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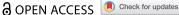
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What makes a successful whole-school mental health intervention? A comparison of stakeholders' perspectives and implications for schools and the future of English education

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ABSTRACT

This small-scale study compares stakeholders' perspectives regarding what makes a successful whole-school Mental Health Intervention. Four study groups were included from an all-ability coeducational secondary school in south-east England: Students (n = 8), Teachers (n = 5), School-Leaders (n = 3), and YMCA Youth Workers (n = 3). Students took part in a focus group whereas the adult semi-structured participated in Subsequently, all participants ranked potential aspects of what might make a successful whole school Mental Health Intervention. No theme was mentioned consistently across the four groups, suggesting a diversity of perspectives regarding the benefits of Mental Health Interventions. All participants, except teachers, valued student involvement, a feature confirmed by the literature. Teachers occasionally adopted misinformed perspectives - arguably a result of insufficient training. Generally, participants' job roles informed their responses. However, a loose trend existed whereby School-Leaders' results were more aligned to an external charity association - the Young Men's Christian Association (YMCA) than Teachers' despite the fact that the Teachers and School Leaders worked in the same context. Although the single context and small sample sizes for this research compromise generalisability, there are clear recommendations to inform future studies and for those who are leading and providing whole-school Mental Health Interventions. This study is set within the political and policy contexts of a competitive, market drive English education system and can comment on the wider system within which this intervention nests.

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KEYWORDS

Relationships; mental health; intervention; leadership; school

Introduction

Schools should be person-centred communities where children and young people flourish and are happy with a sense of belonging (Fielding, 2006). At present, the English education system has followed a neo-liberal competitive, marketised approach that puts a great deal of pressure on students and teachers to perform against a set of measurable standards and it is a long way from this position. One significant aspect of this is that mental health is a growing concern, particularly concerning young persons. Large studies describe how Covid has exacerbated young persons' mental health concerns (Department of Education, 2021; Hayes et al., 2019; The Mental Health Foundation, 2017; NHS, 2021) but concerns were rising before the pandemic. This has important implications for those leading and managing schools. The English Department of Education recommends having a senior mental health lead who can oversee the school's attention on mental health (Gov.uk, 2023). Schools are often cited as well-suited contexts to deliver Mental Health Interventions (MHIs) to young people as the majority of students regularly attend school with the purpose of learning (Aviles et al., 2006; Fazel et al., 2014; Gronholm et al., 2018; Pascoe et al., 2020; Yamaguchi et al., 2020). MHIs are categorised into being either:

- school-wide, where content is delivered to entire student populations, or
- targeted, where specific groups are selected.

School-wide MHIs reach more students with broader content, ideally over longer periods of time (Kutcher et al., 2016; O'Reilly et al., 2018; Yamaguchi et al., 2020). They are therefore preventative and can generate a culture. Conversely, the targeted MHIs are reactive – addressing specific individuals with specific concerns (Da Paz & Wallander, 2017; Pascoe et al., 2020; Sanchez et al., 2018) and may only affect a limited number of students. Comprehensive MHIs are recommended by the National Institute for Health and Care Excellence (NICE) and the Department of Education (DfE) (Department of Education, 2021; NICE, 2009). However, as an emerging field, it is valuable to fully understand how best to implement them.

Young persons' mental health

Mental health concerns amongst adolescents are rising (Department of Education, 2021; Hayes et al., 2019; The Mental Health Foundation, 2022, 2023). The World Health Organisation (WHO) defines mental health as 'a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.' (Paragraph 2, WHO, 2018). Figures vary from 50% to 75% of the adults expressing how their mental health concerns

commenced in adolescence (Gronholm et al., 2018; Joinson et al., 2017; Kim-Cohen et al., 2003). Polanczyk et al.'s (2015) meta-analysis of the prevalence of young persons' mental health concerns estimates 13.4% suffer, yet few seek professional help. More recent literature concurs with this prevalence and informs of its increase (Department of Education, 2021; Gronholm et al., 2018; Hayes et al., 2019; The Mental Health Foundation, 2017; Yamaguchi et al., 2020). Although sources testify young peoples' resilience during Covid (Department of Education, 2021), the Mental Health of Children and Young People in England survey claims 16% of 5- to 16-year-olds may have a mental health concern, an increase from 11% in 2017, figures largely attributed to the pandemic (NHS, 2021). Mental health concerns have been associated with increased exclusion (Kidger et al., 2016, Nash et al., 2015), compromised attainment (Department of Education, 2021; O'Reilly et al., 2018) and continued concerns (Department of Education, 2021; NICE, 2009). Therefore, it is unsurprising that schools are seen as fitting environments to reach young people.

