends for two weeks (self-isolation)”</p>	<p>Aspirational feelings on the School nurses role</p> <ul style="list-style-type: none"> Time in school <p>PS “we could all be (including the SN) different strands...plaited together...one strong thing” “here much more”</p> <p>H9 “SN could be used so much if here full time” Should be, ...a SN in here all the time”</p> <p>H11 “based in school” “here</p> <p>DH “here every day” “around more” “(SN) should be here all the time, knowing what’s going on” “there should be a cluster approach (with the feeder primary schools)”</p> <p>SN SN “I think we could work better, that WSA would work better if I was in more”</p> <p>CO “in an ideal world the SN would have time to sit and chat (to CYP)”</p> <p>PE I’d love it if she was here more”</p> <ul style="list-style-type: none"> Health education <p>H9 “timetable into curriculum, so they got to know her”</p>	<p>The experiences of Relationships</p> <p>PS “the management here are very supportive” “if someone’s got a worry, they all know they can turn to someone and it will be supported” “They (the pupils) become so important to you, you want them to be ok” “you know those kids like the back of your hand, you establish a kind of friendship” “she (a pupil) passed a little note into my hand saying ‘I need to tell you something’, it was because she trusted me” “they (the pupils) become so important to you, you want them to succeed and you want it to be ok” “friends (of CYP) will come and say they are worried about a pupil”</p> <p>H9 “you have got people that you can go to for support” “it’s nearly like supervision (staff conversations)” “we always offload on each other” “they (CYP) come to tell us how they feel” “some teachers build better relationships (with pupils) than others”</p> <p>SE “senior management team (are) forward thinking and pro-active” “its like a little community here” “I could go to the deputy head, close the door and say I need to talk, anytime” “Head and Deputy so open and caring” “its about looking after the staff too” “were all on it, keeping an eye (on MH issues in the pupils), picking up on it. It all depends on relationships, could be anyone, caretaker, anyone...someone they (CYP) trust, ...who they can confide in” “we get young men worried about their friends (who report concerns to staff)”</p> <p>H11 “have that bond and make a partnership with them (CYP)” “sometimes we find out something is wrong by a friend who is worried”</p> <p>DH “we have a close knit team” “we are one big team” “we’ve got each other’s backs” “there’s always a person of</p>	<p>Stories of a Whole School Approach to mental health</p> <p>PS “ethos” “our role” to help pupils with MH. “approach comes from the top” “you’ve got to listen to kids” “MH has always been important in this school. It came from the first head” “schools ethos from the very beginning and it stayed”</p> <p>H9 “MH and emotional wellbeing is part of the ethos here”</p> <p>SE “the child is number 1, not...the GCSEs, it’s the child that’s the most important thing” “Everyone plays a role.. caretaker, office staff, admin”</p> <p>H11 “everybody has the same ethos, the dinner ladies will come and say...I’m really worried” “They’re all good here, the caretakers and the dinner ladies...they’re good at spotting...when something is wrong”</p> <p>DH “(MH) has always been important in this school” “same goal, that kids are ok” “MH important from the first head (teacher) when the schools opened”</p> <p>SN SN “they (in this school) think outside the box to think what is going on” “they don’t label” “they are attuned to it more here (MH) and how to respond to it”</p> <p>CO “community” “not big on punishment...want to understand...rather than get rid of the</p>

4.3 The Individual Stories

4.3.1 The Deputy Head (DH)

The first person who was approached was the DH who was the lead for all pupil emotional well-being, mental health and safeguarding. The DH served as the liaison between school and children and adolescent mental health services (CAMHS), arranging all of the staff training on topics related to well-being whilst providing supervision for staff for their own emotional well-being and mental health needs. The conversations with participants communicated a deep level of respect and trust in DH, held by both staff and pupils. Staff told me about their door always being open and that always emotional well-being is always prioritised. In my position as an infrequent but regular visitor to the school, I had formed a professional relationship with the deputy head and had always found them to be a strong advocate for the pupils. DH showed compassion, warmth and respect during interactions with pupils, which I saw even in my brief visit to the school to discuss my study. DH has facilitated

the ongoing employment of the school counsellor who is paid for by the school and is in addition to the school-based counsellor provided by the Local Authority. The counsellor had worked at the school for a long time, which some of the interviews suggested was a result of an embedded commitment to mental health. This will be discussed later.

DH was interviewed in a quiet room, meant for personal learning support for pupils. We sat distanced as the pandemic protocols required at the time, but we were able to have eye contact and hear each other clearly, which became more important as the interview progressed, and some distressing experiences were shared. DH began, when asked about mental health approaches in the school to tell me about the well-being lessons they have begun to deliver and how it has

“been the vision for many, many, many years... my concern is always those invisible kids who fall through the net who are not presenting (with mental health needs) or maybe their parents aren’t raising it with us. So this way we are teaching positive mental health lessons” .

DH talked about the need to give the pupils skills to recognise their own emotional well-being and mental health needs as a “safety net” for those who do not ask for help or who go un-detected. DH shared one way the school aims to identify mental health needs, in their employment of the counsellor in addition to the one provided by the local authority

“we are given two days counselling but we never felt that it was enough, so we’ve always employed for an additional two days”.

DH discussed how the school kept emotional well-being and mental health on every staff member’s agenda both metaphorically and literally at the regular staff meetings and through methods of communicating concerns.

“it’s on everyone’s agenda fortnightly, like right, how’s everybody doing? Are we worried about anybody? What can we do?”, “the whole staff think it’s their job, not just oh, the pastoral team will sort that out... the dinner ladies will come and say, I am worried about whoever...If, for example a child in the sixth form is crying... with the biology teacher because they are drowning in work and they can’t cope and their anxiety is through the roof, they sign post them to me or the head of year...I feel proud that the whole staff think that’s it’s their job, it’s not just for the pastoral team.”

DH spoke about the steady increase in need for mental health support for the pupils before the pandemic but said how things seemed even worse since the new school term started. Despite the concern about this increase DH was optimistic that the school would continue to identify the needs early.

“Its gone from 15 years ago to being if and when to being how many times a day now (mental health needs)...we always pride ourselves on knowing the kids here...we’ve got eyes on the kids so in a way I hope we see the signs earlier.”

Training was provided for all staff by the counsellor on mental health first aid and understanding the impact of trauma of young people, but the training offered a learning opportunity for school staff to increase their skills to support colleagues. Staff well-being featured frequently in all the interviews, with DH often named as being personally responsible for creating supervision opportunities and offering support to anyone via the open-door policy. DH shared that they also feel the support from others in the school staff community and that everyone *“has each other’s backs”*.

DH was reluctant to take any credit for the positive stories of the Whole School Approach to mental health and emotional support for staff and pupils, saying

“I wasn’t here when the school opened, the founders of the school established an ethos of pastoral first, everything else after and I’ve tried to carry that on. If a child’s happy in their well-being, the education will slip into place and everything will follow”

DH talked passionately about some experiences in the school with young people, families, and colleagues. The examples appeared to connect deeply to an emotional response but the story of a pupil suicide changed the interview significantly. The volume of the discussion lowered, and the pace slowed.

“we’ve lost one of our pupils to suicide. I can tell you, with my hand on my heart, we were doing all this stuff already but it wasn’t enough to help that pupil...we are not experts. So you have a crisis team or a mental health person who is saying ‘this person is safe’ and that child is coming back to school day after day saying ‘I’m not safe’. I’ve been in a situation before when I have gone to the hospital to support a family because the hospital were discharging the child who was saying ‘if they send me home now I’m going straight to jump off that bridge.”

DH stated that they notice changes or signs that something is wrong on an almost daily basis and shared frustrations at teachers, who are not skilled in mental health having to support young people because the health systems do not work currently.

“sometimes teachers see it as aggression. A lot of our angry young men in year 9 are just anxious or worried, so it’s about looking for signs...one young boy was crying, tearful in every lesson so within a few days you could see a pattern emerging. It was worse after lunch, they were coping with something at home so you could see by lesson 6 they were distressed, every day. I’m not claiming to be an expert but we know they can hide their truth if they don’t feel comfortable and look ok for 20 minutes (at a CAMHS appointment) or they don’t turn up for the appointment and get written off. It’s difficult”.

When I asked about the school nurse’s role in relation to the early detection of mental health needs in the pupils, DH spoke at length about the past and current situation with the school nurse and what DH would like it to be in an “ideal world”. In relation to the identification of mental health needs, DH said it would be unlikely the school nurse would pick anything up.

“the reality of their role is they are beyond capacity and their time is used in either a safeguarding role, going to conferences or they are pulled in to do immunisations... a school nurse could spend a working week not coming across a child. It’s my biggest bugbear, I could go on an admin thing here and write a safeguarding conference report based on what I read but if I didn’t know that child I would not attend. School nurses have to, is it the best use of a health professional? “

DH expanded on the safeguarding role, describing how the school nurse’s contribution is mainly administration as they have not met the child. DH said that pupils were unlikely to engage with a school nurse during a visit to school because the school nurse is not a familiar person, who the pupils are comfortable with

“the school nurse is not here enough, she gets forgotten in the mix because the regularity and the actual contact isn’t there enough...but an actual nurse who comes to your school could engage fully, you could have a very effective, kind of triage system run by the school nurse, a head of year could ask for advice. The school nurse could signpost and support school in making the right decisions. In an ideal world I’d have a school nurse on site every day.”

DH’s responses are summarised in accordance with the three-dimensional space model in Table 7.

Table 7 – DH Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly (2000))

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>tearful in every lesson we are seeing lots of angry little men because...low mood..worries...but express feelings with anger</p> <p>(YP)came to me saying I'm not safe (because of suicide compulsion) there was a year 11 where there was a ligature involved in a suicide attempt</p> <p>we lost one of our pupils to suicide</p> <p>another child came back to school after an overdose</p> <p>Meet at hospital, support family</p> <p>I've been in situations in the past when its really challenging...jump off the bridge</p>	<p>With the new curriculum, that was our way in to a WSA.</p> <p>We are now able to instil those mental wellbeing lessons in years 8 and 9.</p> <p>Its gone from 15 years ago to being if and when to being how many times a day now (MH needs)</p> <p>we've got eyes on the kids so in a way I hope we see the signs earlier.</p>	<p>here every day around more (SN) should be here all the time, knowing what's going on a cluster approach</p> <p>timetable nurse into the curriculum could have a positive impact on young people's lives train staff cluster school nurse could be doing workshops</p> <p>currently a useless tool but they could be a strong tool (MH) nurse who comes to school could engage fully</p> <p>by the time they (SN) are here...I've sorted that one out not health professionals but expected to manage the mental health of young people</p> <p>Preventative stuff would kick in and save lives</p> <p>A lot could be done differently and better in schools...bringing clinics into school</p>	<p>close knit team team</p> <p>got each other's backs</p> <p>we are a person of trust, kids can trust and be safe</p> <p>If you don't deal with the trivia properly then they will stop coming</p> <p>(the pastoral team) They know their kids not see the school nurse for 10 days not enough contact,</p> <p>is it best use of a specialist professional (SN) to be sitting in ...an admin role?</p> <p>(the SN) they don't have the capacity to see us enough</p> <p>Drop in is a challenge...pulled from pillar to post time used in safeguarding conferences...immunisations...measuring height and checking eyes (SN)</p> <p>SN get forgotten in the mix because the regularity and actual contact isn't there enough staff do not know who the SN is</p> <p>loss hit us hard</p>	<p>(MH) has always been important in this school same goal, that kids are ok</p> <p>it's a community</p> <p>from the first head when the schools opened</p> <p>teaching positive mental health lessons</p> <p>so as a whole school approach I would say we try and add more than the LEA offers. 2 days counselling not enough</p> <p>pupil questionnaire used to be paperwork...now started with 'My Concern'</p> <p>If, for example a child in the sixth form is crying...</p> <p>everybody...dinner ladies will come and say</p> <p>I feel really proud that the whole staff think that's it's their job, it's not just for the pastoral team.</p>

4.3.2 Pupil Support Officer (PS)

The school had a member of staff who had been unofficially supporting children's emotional health for years as receptionist and first aid provider. They were the first port of call for many pupils and parents because of where they were physically situated in the school and because of the involvement with many aspects of health and well-being in the school and as such gained the title of pupil support officer (PS). PS arranged the parent support evenings where external agencies were invited to come to the school to discuss subjects such as mental health, exam stress, substance use and sexual health. The position PS held in the school was demonstrated on my arrival for the first and subsequent interviews. PS knew where the participants were, who I was seeing that day and had clearly prepared them to be called to the room PS had arranged for me to use. PS began to share their thoughts immediately,

“your approach as a school comes from the top, although you don't always get everyone here who agrees (the approach) is that without the well-being of the child and the family then you don't have a child to educate. We have to ensure that all the children are as well, mentally as they can be..it's our role to spot if something's going wrong.”

“kids spend six hours a day with us, we've got eyes on them for the longest time, so we know them but we're not given that consideration...we are expected to be the social worker, the

nurse, the support system...when communication from health, particularly mental health services is poor.”

Like DH, PS spoke about the emphasis on mental health in the school, which had begun when the school first opened.

“Mental health has always been important in this school. It came from the first head (teacher).. it was the school’s ethos from the very beginning and it stayed....it was a culture thing that we started, so then if your leadership is there in that mindset it stay and is passed down over the years....we’ve all bought in to it (the ethos) and that’s why you stay somewhere, you like it so you stay there because you want to be part of it.”

Other participants gave similar stories of feeling happy at the school and not wanting to work anywhere else. The benefit of the shared ethos, to the young people and their families was also commented on. PS shared that many of the staff agree that the children must be listened to because the volume and nature of mental health needs are significant.

“they become so important to you, you want them to be ok...there’s a daily need for mental health support since covid started....the ones which stand out for me are the eating disorders where we say (to other staff members) ‘have you noticed...’ they can hide stuff with a school uniform but look at the legs, oh my god...you get friends coming to you saying they have seen self harm marks, but their mum doesn’t know so we have alerted parents and then they’ve gone to the pillow and it’s, the top of the sharpener in the pillow. They’ll often sit and talk about nothing but, you’ve just got to listen and wait. The one day she passed a note into my hand and said ‘I need to tell you something’. It was all in the note so I just hugged her and then took it from there”

PS acknowledged that not all staff shared the ‘ethos’.

“There are staff who want to teach and impart knowledge and that’s all they want to do, not in a bad way, it’s just they are educators and they only want to educate. They don’t want to take on board all the emotional stuff”

The relationship between the school nurse and the school had changed over time according to PS

“ in the 22 years or so I have been here, there have been a few different school nurses. Their roles have changed over the years so what they could do then, they can’t do now. Their workload is greater which means they end up doing less because they’ve got more to do. So whereas we could have had a chat and said we are worried about this pupil, time is not on their side now.... school nurse doesn’t have a role in the identification (of mental health needs) because she/he isn’t here, their time is ill used....they’re not able to give their experience as a nurse to anybody, because their roles have been cut down and they’ve got so many schools...I just think (the school nurse) isn’t used properly to the benefit of the children. They only call in, they aren’t part of our family so to speak. They don’t see the kids, they offer a drop in but kids won’t want to go and see a stranger, because they are strangers to them.”

PS spoke at length about the relationships between staff and pupils, parents and carers and between staff members. The support felt by the staff from the senior management was talked about during the interview and was acknowledged as vital for staff to cope with the support they then give to the pupils. The relationship with pupils was spoken about passionately by PS.

“If they (pupils) trust you, they’ll chose you to speak to and if they don’t, they won’t and there’s nothing you can do.. sometimes they’ll zoom in on one person that they want to confide in..if you are a good registration teacher, the kids like the back of your hand and then you can tell if something is going on...instead of a school nurse the kid is more likely to speak to a teacher who has been in their life every day for however long”.

The responses of PS are summarised in Table 8 in accordance with the three-dimensional space model.

Table 8 – PS Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>seems really down...gone quiet the ones that stand out for me are the eating disorders</p> <p>parents had found a razor under the pillow</p> <p>we have lost people, as a school</p> <p>a dad came to me crying</p> <p>She said ‘I’ve taken these pills’</p>	<p>daily need for mental health support since covid started</p> <p>self harm is hard to notice and depression</p>	<p>different strands...plaited together...one strong thing here much more</p> <p>they (SN) should be there all the time, knowing what’s going on (with CYP) liaise with other agencies they should be the lynch pin of all the stuff that goes on in school around health</p> <p>there are staff who want to teach...that’s all they want to do. They don’t want to take on board emotional baggage GP bounces everything back to school</p> <p>stereotype (of SN)...people will say nit nurse...it’s a bit of finger wagging</p>	<p>management are very supportive</p> <p>if someone’s got a worry, they all know they can turn to someone and it will be supported</p> <p>They become so important to you, you want them to be ok you know those kids like the back of your hand establish a friendship she passed a little note into my hand saying ‘I need to tell you something’</p> <p>they become so important to you, you want them to succeed and you want it to be ok</p> <p>They’re not here (SN)...she only calls in once a week</p> <p>Role has changed Their time is ill used they are not able to give their experience as a nurse to anyone really, because their roles have cut down</p> <p>ours doesn’t really have a role in early detection, because they aren’t here</p> <p>SN get forgotten in the mix because the regularity and actual contact isn’t there enough</p> <p>friends will come and say they are worried</p> <p>I just hugged her</p>	<p>It’s the school ethos</p> <p>It’s our role to help pupils with MH.</p> <p>The approach comes from the top</p> <p>you’ve got to listen to kids</p> <p>MH has always been important in this school. It came from the first head schools ethos from the very beginning and it stayed</p> <p>without the wellbeing of the child you don’t have a child to educate</p> <p>were good at communicating concerns</p> <p>were lucky, our school pays for a counsellor</p> <p>like the ethos so you stay because you want to be a part of that</p>

4.3.3 Head of year 9 (H9)

H9 was interviewed in the same quiet room as the previous participants, and we were free from distractions or interruptions. H9 said that she had worked in the school for over ten years and felt the pupils themselves often identify their own needs and ask for help,

“a lot will come and say I’m not feeling well, I think I’ve got a mental health problem.. whereas others communicate their needs in other ways...a boy this year, was full of beans, enthusiastic but he came back (after the pandemic lockdown) completely in his shell, not being able to cope with coming back into the classroom. Dynamics had changed over lockdown and he wasn’t fitting in so he was tearful..boys are expressing their feelings a little bit more. There are some sad boys, they’ve lost a family member and are struggling to cope. They sometimes come (to speak to her) or staff have noticed (a change in mood)”

H9 talked about a pupil who was struggling with her mental health having changed from an outgoing girl to someone who stayed in her room,

“she hardly came in at all last year (to school)....she’s not attending still, mum’s worried. It’s horrible...we were helpless, we tried all the things that we could”. H9 said that she felt “helpless” three times during that part of the interview.

H9 shared there was a noticeable increase in the number of pupils with mental health needs, prior to the pandemic which was impacting everyday life at the time of data collection

“the volume is huge, there’s so many more pupils that need support. We need more time, to spend with young people and to invest in them. Sometimes I feel like I’ll catch up with someone but I know I’m teaching in ten minutes so then I’ve got to stop it and go. I don’t like that part of the job, there are lots of things I would like to do differently...I think a school nurse could be amazing (in making a difference to the mental health of pupils)..I did go to a conference and there was a school nurse on the same table. My god, she was amazing. She was involved in the school. Having that one person delivering those things (health education and promotion) building a relationship with them (the pupils). They have that expertise as well, the school nurse could be used so much and if they were full time in school. They would genuinely be so busy because there are so many pupils who would benefit (from seeing the school nurse).”

When asked about the school nurse’s role in the school and their place in the identification of mental health needs, H9 said that the school nurse currently had “no role” but found it

uncomfortable to say anything negative about the school nurse's contribution to the school, stumbling over the words and trying not to offend.

"no disrespect to her at all, I don't think she/ he is here enough. There's no real relationship between school and the school nurse. I think it could be amazing. It could be a full-time job where you'd get to know the pupils in the school well. She / he could have such a positive impact on young people's lives....you could ask for their advice too."

H9 shared her experiences of the relationships made possible by the school setting, with colleagues and parents. H9 explained how CAMHS, the parents and the school, by working together were able to fit around the child's needs but how the relationship between the pupil and her CAMHS practitioner was key.

"we all offload and talk to each other...it's supportive...the parents are always super supportive. The Whole School Approach worked well with a pupil who had a sudden onset of depression, CAMHS got involved quickly so she has got a therapist who she speaks to weekly. There was one session where she did the session online from school which worked for her...this particular girl likes the lady she is talking to and that's a positive relationship. (The relationship is key...they need to be comfortable, they need to feel they can talk."

H9 spoke about the "ethos" as others did

"the pupils feel comfortable, they know where to go because it's the ethos of the school, it's presented to them when they start (school)...I have taught here for many years and it's completely different to the schools I've been prior. There is a real emphasis on looking after each other".

The ethos spoken about, H9 said was responsible for the relationships between staff members and between staff and pupils but also gave it as a reason for her job satisfaction

"makes you not want to leave because it's a nice place to work where you know if anything goes wrong, you've got people you can go to."

H9's responses are summarised in Table 9.

Table 9 – H9 Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>some really sad boys here he disappeared completely in his shell</p> <p>she was really tearful, in school she was really struggling with everyday life</p> <p>he wasn't fitting in anymore</p> <p>parent suicide, two children there</p>	<p>not able to cope coming back after lockdown,</p> <p>really tearful some girls have come back scared the friendship dynamics changed (since return from lockdown)</p> <p>noticeable difference in pupils, they have come back anxious</p> <p>the volume (of mental health needs) is huge So many pupils need support</p>	<p>SN could be used so much if here full time</p> <p>Should be a SN in timetable into curriculum, so they got to know her</p> <p>they (yp) need an opportunity to talk and for somebody to listen could do so much if here full-time, would be busy all day</p>	<p>they (CYP) come to tell us how they feel some teachers build better relationships than others</p> <p>there's no real relationship if I'm honest I don't think she is here often enough to start off there is no real relationship</p>	<p>the pupils feel comfortable, they know where to go because it's the ethos of the school, it's presented to them when they start (school)</p> <p>I have taught here for fourteen years and it's completely different to the schools I've been prior. There is a real emphasis on looking after each other</p> <p>target different years in different ways</p> <p>'my concerns' questionnaire on PSE day weekly meetings staff are really on it here...can identify (MH) and say we are concerned about so and so</p> <p>makes you not want to leave really, because it is a really nice place to work completely different to other school's I've been prior. There is a real emphasis on looking after each other</p>

4.3.4 The SENCO (SE)

The Special Educational Needs co-ordinator (SENCO) works closely with children and parents and with the school nurse and other health services. A SENCO will have numerous opportunities to get to know children and form supportive relationships during the process of assessing the pupil's learning needs and styles and evaluating individual progress and developing needs throughout their school life (Welsh Government 2017). As such a SENCO is in a position to identify the emotional needs of pupils because of the direct contact with children which is often on a one-to-one basis. Because of the SENCO role description, it could be suggested that the SENCO has more opportunity than other teaching colleagues to identify mental health needs. The SENCO was the third participant who agreed to take part in the study and will be referred to as SE. SE was relatively new to the school but had worked there previously, returning to a school he liked because the job opportunity came up *"it's like a community here"*.

