Teacher perceptions of mental health provision in secondary schools during the Covid-19 pandemic

Mick Doyle, University of East London, UK
Miles Thomas, University of East London, UK

This study explored teachers' perceptions of pupils' social, emotional and mental health (SEMH) needs, and facilitating factors for provision following the Covid-19 pandemic. Semi-structured interviews were conducted with UK secondary school teachers (n = 15). Thematic analysis (TA; Braun & Clarke, 2013) was used to explore the data. Teachers recognised a deterioration in student SEMH, and reduced accessibility to targeted and whole-school SEMH provision due to newly implemented safety measures. Teachers felt a responsibility to identify needs (SEMH) but lacked the confidence, training and curriculum time to facilitate provision. Socio-economic barriers outside school left teachers feeling a lack of autonomy in managing SEMH. This highlights the need to improve training and funding if teachers are to assist effectively.

KEYWORDS

TEACHER VIEWS

MENTAL HEALTH

SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

COVID-19

SCHOOLS.

INTRODUCTION

SEMH AND YOUNG PEOPLE IN THE UK

Where recent research has highlighted that one in four young people under 25 years old have experienced a severe mental health issue (WHO, 2012; Rossen & Cowan, 2015), surveys that focus on children under 18 years-old report that one in five are living with severe social, emotional and mental health (SEMH) needs (UNESCO, 2020; Young Minds, 2020). Global measures in response to the pandemic, such as physical distancing, led to the closure of schools for many months. Although the recency of the pandemic has left a level of uncertainty about its long-term effects (Javed et al., 2020; Lee, 2020), the disruption of routine, difficulties accessing learning resources, and reduction in social interaction with peers are likely to negatively impact young people's SEMH even further (van Lancker, 2020).

SEMH SUPPORT IN SECONDARY SCHOOLS

SEMH support in schools is well placed due to the significant amount of time young people spend in educational settings (Weare & Markham, 2005). Due to the ambiguity surrounding definitions of SEMH, this study operationalises SEMH support in terms of targeted and whole-school strategies. Although both approaches utilise a range of professionals to implement SEMH support to young people, targeted strategies include individualised counselling and interventions to those who are at most risk to specific mental health vulnerabilities (DCSF, 2008; Franklin et al., 2013), while whole-school frameworks include the promotion and prevention of SEMH holistically, using curriculum time and class-based activities (Walker, 2004).

Although, both approaches support the importance placed on SEMH within

guidelines for healthy development (DfE, 2010), there are several concerns identified within the literature. For instance, targeted approaches have been criticised for their dependence on the already stretched mental health services (Friedli, 2012), whereas whole-school strategies are criticised for their lack of clarity and consistency in the way they use SEMH terminology (Cane & Oland 2015). Furthermore, both approaches demonstrate barriers related to the lack of trained staff (Karim & O'Reilly, 2017), inadequate funding and the limited amount of research into their long-term sustainability (McLean, 2015; O'Reilly *et al.*, 2018).

The role of the teacher in SEMH

Although educational settings have been emphasised as ideal settings for SEMH support in recent legislation (Fazel *et al.*, 2014; DoH & DfE, 2017), the role of the teacher in effectively delivering these strategies has been largely unexplored (Kidger *et al.*, 2010; Shelemy *et al.*, 2019). Nonetheless, their notable amount of contact time with students, and experience in coaching them academically, validates the unique position of teachers in identifying SEMH, signposting students to external agencies and aiding students with well-being advice (Ekornes, 2015; Mazzer & Rickwood, 2015). Despite evidence that suggests teachers have the appropriate skills to notice common indicators of SEMH (Chatterji *et al.*, 2004), several studies adopting a teacher's perspective indicate a lack of confidence in identifying SEMH and a lack of training (Askell-Williams & Lawson, 2013). Furthermore, changing responsibilities and increased workloads have impacted on some teachers' well-being and hindered their ability to provide SEMH support to others in their classrooms (Rothi *et al.*, 2008; Ekornes, 2017). Due to the recency of Covid-19, research areas had been identified but not yet addressed (Golberstein, 2020). The inconsistencies characterising in-school SEMH research and the lack of available research related to the long-term contextual effectiveness of SEMH strategies in schools highlight the need to explore the personal experiences and attitudes of those front-line educators expected to contribute to SEMH support post-lockdown (Reinke *et al.*, 2011; Maelan *et al.*, 2018).