Schools are oft cited as ideal contexts to address young persons' mental health concerns, if done sensitively (Fazel et al., 2014; Gronholm et al., 2018; Pascoe et al., 2020; Yamaguchi et al., 2020). Schools have access to almost the entire population of young person (Gronholm et al., 2018; Yamaguchi et al., 2020). Additionally, schools are environments where resilience, and socialemotional skills are developed (Hayes et al., 2019; OECD, 2017; Pascoe et al., 2020). The national Office for Standards in Education (Ofsted) shares this understanding – their school inspection handbook includes criteria to assess whether students 'develop into resilient adults with good mental health' (Department of Education, 2021, p. 5; Ofsted, 2010). However, the Department of Education (2021) clearly states teachers' responsibility is to refer mental health concerns, not address them. This is challenging for teachers who naturally exhibit a caring nature while others recognise complications (Shelemy et al., 2019a, 2019b).

The Children Act, 1989, describes teachers' duty of care as fulfilling the role of a parent, customarily referred to as 'in loco parentis' (Goodman, 2021). Under loco parentis, a recent expectation to understand students' mental health is emerging (Department of Education, 2018; Goodman, 2021; Shelemy et al., 2019a). Goodman (2021) disputes this trend, upholding teachers and parents have different agendas. Such sentiments are shared by participants in Shelemy et al. (2019a, 2019b) studies, alongside the DfE's Green Paper (Department of Education, 2018). One participant in Shelemy et al. (2019b) study shared '[i]t's not our responsibility. I think we're not trained to be counsellors, we should [...] send them off, refer them to someone else cause we can't take responsibility." (2019b, p. 375) – mirroring Department of Education (2021) stance.

The need for teacher training about student mental health is widely recognised (Department of Education, 2018, 2021; Goodman, 2021; O'Reilly et al., 2018; Shelemy et al., 2019a, 2019b; Yamaguchi et al., 2020). O'Reilly et al. (2018) review of MHI promotion reiterates Weist and Murray's (2008) conclusion voiced

a decade earlier - teacher training is necessary for change to occur. Following an initial grant of £200,000 in June 2017 for teacher mental health training for the whole country, the DfE's Green Paper emerged and with it the requirement for secondary schools to appoint a Designated Senior Lead (DSL) – a job description summarised as 'a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health' (Department of Education, 2018, p. 10). Although the generation of DSLs contributes to internal school support, teachers are often the resorting point of call, particularly for vulnerable students (Shelemy et al., 2019b). Newlove-Delgado et al. (2015) maintain two-thirds of UK secondary students with mental health concerns have confided in a teacher. However, currently most teachers lack knowledge in this area, resulting in low self-efficacy (Andrews et al., 2014; Rossetto et al., 2016; Shelemy et al., 2019b; Yamaguchi et al., 2020), which can exacerbate stigma (Shelemy et al., 2019b; Yamaguchi et al., 2020). In Shelemy et al. (2019a, 2019b) studies, participants acknowledge teachers' time constraints yet described how training would permit them to support students.

Mental health interventions

MHIs in schools have increased with the growing prevalence of concerns amongst adolescents (Anderson et al., 2019; Shelemy et al., 2019a, 2019b). MHIs take numerous forms, reflecting the multifaceted nature of Mental Health (Yamaguchi et al., 2020). When implemented successfully, interventions are an effective method of addressing mental health (Durlak et al., 2011; Hayes et al., 2019). However, implementation must be done sensitively otherwise they can be stigmatised (Gronholm et al., 2018). O'Reilly et al. (2018) cautioned time pressures during implementation – limited resources result in small-scale, targeted interventions being selected over preferable, whole-school approaches. Franklin et al.'s (2012) systematic review of 49 MHIs found that 40.8% included teacher involvement and in 18.4% teachers were the sole deliverer – statistics that should be considered in the context of the lack of teacher training.

MHIs can be targeted (where participants are specifically selected), or the whole school (where all students receive some content). The DfE concurs with NICE's advice that schools' MHIs should be comprehensive (Department of Education, 2021; NICE, 2009). NICE (2009) describes how ultimately this approach transcends the classroom, pervading school-life, and the community. Students who may not necessarily be interested or aware of mental health are reached through whole-school approaches (Kutcher et al., 2016; Yamaguchi et al., 2020). If effectively implemented, the wider community's knowledge of mental health progresses, consequently reducing stigma. Targeted interventions also have merit. A plethora of evidence testifies to their success (Da Paz & Wallander, 2017; Dray et al., 2017; Pascoe et al., 2020; Sanchez et al., 2018). These interventions address specific issues for specific students. They are reactive



whereas whole-school interventions are a preventative measure and the two should be implemented as such.