SE spoke about the school setting and was pleased that the staff had all had training at the beginning of term on young people's mental health, stating that they felt it was important for staff to have the ability to support pupils and colleagues.

"(the training) was about looking after the children's mental health but it wasn't just that, it was looking after staff as well as you can't have a mentally healthy child without mentally healthy adults...we have a counsellor here and I have had to use her in the past because, well you hear some horrific stories."

SE put the positive attitude to mental health down to the leadership in the school setting, mentioning the DH and their reliable and consistent availability for staff, in particular.

“It’s good leadership from the top, the head and deputy head are so open and caring and they’re not stuck in an office somewhere else. They are working with the children...it’s the child who is important...it all comes down to empathy...I could go to the deputy head’s office anytime and say I need to talk and it’s never a problem”.

The school is the place and as such the setting for the stories to happen and for the interactions to occur. The interactions are influenced by relationships and like the previous participants SE spoke about the supportive nature of the relationships in the school, between staff members, pupils and families of pupils. SE, like other participants included non-teaching staff in the mental health approach.

“I know all the staff I could turn to here and talk things through, it should be the same in every school but it’s here naturally...it (relationships) supports our mental health,...early identification (of mental health needs) is absolutely key and without relationships between staff and pupils and the staff and each other you’re going to miss it....we are all on it...It could be the caretaker. Families are all comfortable in picking up the phone to speak to us...that link is important”.

As with PS he shared some frustration at mental health services

“we don’t refer to CAMHS, we can’t. Which is a bit of a (he stops), we should have some way of communicating and referring but it has to go through the GP so you are trusting the parents to go to the GP when realistically the children who need it sometimes don’t get taken”.

SE remembered the suicide which other participants talked about. SE described the experiences of the staff and pupils, despite working in another school at the time, suggesting that his emotional link to the school remained during his time elsewhere or possibly that the traumatic event affected people beyond the school community

“It was rough...I wasn’t here then, but I was thinking about them all the time.”

When asked about the school nurse’s role in the school SE said

“I can’t, because I haven’t met them. I don’t think there is a link between the school nurse and the detection of mental health, the children don’t know the school nurse and it’s a

relationship thing. If the school nurse doesn't know the kids then they are not going to turn to them...so I think the role is a useless tool, there should be a nurse in school all the time."

Our interview ended in a rushed manner as SE had to respond to a query in a hurry, however the responses are summarised in Table 10.

Table 10 – SE Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>we had a significant disclosure (pupil sought help after an overdose in school)</p> <p>it was rough</p> <p>they were grieving from a parent's suicide</p> <p>families are comfortable in just picking up the phone and contacting us (parents)picked up the phone to talk to us</p> <p>P10 her parent broke down on the phone</p>	<p>we don't refer to CAMHS, we can't</p>	<p>SN could be used so much if here more</p> <p>SN could do assemblies relationships, if they don't know kids and kids don't know them, they're (CYP) not going to turn to them (SN)</p> <p>if they were around more...the children would know them and they would be more accessible</p>	<p>senior management team, forward thinking and proactive</p> <p>community I could go to the deputy head, close the door and say I need to talk, anytime Head and Deputy so open and caring</p> <p>support its about looking after the staff too</p> <p>were all on it, keeping an eye, picking up, depends on relationships, could be anyone...caretaker, anyone someone they trust, ...who they can confide in</p> <p>(SN) not much link because they came in and sat in a room, only time to talk about mostly A&E referrals they are a useless tool</p> <p>young men worried about their friends</p>	<p>the child is number 1, not...the GCSEs, it's the child that's the most important thing</p> <p>it's like a community here</p> <p>we had some training in September, mental health first aid</p> <p>my concerns, everyone has a log in weekly meetings</p> <p>caretaker, office staff, admin</p> <p>got a school counsellor here, I've had to use her just because you hear some horrific stories</p>

4.3.5 Head of year 11 (H11)

The head of year 11 (H11) held a formal pastoral role in the school, meaning they had some responsibility for the well-being and safeguarding needs of the pupils. The interview lasted over an hour and was full of conversation as H11 spoke quickly. The data in the interview was dense and full of experiences and opinions.

Like most of the other participants, H11 had worked in the school for a long time and spoke passionately about the "ethos" of the school, presenting the relevance of the setting on people's stories and how it influences interactions.

"everybody has the same ethos, we're very pupil based, we're clued in and good at identifying those pupils who are vulnerable or seeing what that pupil needs...the staff who actually teach the pupil will notice a little more and have that bond with them, they make a partnership with them"

H11 like other participants, talked about how relationships are important to the identification of mental health needs in pupils. When asked who is key, H11 said

"it is often a staff member that's close to that pupil or a friend will come knocking on the door (of the pastoral office) and say I'm worried about so and so, sending texts late at night"

or putting posts on snapchat. Horrible things like 'I want to die'. We have had friends quite scared, concerned, very worried".

In the three-dimensional space model narrative structure approach, the setting and interactions exist within time and categorised as past, present or future. H11 talked about past experiences and those which had happened that day and were continuing to be managed. H11 told me about a parent asking for help that morning. H11 had spoken to the parent in a quiet room and listened to his worries, which they then shared with colleagues in the pastoral team. In agreement with the parent, H11 facilitated an opportunity for the pupil to talk to the DH.

"I had a parent come in this morning, in tears. He was worried about his child...(DH) touched base with him (the child) and just said 'how are you doing? How is your brother doing in college? you know, just break the ice and see if he would engage, which he did".

The pupil spoken about was comfortable sharing his feelings with the DH. H11 said that who engages with the young person is dependent on staff and pupil relationships.

"the counsellors would say I'm worried about this individual but they have said that they get on well with Mrs X, so it's fitting who supports (the pupil) to the pupils needs"

An experience which H11 shared in detail involved a suicide attempt in school.

"(the pupil) didn't display that they were super struggling but there had been issues which were flagged up. The pupil had engaged with counselling. There was self-harm but we were on watch so to speak, making sure the (attendance) register was up to date...she knocked the door and said I have just taken all of these (H11 held her palm out flat indicating tablets in a hand). It was a shock but now she has blossomed, she has had the support, external support from outside of school. She has left school now and is doing well".

On reflection H11 discussed feeling overwhelmed by the experience and others like it. She spoke about the frustration she felt at the lack of communication between health and the school but understood the possible reasons.

"I personally didn't feel (shook head), because obviously I'm a teacher, I went to art college. I wasn't the qualified person at the end of it all. We were doing what we could...I just thought I'm not trained for this and it's the same when they go to A&E, they're (health staff) not going to phone a teacher and say she's ok".

H11 echoed what others had said in relation to the relationships staff had with each other and with the senior management but also stressed the role non-teaching staff have in identifying the mental health needs of the pupils.

“the staff here are close. We all know what’s happening, the caretakers and the dinner ladies are very good at spotting things within school. So, our caretakers will come to the progress area and say they are worried about so and so. The kitchen staff are brilliant, they will say ‘I’m a bit worried about him, he’s not eating’.”

H11 spoke about the school nurse after which I asked if they felt the school nurse was part of the team and H11 replied firmly “no”.

“I have spoken with staff but I have not brought the school nurse into the equation. I think having a nurse who was based here like ‘I’m here for the day now’, you could say ‘do you mind having a chat with so and so in year 7’ but I don’t see them. I have never spoken to them.”

H11’s responses are summarised in accordance with the three-dimensional space model in Table 11.

Table 11 – H11 Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
she was looking tired, her clothes unwashed and I was worried he just started to act really low had been self-harming for years there’s one we were really, really worried about (self-harm) she had taken pills in school	I had a parent come in this morning, in tears. He was really worried about his child	SN based in school here not qualified for this I have not bought the SN into the equation. I think having a nurse who was based here like ‘I’m here for the day now’, you could say ‘do you mind having a chat with so and so	have that bond and make a partnership with them when the nurse has been in, it’s been infrequent, children don’t know who she is (SN) Never met the SN can’t see how a pupil would speak to the school nurse without first meeting her friend who is worried it is often a staff member that’s close to that pupil or a friend will come knocking on the door	everybody has the same <u>ethos</u> , the dinner ladies will come and say...I’m really worried weekly staff briefings to flag things up about concerns Now using ‘my concerns’ on the computer a central nerve place (my concerns) They’re all good here, the caretakers and the dinner ladies...they’re good at <u>spotting</u> ..

4.3.6 Learning / Emotional Well-being Coach (LC)

The learning coach was identified by the snowball sampling approach as a significant person in the mental health identification and support of the school’s young people. LC began by describing how the role had developed from a focussed academic support role into one of mentorship, supporting additional learning needs and a source of support for life skills. LC said it is a “massively varied role”. Part of the role appears to have parallels to the school nurse role as LC talks about offering an open-door system for pupils to drop in for advice and support.

“it’s a bit more like a walk-in surgery, I used to run a lunchtime group (pre pandemic) where they had pleasant activities and they could just come and chill out”.

The pandemic offered some challenges to offering emotional well-being and mental health support but LC spoke about parents and carers being a key part of the collaborative approach to mental health although they may not always be aware of or willing to hear the mental health needs of their children.

“even during lockdown we were ringing quite a few pupils and I was ringing a lot of parents. I was speaking to some pupils daily...you’re the one trying to explain what’s going on for a child and they genuinely don’t understand or they don’t want to know”

Identifying mental health needs in the pupils was discussed at length during the interview, with the responsibility presented as a shared one between both staff and pupils. The communication between staff regarding concerns for the pupils, was brought up by LC just as other participants had.

“something(s) flagged up, so that gets referred to myself or a head of year and we have an individual chat and try to get to the bottom of it. Pupils don’t mind coming to discuss things, they’ll come in tears...they’ll come in upset and say ‘can I have a quick chat with you?’, there’s a private space and there are people who will listen. LC talked about the role friends and peers have in sharing concerns,...there’s an awful lot of proactive stuff going on here, there are probably children who slip through the net but their friends are good, I have had quite a lot of that ‘we’re worried about so and so’ which is because we push it (mental health) a lot. We have had assemblies on it.”

LC brought up the suicide experiences faced by the school.

“we’ve had a staff and pupil suicide, so it’s been a huge focus for this school and we aren’t unusual in that. Pupils’ are aware that they are able to talk about these things...we have had 6th formers do assemblies on suicide prevention as well.”

LC talked about some past experiences with pupils mental health needs and how they worked collaboratively with pupil and mother to make a plan to enable the pupil to manage anxiety. The story takes place in the past (continuity), but the interactions were key to achieving the positive outcome and the setting enabled LC and the teachers to act flexibly.

“a pupil presented as extremely anxious, not wanting to go to lessons, having panic attacks and would come to the progress area regularly. Some staff were frustrated, she missed early

lessons. When she didn't have the strength to go to lessons or when she was anxious I'd sometimes take her to the lesson casually and pretend I was going for a different reason...the teacher would not make a big fuss about where she felt most comfortable sitting, and if she drifted off for a bit in a lesson daydreaming, she wouldn't be pulled up for it. People worked together for her and it was a success because by year 11 she bounced back so full of confidence".

LC talked about the importance of caring relationships between school staff and pupils.

"they feel like they are going to be listened to, like someone cares ...you feel so strongly towards these kids...maybe other pupils have said go and see so and so."

LC suggests that relationships within the school promote help seeking behaviours in the pupils. As with the previous participants, LC discussed the relationships between staff members.

"people check on each other a lot here. ...I think most people feel supported"

I asked LC to tell me about the school nurse role in the school and the response was straight to the point.

"I have got no idea what our school nurse does. I presume we are not talking about nits and worms. I actually don't know. I didn't know we had one. There was one when I first started but I just imagined that the role had been edged out. I have no idea what a school nurse would do (in a mental health scenario)? To sit down with a random child that doesn't know them, what are they meant to do? How are they going to get to know anyone if they only turn up occasionally?"

LC's responses are summarised in Table 12, in accordance to the three- dimensional space model.

Table 12 – LC Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>they say they are angry (boys) I have seen their moods drop they (pupils) come in tears (to see us in the pastoral team) really struggling with an eating disorder physically frail she (pupil) had taken paracetamols we've had a staff suicide and a pupil suicide in a short space of time the kids are under enormous academic pressure</p> <p>nan died...which was absolutely crushing for her</p>	<p>(mental health needs are) almost epidemic</p>		<p>most people feel supported check in on each other a lot here when she went off to hospital, I shed a tear or two to a colleague come in in tears come in...open up quickly they come and say 'can I have a quick chat' you model the courtesy...respect you want from pupils you feel strongly towards these kids spent an hour talking (bereaved pupil) they know someone is there</p> <p>I don't see a nurse as holding all the answers to mental health...I think that would be a counsellor rather than a nurse...I picture the nurse with a box of plasters and bandages</p> <p>no idea what she does didn't know we had one which called in to sit down with a random child who doesn't know them</p> <p>tightened up relationships between staff and how open they are</p> <p>I don't think anyone would dismiss anything on the mental health front in this school just purely because of what we have been through</p>	<p>we had training on MH</p> <p>Wednesday meeting joined up communication really good</p> <p>down to the caretaker or cleaner everybody's on board</p>

4.3.7 The School nurse

The school nurse (SN) was a key participant whose contribution was needed to meet the aims of the study. Consent to take part (and permission from her Health Board) was sought before the school staff were approached. SN had been a school nurse for over 12 years and had undertaken the Specialist Community Public Health Nursing (SCPHN) course. At the time of data collection, SN had two secondary schools in their remit, one being the school included in the study.

We met in the school and were able to talk uninterrupted for over an hour. We had met before, because of my role visiting schools which enabled a comfortable interaction and a quick start to an open conversation. Introductions and a period of establishing ease was not needed. SN began by talking about the Whole School Approach to mental health.

"It is the whole school. It's every individual, every teaching staff, non-teaching staff, visitors, the pupils themselves. Its supporting, recognising, knowing...its just everyone in the school community looking out for each other...especially your pastoral team, school counsellors, school nurses, safeguarding team."

SN spoke about the school setting and how it differs from other secondary schools from their perspective as a visitor. The supportive relationships are spoken of, and SN emphasised the impact the relationships have on mental health and emotional well-being.

“I think this school in particular is very attuned to if a child is struggling, whether they are becoming withdrawn, noticing their appearance, how they are in class. They don’t label them because there’s lots of labels, but they think outside of the box. I think they are just so supportive here, I’m not saying other schools aren’t but they are more attuned to it here.”

SN’s experiences of interacting with pupils were determined by the requirements set by the school nursing service. The SN and other participants spoke about being required to follow up pupils who had attended the accident and emergency department, which meant the SN had limited time at the school which in turn did not allow them to build relationships, provide a walk-in style clinic for pupils or to see pupils on the advice of school staff. SN attributes this to having to prioritise other aspects of her role.

“Safeguarding (is a barrier) and we get drawn into things that perhaps we don’t need to get drawn in to and perhaps we need to look at our roles and see what we need to do...Tuesdays are my protected time to do my drop ins but then something will come along and you’re like ‘I don’t have time...’ so at this time of year it’s immunising and low staffing numbers.”

The school nurse shared that there were minimal opportunities to identify mental health needs in the pupils because SN does not visit the school frequently enough. Interaction with pupils many occurred during immunisation delivery, or an emergency unit follow up.

“HPV (human papilloma virus) sessions (provide contact with pupils), even from the presentations (prior to the immunisation visit) you get young people coming up to you asking questions, which sometimes spark a thought...or you see (self-harm) marks during the session as they roll their sleeves up. I have not seen it, but an immuniser has and I followed it up”.

The infrequent attendance at the school and lack of visibility which was described during the interview was blamed for the poor engagement at the drop-in clinics in school and the unfamiliar relationship with school staff.

“I need to be seen, ideally a room that’s mine...if I could get in twice a week, I don’t think once a week is enough. It’s hard to get them (young people) to open up, they don’t know me from Adam, why would they come up to someone who just walked in and said ‘hi my name is..’ and carry on? And when they do, I have to say ‘you have to go to your GP’ (because) we can’t refer to CAMHS. I don’t even think they know they have a school nurse. I’m sure they (staff) get frustrated when I say I can’t come in next week. I have sometimes had to cancel

last minute, they hold back...I need to sometimes cancel drop ins, they know I'll say the majority of the time 'I won't be in next week', could be two, three weeks. I think it's awful. It makes me feel awful, it makes me think 'what is my role?'

Her thoughts on the future, mirrored what other participants had said about the potential school nurse role in the school.

"I think this school would have me in more. That Whole School Approach would work better if I was in more. It's being there to notice, to pick up those signs, to offer support or initiate a referral. It would be being on site, like for a full school day, the visibility and being able to do health promotion would be good. Being around for the pastoral meetings. Being visible for the pupils and for the staff".

SN shared one past experience with a pupil, who was asked to see the school nurse by a teacher.

"So, they pick it up and they flag it to me. It was a young lady who was feeling low and I'd seen her a few times, she couldn't pinpoint what the matter was and then she said something very alarming to me. She said 'I have planned it' I know exactly how it would happen' (referring to her planned suicide). I spoke with teachers then we phoned her mum to keep her safe. She got the support she needed, I'm glad to say".

The school nurse's responses are summarised in Table 13.

Table 13 – School Nurse Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>they say, this pupil is feeling really, really low</p> <p>teachers reported they (singular for a non binary pupil) were self-harming she (pupil) said I have planned it (suicide)</p> <p>I came in, spoke to teachers then made the phone call home</p>	<p>I have to re-arrange my school drop in today because I have a safeguarding meeting.</p> <p>I often have to cancel my drop in</p>	<p>I think we could work better, that WSA would work better if I was in more</p> <p>would be lovely if we could do health promotion sessions. I really do think we need to be seen</p> <p>could work better if I was in more Do health promotion sessions...need to be seen a room</p> <p>non-binary, is that the right word? Need training CAMHS won't take referrals from us anymore called away from drop in being trained is the biggest thing. Being supported so you've got like supervision afterwards safeguarding meetings called away to do immunisations can't recruit staff sickness</p>	<p>supportive here</p> <p>So supportive...they know their staff</p> <p>I love this school. They are so supportive of their pupils. They know and I think they do pick it up early (MH) because they know their pupils</p> <p>I don't know who the counsellor is they hold back...I need to sometimes cancel drop ins I'm sure they get frustrated they know I'll say the majority of the time 'I won't be in next week', could be two, three weeks staffing low makes me feel awful</p> <p>they don't know me...why would they open up to someone who just walked in? don't think they even know there is a school nurse</p>	<p>they think outside the box to think what is going on</p> <p>they don't label</p> <p>they are attuned to it more here (MH) and how to respond to it</p> <p>attuned to it (MH needs)</p> <p>being trained is the biggest thing it wasn't until training ...brought up that self-harming is also not looking after yourself that I realised.</p>

4.3.8 School Counsellor (CO)

At the time of data collection, the counsellors provided by the Local Authority were not working because of the pandemic so were not approached. The counsellor who participated in the study was employed directly by the school and had been visiting the school several times a week for over ten years. CO supported pupils and staff, but also provided some education when time allowed. The interview took place in a room assigned to counselling services in the school. The interview lasted the longest of the ten and was full of stories of the school and experiences of supporting pupils. CO began by talking about the Whole School Approach to mental health in the school,

“... if a teacher spots that a child has a particular need around their mental health, there’s a concern for me that you remove that child from that class and you put them with somebody who can care take of that mental health or well-being. I think whole school means that everybody has a part to play in working with that child. So rather than well-being being something that you go and do in a different room with somebody who’s trained in well-being, I think everybody should have some training so they knew what they’re looking for and that they’re part of that process of helping the child rather than just referring them on. In this school all the teachers and all the other staff, have had emotional coaching from me, they’ve all had self care. Because I think if you’re going to teach the whole school around the mental health of children you have to be boosting the mental health of the adults involved. And I’d say when you walk round the corridors in this school you could see the caretaker having a chat with a young person who’s struggling and then you might see the head having a chat with a young person who’s struggling. You need everyone to at least have an understanding that when a child is kicking off, they’re communicating a need to you.”

CO spoke about what she described as the supportive community of the school but acknowledged that not all teachers were working within a Whole School Approach to mental health.

“there’s that archaic idea for some people that teachers are in charge. Sometimes teachers are meeting their own needs by waiting and watching and catching the child that doesn’t have the right school shoes on.... there’s still work to do”.

CO repeated what others had said about mental health being important in the school from the very beginning but when relating the ‘ethos’ to the distressing experiences faced by the school, it became more poignant.

“the guy who set it up, he put emotional well-being in the top three things that he wanted for the school. I think the school would pride itself on its focus on emotional well-being. So to then have suicides, that took our feet from under us. That was tough. I’d say the school’s been battered. It’s a real community. Suicide affects any school, but we are a very cohesive team. We’ve got each other’s backs. We took a big fall...and you can only come back from that if your whole school is going to work together.”

The leadership, both past and present at the time of data collection were acknowledged as instrumental in the Whole School Approach to mental health and to the support felt by the school staff, including CO.

“It’s so safe. And I can say anything to DH, and I do. I never feel that I leave here with a worry on my mind that I haven’t shared. So I... I don’t lie in bed at night worried about pupils. I know I’ve always shared any concern I have”.

CO presented the benefit of her role whilst suggesting that the way the school nurse worked at that time might not provide the pupils with the same opportunity to access mental health support.

“So I had a young person who came to see me some time ago whose mother had suicided. And everybody was concerned about this child. And they came to see me for two years. They were never in the room more than five minutes, and every time they came in, they said I’d got a problem with my knee, I’ve got a bad throat, oh, I’ve got a bad back. Every week for five minutes. I had so much supervision on this, my supervisor would say just keep providing a safe space. After two years they came in, before they even sat down, I want to talk about the day my mum suicided. So you can do that when you’re in this role. You can’t do that when you’re coming in from outside, you see somebody for 20 minutes”.

The school’s collective consideration and value of mental health, reported by participants featured frequently in CO’s interview. CO talked about everyone playing a part in the identification and, like others mentioned the caretaker specifically.

“I think everybody does. I think the caretaker would notice. They would say oh I’m a bit concerned about so and so. I think people who work in admin would. You hear it. People say, somebody’s struggling. Some more than others. You can feel empathy when you walk through the school, there are people who are in tune with the kids here”.