The literature describes numerous recommendations to implement a successful whole-school MHI (O'Reilly et al., 2018; Shelemy et al., 2019a, 2019b; Yamaguchi et al., 2020). The effective implementation is attributed to 200-300% improved results, although various factors impact this (Durlak et al., 2011). O'Reilly et al., (2018) and Weist and Murray's (2008) reviews maintain that whole-school MHIs should focus on reducing barriers, not building knowledge. Additionally, context should be considered as interventions that may not necessarily translate successfully (Durlak et al., 2011; Hayes et al., 2019; O'Reilly et al., 2018). Various levels of school staff should work with the wider community and external organisations to attain 'a multi-dimensional and integrated whole-school approach' (p. 658, O'Reilly et al., 2018). A conclusion shared by the Department of Education (2021), numerous scholars over the last two decades (Fazel et al., 2014; Lynn et al., 2003; Rothì et al., 2008; Weare & Murray, 2004; Yamaguchi et al., 2020).

Leadership and management and mental health

Leadership is rooted in establishing, enabling and checking the values, vision and strategies in an organisation. Management involves ensuring the appropriate structures, systems and processes are in place to make the values real. Both are highly important in relation to mental health in schools.

English education has been propelled by a neo-liberal approach in the last 30 years (Mortimore, 2013; Sahlberg, 2021) with the essential ingredients being a National Curriculum for all students and teachers, the publication of national test results, an external inspection regime, parental 'choice' of schools for their children and a school funding system that rewards schools by the number of attendees. International comparisons (e.g. by PISA - the Programme for International Student Assessment under the auspices of the (OECD) - the Organisation for Economic Co-operation and Development) provide a political driver to countries to try harder to do better in norm referenced quantitative measures. All of these generate competitions and intense pressures on leaders and in turn teachers and then students to do well in tests producing quantitative results and to conform in their behaviours. Fielding (2012, 2013) argues that, as a result, of this dominant political context, many English schools are focused on performance rather than relationships, which is what they should be focused on if education is to be person-centred and enable students to become more human in its fullest sense. The competitive and relationship models are not entirely mutually exclusive, but a focus on performance may be seen to be more closely linked to poor mental health than one that puts relationships first. Such a relational approach is linked to a transformational leadership and education, where listening and responding to different voices in a culture are



important, whereas a more transactional approach seeks to manipulate relationships to focus on test results. Shields (2011) argues that leaders need to go one step further to be transformative and deal with larger social issues such as equity, freedom and justice. A school that really takes the mental health of students seriously needs to see the mental health of students (and staff and parents/carers) as a major social issue that is underpinned by deep ethical principles. As a result, it requires a transformative leadership where the culture of healthy schools is revealed by practices in terms of its heroes, symbols and rituals flowing, with authenticity, from the school's values (Hofstede, 2010). This is not easy leadership. But it is important.

Brookfield's lenses

This study adopted Brookfield's four lenses of reflective practice (S. Brookfield, 1995; S. D. Brookfield, 2017). This is a framework for critical reflect practice which Brookfield (1998) defines as 'process of inquiry involving practitioners in trying to discover, and research, the assumptions that frame how they work' (p197). Although one's own reflections are most valued, they are ultimately limited and can result in a self-confirming cycle (S. D. Brookfield, 2017). Therefore, Brookfield proposes four lenses in which to perceive an educational context/ situation, these are autobiographical, student, peer and theoretical. The autobiographical lens, being the most constant, stand to influence the most. Therefore, explicit, and regular attention must be paid to self-reflections. Brookfield outlines the way in which the student lens often challenges expectations and recommends Critical Incident Questionnaires to elicit students' perspectives. The peers' lens unlocks a wealth of experience from colleagues who share the same context, a recommendation in both the TLT and MHI literature (Durlak et al., 2011; Hayes et al., 2019; Shields, 2020; Shields & Hesbol, 2020). S. D. Brookfield (2017) informs that '[a]lthough critical reflection typically is conceptualized and practices as a solo endeavour, it's actually a collective enterprise' (p. 68). Finally, the theoretical lens allows teachers to better understand and solidify classroom phenomena. S. D. Brookfield (2017) described that this is often being a reassuring process as teachers find they are not entirely responsible for unwanted behaviour or results; this is reminiscent of teachers verbalising how they feel adopting a 'therapist role' which can be professionally overburdening (Shelemy et al., 2019b).