CO had not met the school nurse and they had never worked together or communicated about a pupil. When asked about the role of the school nurse in the school, CO talked about past experiences and what the role could be.

“Maybe ten years ago I would have met with the school nurse every week. We would have talked about young people. We would have had mutual people we were working with. We had a good relationship. I can’t even name the school nurse now. I think a school nurse could be doing loads.”.

CO’s responses are summarised in Table 14.

Table 14 – CO Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>she came to see me, her mother had suicided, she came to chat but didn’t talk about it (the suicide) for months</p> <p>we have lost children too (in addition to a staff member) to suicide...we’ve had three suicides here all together</p> <p>we do an enormous amount of work here with families</p>	<p>used to have a cup of tea and just chat but can’t do that online or with restrictions</p>	<p>in an ideal world the SN would have time to sit and chat (to CYP)</p> <p>SN would have time to sit and chat resources, visual tools to help child open up the SN could be doing loads</p> <p>there are people driven to their roles by a problem with their own needs you’d still hear judgement stereotype (of SN)...people will say nit nurse...it’s a bit of finger wagging</p>	<p>forward thinking open and caring we get supported I never leave with a worry that I haven’t shared..It’s so safe</p> <p>team we’ve got each other’s backs</p> <p>they’re not being naughty, they are trying to tell you something there’s still that archaic idea for some people that the teacher is in charge...sometimes teachers are meeting their own needs by waiting and watching that the child doesn’t have the right shoes on so I don’t think we’ve got this sewn up there are people who are really in tune with the kids here</p> <p>I would have met with (SN 10 years ago) every week she was here I think we haven’t got one SN here now. I certainly have nothing to do with them don’t know who the heck the SN is</p> <p>the school has been battered it really affected the children constantly mentioned suicide was a conversation I was having all the time</p> <p>every corner....suicide on high alert it was really tough</p>	<p>community not big on punishment...want to understand...rather than get rid of the child you feel empathy when you walk through (the school) there’s a pride in how much we promote wellbeing here</p> <p>it’s a real community</p> <p>when...set up the school</p> <p>(management) model what they want from us he (the first head) put emotional wellbeing in the top three things he wanted for the school he knew every child’s name</p> <p>everyone here has had training...emotional coaching</p> <p>everybody plays a part (the caretaker) he’d say oh I’m a bit concerned about so and so I love it here</p>

4.3.9 Lead for the New Curriculum (NC)

The next participant was the lead for implementing the new Welsh school curriculum at the time of the interview, which was due to be implemented in the following academic year. As the lead for the new curriculum, NC had been developing the emotional well-being aspect of the ‘health and well-being’ area of learning which was listed in the new plan. NC had been employed in the school for almost twenty years and spoke at length about watching generations of children travel through the school years who they had formed positive and implied maternal relationships with, referring to them as their “babies”.

*“I’ve been in role ** years, and when I first started here, my Year 7 pupils, were my babies, and they still call me on Facebook because I... I had them from Year 7 till the sixth form. I saw them every day, I knew the ins and outs of their lives, I knew everything... because relationships, are highly important”.*

The Whole School Approach and the developments made by the school was discussed enthusiastically at length.

“So we are focusing on how we can get people to understand that the Whole School Approach (to mental health) is everybody’s responsibility and as well as the curriculum. The Whole School Approach is looking as a needs-based analysis of your own school and your own context”.

Looking to the future featured frequently in the interview as NC shared experiences of developing the plans to embed a Whole School Approach to mental health. NC eagerly spoke about the next steps and the vision.

“in three years’ time, all our staff will be health and well-being teachers and they will be in charge of their own children, their own year groups. And obviously building that relationship with those children.”

NC indicated that some new ideas had already started in the school and told me about how the school have included mindfulness activities in aspects of school life, which encourages staff and pupils to take time for their mental health. NC was keen to emphasize, as other participants did that the staff need to feel supported emotionally and empowered to take care of their own mental health so they can effectively teach the pupils to do the same. The flexibility of the school and the value placed on mental health needs was presented in her story.

“unless we work on staff mental, emotional health and well-being, we can’t educate those children. Self-care we’ve been working on with staff , hoping that they can use some of those strategies themselves at home or in school. And even use those strategies with children in the classroom. Year 7 started off with the healthy mind and teaching them about how the mind works and their blue and their red brains. They use the meditation, they do use the colouring, they do use certain techniques with the children. I tell the staff, if they (pupils) are coming in and just sitting quietly and some of them want to colour and may some of them want to listen to music its ok. My PE department now have all just trained in yoga...”

NC gave examples of pupils who have experienced mental health distress, some in reaction to trauma and loss. The Covid 19 pandemic and the national lockdown was named as an additional traumatic event in a school which had already experienced the loss of a pupil and a teacher to suicide. This critical event featured prominently in most of the interviews, but NC was positive about the support the staff received in the school.

“we are detecting mental health issues, recently now we’ve had one child that has gone over lockdown from scratching to using blades. It is due to just extra pressures and, being at home and... etc. And having things taken away from them. So, a very sporty child was supposed to be going away to be a part of a team, that was taken away from her.... And obviously we’ve lost children too to mental health and staff, it’s hard hitting...we get supported... we actually can access counselling ourselves here”.

When asked about the school nurse, her feedback was more positive than the other participants in that she was aware of them and had utilised the SN in the past. NC shared that this contact had not happened for some time, however and that the SN wasn’t viewed as part of the school team.

“we know that we can access a school nurse for children. I can’t remember last time I had contact with the school nurse, to be honest. There was a time where the school nurse was here quite often...I haven’t seen one on site for years. No the SN is not part of the team) whereas the school counsellor is here two days a week”.

NC’s responses are summarised in Table 15.

Table 15 – NC Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>eating disorders are the main one...also had young lads recently with eating disorders</p> <p>we’ve lost children too</p> <p>having things taken away from them</p> <p>Whereas there was a school nurse here timely, you know, and would be checking in on pupils regularly</p>	<p>So, we are really, really, you know, focusing on how we can get people to understand that the whole school approach is everybody’s responsibility and as well as the curriculum.</p> <p>with the health and wellbeing lesson, you know, we are detecting MH issues</p>	<p>signposting...getting the right help for them...having a school nurse here would take that from us, we could just refer to her</p>	<p>they were my babies</p> <p>you worry about the children</p> <p>haven’t seen a SN on site for years can’t remember the last time I had contact with the school nurse. There was a time when one was here quite often</p> <p>Because relationships, as we know, is highly important</p> <p>No (SN not part of the team) whereas the school... school counsellor is here two days a week</p>	<p>the aim is, in the next few years all staff will be wellbeing teachers</p> <p>they do mindfulness...yoga</p> <p>we are doing the odd survey...how are you feeling</p> <p>we get supported... we actually can access counselling ourselves</p> <p>unless we work on staff mental, emotional health and wellbeing we all know that, you know, we can’t educate those children</p> <p>Year 7 we started off with the healthy mind and teaching them about how the mind works and their blue and their red brains. And how... you know, happy and strategies to keep them healthy, their minds healthy</p> <p>we’ve got that consistency of somebody knowing the children</p>

4.3.10 Physical Education Teacher (PE)

The PE teacher was an unexpected suggestion for participation in the study from the snowball sampling strategy, having been highlighted by other participants as a key individual in the identification and support of pupils who might be experiencing poor mental health. PE had worked

in the school for almost twenty years since first becoming a teacher and expressed that no plans to leave. I asked why PE had been suggested by other staff members and they said that it might be due to the nature of PE clothing which can show weight changes and self-harm wounds or scars. On further prompting, PE expanded on this acknowledging that it might be something about the relationship with the pupils and general approachability.

“I do feel pupils are quite confident to come and speak... over the lockdown, I had a few people, just emailing me. They were quite open to email all the time to say, I need help,? I think maybe because maybe it helps because I’m a PE teacher. Maybe I’ve got a closer relationship with them. I don’t know, as in they maybe see me as a different”.

PE shared some of her stories of interactions with pupils and times she had noticed a change in mental health. Weight loss was an issue she discussed frequently throughout the interview.

“she’s a confident girl and everything and when she came back in September she passed me, and I was, like, God... you can tell from the shape of their legs and their knees. We do that a lot in PE, where we say ‘have you noticed that person’s lost weight’...”

The interview moved on to the description of the school ethos, the support from senior management and how they have responded as a school to increasing mental health needs because of that ‘ethos’. PE also used the word ‘ethos’ in relation to the school’s approach to mental health in the pupils, as colleagues had in their interviews. The deputy head was named again as the first person they would seek for advice and support.

“There is a very close ethos, in school. Well-being is massive here, massive. I do tend to go and ask for support from the deputy head... if I did have an email in the night, I would contact someone straightaway and say I’d be worried, but, yeah, it’s quite a natural thing that happens here now.”

The tragic events of the suicides impacted on every participant and was mentioned in each interview, however fleeting it was included but some of the experiences of loss were personal and as such might have seemed trivial to some.

“This morning, a pupil had to self-isolate and her mum explained to me already she’s worried. She’s already said she’s feeling low and everything because she’s not going to be with her friends for two weeks and she feels like she’s going to miss out.”

“as a school, we came together (after the suicides)..we lost a colleague as well, I feel there is a very close unit in school. Pupils are number one priority, over lockdown we’d ring them up and help them and just that little chat. They just needed that chat with a teacher, maybe, even though they say they don’t miss us I think deep down they do...we do listen to their voice massively. What you want is that those kids to have time and to talk to you and sometimes when you’re so busy, you want to make sure that person’s safe so you’ve got to make sure they’re in close contact with someone.”

PE was not able to recall having met the current school nurse but was aware that the school had one who visited. The potential for the future was highlighted by PE.

“I personally, wasn’t involved with the SN, but they did help a lot out with some pupils who were suffering from lack of confidence. Before I’d always think a school nurse would be just medical, but they did help pupils. I’d love it if the SN was here more, but I understand that, with their commitments and everything. I think it would be good just to get that, maybe, more professional advice for us”.

PE’s responses are summarised in Table 16.

Table 16 – PE Response Summary using the Three-Dimensional Space Model (Clandillin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>she came back in next term and I was like God (at the weight loss)</p> <p>self-harming went from scratching to using blades</p> <p>some girls have said they don’t want to show arms (in PE) ... because of self-harming scars and wounds</p> <p>They say Miss, I have been feeling low</p> <p>we lost a pupil and we lost a colleague as well</p> <p>her parent broke down on the phone</p>	<p>we don’t come together...no assemblies because of covid restrictions</p> <p>She is (pupil) feeling low, she’s not going to be with her friends for two weeks (self-isolation)</p> <p>And this morning there was an incident where we had... we’ve had the first incident with Covid. The pupils had to go home. It was crazy</p>	<p>I’d love it if she was here more</p>	<p>if it gets serious, I go to the deputy head</p> <p>close unit people look after you</p> <p>miss, I need help</p> <p>I’d love it if she was here more but I understand with commitments and everything so before I just thought the SN was medical, but she took pupils...lack of confidence...it did make a difference</p> <p>friends are pretty good...if they are worried about pupils, their friends they will come and speak to us</p> <p>we came together afterwards</p>	<p>there is a very close ethos...in school</p> <p>it’s a massive team</p> <p>meeting every Wednesday morning</p> <p>My 18th year...I’m happy here</p>

4.4 Themes

Throughout the interviews several re-occurring commonalities became apparent. Initially the common themes appeared unconnected, some were shared experiences, such as the suicides and some were common emotions related to events and relationships. Themes were identified by the reading and re-reading of the participants interviews. Even as a number of threads began to become

apparent, the data was revisited numerous times. Several additional conversations were held with a number of participants, those who were available were enthusiastic to hear my thoughts. I was able to share my interpretation of their stories, the identified themes and validate the accuracy of my understanding. The participant – researcher relationship enabled this exchange, and the relaxed conversational nature of the original interviews created a natural extension of the discussion when I met again with some participants and then continued to contact via email when the lockdown occurred. As previously discussed, collaboration during the analysis phase is a key element of narrative inquiry, for authentic re-storying (Kim 2015, Ollerenshaw and Creswell 2002).

4.4.1 Beginning to find themes

A process of continual reflection and thought took place as I read over the findings, resulting in several versions of themes. Initially there were over 8 themes. They were children in distress, experiences as a result of the pandemic, aspirational feelings on the school nurse role, the experiences of relationships of staff and pupils, stories of a school community approach, barriers of mental health identification and support for children, staff well-being and the relationship between the school nurse and the school. The first themes considered commonalities in language and subject rather than burrowing into meaning and emotion. I had picked up on common words and descriptors such as ‘team’ to describe the school staff but as the analysis and immersion into the human experience took me into the participant’s stories, the themes developed a deeper understanding of the collective meaning. Revisiting the data and talking to participants allowed the texts to develop into themes which were significantly more meaningful to the story.

4.4.2 The overarching themes

The analysis process resulted in four themes, pupils in distress, stories of loss, stories of relationships, and the Whole School Approach all of which emerged from the finer threads from the stories. The overarching themes resulted in a common theme, of the importance of relationships to enable a collaborative approach to identifying mental health needs in pupils. The aim of the study to find where the school nurse fits into and contributes to the identification of mental health needs in a secondary school, was achieved. It was made apparent in the stories that the school nurse has a very minimal role, which was blamed on a lack of capacity, absence from the school and ultimately the loss of a relationship with the school and its micro community. Staff either did not know the school nurse or spoke about a reduction in the availability of the school nurse compared to the past.

4.4.2a Pupils in distress

Stories of the school children in emotional distress were shared by all ten participants. Some of the experiences with the pupils the participants shared, were unexpected and were the first time any emotional distress or mental health was identified. PS remembered noticing a pupil had *“seemed re down and had gone quiet”* but was quick to say this was not a single event, stating firmly that examples such as this were a daily occurrence. H9 gave another example of a similar situation *“he disappeared completely into his shell”*, H11 said *“he just started to act low”*, DH recalls a pupil who was *“tearful in every lesson”*, LC mentioned *“I have seen their moods drop”* and PE said *“they say, I have been feeling low”*. These stories suggest several common points, that some of the indicators of emotional distress or mental health deterioration are subtle, that these examples represent a much larger number of pupils who the participants have stories of and that there seems to be a level of awareness from both the staff who have noticed subtle cues of mood change and the pupils who seek help. The school nurse described how the staff have asked for help stating *“they say, this pupil is feeling down”* again whilst stressing that it happens frequently and that there are many examples which could be shared. As H9 said *“the volume of mental health needs is huge. So many pupils need support”*, a point which was shared by PS, DH, LC, CO, NC and PE.

The detail in the examples given of experiences with pupils in distress highlighted the possible different stages of identification of mental health needs. Although some were being noticed for the first time or pupils were disclosing a need themselves for the first time, the participants shared stories of pupils who have had a formal diagnosis or have already sought medical help. In these situations, the stories tell of how school staff supported pupils and their families, whilst showing flexibility to meet the pupils needs. PS shared a story of a pupil who had been self-harming for some time. The parent realised something was wrong so searched his bedroom and *“parents had found a razor under the pillow”*. The family, pupil and school communicated with each other to find ways to support the child, in school and at home according to PS. PS goes on to say that they did not find everyone worked together in the same way and that school often found themselves out of the communication loop between health services and families but are expected to manage the needs for a significant amount of time *“the GP bounces everything back to school”*. Self-harm experiences were shared by PS, H11 *“she had been self-harming for years”*, school nurse *“teachers reported they were self-harming”*, CO and PE *“self-harm went from scratching to using blades”* *“some girls have said they don’t want to show their arms because of self-harm scars and wounds”*.

The term 'eating disorders' featured frequently in the participants stories, in male, female and non-binary pupils but it was unclear whether they had all had a medical diagnosis. PS *"the ones that stand out for me are the eating disorders"*, LC talked about a boy who was *"physically frail"* because he was *"struggling with an eating disorder"* and school nurse shared concerns about a non-binary pupil who was trying to control body dysphoria by maintaining a very low weight. NC said *"eating disorders are the main one. We have also had young lads recently with eating disorders"* and PE was visibly upset when sharing *"I was like 'god'! when I saw the weight loss"*.

PS, SE, H11, DH, LC, school nurse and CO all talked about direct experiences of pupil's suicide attempts and plans to die by suicide. PS, SE, H11 and LC talked about a pupil taking an overdose in school, *"she passed me a note telling me she had taken an overdose"* (PS) *"she had taken pills in school"* (H11), *"she had taken paracetamols"* (LC). DH shared the experience of hearing a disclosure from a pupil who was experiencing a *"overwhelming compulsion"* to kill herself and was saying to DH *"I'm not safe"*, the school nurse recalled how a pupil said *"I have planned it"* when referring to a suicide plan and SE said they had *"a significant disclosure"* from a pupil who said they wanted to end their life and had planned how they were going to do it. The common factor in all of the stories was that the pupil's themselves sought help from the participants and that the participants listened to them. The impact of relationships is highlighted again here. The pupils felt able to approach the staff and the staff were then able to react appropriately in a sensitive and individualised manner because of existing relationships. Importantly in these situations where school staff are dealing with upsetting and high-pressure situations of children in distress, the supportive nature of the staff relationships with each other and the formal systems in place in the school appear to offer some resilience and the opportunity to heal. Many participants spoke of the value which access to the school counsellor provided and how the deputy head had an *"open door policy"* for staff well-being.

4.4.2b Stories of loss (a) Covid-19

Loss features frequently in the interviews, in a broad sense from the perspective of the participants themselves, the pupils and the school nurse. Participants talked about the consequences of the enforced lockdown as a result of the developing pandemic which was happening at the time and lost opportunities for human contact. PS said there was a *"daily need for mental health support since covid started"*, H9 talked about *"girls coming back scared, the friendship dynamics have changed after lockdown"* *"he wasn't fitting in anymore"* and that there was *"a noticeable difference in pupils, who were coming back anxious"*. Pupils had lost friendships and their sense of belonging in their peer groups *"she is feeling low, she's not going to be with her friends for two weeks because of her*

need to isolate” (PE). CO said “we (staff and pupils) don’t come together anymore because of Covid” and that important relationships with peers were affected by the separation of pupils into smaller groups known as ‘bubbles’.

PS, H9, SE, DH, CO, NC and PE all spoke about how the Covid restrictions had impacted on *“precious opportunities” (SE) for contact. Assemblies and registration had been stopped to avoid potential covid infection but in doing so, the pupils were having no face-to-face contact with the staff who knew them best. Registration was when the whole class would start the morning and afternoon with the teacher they had had since the start of secondary school “the personal tutors follow the pupils from year 7” (NC). Some registration teachers or ‘form tutors’ used this time to observe pupil’s well-being, with some teachers directly asking “how are you?” or asking for updates on how weekends were spent for example. Registration was defined as a ‘check in’ (PS) and the high value of it as a way of identifying issues was emphasised by PS “in registration, you’ve got 30 kids in front of you, those kids like the back of your hand and so ..think ‘oh gosh, what’s going on because they have gone quiet” and H11 “the form tutor who sees them everyday notices...will have that sort of bond and make a partnership with them”, DH said “Their teachers notice. If they email me at 9am saying I’m concerned about whoever, didn’t lift their head off the desk, I would hope that child wouldn’t go home without one of us talking to a parent that day” and NC shared how “we’ve got that consistency of someone knowing the children...relationships are important” but the pandemic related restrictions had impacted that contact and in turn those relationships and opportunities for the identification of mental health needs had been lost.*

4.4.2b Stories of loss (b) Suicide

The stories of experiencing the suicides of pupils, staff and parents feature prominently. PS *“we have lost people, as a school”, H9 said “there was apparent suicide and we have lost children here”, SE spoke of a parent’s suicide “they were grieving from a parent’s suicide” as did H11 “his dad had died by suicide” and DH. Nine of the ten participants included the most recent losses in their stories and spoke of them at length and with deep emotional responses. DH shared “we’ve lost pupils to suicide, and I think once you get to that point you have to, put all the building blocks in place. I can tell you with my hand on my heart that were doing all the stuff before we lost the pupil and what we did wasn’t enough for that pupil”. LC stated that “the loss of a member of staff and the loss of a pupil in the last five years has definitely tightened up relationships. No one would dismiss anything on the mental health front in this school” CO talked about how “the school had been battered” and that “it affected the children...it (suicide) was constantly mentioned. Suicide was a conversation I was having all the time” “it was like suicide was around every corner” “everyone was on high alert worried that it*

might happen again, it was tough". NC said "we have lost children too (in addition to a staff member)" and PE said "we lost a colleague and a pupil. We all came together afterwards".

4.4.2c The School nurse's Role

The school nurse talked about a lost role which impacted on role identity, both internally and externally and felt the role was no longer what it had been, and that the outside world viewed the professional differently than before. SN explained that visits to the school often have to be cancelled at the last minute because of other workload pressures *"They (school) hold back because of the pressures I have from other things, so yeah, they might go to someone else", "I'm sure they get frustrated, they know I'll say the majority of the time 'I won't be in next week' could be two, three weeks. It makes me feel awful"*. DH mirrors this statement *"drop ins are a challenge, the SN is pulled from pillar to post" "too much time used in safeguarding conferences, immunisations, measuring height and checking eyes"* and confirms that they do not ask the school nurse for support or advice anymore *"the school nurse gets forgotten in the mix because the regularity and actual contact isn't there....staff do not know who the SN is"*. The school nurse said *"the children don't know me, so why would they open up to someone who just walked in and said hi"*. The loss of the school nurse role was felt by other participants. CO reflected on the perceived loss of the school nurse's role, during her interview stating that they used to discuss those children who they were concerned about, where confidentiality policies allowed. They shared opinions, learned from each other's practice and worked together in the interest of the school and its pupils. CO shared that the positive relationship with the school nurse did not exist anymore *"I would have met with her/him every week"*. PS shared similar feelings of loss in relation to the school nurse role, giving the same time frame as CO *"things were different about 10 years ago"*. DH, the school nurse, PS and CO all shared examples relating to the loss of the school nurse role.

The school nurse spoke of lost confidence and a need for training *"I don't know if I said the right things" "that is what we lacking so much, training" "I'm out of my depth (when speaking to a child)"* and a loss of clinical confidence in their own practice and a perceived loss of respect from other services *"I don't do any health promotion sessions. We used to"*. SN elaborated on the loss of job satisfaction *"I would love to be here more and more accessible because that's what my public health role is and I'm not doing it" "I think it's terrible. I don't find it personal to me. I think it's personal to the service", "I feel like, my role, what is it? One of my core roles is supposed to be drop ins, yet that's not protected"*. The sub-category of loss (of the school nurse role) and the relationship between staff

and the school nurse relate closely with each other therefore further evidence is included under the following thread.