This study aims to explore the following research questions:

What do different stakeholders' (Students, Teachers, School Leaders, and YMCA youth workers) believe makes a successful MHI?

How do different stakeholders' (Students, Teachers, School Leaders, and YMCA youth workers) perspectives on what makes a successful MHI compare?



and in turn

What are the broader implications?

Methodology

Participants

The current study is small scale, the sample was obtained from one secondary school, School-X with students aged 11–16 years old. Obtaining a sample from one school made responses highly relevant to that specific context, as recommended by the MHI literature (Durlak et al., 2011; Hayes et al., 2019; O'Reilly et al., 2018). However, this does make this a case study, and therefore, the results are less generalisable. School-X is a Teach First eligible school located on the outskirts of a city on the south coast of the United Kingdom. School-X's ethnicity reflects its catchment areas - approximately 90% white with 5.67% having English as an additional language. The number of students eligible for Free School Meals (26.7%), Pupil Premium (35.71%) or have Special Educational Needs status (26.1%) are all significantly above the national average (Gov.Uk, 2022).

This is a small-scale study. Participants (n = 19) derived from four study groups: Students (n = 8), Teachers (n = 5), School Leaders (n = 3), and YMCA workers (n = 3). The Students, Teachers and School Leaders all worked in a Comprehensive Secondary School on the South Coast of the UK, School-X. The YMCA workers delivered small-scale Mental Health Awareness Programs to School-X and others in the local area. The students were in Key Stage 3 and were taking part in the YMCA's project. The teachers were selected via recommendations from the DSL who had been working at School-X for 35 years and had designed and rolled out a whole-school MHI at the start of the academic year. The School Leaders were selected for their roles' relationships with students' mental health. They included the Special Educational Needs Coordinator, The Child in Need Officer and the DSL. Further participant information is depicted in Table 1.

Table 1. Participant information.

Study group	Mean age (years)	Identified gender	Mean time working with young persons (years)
Student	13.0	Male – 6 Female – 2	N/A
Teacher	32.4	Male – 2 Female – 3	7.4
School Leader	48.3	Male –1 Female – 2	19.3
YMCA	30.0	Male –1 Female – 2	5.3

Procedures

Primarily data were collected through semi-structured interviews for the adult groups and focus groups for the students. A loose framework was created which was adhered to when required, however participant freedom of speech was prioritised. Any areas of interest were explored. The questions were kept open and were piloted by School-X's two research leads, who did not partake in the subsequent research.

Three to 5 weeks after the interviews and focus group, all participants completed a ranking activity. This was done after some time to mitigate any influences from interview/focus group on their results. During the ranking activity, participants were presented with nine themes on what makes a successful MHI. These themes emerged from conversations with School-X's DSL and were cross-referenced with the literature. Participants ranked the themes as to what they believed would make a successful MHI in order from most to least valuable. The researcher was present during this process to explain and assist where necessary and also recorded pertinent quotes, with participants' consent, as the ranking activity prompted further interesting insights.

Data analysis

Oualitative data

The foundation for this research was the qualitative data produced from interviews. This was analysed thematically employing Braun and Clarke (2006, 2014, 2021) six stages of thematic analysis (data familiarisation, code generalisation, locating themes, revising themes, defining themes and generating a report). During data familiarisation data were reflected upon iteratively, encouraging the researcher to familiarise oneself with participants' perspectives. Key quotations were transcribed during the interview using 'true verbatim' where data were transcribed as participants' delivered them – bold was used for emphasis and ' ... ' were used for pauses. This responds to the British Sociological Association's (BSA) direction that researchers 'report their findings accurately and truthfully' (p. 4, S. D. Brookfield, 2017).

To generalise the codes a 'grounded theory' was employed whereby themes recurrent in the literature were considered alongside common themes verbalised by participants (Braun & Clarke, 2006, 2014, 2021). Despite all the data being analysed, only pertinent themes were discussed. This adheres to the 'fitness for purpose' principle – negating excess data facilitates concise data analysis (Cohen et al., 2017). During the interview/focus group, when participants mentioned, elaborated upon or emphasised one of these themes, it was noted. Once the initial themes were located, the researcher reviewed them and adapted accordingly including any themes recurrent in the literature before finally defining them. Finalised themes can be seen in Figures 1 and 2.