4.5 Stories of interactions and relationships

4.5.1 Relationships between school staff

PS, H9, SE, DH, LC, SCHOOL NURSE, CO and PE all shared stories of positive relationships between staff members. PS said *"the management here are very supportive, someone's got a worry they all know they can turn to someone and be supported"*, H9 shared experiences of support *"you have got people you can go to for support" "we always offload on each other"* and SE said *"its like a community . I could go to the deputy head..and say I need to talk anytime" "the head and deputy head are so caring" "it's about looking after the staff too"*. DH continued in the same thread, saying *"we have a close knit team", "we are one big team", "we've got each other's backs"*, LC said *"most people feel supported in this schools, we check in on each other a lot here", "I shed a tear or two to a colleague"* and the school nurse spoke about the staff support as a school visitor and observer *"it's very supportive here" "It's so supportive, they know their staff well"*. CO spoke at length about the positive relationships shared by staff members and the senior management in particular *"we get supported as staff" "I never have a worry that I haven't shared, it's so safe", "we are a big team", "we've got each other's backs" "they (the deputy head and head teacher) are forward thinking, open and caring"*. PE said similar statements *"if it gets serious, I go to the deputy head for help", "it's a very close unit here", "people look after you"*.

4.5.1a Relationships between school staff and pupils

"They (the pupils) become so important to you, you want them to succeed and you want it to be ok" "(you know) those kids like the back of your hand" PS said. All of the participants spoke of the relationships between staff members and pupils and of the difference it makes to pupils approaching them with concerns or mental health needs. H9 stated *"they come to tell us how they feel"* but that *"some teachers build better relationships than others"*, SE echoed this *"it all depends on relationships, could be anyone of us, caretaker, anyone...someone they trust who they can confide in"*. H11 stated that staff need to *"have that bond and make a partnership with them"* and DH said *"there's always a person of trust who kids can trust and feel safe with"* they went on to say that even when an issue seems trivial it is important to listen *"if you don't listen to the trivial issues properly then they will stop coming to you"*. The impact of listening to the pupils and allowing time to be fully attentive was also reiterated by LC *"they know someone is here to listen"* and the school nurse, CO, NC. NC described a familial fondness for the pupils when talking about the registration group who

they had throughout their school lives *“they were my babies”*. PS *“she said I need to tell you something”*, SE *“had a disclosure”*, H11 *“she came to see me”*, DH *“Young person came to me”*, LC *“they come in tears”*, CO *“she came to chat”* and PE *“they said Miss, I need help”* all shared examples of pupils who sought them out and asked for help. PS said the disclosures of self-harm or suicidal thoughts, visits to staff in tears and desperate requests for help were a *“daily occurrence”* and DH shared *“it’s gone from 15 years ago being if and when, to how many times a day now (supporting pupils with mental health needs)”*. DH went on to say how the staff have needed to adapt and work outside of their educational remit to help pupils and support families *“I’ve been in a situation where I’ve gone to hospital to meet a family because the hospital were discharging the child and I’ve gone to support the parents because the child is actually telling the doctors, if they send me home now I’m going to go straight to that bridge and jump off”*.

4.5.1b Relationships between school staff and the school nurse

All participants spoke of their individual relationship with the school nurse or lack of and of the general relationship of the school nurse within the school community. Some were reluctant to share their experiences because they did not want to say anything negative about the school nurse *“I don’t mean anything personally against the SN but there is no real relationship”* (H9), H11 said *“I’m sorry to say it but I don’t know who she/he is”* and LC said *“sorry, I have no idea what she/he does”*. PS, DH and CO were not reluctant to share their experiences and feelings. PS said *“they aren’t here, she/he only calls in once a week if we are lucky” “the role has changed” “their time is ill used” “they are not able to give their experience as a nurse to anyone”* and SE stated *“they are a useless tool, they come in and sit in a room to talk about A&E referrals”*. H11 said *“when the school nurse has been in it has been infrequent” “children don’t know who the SN is” “can’t see how a child would want to speak to the SN if they don’t know them”*. DH spoke at length *“I cannot see the school nurse for 10 days, in which time I have dealt with the issue I might have asked for help with” “there is not enough contact” “is it the best use of a specialist professional to be sitting in an admin role?” “they don’t have the capacity to see us enough”, “drop in is a challenge” “staff do not know who the SN is”*. CO compared the relationship to past relationships with previous school nurse’s ten years ago *“I would have met with the school nurse every week she was here to share concerns and she would speak to pupils and do health promotion” “I think we haven’t got one now. I certainly have nothing to do with her or him” “I don’t know who the heck the school nurse is”*. NC said *“I haven’t seen a school nurse on site for years” “there was a time when one was here quite often”*. PE spoke positively about the school nurse *“so before I thought the school nurse was medical, but she spoke to a pupil who had a lack of confidence and stuff and it did make a difference”*.

The school nurse shared similar experiences and expressed frustration and regret at having to cancel visits and being unable to spend more time in the school, *“I’m sure they get frustrated” “makes me feel awful”* but they did feel part of the team *“I feel like I’m a valued part of the team”* but *“I think they hold back a bit because of the pressures I have from other things”*.

4.6 The Whole School Approach

4.6.1 Ethos

Throughout the transcripts, participants spoke of the *“ethos”* of the school as passed down from the first head teacher when the school opened. PS, H9, H11, DH and PE called the schools attention to mental health and emotional well-being the ‘ethos’ of the school. Participants said it had been embedded from the very beginning. PS said *“It was the schools ethos in the very beginning and it’s stayed, we’ve all bought into it...that’s why you stay somewhere, isn’t it, you like the ethos so you stay there because you want to be a part of that”*. H9 mirrored the sentiment *“I think maybe it’s just like the... the ethos of the school, I’ve taught here now for years and when I came here it was completely different to the schools I’ve been prior. It makes you not want to leave, because it is a nice place to work”*. DH said *“mental health has always been important here, from the first head when the school first opened”* CO stated *“When (the first head teacher) set up (the school) he wanted discipline and academic success. But he wanted well-being. He knew every child’s name. He would greet every child, he would go round every classroom. CO went on to say that “you feel an atmosphere of empathy when you walk through the school, there’s a pride in how much we promote well-being here”* and that the current senior management *“model what they want from us”*.

4.6.2 Child centred

Staff spoke about the freedom to be flexible to prioritise the mental health needs of pupils and each other. There were examples given of staff feeling confident in leaving academic tasks so they could spend time talking with a young person and experiences of adapting pupil’s timetables so that processes could be put in place to meet their individual needs. DH said *“are there any classes they aren’t coping with, what can we do?”*, PS shared stories about when pupils were able to sit quietly out of class and open up in their own time *“you’ve got to listen and wait”* which was also supported by the experiences of LC and CO. H11 said that if a pupil has expressed a positive relationship with one staff member, the school tries to accommodate that *“they have said they get on with Mrs X, so it’s fitting who supports the pupil with the pupil’s needs”*. H9 however, acknowledged that sometimes the flexibility is not possible in a school environment and that brings feelings of guilt with it *“I’ll catch up with someone and know I’m teaching in ten minutes”*.

All participants, including the privately employed counsellor, spoke of how the school's commitment to the pupil mental health was demonstrated by the counsellors employment. The pupils were able to refer themselves and were not restricted by time limits, they could see CO for as long as they needed to. All participants spoke of the value of this. The employment began over ten years before my interviews took place and a global pandemic began, which participants aligned with the ethos of the school and the emphasis on prioritising mental health for pupils.

4.6.3 Everyone's responsibility

An unexpected finding which emerged from eight participants (DH, PS, H9, SE, LC, CO, PE, NC) stories in direct statements *"everybody's responsibility"* (PS, H9, LC, SE, CO, PE, DH, NC) and *"everybody plays a part"* (DH) and from all ten indirectly was that the emotional well-being and mental health of the pupils was the responsibility of every staff member in the school *"we all communicate concerns"* *"every staff member has a log for the 'my concerns' system"* (H11), *"all staff here are very good"* (school nurse), *"office staff and admin because everyone comes across children during the day"* (SE). Many named the caretaker and catering staff when clarifying this, whilst some went further and gave examples of when non-teaching or purposely employed support staff such as the counsellor or learning coach, like the *"dinner ladies"* (PS) noticed something was irregular or felt some concern for a pupil. DH said *"dinner ladies here will come and say, I'm worried,"* and H9 supported this *"they're actually very good here, the caretakers and the dinner ladies. They're very much aware of things within school"*.

4.6.4 Families / carers involved

Participants spoke about experiences supporting the whole family of the pupil, sometimes talking to parents *"in tears"* (PS, SE, DH, H11, PE) advocating for pupils alongside families and maintaining communication between home and school life in the interest of the child. Stories were shared about supporting families in distress *"I had a dad come in this morning in tears"* (H11), *"her parent broke down on the phone, didn't know what to do, so worried so we just talked"* (PE) *"I sat with them in A and E"* (DH), *"a dad came to me crying, his son had self-harmed"* (PS).

Stories included examples of positive relationships aiding communication and participants shared feelings of commitment to this kind of *"partnership"* (DH, PS, SE, H11) which involved *"bringing parents in for a meeting"*, *"a phone call to parents"* (LC) and generally that *"that child wouldn't go home without one of us talking to a parent that day"* (DH) so that *"their parents know what's happening..."* (H11), *"we were ringing some parents daily in lockdown to help support with their kids"*

who were struggling” (LC). The school nurse shared stories of working with school and communicating with parents for the benefit of the pupil *“Parents became aware, which was the biggest thing, because they supported her at home”*.

The inclusion of families and carers in the planning of support for the young person was predominantly spoken about positively. H9 said *“the parents are always super supportive”* when they work with the school to help the child. *“(parents) picked up the phone to talk to us about it”* (SE), *“we do an enormous amount of work here with families, it’s all part of it...the bigger picture for that child”* (CO), *“families are comfortable in just picking up the phone and contacting us”* (PS). DH did acknowledge that this partnership was part of a multi-faceted approach, only one element of the Whole School Approach to identifying mental health needs in pupils *“my concern is always those invisible kids that fall through the net who are maybe not presenting or, maybe their parents are not raising it with us which is why we educate the kids themselves too”*.

4.7 What do the findings mean?

The themes will be examined further in the Discussion chapter, to find further meaning in the participants stories, to explore if the answers to the study questions have been found and to extract the significance for future practice.

4.8 Chapter Conclusion

The chapter has presented the findings of the study, extrapolated through a systematic approach to the narrative inquiry analysis method, the three-dimensional space model. The themes which emerged from the data created four over-arching threads, children in distress, Whole School Approach, Interactions and Loss. The following chapter will discuss the findings and the meaning behind the experiences and feelings related to shared stories.

Chapter 5 - Discussion Chapter

5.1 Introduction

My research question asks how does the school nurse contribute to the identification of mental health needs in secondary school pupils. I aimed to gain an understanding of how the identification of mental health in pupils was effectively achieved. A key aim of the study was to explore the human, individual experiences, and feelings of the school staff and the school nurse assigned to the school in regard to identifying mental health needs narrative inquiry methodology (Clandinin and Connolly 2000) framed the systematic research process, underpinned by the theoretical lens of Dewey's work on Experience and Education (1938), Experience and Nature (1925) and Schools and Society (Dewey 1900).

Table 17 - Research Question and Aims

Research question
How does the school nurse contribute to the identification of mental health needs in secondary school pupils?
Objectives
1. To establish which strategies are effective in the identification of mental health needs in secondary school pupils, by undertaking a literature review.
2. To explore how school staff and the school nurse contribute to the identification of mental health needs in pupils by gathering the stories of experiences from the school nurse and school staff.
3. To develop recommendations for policy and practice that further enhance the identification of mental health needs in secondary school aged children.

This chapter will explore the significance behind the findings and discuss the implications of the themes on the central meaning gathered from the participants' stories. The themes found in the previous chapter will be explored further to develop a synthesised and meaningful insight from the

findings which will be reviewed in relation to the existing evidence. Disparities and parallels between my findings and what was found in the literature will be presented, with a clear presentation of new contributions to the evidence.

The themes identified in the previous chapter were pupils in distress, stories of loss, stories of interactions and relationships and the Whole School Approach to mental health which resulted in the overarching finding of the significance of relationships to identifying mental health needs in pupils. The structure of the discussion will follow the themes and the significance of those themes in identifying mental health needs.

5.2 Overview of key findings

The stories shared by the participants included examples of pupils in distress and emphasised how those in distress have increased in number and intensity. Positively, it was noted that the increase in need was apparent because of the frequency the pupils asked school for help, or the school staff noticed that a pupil might be in need.

My findings, covered in detail further in this chapter, supported the evidence that effective relationships with trusted adults can encourage children to disclose how they are feeling or to share concerns for friends. School staff in various roles were able to notice and thus identify signs of sometimes subtle changes in a pupil because of familiar relationships. Examples of catering staff noticing pupils sitting alone or eating less were shared as were changes in behaviour and demeanour reported by the caretaker or the staff on reception. Teachers shared several stories of noticing weight loss, self-harm marks and the subtler signs of facial expressions and slumped shoulders.

The findings indicated that positive, respectful, and collaborative relationships between staff facilitated an open dialogue where there were concerns for a child, creating an environment of support for each other, which then promoted positive job satisfaction and reported good emotional well-being. The Whole School Approach to mental health, requires that school staff have their own emotional well-being considered so that they can, in turn contribute to the Whole School Approach to the mental health of pupils (Welsh Government 2021). The findings repeatedly indicated that the participants who were school staff viewed the identification of mental health needs, the responsibility of all staff regardless of seniority or role. Unexpectedly, the school nurse was reportedly not part of school relationships and was increasingly excluded from the Whole School Approach by the school staff because of a reduced presence in the school and minimal availability. This contrasted with what the participants stated they wanted; the school staff and the school nurse all hoped for changes so that the school nurse could be more present in the school. The absence of

relationships with school staff, minimal involvement in the school community and the lack of opportunities to form relationships with pupils provoked feelings of loss in the school nurse. The lost role was brought up by some of the participants, indicating a shared regret that the school nurse visited infrequently and sporadically.

In my study, loss was a prevalent theme in the form of bereavement for the school pupils and staff and in the form of professional identity for the school nurse. Grief featured in all the stories, even the participant who attended a different school at the time spoke about the emotional impact it had on him. The Covid-19 pandemic which was having an unprecedented impact across the world at the time of data collection, created a new dimension of loss which was occurring in real time as I was present.

The Whole School Approach to identifying mental health needs was named by two school staff members and the school nurse in the findings, although the collaborative community principles of the approach were alluded to by all participants. The lack of knowledge regarding the model defined and named by WHO (1996) and Weare and Nind (2011) could have been representative of a time before the Welsh Government 'Framework to Embedding a Whole School Approach' (Welsh Government 2021) was published but the participants described the model, its values and components throughout their stories. This is explored further under the subheading Whole School Approach.

5.3 The Interpretation of findings by themes

5.3.1 Pupils in distress

The evidence presented an increase in mental health needs in children and young people prior to the Covid-19 pandemic (Aldridge and McChesney 2018) and after (Viner et al 2022). Evidence was beginning to emerge which suggested that the pandemic had intensified the mental health needs of those already experiencing poor mental health and increased the numbers of children reporting new mental health needs (Kaskoun and McCabe 2022, Viner et al 2022). The participants stories in my study described the same, acknowledging a worsening situation before the pandemic whilst sharing examples of desperate circumstances during the pandemic when data collection took place. H9 (the head of year 9) gave one example,

“a boy this year, was full of beans, enthusiastic but he came back (after the pandemic lockdown) completely in his shell, not being able to cope with coming back into the

classroom. Dynamics had changed over lockdown and he wasn't fitting in so he was tearful ...'the volume is huge, there's so many more pupils that need support'.

The types of distress or needs the children appear to the staff to be experiencing, (as not all had a diagnosis) were consistently reported by the individual participants. Terms such as 'low mood', 'tearful', 'distant' were common in the stories as were more formal descriptors like 'depressed', 'eating disorders', 'self-harm', 'grief' and 'suicidal'.

The mental health needs of the children and young people were difficult to hear, which I reflected upon in my reflexive accounts (Appendix B) but the participants shared freely both their experiences and their feelings. Pupils had knocked the door having taken an overdose, disclosed suicidal ideation and broken down in tears in front of staff which all, understandably had an impact on the staff themselves. The suicide of a pupil and then a teacher had devastated many in the school, including the children and young people. The counsellor when sharing her story said that *"suicide was around every corner"*, telling me that it was what everyone needed to talk about. Pupils were worried it would happen again, felt guilt that they could not help and missed the people who had died. The loss of the teacher, who had by the nature of the role known many pupils over the years had hit them hard, but pupils both current and past were given the opportunity to visit the school to share stories, listen, cry or to be in the company with those who shared the loss. Postvention care as demonstrated by the school, is an evidence-based intervention which assists with grief and aims to reduce the risk of further suicide deaths (Williams et al 2022, Cox et al 2016) although at the time, the school was unaware of postvention literature and simply did what they felt was needed. The senior leadership team's actions in the face of shock and grief, were founded in compassion for pupils and staff and a respect for the human experience. Stoicism was not expected or encouraged, normal emotional responses were nurtured in line with the school values and stipulated focus on mental health. Evidence which considers suicide prevention in children and young people, suggest risks can be reduced in those at risk of suicidal ideation, including those triggered by experiencing grief of suicide by a collaborative approach to support with parents, health services and schools (Barzilay et al 2019), which compares similarly with my literature review, my study findings and the recommendations for a Whole School Approach to mental health.

A caring and compassionate ethos featured in the recommendations for an effective Whole School Approach to mental health, of numerous studies in the literature review. Aldridge and McChesney (2018) conducted a systematic review which indicated the school climate can have a positive on the mental health and emotional well-being of children. My findings suggest that the school environment and the values which form the foundation of the school ethos can support the mental

health of pupils when needed and help alleviate their distress. Furthermore, Bartlett (2015) suggested that the school's ethos can either enable or hinder the ability of the school nurse to fulfil the role of supporting the mental health needs of pupils. In contrast to some studies featured in the literature review, which presented a problematic relationship between the school and school nurse, resulting in poor access to appropriate rooms (Prymachuk 2011, Haddad 2012), my findings indicated a contrasting situation in the school studied. The school staff all stated they wanted the school nurse to be more present, some even spoke of offering them a full-time base in the school and some participants spoke fondly of past relationships with previous school nurses in a nostalgic manner.

5.4 Stories of Loss

5.4.1 School Nursing role

The school nurse participant, shared feelings of frustration caused by time pressures which left them unable to have a regular presence in the school. The frustration and the reasons for the absence from the school setting align with the available evidence. School nurses have been described as 'stretched' and unable to fulfil all their duties in the time they have (Hoekstra et al 2016, Prymachuk 2012, Haddad et al 2010). As with the school nurse participant, the main reasons given are an increase in the number of safeguarding cases, immunisations and a lack of staff as school nurse numbers in the UK have been depleted by 30% since 2010 (Stephenson 2018). There have also been discrepancies in the school nurse role in different localities and therefore a long-standing misunderstanding of the role and what can be offered (Crabtree and Davies 2009). The school nurse shared feelings of loss of identity and of job satisfaction because of feeling that the job could not be done effectively, stating that pupils would not want to visit the 'drop in' because they "*wouldn't know me from Adam*". The SN suggested that their professional identity was adversely affected by a feeling of poor confidence, blamed in part on unmet training needs, which is firmly supported by the evidence (Haddad 2018, Johnsson et al 2017, Ravenna and Cleaver 2016, Bartlett 2015, Prymachuk et al 2012, Trudgen and Lawn 2011). The Smith and Bevan (2020) literature review also found that mental health training was fundamental in the confidence levels of school nurses but went on to acknowledge that the demise in school nurse numbers and subsequent pressure on time was equally problematic for the identification of mental health needs in young people.

The feeling of loss in relation to the school nurse role, was repeated by members of the school staff who spoke about the past when school nurses were able to spend more time at the school, to offer a professional opinion and advise pupils on health matters during a regular, consistently available drop in provision. The stories from staff paralleled the information presented the literature found and in

statements published by the Royal College of Nursing (RCN), which address the reduction in school nurse numbers in the UK. The RCN highlighted the significant decline in school nurses in 2017 and reinforced the situation in the one year on review, stating that 221 posts were lost over a 12-month period in 2018 alone. They compare this reduction with the 1.3 % increase in the number of pupils which was recorded for the same period (RCN 2018).

5.4.2 Covid-19 Pandemic restrictions and feelings of loss

Mid way through the thesis, just prior to data collection, the Covid-19 global pandemic occurred which resulted in 'lockdowns and school closures. The impact on pupils and staff was evident in the experiences the participants shared, the loss of friendships, of a sense of belonging, of connections were described as impactful on the pupil's mental health by the staff. Participants reported children approaching them 'in tears' because they felt isolated from friendship groups and were worried about loved ones.

Opportunities to identify mental health needs were lost as "*staff and pupils are not coming together anymore*" according to CO and "*precious opportunities were lost to notice changes*" (SE) in the behaviour or appearance of the children. The identification of needs was affected by physical isolation but the mental health needs themselves grew in number and in severity according to participants. This has been substantiated by a global systematic review by Viner et al (2022) which supported the hypothesis that the pandemic lockdowns had adversely affected the mental health of a significant number of children. Hossain et al (2022) and Kaltschik et al (2022) support the findings in the Viner et al (2022) systematic review.

5.4.3 Suicides

The collective experience of grief, shock and loss from the suicides featured in all of the interviews, even in the interview with the staff member who was working in a different school at the time who described feeling the emotional impact of it from a school some distance away. The power of such trauma, even the vicarious trauma experienced by people in a different school was evident in the findings. Everyone spoke about it freely. Whereas there were moments of hesitation when discussing the school nurse, for example as participants worried about offending, there was no reluctance around sharing the feelings involved with the suicides. I reflected on this at the time and have further since, writing in my reflexive accounts (Appendix B) about initially feeling a little surprised given that I still experience people who whisper the word 'suicide' as if it a taboo subject and come across organisations who are reluctant to have suicide prevention training. The openness with which they shared their distress and sadness was sometimes difficult to hear, because the

realness of the experience was relatable through their words. As recorded in my reflexive notes, they offered me an uncomfortable insight into their reality, and it was distressing for both the participants and for me as listener. I was unable to ascertain why and if this school was different to other schools who have also experienced similar losses. Was the timeframe significant or was it that staff and pupils were given the freedom to feel emotional pain and loss openly and unashamedly? On both occasions when the news was given, the school relaxed all boundaries on attendance and allowed staff and pupils to leave lessons to go to a mutual area where there were refreshments and counsellors on hand. They were able to cry together and talk openly. I am unable to say whether this happens in other schools as I only studied one but there is a robust catalogue of evidence which supports, what is termed 'postvention' or the post suicide actions of the school (Williams et al 2022, Espelage et al 2022, Cox et al 2016). The tragedy of having to repeat the post suicide care of pupils and staff, in a relatively short time period was something which led me to reflect upon the impact on the school community but does experiencing the death of a colleague require a different supportive approach? A critical integrative review by Causer et al (2022) recommends compassionate and timely postvention but acknowledges that guidance is needed for managers, who are often left with the responsibility of offering support to staff but might not have the skills to implement it effectively. The leadership team in the school I studied did not share that they had received any training or guidance but did allude to following instincts when they managed the school's response to the suicides.

The stories indicated that the senior leadership team did make the quick decisions needed to facilitate the time and space for postvention, which allowed the whole school community to come together to cry and talk and grieve. The Welsh 'Talk to me 2' strategy for suicide and self-harm prevention recognises the importance of postvention and has recommended that policies are put in place to assist schools and workplaces, stating that those bereaved by suicide face an elevated risk of experiencing mental health problems and are at a heightened risk of suicide. The strategy recommends timely and effective support following a suicide to help prevent the negative consequences to others (Welsh Government 2015).

5.5 Stories of Relationships

The value placed on relationships between staff and pupils and the wider community of family, friends and mental health services was apparent from early on in the data collection process. Relationships were given as the reason for effective identification of mental health needs in the pupils, as the young people felt comfortable to seek help and share their concerns about their own mental health and the mental health of others (Halladay et al 2020). Some of the experiences shared

described how staff had noticed, what were sometimes very subtle changes in a young person's behaviour or demeanour and had shared the observation with colleagues. The ability to see a change in a child requires a significant level of familiarity with what is usual for that pupil, a familiarity which the participants shared examples of during their storytelling. Instances of pupils being quieter than usual, sitting alone or not eating during lunchtimes were some of the examples given. Dimitropoulos et al (2021) found that the identification of the mental needs of pupils in a school environment was linked to positive relationships between staff and pupils. The study suggested that relationships enabled the identification of mental health needs by both enabling teachers to notice changes in pupils and by creating a trusted, safe environment for pupils to tell staff how they feel (Dimitropoulos et al 2021). My findings indicated that the school nurse did not have positive relationships with pupils. It was acknowledged by school staff and the school nurse that the SN did not have the familiarity with children to notice any changes, was not present often enough to utilise the safe setting of the school and was unlikely to have mental health needs disclosed as most children did not know them. In summary, the role contrasted significantly to the evidenced recommendations for identifying mental health needs in children.

The relationships between staff facilitated the frequent communication of even minor concerns or observations about the pupils, with the whole staff team according to the participants. Education staff, who are not held by the same confidentiality guidelines as healthcare staff discussed verbal and digital methods of communicating any changes in a pupil's behaviour. Teachers hold *Loco Parentis*, a historic legal responsibility for teachers to act as parental figures whilst the child is in their care, which is supported by the Children Act (1989). The implications for a child's confidentiality then arises from the understanding of *Loco Parentis* but the influence on information sharing are still relevant in understanding the difference between a teachers and a school nurse's duty to confidentiality. Hall and Manin (2001) suggest that *Loco Parentis* remains useful to guide teachers in their practice and therefore, any information which is seen to be in the best interest of the child is disclosed. The shared value placed on the mental health of the pupils and staff meant that, what might have seemed like a trivial concern would still be welcomed and heard by other staff members and had in some examples contributed to a bigger picture of distress for that child. This represents the Whole School Approach to mental health in action. The stories shared offered meaningful and tangible illustrations of how life was in the school, how people interacted with each other and how those interactions demonstrated mainly positive relationships between staff members. Several participants explained that the supportive relationships present in the school were so valued that they worked in the school because of them, sometimes making conscious decisions against career progression if that meant leaving the school. This provided a powerful and

compelling reason to value the positive relationships in the school and to draw significant meaning and importance from them. The often deeply personal and emotional stories shared by the participants, correlated with the evidence but added much more by allowing the experiences to be heard in their voices, with the meaning weaved into their words. The narrative inquiry methodology enabled the deeper significance of the human perspective to be realised, adding meaningful knowledge to the existing evidence base.

Warin (2017) and Coleman (2020) both studied how a schools leadership influenced the compassionate ethos of the whole school and the impact that ethos had on the pupils. The results, as shown in my findings indicate that leaders have a vital role to play in the Whole School Approach to mental health, in the shared values, the approach to young people's needs and the support the staff give each other. Coleman (2020) found that the senior leaders of the successfully compassionate schools she studied held firm, long term goals of positive mental health and emotional well-being as did the school in my research. Warin (2017) and Coleman (2020) concluded that the treatment of staff was a key element to the success of a Whole School Approach to mental health. The participants in my study went further than current literature, to say that as a direct result of staff feeling supported, heard, and respected they did not leave, which then had a positive subsequent effect on the recruitment of staff who were eager to join a positive work environment.

5.5.1 Availability of trusted adults

The stories shared in my research support the evidence that a trusting and caring relationship between pupil and school staff member is incredibly influential in a pupil's disclosure of mental health needs, the identification of such needs through observation and on the severity of the mental health needs, which suggests that the forming of relationships in school is vital to the effectiveness of the school nurse role (Dimitropoulos et al 2021, Keane 2021, Coleman 2020, Poulou 2020, Luo 2020, Kiuru et al 2020, Joyce 2019, Harding et al 2018, Moore et al 2018, Oberle et al 2018, Aldridge and McChesney 2018 and Warin 2017).

Oberle et al (2018) gathered data from 4000 young people during their longitudinal study and concluded that positive school relationships contributed significantly to good mental health and offered a protective factor against future negative mental health needs. On reading Oberle et al (2018) findings, I questioned what appeared a bold conclusion but reflected on the stories or rather the language used in the stories of some of the participants in my study. Two participants (PS and NC) in particular, used familiar and warm terminology when talking about present and past pupils, indicating a continuation of a form of relationship with some. Another participant (NC) spoke about a year group for whom NC was once head of year and how some of the pupils have kept in touch or

have visited since leaving. NC called them their 'babies', a powerful word which struck me at the time as potentially inappropriate in a teacher-pupil relationship scenario. I reflected considerably on the use of this word, what it meant to NC, what it might have meant to the pupils and the connotations I associated with it. I considered the work of Bruce D Perry around trauma, attachment, and the positive outcomes he found in studying healing relationships between trusted adult and a child (Cox et al 2021) and how every child or young person needs someone who encourages them and believes in them unconditionally (Perry and Szalavitz 2017). A large-scale UK based study by Bellis et al (2017) found that support and a continuous trusting relationship with an adult in childhood (measured up to age 18 in the study) was able to mitigate the negative effects of adverse childhood experiences, including mental health for improved health and well-being in adulthood. This is interesting when compared to my study findings and how NC spoke about the attachment with the pupils and how they would visit years after leaving school to talk about their achievements.

A rapid review of systematic analyses and meta-analyses commissioned by NHS Scotland on 'The relationship between a trusted adult and adolescent health and education outcomes' (Whitehead et al 2019) reinforces the positive impact of the adult and child relationship on mental health. One of the main aims of the paper was to understand what constitutes an effective relationship between a child or young person and an adult, such as a school staff member or school nurse. The facilitators of a trusted relationship, reliability, consistency and long-term engagement (Whitehead et al 2019), were not possible between the school nurse and the pupils in my study. The school staff, in contrast shared they did have the elements needed for a trusted adult and child relationship. The structure and environment for long term, regular engagement along with the personal attributes of respect, being non-judgemental reliable and genuine were talked about and / or implied during the interviews.

There is a clear absence in the stories of experiences shared, which suggest the SN was a trusted adult in the school. Reliability and regularity of engagement was significantly compromised by the cancellation of visits. The lack of long term, regular, consistent, and continuous engagement can severely affect the building of relationships with young people and is vital in becoming a 'trusted adult' (Bellis et al 2017). Many of the stories relating to interactions between staff and pupils strongly indicated that pupils felt able to approach and disclose feelings or experiences which were affecting them both negatively and positively.

Participant NC reported a feeling of compassion for the pupils and in doing so, as the evidence suggests might have helped them to develop resilience and positive mental health skills. Skills which

lasted beyond the school years thus bringing the evidence and my findings back to Dewey and his theory on the role of the school environment and its impact on future well-being (Dewey 1920).

5.5.2 A Theoretical perspective of Relationships

John Dewey created the foundation for Clandinin and Connolly's (2006) narrative inquiry from his philosophy of experience. His theoretical perspective has framed my study from my methodological approach, my data collection methods, and data analysis. Dewey's philosophy that experience is three dimensional, formed the basis for the three-dimensional space model which was used during the research processes (Clandinin and Connolly 2006). He also considered schools as small societies where shared experiences, including traumatic experiences formulate common moralities and values which place the young person as the central focus (Leach 2018), thus providing a theoretical perspective for my findings. He believed that a school could develop a common value system or ethos,

"Society is the process of associating in such ways that experiences, ideas, emotions, values are transmitted and made common" (Dewey 1920 pp 207).

Dewey spoke about the importance of collaboration in schools a long time before the concept of a Whole School Approach was named. He believed that schools should be places of collaboration between teachers and pupils and argued against traditional teaching methods which were authoritative and dictating in favour of a learning through experiencing approach. Dewey was advocating for a Whole School Approach almost 100 years before it formed the basis for a school's approach to mental health and emotional well-being. It even could be suggested that Dewey predicted the need for a holistic approach as a response to the emotional and mental health needs of pupils, which he also appears to have foreseen.

"the more human mankind becomes, the more civilized, the less is there behaviour which is purely physical and some other purely mental" (Dewey 1928 pp 7).

Thorburn (2018) suggested that Dewey's theories could support schools to consider the individual pupils emotional well-being needs in a "holistic and multi-dimensional manner" (Thorburn 2018 pp 308).

It could be interpreted that the relationship between teachers and pupils was regarded by Dewey as a vital component in creating a collaborative, mini society of shared experiences as he proposed that positive interactions in school resulted in optimum learning (Thorburn 2018, Williams 2017).

“the school itself shall be made a genuine form of active community life, instead of a place set apart in which to learn lessons.

A society is a number of people held together because they are working along common lines, in a common spirit, and with reference to common aims. The common needs and aims demand a growing interchange of thought and growing unity of sympathetic feeling” (Dewey 1907 pp 27).

Dewey’s philosophy also considered one of my main findings, that relationships in school are important for the well-being of children. He wrote of the shared moral values of a school community, of putting the pupil at the centre of systems and of promoting a mutually respectful relationship between teacher and pupil which aimed to improve educational outcomes but to also develop emotionally healthy, resilient adults of the future (Williams 2017). This philosophy is supported in the NHS Scotland guidance on relationships between children and trusted adults (Whitehead et al 2019) who advise that a mutual respect and shared ethos are key to a positive relationship.

Dewey has been criticized for the vagueness of his writing however, which allows for doubt and ambiguity in the meaning of his words (Leech 2018). This makes drawing significant meaning from his philosophy potentially subjective and open to bias. It does appear that he places substantial weight on the importance of relationships in schools in creating an emotionally nurturing environment for pupils, which will allow for educational achievement and equip them for adult life.

The Welsh Government ‘Framework for embedding a Whole School Approach to emotional and mental well-being’ reinforces the principles behind Dewey’s theory and states,

“Developing these trusting relationships is central to the whole-school approach. Developing positive relationships between a teacher and learner is a fundamental aspect of quality learning and teaching. The effects of teacher–learner relationships have been researched extensively” Welsh Government (2021) pp 17.

5.5.3 Perspectives of the school nurse relationship

The perspectives from the school staff regarding a relationship with the school nurse was overwhelmingly the same, that she was not there enough for relationships to be formed. Most subsequently responded, however with hopes for there to be future relationships with the school nurse if circumstances enabled her to be more present in the school. The systematic review by Kaskoun and McCabe (2022) supports the participants aspirations for an increased school nurse presence. The review found that for the school nurse to be seen as trusted members of the school

team, they have to be visible, meaning that relationships were affected by their absence (Kaskoun and McCabe 2022, Jonsson et al 2017, Bartlett 2015).

Participant H11 said *“when the school nurse has been in it has been infrequent”* and *“children don’t know who they are”* which suggests the relationships between school nurse and the school staff and the relationship between the pupils and the school nurse are equally absent.

Despite workload and staff shortages being blamed for the poor visibility of the school nurse and therefore poor relationships, research indicates there are multiple reasons when there are relationship challenges. Professional tensions were cited along with a lack of understanding of the school nurse’s role, resulted in some reported hostility in studies by Vejzovic (2022), Jonsson et al (2017), Bartlett (2015) and Pryjmachuk et al (2011). Some school nurses reported in the literature that they were not given a room to see children, and when they were the room was sometimes unsuitable (Bartlett 2015, Pryjmachuk et al 2011). My findings differ from these studies, with no mention of tension or hostility from the staff or the school nurse. As summarised earlier, the school participants wanted to have the school nurse visit more frequently, talking about how they could support the school and contribute fully to the Whole School Approach. The school nurse acknowledged in the interview that they felt welcomed and *“part of the team”*.

When relationships between school nurse and the whole school community, are positive the identification and support of mental health needs are effective (Jonsson et al 2017, Dina and Pajalic 2014, Spratt 2010, Holmstrom et al 2013). It seems that when they are supportive, collaborative and respectful, with a shared goal of helping pupils with mental health needs the relationships are a vital factor in positive outcomes (Jonsson et al 2017, Dina and Pajalic 2014, Spratt 2010, Holmstrom et al 2013).

5.6 Identification of mental health needs in pupils

The stories highlighted how the mental needs of the pupils were able to be identified early by several methods, some of which were pro-active in the case of mental health education sessions and informal screening and some methods were dependant on positive, trusting relationships as in the case of pupils seeking help or staff noticing subtle signs of change in them.

Identification of needs by observation was attributed to noticing weight loss, changes in demeanour or personality and spending time alone. Interestingly, the observations of catering staff and the caretaker were deemed equally as important as those of teaching staff. The SENCO stated

“...we are all on it, keeping an eye, picking it up and I think it depends on relationships, it could be anyone. It could be the caretaker” and H11 said *“We all know what’s happening,*

the caretakers and the dinner ladies are very good at spotting things within school. So, our caretakers will come to the progress area and say they are worried about so and so”.

5.6.1 Screening

The school have implemented informal screening *“sometimes they get like a questionnaire on a PSE day of how they’re feeling and that’s a good way of identifying who we need to chat with. And that’s kind of what we did when they came back in September (from lockdown), a lot of things came from there” (NC).*

The screening of pupils for mental health needs by teaching staff has been criticised by Allison 2013, Cunningham and Suldo 2014, Anderson 2018 because of the rate of false positive results and subsequent unnecessary referrals to mental health services and in the case of Eklund and Dowdy (2014), the under reporting of mental health needs. Anderson (2018) acknowledged that universal screening for mental health needs holds potential but Allison et al specifically suggested that screening undertaken by trained school nurse was effective in recognising mental health needs in pupils, however the study was undertaken in the US where the school nurse role has numerous differences to that of UK and European nurses.

5.6.2 Help seeking

In the school the pupils were equipped through mental health awareness sessions, the recognition of key dates such as Mental Health Awareness week (Place 2 be, 2022) and via post suicide school communications with the knowledge to recognise their own emotional well-being and mental health needs and those of their friends. The suicides which occurred in the school prompted discussion and resulted in opportunities to approach staff with questions or for support. The PSHE (personal, social and health education) sessions, offered an opportunity to bring in outside speakers and experts from local services and the community to educate and inform pupils in topics related to life skills, health and well-being. PSHE sessions were not a compulsory requirement in schools at the time of writing (PSHE Association 2022), but the school used as the study setting tried to utilise the opportunities which PSHE brings. The Framework for Embedding a Whole School Approach to Emotional and Mental Well-being states in the core recommendations:

“Developing children and young people who have an understanding of their own well-being is an important outcome in itself” (Welsh Government 2021 pp6)

In addition, the framework includes recommendations for children to be given the time and opportunity to be heard and to be able to access a trusted adult when they need to. The stories included many examples of pupils initiating a conversation about their mental health or concern for

a friend's mental health, suggesting the existence of trusting relationships and confidence in being heard.

The participants report that there is time for the pupils to relax, reflect and be mindful in the presence of a trusted adult:

"I tell the staff, they're coming in and if they are just sitting quietly or some of them want to colour then that's fine and some of them want to listen to music." (LC)

Being pro-active was reflected on in the stories. DH shared how the rate of referral to NHS mental health services and lower-level support services, is high in the school and this is something that a CAMHS doctor once commented on with a negative connotation. The doctor allegedly perceived the high referral rate as problematic. The frustration at the doctors' comments was clear but the participant was undeterred from the school's pro-active stance of early intervention and where possible, prevention. DH described how opportunities are given for pupils to talk.

"our school pays for a school counsellor, and then we get two days a week given by the Council, but we could have somebody here seven hours per day, every day, five days per week, and we'd fill their spaces with kids. We've also got what we're calling an emotional well-being coach"

Despite feeling strongly about helping the children in need, the school staff shared that they felt overwhelmed and unprepared to identify and support pupils in mental health at times so they wanted the support of the school nurse to help them. Their hopes for the future were for an increased involvement from the school nurse in the Whole School Approach to identifying mental health needs in pupils.

5.7 The Whole School Approach

5.7.1 School Ethos

The word 'ethos' was frequently spoken about during the interviews, often with passion and given as a direct reason for positive job satisfaction, effective relationships and resilience during times of trauma. Participants stated that this ethos was for all staff and that the mental health of the pupils was everybody's responsibility. Evidence suggests that a school and its ethos related to mental health can have influence on the mental health and emotional well-being of pupils positively or negatively (Aldridge and McChesney 2018, Rieki et al 2017). The 'Framework for Embedding a Whole School Approach to emotional well-being and mental health' (Welsh Government 2021) lists the school ethos as the first point in the implementation of the action plan and asks that school

leadership team takes a 'holistic approach' to preventing poor mental health. The framework also promotes mental health as a responsibility for all staff, teaching and non-teaching in schools stating that pupils should be treated with respect and compassion by everyone (Welsh Government 2021).

It is apparent in the stories shared that the school featured in my study already implements many of the recommendations made by the statutory guidance. The holistic approach to mental health, which is the responsibility of every staff member and the high value placed on kindness and compassion was evident in the data. The ethos of the school, to value mental health and promote open communication about mental health needs which featured in the stories, were presented as essential elements of a Whole School Approach in the guidance which was published after my data collection took place. The guidance supports the findings of my study on the importance of positive and familiar relationships in a Whole School Approach to mental health, specifically in identifying needs (Welsh Government 2021).

5.7.2 Staff Well-being

The philosophy shared in the stories, to strive not only for academic success but for good emotional well-being appears to have created an environment where staff are happier in their role, meaning many participants talked about a reluctance to ever leave. This feeling was attributed to an emotionally supportive environment for staff and pupils alike. Consistent, trusting and respectful relationships were spoken about. Staff were encouraged to talk to the children and knew they would be forgiven if another task was forfeited to give a pupil the time they needed to talk. This impacted on job satisfaction and peace of mind for staff in a positive way. The school community, reportedly embraced learning about mental health, encouraged staff to be open about their mental health needs and provided an environment where mental health needs were not stigmatised. The counsellor, employed by the school has been utilised for staff counselling along with the pupils and the deputy head has an open-door policy for all staff who want to talk. Coleman (2020) described the role of senior school leaders as vital in the well-being of staff, whilst recognising them as instrumental in establishing the value base and ethos of the whole school.

The emotional well-being of staff is an element of the Whole School Approach to mental health and according to the 'Framework for Embedding a Whole School Approach to Emotional Well-being and Mental Health' (Welsh Government 2021) is vital in enabling the implementation of the Whole School Approach. Harding et al (2019) and Poulou (2020) found a direct correlation between positive teacher well-being and the well-being of the pupils they were in contact with. Poulou (2020) reported that teachers, who had their emotional needs met were able to discuss, identify and support pupils with mental health needs more effectively.

5.7.3 The contribution of the school nurse

As previously discussed, the participants in my study shared that they felt the contribution made by the school nurse to the Whole School Approach to mental health in school was minimal simply because of unavailability. The ability to identify mental health needs in the pupils was therefore significantly hindered by the school nurse's infrequent and sometimes irregular visits. The participant DH stated *"I can not see the school nurse for 10 days, in which time I have dealt with the issue I might have asked for help with"*.

The 'Framework on embedding a whole-school approach to emotional and mental well-being' (Welsh Government 2021) does not include the school nurse role other than as one example of a support agency and as part of a case study whereas the Welsh Government school nurse framework (2007, 2017) promotes the role of the school in the identification of mental health needs in the school environment as part of the wider school team. It is unclear why there is a discrepancy between the two Welsh Government frameworks.

The inconsistent acknowledgement of the school nurse role across Welsh strategy is apparent but the UK government does not include school nurses in key plans. The UK government's green paper, *Transforming Children and Young People's Mental Health Provision* (2017) state that mental health support teams will be introduced into schools but there is no mention of school nurses in the plan.

The current literature and the stories shared by the school nurse in my study both indicate that school nurses view their role in the Whole School Approach to mental health to be a vital part of the job, despite differing government guidance (Jonsson et al 2017, Skundberg and Moen 2017, Prymachuk 2011).

5.8 The contribution to the evidence by theme

My research aims were to explore the role of the school nurse and their contribution to the Whole School Approach in the identification of mental health needs in children within the secondary school environment. I wanted to discover how key school staff perceived the school nurse, if they utilised the school nurse and how they (and the school nurse) felt the school nurse contributed to the Whole School Approach to mental health in their school. By using the Clandinin and Connolly (2006) narrative inquiry methodology and Dewey's theoretical underpinning that schools are micro societies, I sought to answer these questions with stories of personal, felt experiences from a singular school environment. Dewey said of school,

"It has a chance to affiliate itself with life, to become the child's habitat, where he learns through directed living; instead of being only a place to learn lessons having an abstract and

remote reference to some possible living to be done in the future. It gets a chance to be a miniature community, an embryonic society” (Dewey 1900 pp32).

The school used in my study offered me, as a researcher the opportunity to delve into the deeply personal experiences of the people which make up the school community to allow me to search for the answers to my research questions. Many aspects of my findings corresponded with the literature whilst some differed and others have added new knowledge to research on the school nurse role in identifying mental health needs in pupils, as a contributor to the Whole School Approach.

Literature which explores the perspectives of UK based school nurses is sparse but studies which ask specifically about their involvement in the Whole School Approach to identifying mental health needs in pupils was not found at all, meaning that my research question was original and parts of my subsequent findings new as presented in Table 18.