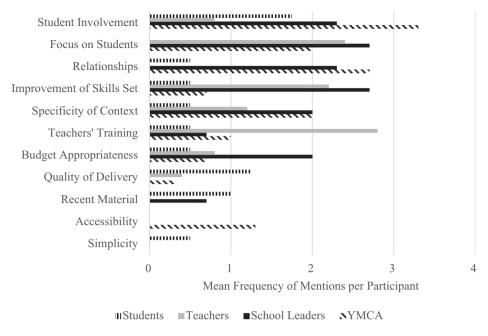


Figure 1. Mean frequency of themes mentioned in interview data by study group.

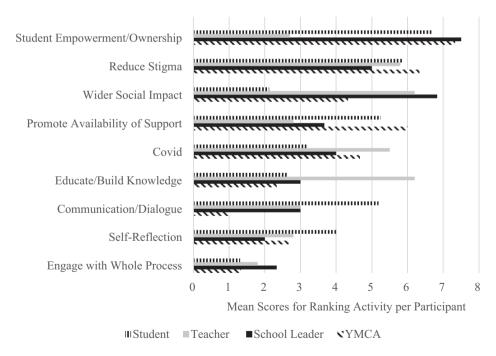


Figure 2. Mean scores for ranking activity by study group.



Ouantitative data

Quantitative data obtained from the ranking activity were analysed using a simple scoring system. Each participant's most highly ranked facet received 8 points, second 7 points, third 6 points ninth 0 points. Upon request, participants could rank two facets equally. In this case, an average of the two scores was given. This facilitated a comparison between each groups' interview/focus group data with ranking activity. Themes can be seen in Figures 1 and 2.

Ethical considerations

Ethics were considered throughout the design and implementation of this study. Approval was obtained from Canterbury Christ Church University. All participants were informed of their confidentiality, anonymity and right to withdraw from the research prior to interview, after which consent forms were signed. Participants were reminded of this before they completed the ranking activity. After the ranking activity participants were shown the results and quotations they generated during the interview and asked if they were happy with them to be used, respecting participant empowerment and reflexivity. All participants permitted their quotations to be used. Student data was collected in focus groups instead of interviews to adhere to ethical recommendations from School-X as minors might feel uncomfortable and/or intimidated in one-to-one settings. Additionally, another member of staff, who was also involved in the YMCA's project, was present during their focus group. They were pastoral members of staff working for the Year 8 team and their relationship with the students involved, contributed towards creating a safe environment conducive to interesting discussions on the topic of school mental health. The focus group remained positive and constructive throughout.

Results

Considering the small sample sizes and localised nature of this research, the results are presented tentatively, aiming to inform and guide future studies of this nature. This section first discusses how data are presented before examining intra-group analysis, to provide details for the first research questions, and then inter-group analysis, to provide details for the second research question.

Data presentation

The small sample sizes and the descriptive nature of the study meant sophisticated statistical analysis tools were inappropriate as they would be overly

sensitive to discrepancies between individuals. However, grouped bar charts are presented to help illustrate the tentative findings (see Figures 1 and 2). As groups have different sample sizes, mean frequencies are calculated for each theme to facilitate comparison. For ease of comparison, the ranking activity data are also presented in a grouped bar chart.

Intra-group analysis

Students' most mentioned theme in interviews was Student Involvement. This correlates with their ranking activity data which rank Student Empowerment/ Ownership first. They mentioned Quality of Delivery and Recent Material a fair amount, these verbalisations were centred around outdated and unengaging resources. The rest of their themes were merely touched upon except for Focus on Students and Accessibility which were left unmentioned.

Teachers' results were skewed towards the most mentioned themes, and the top two themes (Teachers' Training and Improvement of Skill Set) received over half of their mentions. This arguably correlates with their ranking activity data where Educate/Build Knowledge is ranked joint first (with Wider Social Impact). Teachers left four themes unmentioned (Recent Material, Relationships, Simplicity and Accessibility).

School Leaders' data were staggered. Their joint most mentioned themes were Specificity of Context and Budget Appropriateness. Specificity of Context correlates with their second most highly ranked theme, Wider Social Impact. However, their most highly ranked theme, Student Empowerment, correlated well with Focus on Student (3rd most mentioned) and Student Involvement (6th most mentioned).

The YMCAs' most mentioned theme was Student Involvement. It was mentioned significantly more than their joint second most mentioned themes, Focus on Student and Specificity of Context. This result is ratified considering Student Involvement and Focus on Student share many qualities. It is further ratified by ranking activity data where Student Empowerment/Ownership was ranked most highly. YMCA left two themes unmentioned (Recent Material and Simplicity).