Table 18 - Similarities and differences between the existing evidence and my findings

Literature similarities with my findings	Differences between my findings and the existing literature (new contributions)
<p>Theme 1: Pupils in distress</p> <ul style="list-style-type: none"> • Increase in numbers of children experiencing distress • Negative impact of the pandemic 	<ul style="list-style-type: none"> • Contemporaneous accounts of the pandemic effects.
<p>Theme 2: Stories of loss</p> <ul style="list-style-type: none"> • Loss of school nurse role • Pandemic related losses • Suicides 	<ul style="list-style-type: none"> • Real time impact of the pandemic as data collected between the two lockdowns. • The impact and consequences of two suicides on pupils and staff emotionally and on the school
<p>Theme 3: Relationships</p> <p>Available trusted adult</p> <ul style="list-style-type: none"> • School nurses identify being a trusted adult should be part of the role. • Mixed opinions on teachers as trusted adults from teachers • Attributes needed; respect, non-judgemental, available, consistent, genuine care • Long term connection and long term benefits <p>Relationships with school nurse</p> <ul style="list-style-type: none"> • Positive relationship between school, pupils and the school nurse recognised as needed for identifying mental health needs in children 	<ul style="list-style-type: none"> • School nurse was not viewed by staff or the school nurse herself as an available trusted adult • No reported relationship present with staff, with most participants not knowing who she was. • The evidence reported some “hostility” and “professional tensions” between the school nurse and school staff but the participants in my study expressed hope for the school to be more present.

<p>Theme 4: Identification of Mental Health needs</p> <ul style="list-style-type: none"> • Screening noted as one method of identification • Communication in the school community is key • Pupils seeking help or sharing concerns for self and peers • Noticing changes in pupils through familiarity 	<ul style="list-style-type: none"> • The school nurse was unable to identify mental health needs due to lack of opportunity and because she did not know the children (no familiarity)
<p>Theme 5: Whole School Approach</p> <ul style="list-style-type: none"> • A Whole School Approach is recommended in the evidence as an effective strategy in the identification of mental health needs in pupils. • The values / ethos of the school is part of and necessary to implement a Whole School Approach to MH in schools. • Staff Well-being is an essential element in the WSA, as an aim of the approach and as a consequence of a WSA to MH 	<ul style="list-style-type: none"> • The school nurses contribution to the Whole School Approach to mental health was absent in the stories shared. In response to her unavailability, the school adapted to her absence and embedded a Whole School Approach to mental health without her. • An additional finding in relation to staff well-being was the active decision of staff to stay in the school even at the possible detriment of career advancement. Job happiness was reported as having higher value.

5.8.1 Contributions to theme 1: Pupils in Distress

The reports of an increase in children who were experiencing distress or poor mental health was apparent in the literature and in policy as it was in the stories my participants shared. Hearing the examples from those who experienced the incidences or conversations themselves was intensely emotive and not something I read much of in the literature. The immersive school environment and the timing of the data collection between the two pandemic lockdowns, although unfortunate for those involved did unexpectedly offer me a valuable window into the feelings experienced at the time. The stories followed the three-dimensional space structure of narrative inquiry (Clandinin and Connolly 2006) and included examples of past and present interactions and of hopes for the future. Past experiences were prior to the global pandemic which was taking place at the time and mirrored the evidence, but the stories related to the pandemic, subsequent lockdowns and school closures were happening there and then. I was fortunate as a researcher to be present, in a school as pupils were being sent home and had shared their feelings about it with the participants I was interviewing minutes and hours after the interactions. The girl who spoke about missing out on events with friends and feeling down because of the isolation, was sent home again whilst I was there because she had been identified as a close contact of a Covid-19 affected person. Her feelings were raw,

contemporary, and unfiltered by time. The participants reaction to upset pupil was equally spontaneous.

5.8.2 Contribution to theme 2: Stories of loss

The stories of loss aligned with much of the literature. The perceptions of the school nurse about her role, the loss of professional identity and of the job satisfaction which came with supporting young people were similar in my study to the literature. The reasons given, such as time constraints, training needs and poor confidence aligned with the evidence discussed in the literature review. The reduction in school nurse numbers cited in literature and in RCN publications corresponded with the school nurse reporting an increased workload due to staff shortages, with two and sometimes three secondary schools allocated to them.

The intense loss expressed in the stories, as a result of two suicides was powerfully meaningful. Research on suicide was prolific, it dealt with suicide statistics and the consequences for those who knew the person who died. Prevention methods for schools and advice on dealing with a suicide were available but my study contributed a poignant understanding of the human impact of suicide loss and how the school community found relationships strengthened by the collective loss. How those relationships then supported staff and pupils in the aftermath, which was still happening during my data collection was fascinating and touching to listen to. The repercussions of the deaths were still present, in every story shared by every participant, the losses were talked about.

5.8.3 Contributions to theme 3: Stories of relationships

Relationships featured significantly in my findings and developed as the overarching theme as key to all aspects of the Whole School Approach to identifying mental health needs in pupils. Relationships determined how effectively the members of the school community worked together as a Whole School Approach to mental health or did not. The school nurse was not known to most of the nine participants. The literature, policy and guidance and the study participants all stated that positive relationships were vital for the Whole School Approach to mental health in schools and the school nurse featured as a key collaborator in some of the literature. My findings indicated that no relationship existed between the school nurse and the school staff in relation to the collaborative approach to identifying mental health needs (the Whole School Approach). The deputy head teacher (DH) and the pupil support (PS) staff member knew the school nurse and acted as the link to the school, but they were the only participants who did, and they both stated that the SN had no part to play in the Whole School Approach to mental health in the school. The other participants supported this by sharing some had never spoken to or even seen a SN in school.

Furthermore, the school nurse was unable to act as a trusted adult or form any relationship with the pupils in the absence of a regular, visible presence in the school. The visits were inconsistent and unreliable as needed to be cancelled frequently. The absence meant the SN could not offer the support which is part of the school nurse role (Welsh Government 2017). I have found little evidence other than opinion pieces in school nursing journals which presents this point as plainly as my study.

My findings therefore suggest that my research question has been answered and that the school nurse, under current circumstances and staffing levels does not contribute to the Whole School Approach to the identification of mental health needs in secondary school.

The findings from my study suggest that the school nurse role in one locality in Wales and potentially further, is far from the vision of the Welsh Government School Nursing Framework (2017):

“An effective school nursing service maximises children and young people’s resilience and empowers them to make informed choices through a service that is needs led, responsive, visible, accessible and confidential. It is proactive in providing early intervention and advice when it is needed and is trusted and valued by children and young people” (Welsh Government 2017 pp 6)

Positively, the school staff all shared a hope that the school nurse could have an increased presence in the school and become part of the Whole School Approach team. Unlike some of the literature, there was no hostility reported between the school nurse and the school staff. The value of the school nurse, or the potential value featured frequently in the participants aspirations for the future. They wanted school nursing support and recognised the gap in their knowledge and skills when addressing mental health needs in pupils.

5.8.4 Contributions to theme 4: Identification of mental health needs

The benefit of knowing the pupils well enough to notice changes in the behaviour, appearance or demeanour of was significantly evident in my findings. This is not an original finding and could be viewed as somewhat expected. The Dimitropoulos et al (2021) study supports my findings that positive school relationships between the pupils and adults can enable the identification of mental health needs. As with my study, qualitative research methods were used to gather the opinions of school staff but unlike mine, the school nurse was not a participant or mentioned in the study. Dimitropoulos et al (2021) focussed on the roles of teaching and counselling staff in managing mental health needs in school, whereas the value of catering staff, the caretaker and lunch time supervisors was shared in my findings. The responsibility to identify mental health needs belonged to everyone, as stated by several participants.

My findings did highlight however, that the school nurse was unable to share the responsibility of identifying mental health needs in the school setting. The minimal presence, regular cancellations of visits and lack of visibility resulted in having rare opportunities to become a familiar and trusted adult for the pupils. The school nurse and other participants recognised that pupils would be reluctant to approach them with a problem as they did not know who the SN was, and additionally, the SN would be very unlikely to recognise any changes in a child who they had never met before. These findings contrast with most of the literature which, despite reporting challenges for the school nurse such as time and a lack of training, the direct contact with pupils and the provision in school still takes place (Kaskoun and McCabe 2022, Jonsson et al 2020, Smith and Bevan 2020, Bartlett 2015, Allison et al 2014). School nurses face barriers to practice but the evidence suggests that the 'drop in' provisions still occur whereas my findings indicate a sporadic and unreliable provision which is not always offered. The literature review by Smith and Bevan (2020) found that school nurses were 'well positioned' to identify pupils with mental health needs but recognised a training need. Kaskoun and McCabe (2022) stated school nurses see themselves as trusted adults and Jonsson et al (2020) said the school nurses in their study were grateful to have the opportunity to support pupils with mental health needs. My findings add an alternative perspective which indicate that the challenges school nurses are recorded in the research as facing, have had a significant consequence for school nurse practice.

5.8.5 Contributions to theme 5: Whole School Approach to Mental Health

The literature review indicated that a Whole School Approach to mental health is instrumental in identifying mental health needs in children, a finding which is mirrored in Welsh Government policy. Cefai et al 2021, Sonesson et al 2020, Goldberg et al 2019, Warin 2017, Jonsson et al 2017 and Weare and Nind (2011) all recommend a community Whole School Approach to mental health but do not mention the school nurse at all, to include or to exclude them. The research which does include the school nurse in the Whole School Approach indicates that the role is 'well placed' (or derivatives of those words) to identify, intervene or support the Whole School Approach to mental health as part of the school community (Bartlett 2015, Bohnenkamp et al 2015).

None of my searches discovered any studies which found the school nurse was excluded from the approach because of unavailability and a lack of engagement. The disappearing mentions of the school nurse in Welsh guidance which relates to the Whole School Approach to mental health could suggest that although not stated or evidenced, a corresponding picture is happening in other schools and potentially across Wales.

My findings offer in depth personal experiences and human emotions which could add a new perspective to the school nurse role in identifying mental health needs as a contributor to the Whole School Approach to mental health in secondary school pupils. The stories which indicated that an active decision was made not to involve the school nurse because it was viewed as futile, contributed an additional aspect to the findings. Exclusion from the Whole School Approach was a consequence of the school nurse's unavailability. The SN had in effect, through circumstances beyond their control contributed to their own exclusion which the SN acknowledged whilst reporting disappointment and some guilt because of being unable to offer the desired service.

5.9 Chapter conclusion

The results of the study suggested that the Whole School Approach to mental health in the sample secondary school was heavily influenced by relationships. The significance of relationships for an effective Whole School Approach to mental health features in the existing literature and correlates with the findings in my study. The role of the school nurse, in the Whole School Approach is noted as having considerable potential in both my findings and in the research reviewed in Chapter 2, with the acknowledgment that capacity and knowledge impedes involvement. No other research was found which concluded that school nurses had progressively disappeared from the Whole School Approach to mental health to the point where the school had stopped asking for school nursing input. This aspect of the stories shared was not present in any research available at the time of writing.

In this study, it was found that, the reported absence of a relationship between the school nurse and the school community and general unavailability, resulted in the school nurse not being included in the Whole School Approach to the early identification of mental health needs in the school. The school adapted and did not need school nursing input, meaning that the school nurse had (unintentionally) perpetuated their own superfluousness by not being present. The SN was, in short not part of the Whole School Approach to mental health and therefore played no part in identifying mental health needs in the pupils.

Chapter 6 Conclusion

6.1 Introduction

This concluding chapter presents a summary of my findings, why the findings are significant to my research question and aims and how they could potentially contribute to the evidence base and inform future research, policy and practice.

Table 19 - Research question and objectives

<p>Research question</p> <p>How does the school nurse contribute to the identification of mental health needs in secondary school pupils?</p>
<p>Objectives</p> <ol style="list-style-type: none">1. To establish which strategies are effective in the identification of mental health needs in secondary school pupils, by undertaking a literature review.2. To explore how school staff and the school nurse contribute to the identification of mental health needs in pupils by gathering the stories of experiences from the school nurse and school staff.3. To develop recommendations for policy and practice that further enhance the identification of mental health needs in secondary school aged children.

I sought to answer the question, 'How does the school nurse contribute to the identification of mental health needs in secondary school pupils?' which I achieved from a small scale, focused exploration in one Welsh school. The intense and very personal study offered a picture of the human experience expressed through individual stories. The generous, qualitative data produced was emotive in its, sometimes, deeply painful content. Although difficult to hear at times, the stories shared were powerful and meaningful, which was the aim of undertaking a narrative inquiry approach.

The objectives, as presented in Table 19 were met and a comprehensive understanding of effective strategies for identifying mental health needs in children were explored with the Whole School Approach and the relationships needed for its success recognised by reviewing the literature and by undertaking a qualitative study of how it works in real terms in one school. I explored the experiences and feelings of school staff and the school nurse to understand how they perceived their contribution to the identification of mental health needs as part of the Whole School Approach.

6.2 An overview of the findings

The overarching finding was that relationships are vital. Dewey emphasized the importance of relationships in schools. He believed that the quality of relationships between students and school staff is essential for creating a positive learning environment and fostering the development of the whole child (Dewey 1938, Dewey 1900). According to Dewey, relationships in schools should be characterized by mutual respect, trust, and collaboration. Overall, Dewey believed that strong relationships are essential for creating a positive system that supports the growth and development of all pupils.

The stories indicated that relationships were needed for the collaboration of the Whole School Approach to work effectively, for the identification of mental health needs and for the well-being of staff, which comes full circle and enables the Whole School Approach and identification of mental health needs further. The evidence supported my findings on relationships and my study added to the existing literature on the value of positive relationships. My study did offer original, highly personal perspectives of the relationships between the school community and the school nurse with an intensive focus on one school. Other studies had gained perspectives from school nurses, which included feedback on relationships, but none had gathered the stories from both teachers, support staff and the school nurse from one school.

The findings indicate that the identification of mental health needs was effective when there was familiarity and compassion for pupils, supported by a system of sharing concerns and an ethos which promotes the value of identifying needs so that support can follow. The participants demonstrated that, the mental health needs of the pupils were the responsibility of everyone in the school. The school nurse, however, was not included in the stories and examples of identifying mental health needs and was not described as one who shared the collective responsibility. My findings indicated that the school nurse was unable to identify mental health needs in the pupils because there was no relationship with the children and the SN was almost totally unknown amongst the pupils. Some participants stated that the children did not know the SN existed. This element of my findings contributes new evidence to the literature gap as do my findings on her exclusion from the Whole

School Approach to mental health, as the missing relationships and absent familiarity with pupils are both the cause of and the effect of her exclusion.

The results indicate a gradual diminishing of the school nurse role, which is mirrored in Welsh policy. For example, the role of the school nurse, although present and emphasised as important in the 'Mind Over Matter' report (National Assembly for Wales 2018) is missing from the 'Mind Over Matter: two years on' (Welsh Parliament 2020) follow up report, where the name 'School nurse' is not mentioned at all. This draws some parallels with the stories from my study participants who, admitted to no longer involving the school nurse in mental health concerns because of persistent unavailability within the timeframe that the support is required and because that absence from school often means the SN is not considered part of the Whole School Approach team. The findings raise the question, could the unavailability of school nurses, which was acknowledged in the original report (National Assembly for Wales 2018) have removed them from the Whole School Approach equation all together? This is in parallel to the UK government's strategic position on mental health in schools. The UK Governments response to the Health and Social Care Committee (HSCC) report on Children and young people's mental health (Department of Health and Social Care Committee 2022) not only omits the school nurse in the recommendations on a Whole School Approach to mental health but excludes the role in the report entirely. In 2014 however, the Department of Health and Social Care published 'School nursing: public health services: Guidance for putting in place public health services for children and young people from 5 to 19 years' which recommended that school nurses have a significant role in supporting mental health in schools. My findings challenge the absence of school nurses in some strategic policy and guidance, as the school staff all discussed the value of having school nursing support and the potential of the SN could be part of the Whole School Approach to mental health.

6.3 Contributions to the evidence base

Using a qualitative narrative inquiry research methodology, my research has made an original contribution to a body of evidence relating to the role of the school nurse in the Whole School Approach (as defined by WHO 1987 and developed by Weare and Nind 2011) in relation to mental health needs identification in secondary school. My study has presented an in depth and personal perception of the school nurse's role as shared by storytellers who are emersed in one school environment, are sharing experiences and working towards the same goal of positive mental health for their pupils as part of the Whole School Approach. Narrative Inquiry framed my approach which enabled the collection of rich and complex data and the capturing of detailed and nuanced stories from participants, allowing their voices to be heard (Kim 2016). I had hoped to develop greater

empathy and understanding for the human experiences, with the Dewey (1938) theoretical lens on the value of experience. I conclude that I achieved that level of understanding and answered my research question, whilst adding a new perspective to existing evidence by using a narrative inquiry approach and offering original findings on the role of the school nurse.

As previously discussed, it is significant to highlight that literature which examines the role of the school nurse from the United States and countries who have a similar school nurse role is not comparable to research which studies the role of the UK SCPHN (Specialist Community Public Health Nurse) school nurse. The findings, which support the Dewey (1900) and Dewey (1938) theoretical perspectives, indicated a high value of relationships within a school setting but when the participants were asked about the relationship with the school nurse, the results were unanimously demonstrative of the absence of a significant relationship at the time of interviewing. These results offer new knowledge to the evidence base relating to SCPHN school nurses and the part they play and could potentially play in the Whole School Approach to identifying the mental health needs of young people, in a secondary school setting. The evidence suggested that the school nurse is 'best placed' or 'well placed' to identify mental health needs in schools (Kaskoun and McCabe 2022, Baldwin and Robbins 2020, Jonssen et al 2019, Skundberg-Kletthagen and Moen 2017 and Membride et al 2015). 'Best placed' and similar versions of the same term came up several times in the literature but the stories from the participants in my study suggested that the school nurse was unable to contribute to the Whole School Approach to identifying mental health needs, despite their acknowledgment that the SN could offer a highly valuable service. It was suggested that the SN could be 'best placed' if they was able to offer the time. Workload and therefore time pressures, in addition to training needs were findings which were mirrored in the available literature, in relation to barriers to the fulfilment of the school nurse role.

Narrative inquiry (Clandinin and Connolly 2000) offered an appropriate and suitable methodology which enabled me to seek, gather and compile meaningful, personal and often emotive data in the form of stories. The stories emerged me, as a researcher in their world and allowed me to understand their experiences and feel the emotions they did, even when those emotions were difficult. The power of their words and the distress shared through their descriptions connected me as re-teller of their stories to the meaning of the collective story, that positive relationships are vital in achieving an effective Whole School Approach to mental health and to identifying mental health needs in young people. Narrative inquiry as adapted by Clandinin and Connolly (2000) from the theoretical foundation of Dewey (1925), with some contemporary insights from Kim (2016) offered the fitting framework to answer my research question and the answers which were found established a circular connection back to Dewey (1900) and his philosophies on school environments

and the power of learning from experience. This deep dive into the experiences of those working in a school environment to identify the mental health needs of pupils, including those who work with the school nurse and the school nurse herself is a new contribution to the body of evidence which explores the roles of either the school nurse or the school staff but not of both.

My findings align with Dewey's (1900) theory on schools as small societies in which relationships matter and that school can set positive life trajectories for children and young people when the experiences are supportive, value based and collaborative. His 'Experience and Nature' (Dewey 1925) philosophy founded the theoretical basis of narrative inquiry and framed my methodological approach, resulting in the findings which align with his theory on schools.

The relationships in the school community, identified as significant for the emotional well-being of pupils in Dewey's early theories (Dewey 1900) and in contemporary literature (Kaskoun and McCabe 2022, Dimitropoulos et al 2021) were missing in my findings in relation to the school nurse, who had no relationship. The unforeseen finding that the school adapted without the school nurse to the extent that they was not consulted with or involved in the Whole School Approach to mental health adds an additional aspect and an original contribution to existing literature. This was the finding which provoked a feeling of disappointment and caused the most notable time of reflection in myself as a student researcher and nurse. I was disappointed but on reflection, should not have been surprised. Inaction in a school which holds mental health and emotional well-being at the core of its value base, was unlikely to occur in the face of an absent school nurse. This new contribution to the gap in evidence has the potential to influence school nurse practice and policy.

6.4 Implications for practice

The implications for school nurse practice are significant given that what the school nurse provided the school, as part of the Whole School Approach to mental health was so vastly different to what the participants said they and the pupils, and the families and carers needed. Participants spoke about feeling unskilled and poorly prepared to identify pupils with mental health needs, to offer guidance into services or to be mental health support to the pupils. Many shared examples of feeling overwhelmed in situations where they reflected that school nurse advice would have been sought, had she been available.

The participants' stories did indicate the benefit of knowing the children well so that mental health needs could be identified quickly. Some of the examples given in the stories were of participants themselves or colleagues noticing something which, without familiarity with that child might have been missed. Their behaviour at lunchtime, suddenly becoming withdrawn, weight loss and a change

in concentration were all mentioned as sometimes subtle indicators that something might be wrong. This familiarity and the subsequent relationships which were spoken about were attributed with the success of identifying mental health needs and highlighted as a reason for the school nurse to increase the time spent at the school.

The staff need for support and advice from the school nurse and the wish for more time with them was a common finding from the stories. All ten participants spoke about how the school nurse could support the school community in the future. The shared wishes of all the story tellers, hoped for more of a physical presence from the school nurse to be a meaningful part of the Whole School Approach to mental health. The frustration felt because of the school nurse's inability to provide the service to support these identified needs was made incredibly clear. The current school nurse role was described as 'useless' and there was high emotion around them not being able to attend school because of delivering immunisations or attending child protection conferences. The deputy head (DH) in particular, described feelings of futility in this 'poor use' of a skilled professional. The school nurse shared frustrations, sharing feelings of guilt and frustration for not being present very often in the school and for needing to cancel school visits when other tasks come up, such as safeguarding conferences and immunisation programmes. This feeling was also attributed to a view that skills gained by undertaking the SCPHN (specialist community public health nursing) degree were 'pointless'. The loss of the previous school nurse role was mentioned by most of the participant's, including the school nurse themselves but it was unclear in the stories why the role had altered and why capacity to spend time in school had reduced. The decrease in school nurse numbers due to a reduction in funding has been blamed (Stephenson 2018, RCN 2018) as has the increase in safeguarding cases (Welsh Government 2020). The findings of the study suggest that the role of the school nurse might benefit from some further evaluation and potentially an increase in investment or, some might argue a removal of the role. This is something I have reflected on considering the conflict between me as a researcher who analyses evidence and as a nurse who is personally passionate about the school nursing service. There does appear to be an opportunity to prioritise some of the tasks which the school nurse traditionally has undertaken and consider utilising the skills of the school nurse to address the high mental health needs in school as a key part of the Whole School Approach (Bartlett 2015).