Inter-group analysis

Once groups' mean values are accounted for, Student Involvement was the most mentioned theme overall, and the only theme in the top three to be mentioned by all four groups. It was noticeably relatively undermentioned by Teachers. This result correlates with ranking activity data where all groups rank Student Empowerment/Ownership most highly except Teachers – it was their joint fifth. The second most mentioned theme, Focus on Student, was surprisingly left unmentioned by students yet all the adults mentioned it consistently. The fact that both the most frequently mentioned themes were student-focused is noteworthy. Each of the adult groups has a spike where they mention a theme noticeably more than any other group. For the YMCA, it is Student Involvement. School Leaders' spike is in the third most mentioned theme, Allow Relationships to be Built, and is clearly the most mentioned theme by any one group once mean values are accounted for. The Teacher's spike is in the sixth most frequently mentioned theme, Teachers' Training. This is the most anomalous result when compared to the other groups.

The second most frequently ranked theme, Reduce Stigma, is ranked highly amongst all groups. This theme was not mentioned when participants were questioned about what makes a successful MHI. However, when asked about the benefits of a Mental Health Intervention, all groups touched on this theme, but none explored it with depth. The third ranked theme, Wider Social Impact, is championed by Teachers and Senior Leadership. The fourth ranked theme, Promote Availability of Support, is championed by Students and YMCA.

Discussion

Intra-group discussion

It is arguably unsurprising that Student Involvement and Student Empowerment/Ownership were the most highly mentioned and ranked themes amongst Students as they are directly related to students. One student commented 'We just sit there and they [their mentor delivering the MHI content] just, like, goes through all the stuff and we're expected to take it in' – Student-6. The subsequent most mentioned themes (Recent Material and Quality of Delivery) mean that all their top three most mentioned themes relate to content delivery. This is reflective of Shields's (2020) study which found headteachers voicing a student-centric approach, a sentiment advocated in the MHI literature (O'Reilly et al., 2018; Weare & Murray, 2004). The focus on content delivery is likely due to the fact the School-X was debuting a whole-school MHI, and it was therefore in its initial stages. For example, students lamented outdated resources, mitigating their trust in the intervention and potentially endangering its effectiveness (Gronholm et al., 2018). Considering Students only left two themes unmentioned speaks to their breadth of understanding of a multifaceted area (O'Reilly et al., 2018; Rothì et al., 2008; Weare & Murray, 2004).

Teachers' most mentioned theme, Teachers' Training, is prevalent in the MHI literature (Rossetto et al., 2016; Shelemy et al., 2019a, 2019b; Yamaguchi et al., 2020). While all teacher participants were in concurrence of the value of MHIs, a mild tone of irritation of senior leadership's expectation for them to deliver unfamiliar content existed. One teacher shared It's all well and good, and of course we want to do the best for these kids, especially with what's going on (Covid-19), but I've had no training on this and it's all a bit (pulls a strained face) errr much, you know - Teacher-3. This displays ineffective management for either definition of management, previously discussed (Dictionary, n.d.; Simonet & Tett, 2013). This theme and Teachers' second most mentioned theme, Improvement of Skill Set, both correlate to their most highly ranked theme, Educate Build Knowledge. While Teachers' Training is certainly advocated in the literature (Rossetto et al., 2016; Shelemy et al., 2019a, 2019b; Yamaguchi et al., 2020), student knowledge acquisition is not endorsed, instead the focus should remain on promoting availability of support and preventative measure or coping mechanism skill acquisition (O'Reilly et al., 2018; Weare & Murray, 2004).

School Leaders' most mentioned themes, Specificity of Context and Budget Appropriateness, reflect both managerial and leadership responsibilities. Making a MHI relevant and effective for the community is the overarching, bigpicture goal that could easily be attributed to a leader's vision. It is certainly valued in the MHI literature (Fazel et al., 2014; O'Reilly et al., 2018; Weare & Murray, 2004; Yamaguchi et al., 2020). One School Leader described their community 'Well, where they [the students at School-X] come from, most of them, it has its own problems, as you know, and that's really what we are dealing with, day-in, day-out' - School Leader-1. This result is ratified by the fact that Wider Social Impact was ranked second in this group. Additionally, Budget Appropriateness, a fine detail task well suited to a managerial role was mentioned highly by School Leaders. This suggests a Bidimensionality approach where leadership and management roles are independent yet complementary (Simonet & Tett, 2013). Interesting, all other groups also mentioned Budget Appropriateness. One might have hypothesised this theme would be overlooked due to its tedious nature. This speaks to the insight and even empathy of the other groups.

YMCA's strikingly large number of mentions for Student Involvement, ratified by ranking Student/Empowerment highest, is advocated in the MHI literature (Gronholm et al., 2018; Humphrey & Wigelsworth, 2016). One YMCA worker succinctly described how 'It's all about them [the students], we are just there to facilitate it' - YMCA-1. Through Student involvement, we can hope to engage students to become active agents of their own well-being. The TLT would recommend this through questioning, dialogue and relationship building (Shields, 2020), techniques advocated by Freire (1972) and MHI literature (Goodman, 2021; Gronholm et al., 2018; Lanfredi et al., 2019; Yamaguchi et al., 2020). As Student Involvement is advocated in the literature and mentioned highly by all groups except Teachers, the indication is for Teachers to focus on this area. This might be achieved through training or content design.



Inter-group discussion

No highly mentioned theme was mentioned consistently across all groups. This is likely reflective of the different roles' groups have. Each group's most mentioned theme was reflective of their characteristics. Another conclusion one might draw is that the multifaceted nature of MHIs invokes a range of perspectives as to what makes them successful (O'Reilly et al., 2018; Roth) et al., 2008; Weare & Murray, 2004). A takeaway would be to maintain an open mind when designing future MHIs as different groups, and indeed individuals, will value different aspects of them.

Less than half of the themes were mentioned across all four groups (Student Involvement, Improvement of Skill Set, Specificity of Context, Teachers' Training, Budget Appropriateness). One might tentatively draw the conclusion that these areas hold a more universal value for MHIs, although a larger study would be recommended. With the exception of Student Involvement, all these themes were relatively undermentioned by Students. Students tended to mention less than the adult groups. This is reflective of their focus group data – although they certainly had numerous insightful moments, displaying surprising depths of maturity and empathy for their ages, they were less consistently thorough when exploring themes compared to adults. This is expected considering the gap in life experience – the fact that this gap was not larger is the noteworthy and further advocates a student focused approach to MHI design and delivery (Humphrey & Wigelsworth, 2016; O'Reilly et al., 2018).

The two groups that most closely aligned were School Leaders and YMCA. They spoke to a similar degree of depth about the themes and shared opinions more closely than any other two groups. This is arguably surprising considering the Student, Teacher and School Leader groups all operate within the same working context – The YMCA was an external body. Therefore, one might have hypothesised that Teachers and School Leaders would have been most aligned – particularly considering how two of the three School Leaders were ex-teachers at School-X. This suggests that the 'visionary' leadership quality, which School Leaders and YMCA embody, holds more weight than working in the same context. Conversely, it also suggests a gap between Teachers and School Leaders perspectives to be recognised and addressed. These are highly tentative and context-specific conclusions.

Finally, it is noteworthy that Reduce Stigma is worth considering in MHIs. Being the only theme, all four groups strongly concurred on in the ranking activity, and being the second most ranked theme overall and its salience in the MHI literature, it clearly holds weight (Gronholm et al., 2018; Kutcher et al., 2016; Lanfredi et al., 2019; Yamaguchi et al., 2020). Although it was not discussed in relation to what makes a successful MHI, all groups did mention this area when discussing the benefits of MHIs. However, a trend existed where groups would

mention stigma reduction but lack deeper insights into this sub-area. Interestingly, students generally revealed greater insights than adults in this area. The implication being for explicit training on and inclusion of stigma reduction in MHIs in the future.

Brookfield's lenses

Brookfield's lenses provided a useful underlying theoretical framework for this study (S. Brookfield, 1995; S. D. Brookfield, 2017). It outlined the understanding that schools are constructed of numerous parties' realities co-existing, and all must be considered and explored to provide an accurate representation. Although this study was conducted by a sole researcher, at any given opportunity decisions, insights and reflections were informed by theory and its participants. Adhering to Brookfield's theory in this way encouraged a more open perspective and made the research a more informative and transformative experience.