The study indicated that the school nurse had become more and more distanced from the Whole School Approach to mental health in the school through reasons beyond individual control. The less available the SN was, the more the school adapted to managing without school nursing support. The absence or minimal inclusion of the school nurse in literature and policy reflects the experiences shared by the participants. The Welsh Government 'Framework to embed a Whole School Approach

to emotional and mental well-being' (Welsh Government 2021) only includes the school nurse once almost as an afterthought on page 51 as one practitioner in a list of examples given which stands out in contrast to the numerous mentions of youth workers who have a section dedicated to the potential of their role.

The evidence and the study findings suggest the need for a review of the school role. The role should be evaluated against the contemporary needs of pupils and schools, with the additional skills and knowledge gained from the SCPHN BSc or MSc taken into consideration. Future research might recommend investment in the school nurse service or an alternative health provision for schools.

6.5 Future Research

There is strong evidence to support the building of and maintaining of relationships in schools based on care and compassion. Relationships which collaboratively involve the school staff, the pupils, their families, the community and partners from health, social care, youth justice, the third sector and the local authority are now acknowledged by Welsh Government and supported by policy (Welsh Government 2021). The Whole School Approach to mental health has developed from an emerging concept to a statutory guidance in Wales over a relatively short period, accelerated by the documented rise of mental health needs in young people (NHS Digital 2020). Amongst the positive developments in Wales, which have coincided with my study there remains an evidence gap.

There is only minimal evidence available on the role of the school nurse in the Whole School Approach to mental health. Interesting essays and opinion pieces have been published on the role of the school nurse in identifying mental needs in schools and the role of the school nurse in the Whole School Approach to mental health but no research papers based on an original, robust, good standard study. There is a further absence of research which considers the school nurse-SCPHN role, specific to the UK and NMC proficiencies. This indicates a gap in the research and one which could be explored further in the future.

The results offer a valuable foundation of information from which to recommend further research and advice for the school nurse in their role as a provider of proactive early intervention and advice for mental health needs in school children (Welsh Government 2017). The stories offer a meaningful picture and understanding of how the Whole School Approach to mental health works in the school and how it is seemingly embedded into the culture and daily practice of the school. Further exploration of different schools would indicate whether the reported successful and effective approach in the study school is similar elsewhere.

In addition, there was very little research to be found which considered the experiences and stories of the children themselves, creating an exciting opportunity for new research projects. Cardiff, Swansea and Bristol Universities young people's research group ALPHA which stands for 'Advice Leading to Public Health Advancement' offers DeCIPHER (Development and Evaluation of Complex Interventions for Public Health Improvement) easy and regular access to the voice and opinions of young people. This and the School Health Research Network (SHRN) are founded in a Children's Rights approach (United Nations 1989) and are creating opportunities for young person focussed research. I would suggest, the approach taken by DeCIPHER with ALPHA could be expanded further to reach a diverse and wide range of children to explore their experiences of a Whole School Approach to mental health and the influence it has on the identification of mental health needs. The participants in my study suggested that most pupils were not aware they had a school nurse, which presents a further focus for potential research.

The study has met the objectives and answered the research questions sought. There is, however, further exploration required into the experiences of the children and their families or carers, how they feel about the school environment and the people in it who are available for support as emotional well-being and mental health needs begin to potentially emerge. It would be valuable to know their current experiences and what has helped or not with their mental health. Together with the findings from this study, a picture of the human experience would emerge from the perspectives of everyone who is part of the Whole School Approach to mental health. From there, practice could be targeted, adjusted and improved to meet the identified need of children in secondary school and where the school nurse can have the greatest positive impact.

As previously discussed, since the study began, there have been significant developments in Wales regarding the Whole School Approach to emotional well-being and mental health for pupils in secondary (and all) schools. At the early stages of my doctorate, when I was identifying a need from my practice so too were other practitioners, policy influencers and researchers. The Children's Commissioner for Wales was hearing from children, families and schools about the need for schools to approach mental health differently (Children's Commissioner for Wales 2020). The increasing number of children who were experiencing mental health needs along with negative feedback about the mental health support provided by the NHS was high on the agenda of The Senedd's Children, Young People and Education Committee, who published the 'Mind Over Matter' report in 2018 and the two year follow up in 2020.

“We state that the urgent challenge now lies at the “front end” of the care pathway – emotional well-being, resilience and early intervention – and that addressing this should be a stated national priority for the Welsh Government” (pp 5 National Assembly for Wales 2018)

Welsh Youth Participation groups, including the Children’s Commissioners advisory panel, the Youth Forums of Cardiff and Vale and of Swansea Bay Health Boards and Cardiff Youth Council were consulted for their opinions on mental health support for children along with Wales wide surveys which also sought children and families views. Evidence was gathered from the School Health Research Network (SHRN), led by Cardiff University which began involving all Welsh secondary schools in the four yearly data collection in 2017 (SHRN 2022).

The Donaldson Review (Donaldson, 2015) resulted in major curriculum reform in Wales, which has begun to be implemented in pilot areas since the start of my study. The new Welsh education curriculum focusses on six key areas of learning, one being ‘health and well-being’ which incorporates mental health and emotional well-being (Littlecott et al 2018). In short, mental health is embedded in the Welsh teaching curriculum which, for most schools in Wales commenced this academic year (at the time of writing).

The general tide of emotional well-being and mental health developments for children in Wales has corresponded with the findings of my study. The increase in pupils who are in need, the identified benefits of early identification of mental health needs and the vital role of a Whole School Approach, (facilitated by collaborative relationships) to mental health have all been supported by evidence which has formed significant policy change and mental health service reform (Welsh Parliament 2020). The Welsh Government statutory guidance ‘Framework on embedding a whole-school approach to emotional and mental well-being’ (2021) was published to support schools in their move towards a Whole School Approach to emotional well-being and mental health. There also continues to be emerging evidence, again in correlation to my findings that relationships are key in identifying mental health needs of pupils in secondary school environments (Kelty and Wakabayashi 2021, Littlecott et al 2018, O’Connor 2018, Moore et al 2018).

The school nurse needs to form relationships in schools, with staff and with pupils themselves to be able to identify mental health needs (Prymachuk 2012). The quality of such relationships currently *“vary greatly”* (Baldwin and Robbins 2020 pp89).

6.6 Limitations of the study

The Covid-19 global pandemic created unforeseen and restrictive challenges for the study, as my time was affected by redeployment and access to the school and study participants. Data collection

was delayed because of school closures and restrictions on visitors. There was disruption to some interviews because of constantly changing circumstances related to positive testing and the need to send pupils home to isolate at a moment's notice. I was, however, fortunate in that I collected my data between two periods of lockdown and school closures. The participants shared generously and openly despite potential distractions outside of the interview room.

A possible limitation was my professional relationship with the school which meant that for some participants I was familiar from visits to provide health education. A narrative inquiry methodology encouraged familiarity between researcher and participants, to facilitate an open and personal conversation and sharing of experiences (Kim 2016), which has the potential to influence the choices of participants. To minimise the risk, I acknowledged my potential influence on their consent to take part in the study and presented it openly during my application for ethical approval. I allowed time and reflection between sending the information sheet and consent forms and the date I collected the responses, to reduce any feelings of pressure. I did not collect responses in person for the same reason.

I was aware that the nature of my questions and my identity as a nurse may bias responses and deter honest story telling. I found that some participants were initially reluctant to share honest feelings about the school nurse's role but would eventually add disclaimers stating they meant no personal offence, before they spoke freely. I remain unaware, whether they were fully honest or if they refrained so that they did not offend me as a nurse or the school nurse should they read my study.

Narrative inquiry typically involves a small sample size and focuses on the unique experiences of individual participants (Kim 2016) which can make it difficult to generalize findings to larger populations or contexts. My study explored one school and listened to the highly personal stories of individuals, which may or may not be representative of other schools and had the potential for bias related to those individual experiences. My sample school had experienced significant trauma which, although not unusual in nature (suicide) was in the intensity of loss felt because there had been two deaths, which was then followed by fear and isolation caused by an unprecedented pandemic and isolating lockdowns. In short, it could be suggested that the school studied was not typical of all schools which could make the findings difficult to apply in a wider context.

6.7 Chapter conclusion

This chapter has presented an overall summary of the results of the study, the value of the findings and how the findings could be applied as a contribution to future practice and policy. Suggestions

have been made for future research from potential research paths which this study was unable to explore.

I have demonstrated how the research question and study aims were met and acknowledged the limitations of the study. The overall meaning found, the value of relationships in identifying mental health needs in secondary school children and young people and in enabling the whole school approach to mental health to be effective is hoped to help children and young people in the future.

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Appendix A



CASP Checklist: 10 questions to help you make sense of a Systematic Review

How to use this appraisal tool: Three broad issues need to be considered when appraising a systematic review study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Systematic Review) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference:

Section A: Are the results of the review valid?

1. Did the review address a

Yes **HINT: An issue can be 'focused' In terms of**

clearly focused question?

- the population studied
- the intervention given
- the outcome considered

Comments:

--

2. Did the authors look for the right type of papers?

Yes HINT: 'The best sort of studies' would • address the review's question

- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

Is it worth continuing?

3. Do you think all the important, relevant studies

Yes HINT: Look for • which bibliographic databases were

were included?

used

- follow up from reference lists
- personal contact with experts
- unpublished as well as published studies • non-English language studies

Comments:

2



4. Did the review's authors do Yes HINT: The authors need to consider the enough to assess quality of the included studies?

rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)

Comments:

5. If the results of the review Yes HINT: Consider whether

have been combined, was it reasonable to do so?

Can't Tell No

- results were similar from study to study
- results of all the included studies are clearly displayed
- results of different studies are similar
- reasons for any variations in results are discussed

Comments:

Section B: What are the results?

6. What are the overall results of the review?

HINT: Consider • If you are clear about the review's 'bottom line' results

- what these are (numerically if appropriate)
- how were the results expressed (NNT, odds ratio etc.)

Comments:

7. How precise are the results? HINT: Look at the confidence intervals, if given

Comments:

Section C: Will the results help locally?

8. Can the results be applied to

Yes **HINT: Consider whether**

the local population?

Can't Tell

No

• the patients covered by the review could be sufficiently different to your population to cause concern

• your local setting is likely to differ much from that of the review

Comments:

9. Were all important outcomes considered?

Yes **HINT: Consider whether** • there is other information you would
Can't Tell **like to have seen** No

Comments:

10. Are the benefits worth the

Yes **HINT: Consider**

harms and costs?

• even if this is not addressed by the

Can't Tell **review, what do you think?**

No

Comments:

4

Appendix B

Interview Schedule

Questions (school staff and the school nurse)

Question 1. In what ways do you feel your school identifies the mental health needs of pupils?

Prompt: Please share any examples you feel comfortable sharing?

Question 2. If you are comfortable to discuss it, can you tell me about a time / some times when a mental health need has been identified or there has been a need for the school to support a pupil / pupils with mental health needs?

Question 3. What are your thoughts on the identification of mental health needs in your school?

Prompt: What are your feelings about the need for identification?

Question 4. Who do you think should be part of the identification of mental health needs in your school?

Prompt: For example, a school counsellor, head of year, parent / carer?

Question 5. Can you tell me about the school nurse's role in relation to the identification of mental health needs in your pupils?

Prompt: please expand on your feelings?

Question 6. In an ideal world, how would the school nurse contribute to the identification of mental health needs in your school? What would her / his role look like?

Prompt: Scenario

You notice that a pupil has recently appeared withdrawn and quieter than usual. How should this situation be addressed? What should the school nurse's role be in this scenario?

School nurse additional questions

Question. Please tell me about your role in relation to the identification of mental health needs in the pupils? Please talk about your experiences?

Prompt: please expand on your feelings?

Question. What are your thoughts and feelings on being part of the school team approach to mental health in school?

Appendix C

Story themed tables

Individual stories themed using the three dimensional space model (Clandinin and Connolly 2000)

DH

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>tearful in every lesson we are seeing lots of angry little men because...low mood...worries...but express feelings with anger</p> <p>(YP)came to me saying I'm not safe (because of suicide compulsion) there was a year 11 where there was a ligature involved in a suicide attempt</p> <p>we lost one of our pupils to suicide</p> <p>another child came back to school after an overdose</p> <p>Meet at hospital, support family</p> <p>I've been in situations in the past when its really challenging...jump off the bridge</p>	<p>With the new curriculum, that was our way in to a WSA.</p> <p>We are now able to instil those mental wellbeing lessons in years 8 and 9.</p> <p>its gone from 15 years ago to being if and when to being how many times a day now (MH needs)</p> <p>we've got eyes on the kids so in a way I hope we see the signs earlier.</p>	<p>here every day around more (SN) should be here all the time, knowing what's going on a cluster approach</p> <p>timetable nurse into the curriculum could have a positive impact on young people's lives train staff cluster school nurse could be doing workshops</p> <p>currently a useless tool but they could be a strong tool (MH) nurse who comes to school could engage fully</p> <p>by the time they (SN) are here...I've sorted that one out not health professionals but expected to manage the mental health of young people</p> <p>Preventative stuff would kick in and save lives</p> <p>A lot could be done differently and better in schools...bringing clinics into school</p>	<p>close knit team team</p> <p>got each other's backs</p> <p>we are a person of trust, kids can trust and be safe</p> <p>If you don't deal with the trivia properly then they will stop coming</p> <p>(the pastoral team) They know their kids not see the school nurse for 10 days not enough contact.</p> <p>is it best use of a specialist professional (SN) to be sitting in ...an admin role?</p> <p>(the SN) they don't have the capacity to see us enough</p> <p>Drop in is a challenge...pulled from pillar to post time used in safeguarding conferences...immunisations...measuring height and checking eyes (SN)</p> <p>SN get forgotten in the mix because the regularity and actual contact isn't there enough staff do not know who the SN is</p> <p>loss hit us hard</p>	<p>(MH) has always been important in this school same goal, that kids are ok</p> <p>it's a community</p> <p>from the first head when the schools opened</p> <p>teaching positive mental health lessons</p> <p>so as a whole school approach I would say we try and add more than the LEA offers. 2 days counselling not enough</p> <p>pupil questionnaire used to be paperwork...now started with 'My Concern'</p> <p>if, for example a child in the sixth form is crying...</p> <p>everybody...dinner ladies will come and say</p> <p>I feel really proud that the whole staff think that's it's their job, it's not just for the pastoral team.</p>

PS

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>seems really down...gone quiet the ones that stand out for me are the eating disorders</p> <p>parents had found a razor under the pillow</p> <p>we have lost people, as a school</p> <p>a dad came to me crying</p> <p>She said 'I've taken these pills'</p>	<p>daily need for mental health support since covid started</p> <p>self harm is hard to notice and depression</p>	<p>different strands...plaited together...one strong thing here much more</p> <p>they (SN) should be there all the time, knowing what's going on (with CYP) liaise with other agencies they should be the lynch pin of all the stuff that goes on in school around health</p> <p>there are staff who want to teach...that's all they want to do. They don't want to take on board emotional baggage</p> <p>GP bounces everything back to school</p> <p>stereotype (of SN)...people will say nit nurse...it's a bit of finger wagging</p>	<p>management are very supportive</p> <p>if someone's got a worry, they all know they can turn to someone and it will be supported</p> <p>They become so important to you, you want them to be ok you know those kids like the back of your hand establish a friendship she passed a little note into my hand saying 'I need to tell you something'</p> <p>they become so important to you, you want them to succeed and you want it to be ok</p> <p>They're not here (SN)...she only calls in once a week</p> <p>Role has changed Their time is ill used they are not able to give their experience as a nurse to anyone really, because their roles have cut down</p> <p>ours doesn't really have a role in early detection, because they aren't here</p> <p>SN get forgotten in the mix because the regularity and actual contact isn't there enough</p> <p>friends will come and say they are worried</p> <p>I just hugged her</p>	<p>it's the school ethos</p> <p>its our role to help pupils with MH.</p> <p>The approach comes from the top</p> <p>you've got to listen to kids</p> <p>MH has always been important in this school. It came from the first head schools ethos from the very beginning and it stayed</p> <p>without the wellbeing of the child you don't have a child to educate</p> <p>were good at communicating concerns</p> <p>were lucky, our school pays for a counsellor</p> <p>like the ethos so you stay because you want to be a part of that</p>

H9

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>some really sad boys here he disappeared completely in his shell</p> <p>she was really tearful, in school she was really struggling with everyday life</p> <p>he wasn't fitting in anymore</p> <p>parent suicide, two children there</p>	<p>not able to cope coming back after lockdown,</p> <p>really tearful some girls have come back scared the friendship dynamics changed (since return from lockdown)</p> <p>noticeable difference in pupils, they have come back anxious</p> <p>the volume (of mental health needs) is huge So many pupils need support</p>	<p>SN could be used so much if here full time</p> <p>Should be a SN in timetable into curriculum, so they got to know her</p> <p>they (yp) need an opportunity to talk and for somebody to listen could do so much if here full-time, would be busy all day</p>	<p>they (CYP) come to tell us how they feel some teachers build better relationships than others</p> <p>there's no real relationship if I'm honest I don't think she is here often enough to start off there is no real relationship</p>	<p>the pupils feel comfortable, they know where to go because it's the ethos of the school, it's presented to them when they start (school)</p> <p>I have taught here for fourteen years and it's completely different to the schools I've been prior. There is a real emphasis on looking after each other</p> <p>target different years in different ways</p> <p>'my concerns' questionnaire on PSE day weekly meetings staff are really on it here...can identify (MH) and say we are concerned about so and so</p> <p>makes you not want to leave really, because it is a really nice place to work completely different to other school's I've been prior. There is a real emphasis on looking after each other</p>

SE

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>we had a significant disclosure (pupil sought help after an overdose in school)</p> <p>it was rough</p> <p>they were grieving from a parent's suicide</p> <p>families are comfortable in just picking up the phone and contacting us (parents)picked up the phone to talk to us P10 her parent broke down on the phone</p>	<p>we don't refer to CAMHS, we can't</p>	<p>SN could be used so much if here more</p> <p>SN could do assemblies relationships, if they don't know kids and kids don't know them, they're (CYP) not going to turn to them (SN)</p> <p>if they were around more...the children would know them and they would be more accessible</p>	<p>senior management team, forward thinking and proactive</p> <p>community I could go to the deputy head, close the door and say I need to talk, anytime Head and Deputy so open and caring</p> <p>support its about looking after the staff too</p> <p>were all on it, keeping an eye, picking up, depends on relationships, could be anyone...caretaker, anyone someone they trust, ...who they can confide in</p> <p>(SN) not much link because they came in and sat in a room, only time to talk about mostly A&E referrals they are a useless tool</p> <p>young men worried about their friends</p>	<p>the child is number 1, not...the GCSEs, it's the child that's the most important thing</p> <p>it's like a community here</p> <p>we had some training in September, mental health first aid</p> <p>my concerns, everyone has a log in weekly meetings</p> <p>caretaker, office staff, admin</p> <p>got a school counsellor here, I've had to use her just because you hear some horrific stories</p>

H10

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>she was looking tired, her clothes unwashed and I was worried he just started to act really low had been self-harming for years there's one we were really, really worried about (self-harm)</p> <p>she had taken pills in school</p>	<p>I had a parent come in this morning, in tears. He was really worried about his child</p>	<p>SN based in school here</p> <p>not qualified for this</p> <p>I have not bought the SN into the equation. I think having a nurse who was based here like 'I'm here for the day now', you could say 'do you mind having a chat with so and so</p>	<p>have that bond and make a partnership with them</p> <p>when the nurse has been in, it's been infrequent,</p> <p>children don't know who she is (SN)</p> <p>Never met the SN can't see how a pupil would speak to the school nurse without first meeting her</p> <p>friend who is worried</p> <p>it is often a staff member that's close to that pupil or a friend will come knocking on the door</p>	<p>everybody has the same <u>ethos</u>, the dinner ladies will come and say...I'm really worried</p> <p>weekly staff briefings to flag things up about concerns</p> <p>Now using 'my concerns' on the computer a central nerve place (my concerns)</p> <p>They're all good here, the caretakers and the dinner ladies...they're good at <u>spotting</u>..</p>

LC

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>they say they are angry (boys) I have seen their moods drop they (pupils) come in tears (to see us in the pastoral team) really struggling with an eating disorder physically frail she (pupil) had taken paracetamols we've had a staff suicide and a pupil suicide in a short space of time the kids are under enormous academic pressure</p> <p>nan <u>died</u> which was absolutely crushing for her</p>	<p>(mental health needs are) almost epidemic</p>		<p>most people feel supported check in on each other a lot here when she went off to hospital, I shed a tear or two to a colleague come in in tears come in...open up quickly they come and say 'can I have a quick chat' you model the courtesy...respect you want from pupils you feel strongly towards these kids spent an hour talking (bereaved pupil) they know someone is there</p> <p>I don't see a nurse as holding all the answers to mental health...I think that would be a counsellor rather than a nurse...I picture the nurse with a box of plasters and bandages</p> <p>no idea what she does didn't know we had one which called in to sit down with a random child who doesn't know them</p> <p>tightened up relationships between staff and how open they are</p> <p>I don't think anyone would dismiss anything on the mental health front in this school just purely because of what we have been through</p>	<p>we had training on MH</p> <p>Wednesday meeting joined up communication really good</p> <p>down to the caretaker or cleaner everybody's on board</p>

School Nurse

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>they say, this pupil is feeling really, really low</p> <p>teachers reported they (singular for a non binary pupil) were self-harming she (pupil) said I have planned it (suicide)</p> <p>I came in, spoke to teachers then made the phone call home</p>	<p>I have to re-arrange my school drop in today because I have a safeguarding meeting.</p> <p>I often have to cancel my drop in</p>	<p>I think we could work better, that WSA would work better if I was in more</p> <p>would be lovely if we could do health promotion sessions. I really do think we need to be seen</p> <p>could work better if I was in more Do health promotion sessions...need to be seen a room</p> <p>non-binary, is that the right word? Need training CAMHS won't take referrals from us anymore called away from drop in being trained is the biggest thing. Being supported so you've got like supervision afterwards safeguarding meetings called away to do immunisations can't recruit staff sickness</p>	<p>supportive here</p> <p>So supportive...they know their staff</p> <p>I love this school. They are so supportive of their pupils. They know and I think they do pick it up early (MH) because they know their pupils</p> <p>I don't know who the counsellor is they hold back...I need to sometimes cancel drop ins I'm sure they get frustrated they know I'll say the majority of the time 'I won't be in next week', could be two, three weeks staffing low makes me feel awful</p> <p>they don't know me...why would they open up to someone who just walked in? don't think they even know there is a school nurse</p>	<p>they think outside the box to think what is going on</p> <p>they don't label</p> <p>they are attuned to it more here (MH) and how to respond to it</p> <p>attuned to it (MH needs)</p> <p>being trained is the biggest thing it wasn't until training ...brought up that self-harming is also not looking after yourself that I realised.</p>