Limitations

Conclusions from this research must be considered tentatively due to its small and context-specific nature. This led the current study to serve as a pilot for future studies of this nature. The small sample sizes made the data susceptible to individuals' preferences. Additionally, the different-sized samples resulted in subsequent issues. Teachers had almost twice as many participants as the School-Leader and YMCA groups. They were therefore more likely to mention a wider range of themes, leaving less themes unmentioned and appearing to have broader perspectives. Similarly, the focus group data collection method for students meant that means, median and ranges could not be extracted from the data. However, this decision was made with ethical consideration so was prioritised over design. Additionally, the focus group may have skewed results as some themes were echoed resulting in it being mentioned more prolifically. This could not have occurred in a one-to-one interview and compromised comparability. The interview themes and ranking activity themes also lacked comparability. As themes were selected from pilot study data and literature, they did not directly correspond to interview data themes. Some were similar, but many had no comparison. This mitigated the effectiveness of the triangulated results. Finally, as data were collected, analysed, presented, and explored by a single researcher, a teacher at School-X, they are therefore subject to personal bias. The recommendation would therefore be to take any conclusions tentatively. This study could be more appropriately used as a guide for future studies of its nature.



Future direction

This study has a number of important implications for the future.

First, it aims to inform future MHI implementation at School-X working within the current high-pressure caldron that is English education particularly in the secondary sector.

Mental health is a growing issue in our schools, and it needs to be better understood and managed. Leadership is critical in this. Leadership commitment to improving the mental health of all students (and adults) in schools requires a belief and approach that is person-centred and transformative. This involves awareness raising of leaders and has implications for the training of teachers, teacher assistants and other adults supporting students.

This research serves as an exploration into how to compare stakeholders' perspectives as to what makes a successful MHI. MHI voices do need further research and evidence (O'Reilly et al., 2018; Yamaguchi et al., 2020). Future studies might benefit from larger sample sizes and more comparable results. In doing so, they might better inform future MHI development, adapting to their specific context as appropriate. The variety of perspectives stakeholders have regarding MHIs should be considered throughout the MHI process. Specifically, student involvement should not be underestimated - this should be built into any intervention.

Second, and even more important, is that this study highlights the urgent need to address the causes underpinning why we have such interventions in education systems that seek to help young people with mental health issues and not just deal in a reactive way to the symptoms. Why are they now and increasingly a cause for concern? The answer is that there are profound, deep rooted social, economic and political drivers stemming from history that need to be faced up to and be dealt with in order for all children (and teachers) to flourish.

It may be argued that the English education system is disturbingly dysfunctional and destructive for many children and thus for our society as a whole as we move forward in the twenty-first century. The neoliberal marketisation dogma that has promoted competition and a focus on easily measurable outcomes since 1988 has significantly raised the anxiety levels of many. What am I worth? What if I fail? Do I belong? Am I good enough? Why bother? All are questions that young people ask but the volume has been significantly increased due to the context - especially in secondary education with older students. Turning that volume down to a healthy level requires a rethinking and redesigning of the whole system. There is a growing recognition and voice for this outside of the political status quo as the cracks have emerged, e.g. humanscaleeducation.com. Many of these cracks that are clearly visible relate to mental health and include increasing absence from school, more home-school education, increasingly serious behaviour problems in schools, and greater recruitment and retention problems on teachers and leaders.

The fundamental underpinning issue that needs to be addressed now is improving relationships – relationships with ourselves, with each other and with our environment. All are interwoven, and they are the beginning and end points to enable human flourishing. We know this and have known this for many years (Bowlby 1953, Fielding, 2006; MacMurray, 2024; Schumacher, 1973) but have lost sight of this fundamental truth.

If this is the starting point, there are many logical consequences for education too numerous to mention here, but they include addressing the scale, size, numbers of quality relationships and their sustainability, the curriculum and assessment, teacher and leader training, and so on. The structures, systems and processes in our education system need to be based on values that embody relationships and have a vision and strategy that inform a redesign.

This is the bigger issue that emerges from this small-scale study. At present, we have a sticking plaster (Sims-Schouten, 2017) response to try to fix immediate problems, but we are not addressing the root causes. Indeed, we create even more problems with disjointed quick fixes that lead to human and financial waste.

Why is this study so important? The vocation of teachers is to develop our future. Young people, with whom they build relationships, are the future. We need to model a better, future world through our schools. The school system must embody and prioritise this. Mental health is so important in the short and long term because these young people (who may live to a ripe older age than adults now) will come to live in and lead what is an increasingly complex and worrying world and in which building and maintaining good relationships in all senses will be the key to not just surviving but thriving.

Geolocation information

This study was conducted at a comprehensive secondary school in Brighton, UK.

Declarations

This research was adapted from a Master's study. The authors report that no funding was received for the research and no competing interests exist. All authors have approved this article prior to publication.

Disclosure statement

No potential conflict of interest was reported by the author(s).



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