CO

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>she came to see me, her mother had suicided, she came to chat but didn't talk about it (the suicide) for months</p> <p>we have lost children too (in addition to a staff member) to suicide...we've had three suicides here all together</p> <p>we do an enormous amount of work here with families</p>	<p>used to have a cup of tea and just chat but can't do that online or with restrictions</p>	<p>in an ideal world the SN would have time to sit and chat (to CYP)</p> <p>SN would have time to sit and chat resources, visual tools to help child open up the SN could be doing loads</p> <p>there are people driven to their roles by a problem with their own needs you'd still hear judgement stereotype (of SN)...people will say nit nurse...it's a bit of finger wagging</p>	<p>forward thinking open and caring we get supported I never leave with a worry that I haven't shared..It's so safe</p> <p>team we've got each other's backs</p> <p>they're not being naughty, they are trying to tell you something there's still that archaic idea for some people that the teacher is in charge...sometimes teachers are meeting their own needs by waiting and watching that the child doesn't have the right shoes on so I don't think we've got this sewn up there are people who are really in tune with the kids here</p> <p>I would have met with (SN 10 years ago) every week she was here I think we haven't got one SN here now. I certainly have nothing to do with them don't know who the heck the SN is</p> <p>the school has been battered it really affected the children constantly mentioned suicide was a conversation I was having all the time</p> <p>every corner....suicide on high alert it was really tough</p>	<p>community not big on punishment...want to understand...rather than get rid of the child you feel empathy when you walk through (the school) there's a pride in how much we promote wellbeing here</p> <p>it's a real community</p> <p>when...set up the school</p> <p>(management)</p> <p>model what they want from us he (the first head) put emotional wellbeing in the top three things he wanted for the school he knew every child's name</p> <p>everyone here has had training...emotional coaching</p> <p>everybody plays a part (the caretaker) he'd say oh I'm a bit concerned about so and so</p> <p>I love it here</p>

NC

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>eating disorders are the main one...also had young lads recently with eating disorders</p> <p>we've lost children too</p> <p>having things taken away from them</p> <p>Whereas there was a school nurse here timely, you know, and would be checking in on pupils regularly</p>	<p>So, we are really, really, you know, focusing on how we can get people to understand that the whole school approach is everybody's responsibility and as well as the curriculum.</p> <p>with the health and wellbeing lesson, you know, we are detecting MH issues</p>	<p>signposting...getting the right help for them...having a school nurse here would take that from us, we could just refer to her</p>	<p>they were my babies</p> <p>you worry about the children</p> <p>haven't seen a SN on site for years can't remember the last time I had contact with the school nurse. There was a time when one was here quite often</p> <p>Because relationships, as we know, is highly important</p> <p>No (SN not part of the team) whereas the school... school counsellor is here two days a week</p>	<p>the aim is, in the next few years all staff will be wellbeing teachers</p> <p>they do mindfulness...yoga</p> <p>we are doing the odd survey...how are you feeling</p> <p>we get supported... we actually can access counselling ourselves</p> <p>unless we work on staff mental, emotional health and wellbeing we all know that, you know, we can't educate those children</p> <p>Year 7 we started off with the healthy mind and teaching them about how the mind works and their blue and their red brains. And how... you know, happy and strategies to keep them healthy, their minds healthy</p> <p>we've got that consistency of somebody knowing the children</p>

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>she came back in next term and I was like God (at the weight loss)</p> <p>self-harming went from scratching to using blades</p> <p>some girls have said they don't want to show arms (in PE) ... because of self-harming scars and wounds</p> <p>They say Miss, I have been feeling low</p> <p>we lost a pupil and we lost a colleague as well</p> <p>her parent broke down on the phone</p>	<p>we don't come together...no assemblies because of covid restrictions</p> <p>She is (pupil) feeling low, she's not going to be with her friends for two weeks (self-isolation)</p> <p>And this morning there was an incident where we had... we've had the first incident with Covid. The pupils had to go home. It was crazy</p>	<p>I'd love it if she was here more</p>	<p>if it gets serious, I go to the deputy head</p> <p>close unit people look after you</p> <p>miss, I need help</p> <p>id love it if she was here more but I understand with commitments and everything so before I just thought the SN was medical, but she took pupils...lack of confidence...it did make a difference</p> <p>friends are pretty good...if they are worried about pupils, their friends they will come and speak to us</p> <p>we came together afterwards</p>	<p>there is a very close ethos...in school</p> <p>it's a massive team</p> <p>meeting every Wednesday morning</p> <p>My 18th year...I'm happy here</p>

Amalgamated stories themed using the three dimensional space model (Clandinin and Connolly 2000)

Continuity: Past	Continuity: Present	Continuity: Future	Sociality / Interaction	Situation / Environment
<p>CYP in distress</p> <p>PS "seems really down...gone quiet" "the ones that stand out for me are the eating disorders" "parents had found a razor under the pillow"</p> <p>H9 "some really sad boys here" "he disappeared completely in his shell" "she was really tearful, in school" "she was really struggling with everyday life"</p> <p>SE "we had a significant disclosure (pupil sought help after an overdose in school)"</p> <p>H11 "she was looking tired, her clothes unwashed and I was worried" "he just started to act really low" "had been self-harming for years" "there's one we were really, really worried about (self-harm)" "she had taken pills in school"</p> <p>DH "tearful in every lesson" "we are seeing lots of angry little men because...low mood...worries...but express feelings with</p>	<p>Experiences as a direct result of the pandemic</p> <p>PS "daily need for mental health support since covid started"</p> <p>H9 "not able to cope coming back after lockdown, really tearful" "some girls have come back scared" "the friendship dynamics changed (since return from lockdown) , he wasn't fitting in anymore" "noticeable difference in pupils...come back anxious"</p> <p>LC (mental health needs are) "almost epidemic"</p> <p>CO "used to have a cup of tea and just chat but can't do that online or with restrictions"</p> <p>PE "we don't come together...no assemblies because of covid restrictions" "She is (pupil) feeling low, shes not going to be with her friends for two weeks (self-isolation)"</p>	<p>Aspirational feelings on the School nurses role</p> <ul style="list-style-type: none"> Time in school <p>PS "we could all be (including the SN) different strands...plaited together...one strong thing" "here much more"</p> <p>H9 "SN could be used so much if here full time" "Should be, ...a SN in here all the time"</p> <p>H11 "based in school" "here</p> <p>DH "here every day" "around more" "(SN) should be here all the time, knowing what's going on" "there should be a cluster approach (with the feeder primary schools)"</p> <p>SN SN "I think we could work better, that WSA would work better if I was in more"</p> <p>CO "in an ideal world the SN would have time to sit and chat (to CYP)"</p> <p>PE I'd love it if she was here more"</p> <ul style="list-style-type: none"> Health education <p>H9 "timetable into curriculum, so they got to know her"</p>	<p>The experiences of Relationships</p> <p>PS "the management here are very supportive" "if someone's got a worry, they all know they can turn to someone and it will be supported" "They (the pupils) become so important to you, you want them to be ok" "you know those kids like the back of your hand, you establish a kind of friendship" "she (a pupil) passed a little note into my hand saying 'I need to tell you something', it was because she trusted me" "they (the pupils) become so important to you, you want them to succeed and you want it to be ok" "friends (of CYP) will come and say they are worried about a pupil"</p> <p>H9 "you have got people that you can go to for support" "it's nearly like supervision (staff conversations)" "we always offload on each other" "they (CYP) come to tell us how they feel" "some teachers build better relationships (with pupils) than others"</p> <p>SE "senior management team (are) forward thinking and pro-active" "its like a little community here" "I could go to the deputy head, close the door and say I need to talk, anytime" "Head and Deputy so open and caring" "its about looking after the staff too" "were all on it, keeping an eye (on MH issues in the pupils), picking up on it. It all depends on relationships, could be anyone, caretaker, anyone...someone they (CYP) trust, ...who they can confide in" " we get young men worried about their friends (who report concerns to staff)"</p> <p>H11 "have that bond and make a partnership with them (CYP)" "sometimes we find out something is wrong by a friend who is worried"</p> <p>DH "we have a close knit team" "we are one big team" "we've got each other's backs" "there's always a person of</p>	<p>Stories of a Whole School Approach to mental health</p> <p>PS "ethos" "our role" to help pupils with MH. "approach comes from the top" "you've got to listen to kids" "MH has always been important in this school. It came from the first head" "schools ethos from the very beginning and it stayed"</p> <p>H9 "MH and emotional wellbeing is part of the ethos here"</p> <p>SE "the child is number 1, not...the GCSEs, it's the child that's the most important thing" "Everyone plays a role.. caretaker, office staff, admin"</p> <p>H11 "everybody has the same ethos, the dinner ladies will come and say...I'm really worried" "They're all good here, the caretakers and the dinner ladies...they're good at spotting...when something is wrong"</p> <p>DH "(MH) has always been important in this school" "same goal, that kids are ok" "MH important from the first head (teacher) when the schools opened"</p> <p>SN SN "they (in this school) think outside the box to think what is going on" "they don't label" "they are attuned to it more here (MH) and how to respond to it"</p> <p>CO "community" "not big on punishment...want to understand...rather than get rid of the</p>

Interview 10 (P.E)

[redacted] as P.E lead,
takes job - 'family', 'community',
support, open doors.
Seen through trauma with
each other. Doesn't want to
leave.

MH examples:
Eating disorders
Self harm
Grief & loss

Opened up to [redacted] / brought
concerns about friends.
Opportunities to talk - side of
pitch, sports outings etc
warm natured, friendly
and funny - ? CYP feel
comfortable to talk

? Relationships!

S.N - doesn't know [redacted] No
communication at all.
Not sure who [redacted] is
Suicide grief - intense. School

Appendix E

CINAHL Search

The screenshot shows a web browser window displaying the search history for a CINAHL search. The URL is <https://web-p-ebcsohost-com.abc.cardiff.ac.uk/ehost/resultsadvanced?vid=44&sid=339b7420-0d3f-4ee9-9162-51d29e96c...>. The page title is "Search History/Alerts". There are navigation links for "Print Search History", "Retrieve Searches", "Retrieve Alerts", and "Save Searches / Alerts". A search filter is set to "AND". The search options are "Expanders - Apply equivalent subjects" and "Search modes - BooleanPhrase". The results are as follows:

Select / deselect all	Search ID*	Search Terms	Search Options	Actions
<input type="checkbox"/>	S33	S12 AND S14 AND S20 AND S30	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (62) View Details Edit
<input type="checkbox"/>	S32	S12 AND S13 AND S20 AND S28 AND S30	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (3) View Details Edit
<input type="checkbox"/>	S31	S12 AND S13 AND S14 AND S20 AND S29 AND S30	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (0) View Details Edit
<input type="checkbox"/>	S30	S26 OR S28 OR S27 OR S28	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (187,245) View Details Edit
<input type="checkbox"/>	S29	S21 OR S22 OR S23 OR S24	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (145,304) View Details Edit
<input type="checkbox"/>	S28	TI school*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (60,572) View Details Edit
<input type="checkbox"/>	S27	TI education*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (122,684) View Details Edit
<input type="checkbox"/>	S26	TI "high school"	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (8,050) View Details Edit
<input type="checkbox"/>	S25	TI "secondary school"	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (1,832) View Details Edit
<input type="checkbox"/>	S24	TI recogni*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (20,558) View Details Edit
<input type="checkbox"/>	S23	TI discover*	Expanders - Apply equivalent subjects	View Results (7,707) View Details Edit

The screenshot shows a web browser window displaying the search history for a CINAHL search. The URL is <https://web-p-ebcsohost-com.abc.cardiff.ac.uk/ehost/resultsadvanced?vid=44&sid=339b7420-0d3f-4ee9-9162-51d29e96c...>. The page title is "Search modes - BooleanPhrase". The search options are "Expanders - Apply equivalent subjects" and "Search modes - BooleanPhrase". The results are as follows:

Select / deselect all	Search ID*	Search Terms	Search Options	Actions
<input type="checkbox"/>	S22	TI detect*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (51,826) View Details Edit
<input type="checkbox"/>	S21	TI identi*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (68,444) View Details Edit
<input type="checkbox"/>	S20	S16 OR S18 OR S17 OR S18 OR S19	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (400,381) View Details Edit
<input type="checkbox"/>	S19	TI "young pe"	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (9,725) View Details Edit
<input type="checkbox"/>	S18	TI youth*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (31,154) View Details Edit
<input type="checkbox"/>	S17	TI child*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (335,912) View Details Edit
<input type="checkbox"/>	S16	TI adolescent*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (111,338) View Details Edit
<input type="checkbox"/>	S15	TI teen*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (11,082) View Details Edit
<input type="checkbox"/>	S14	S4 OR S5 OR S8	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (42,907) View Details Edit
<input type="checkbox"/>	S13	S1 OR S2 OR S3	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (4,007) View Details Edit
<input type="checkbox"/>	S12	S7 OR S8 OR S9 OR S10 OR S11	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (167,683) View Details Edit
<input type="checkbox"/>	S11	TI depress*	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (70,822) View Details Edit
<input type="checkbox"/>	S10	TI well-being	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (14,727) View Details Edit
<input type="checkbox"/>	S9	TI well-being	Expanders - Apply equivalent subjects Search modes - BooleanPhrase	View Results (4,877) View Details Edit

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ID	Search Query	Search Modes	View Results	View Details	Edit
S13	S1 OR S2 OR S3	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (4,097)	View Details	Edit
S12	S7 OR S8 OR S9 OR S10 OR S11	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (167,863)	View Details	Edit
S11	TI depress*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (76,822)	View Details	Edit
S10	TI well-being	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (14,727)	View Details	Edit
S9	TI wellbeing	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (4,677)	View Details	Edit
S8	TI emotional	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (18,026)	View Details	Edit
S7	TI "mental health"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (57,888)	View Details	Edit
S6	TI "school counsell"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (306)	View Details	Edit
S5	TI "school staff"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (128)	View Details	Edit
S4	TI teach*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (42,487)	View Details	Edit
S3	TI "specialist community public health nurs"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (20)	View Details	Edit
S2	TI SCPHN	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (31)	View Details	Edit
S1	TI "school nurs"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (4,052)	View Details	Edit

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Appendix F

Information Sheet



PARTICIPANT INFORMATION SHEET

Study Aim: To establish how the school nurse contributes to the early detection of mental health needs in secondary school children

You are being invited to take part in a research project. Before you decide whether or not to take part, it is important for you to understand why the research is being undertaken and what it will involve. Please take time to read the following information carefully and discuss it with others, if you wish.

Thank you for reading this.

1. What is the purpose of this research project?

To establish how the school nurse contributes to the identification of mental health needs in secondary school children for a student research project as part fulfilment of a Professional Doctorate in Advanced Healthcare.

2. Why have I been invited to take part?

You have been invited because you have been identified as someone who has probable contact with the school nurse in relation to the mental health needs of the children in your school and you are part of the school's approach to mental health.

3. Do I have to take part?

No, your participation in this research project is entirely voluntary and it is up to you to decide whether or not to take part. If you decide to take part, I will discuss the research project with you [and ask you to sign a consent form which will be locked away safely]. If you decide not to take part, you do not have to explain your reasons and it will not affect your legal rights.

You are free to withdraw your consent to participate in the research project at any time, without giving a reason, even after signing the consent form. Please be aware that it will be

unlikely that your story can be removed from the study when it has been amalgamated as combined stories after analysis.

4. What will taking part involve?

Participation in the study will require taking part in a conversation style interview which is likely to last between 60-90 minutes. You will be encouraged to speak freely about your thoughts, feelings and experiences to the student researcher only. The conversation, which will be referred to as your story will be recorded and then transcribed by a private service. You will not need to give your name so the transcriber will not be able to identify you (you will be assigned a number to correlate with your consent form, which will be the only documentation with your name and job role on).

Depending on how the conversation goes, it is important to be aware that if you talk about distressing situations or examples you may need to stop the interview prematurely and may need some emotional support after the interview. You can end the interview at any time. You will be given signposting information to support services, such as C.A.L.L and Samaritans following the interview. Your headteacher / manager will have been made aware that you might need some emotional support after the interview.

The student will return a few weeks later to share your story with you as it has been written so that you can verify whether your story is presented as you told it. Your feedback and collaboration will be welcomed.

5. Will I be paid for taking part?

No

6. What are the possible benefits of taking part?

It is hoped that the findings of the study will contribute to an evidence base which will influence practice in school nursing. The rationale for the study comes as a response to the growing mental health needs of children and young people. It is hoped that your contribution will play a part in portraying real world experiences for a wide audience to read.

7. What are the possible risks of taking part?

Your story and the stories of others from the school will be available in the public domain for others to read and, although the stories will not have any identifiable information, please be mindful of the potential wide reach of readership. The school will not be named but staff and pupils might become aware of the study and thus be able to identify their school should they read the finished thesis or any publication which follows.

Talking about potentially distressing times might evoke emotional distress. You might feel upset and need some self-care and emotional support after the interview or on reading the re-telling of your story.

8. Will my taking part in this research project be kept confidential?

All information collected from (or about) you during the research project will be kept confidential and any personal information you provide will be managed in accordance with data protection legislation. Please see 'What will happen to my Personal Data?' (below) for further information.

Your consent form with your name on and job title on and the anonymised interview transcription will be stored in a locked, fireproof safe in the researcher's home. As required by GDPR guidelines, the consent forms and interview transcriptions will be stored for no longer than University guidelines require. The Cardiff University 'Research records retention schedule' states that research data should be kept
2.9 No less than to the end of the project + 5 years or at least post publication

9. What will happen to my Personal Data?

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. Further information about Data Protection, including:

- your rights
- the legal basis under which Cardiff University processes your personal data for research
- Cardiff University's Data Protection Policy
- how to contact the Cardiff University Data Protection Officer
- how to contact the Information Commissioner's Office

may be found at:

<https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection>

Your consent form with your name on and job title on and the anonymized interview transcription will be stored in a locked, fireproof safe in the researcher's home. As required by GDPR guidelines, the consent forms and interview transcriptions will be stored for no longer than University guidelines require. The Cardiff University 'Research records retention schedule' states that research data should be kept,

2.9 No less than to the end of the project + 5 years or at least post publication, which equates to approximately 6 years allowing for the time it will take to collect all the data, analyze the findings and keep it for a suitable amount of time after publication. After this timeframe, the data will be shredded and disposed of as per GDPR guidelines.

If you withdraw from the research project, your information will be destroyed but please note that it will not be possible to withdraw any anonymised data that has already been published or in some cases, where identifiers are irreversibly removed during the course of a research project, from the point at which it has been anonymised.

10. What happens to the data at the end of the research project?

Your data (your story) will be included in the findings in the thesis which forms part of the professional doctorate. The thesis will be available for reviewers and other students to read. It may be available in a library for other students and library members to read, both in a physical and potentially a digital format. There is a possibility that the study will be published in a journal after the doctorate has been completed.

11. What will happen to the results of the research project?

I to publish the results of this research project in academic journals and present findings at conferences. You will not be identified in any report, publication or presentation, although there may be cause to use verbatim quotes from your story.

What if there is a problem?

Complaints:

In the first instance, please inform a member of the research team if you have a complaint, who are [REDACTED]

If you wish to complain, or have grounds for concerns about any aspect of the manner in which you have been approached or treated during the course of this research, please contact

School of Healthcare Sciences on [REDACTED]

If you feel your complaint has not been handled to your satisfaction, you may contact someone independent from the research team such as the Chair of the School Research Ethics Committee [REDACTED]

Harm:

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, you may have grounds for legal action, but you may have to pay for it.

Safeguarding:

The researcher will report and act on any safeguarding concerns which might emerge during interviews. Safeguarding concerns will over ride confidentiality. Furthermore, confidentiality might need to be breached should any professional misconduct disclosures occur.

12. Who is organising and funding this research project?

This is a student research project, the student researcher is Mrs Lisa Cordery the and academic supervisors are [REDACTED]. The research is currently self-funded.

13. Who has reviewed this research project?

This research project has been reviewed and given a favourable opinion by the School of Healthcare Sciences Research Ethics Committee, Cardiff University.

14. Further information and contact details

Should you have any questions relating to this research project, you may contact us during normal working hours:

[REDACTED]

Thank you for considering to take part in this research project. If you decide to participate, you will be given a copy of the Participant Information Sheet and a signed consent form to keep for your records.

Appendix G



School of
Healthcare Sciences
Ysgol y Gwyddorau
Gofal Iechyd

Interim Head of School and Dean /Pennaeth yr Ysgol Dros Dro a Deon

4 September 2020



Research project title: The school nurse's contribution to the early detection of mental health needs in secondary school children, through involvement in the 'whole school approach'

SREC reference: REC734

The School Of Healthcare Sciences Research Ethics Committee Chair has reviewed the above application amendments via its proportionate review process.

Ethical Opinion

The Committee gave

A favourable ethical opinion of the above application on the basis described in the application form, protocol and supporting documentation.

Additional approvals

This letter provides an ethical opinion only. You must not start your research project until all appropriate approvals are in place.

Amendments

Any substantial amendments to documents previously reviewed by the Committee must be submitted to the Committee for consideration and cannot be implemented until the Committee has confirmed it is satisfied with the proposed amendments. You are permitted to implement non-substantial amendments to the

documents previously reviewed by the Committee but you must provide a copy of any updated documents to the Committee for its records.

Monitoring requirements

The Committee must be informed of any unexpected ethical issues or unexpected adverse events that arise during the research project.

The Committee must be informed when your research project has ended. This notification should be made within three months of research project completion.

Complaints/Appeals

If you are dissatisfied with the decision made by the Committee, please contact the School's Research Ethics Officer, in the first instance to discuss your complaint. If this discussion does not resolve the issue, you are entitled to refer the matter to the Head of School for further consideration. The Head of School may refer the matter to the Open Research Integrity and Ethics Committee (ORIEC), where this is appropriate. Please be advised that ORIEC will not normally interfere with a decision of the Committee and is concerned only with the general principles of natural justice, reasonableness and fairness of the decision.

Please use the Committee reference number on all future correspondence.

The Committee reminds you that it is your responsibility to conduct your research project to the highest ethical standards and to keep all ethical issues arising from your research project under regular review.

You are expected to comply with Cardiff University's policies, procedures and guidance at all times, including, but not limited to, its [Policy on the Ethical Conduct of Research involving Human Participants, Human Material or Human Data](#) and our [Research Integrity and Governance Code of Practice](#).

Yours sincerely,