Therefore, the research questions in this study explored secondary school teachers' views and attitudes towards additional SEMH support for students during the full-time return to schooling following the post-Covid-19 lockdowns in 2020:

1. What are teachers' perceptions and attitudes towards the SEMH support for students available both prior to, and after, the full-time return of schooling post-Covid-19 in the UK?

2. What are teachers' perceptions of their level of involvement, training and skills in effectively delivering SEMH support to students post-Covid-19 lockdown?

3. What difficulties and barriers do teachers perceive exist when trying to successfully deliver SEMH support in secondary schools following the Covid-19 lockdown?

METHOD

Fifteen teachers were recruited from local educational authorities in south-east England. All teachers within the sample taught remotely during the first Covid-19 lockdown in the UK (March to July 2020) and were present during the reopening of schools that followed in September 2020. A voluntary sampling technique was used to encourage the participation of teachers who demonstrated an interest in the topic of research. The ethical considerations throughout this study aligned to the British Psychological Society code of ethics (BPS 2018). Names of people and places were anonymised to maintain privacy.

The qualitative methodology allowed for in-depth exploration of teacher experiences. Semi-structured interviews were conducted, and the interview structure followed the guidance given by Bowker & Tuffin (2004). This involved the interviewer asking questions to each interviewee within a virtual environment. Open-ended questions provided detailed access to the representation and context of the teacher's experiences (Creswell 2014). Thematic analysis (TA) following the six-stage approach of Braun & Clarke (2013) was used to analyse the data.

ANALYSIS OF THE RESULTS

Four primary themes were identified:

a. 'Sit behind a line and give instructions': the need for cohesion

b. 'The tip of the iceberg': SEMH deterioration following the lockdown

c. 'The squeaky wheel gets the grease': the limited effectiveness of SEMH support

d. 'Sticking plasters': a lack of autonomy in facilitating change.

Table 1 illustrates how codes from the interviews were categorised into subordinate themes and then into primary themes. Figure 1 shows the thematic map and relationship between these themes and the research questions. The analysis starts with themes reflecting the personal experiences of the teacher, then young people within the school and finally the views regarding the wider community. This allowed the analysis to map teacher narratives across the different systems they have interacted with during the pandemic.

'SIT BEHIND A LINE AND GIVE INSTRUCTIONS': THE NEED FOR COHESION

This theme is defined by the participants' experiences of how both organisational and physical barriers related to health and safety have affected the quality of interactions, communications, and the school community following the Covid-19 lockdown.

Initial codes identified in the raw data	Subordinate themes	Primary themes
Reduced interaction with the school population	Immiscibility and detachment across the school	'Sit behind a line and give instructions': the need for cohesion
Physical/logistical restrictions		
Limited interaction with the wider school staff		
Communication frustration/lack of transparency		
The importance of the student/teacher relationship	Health and safety measures are eroding student–teacher relationships	
Masks as a barrier to communication		
Limited one-to-one time		
Delayed development	The contrasting state of mental health in schools, post-lockdown	'The tip of the iceberg': SEMH deterioration following the lockdown
Student groups most affected		
Identified SEMH issues		
Gender differences		
Behaviour as a detriment to learning	Perceptions of in-school behaviour and SEMH	
Behaviour problems as an indicator of SEMH issues		
Behaviour issues as a control mechanism		
A reaction to uncertainty		
An unsafe working environment	Teachers' mental health as a barrier	
Teachers' stress and anxiety		
Conflicting perceptions of support		
Mixed pre-pandemic perceptions	The contrasting effectiveness of targeted SEMH support	'The squeaky wheel gets the grease': the limited effectiveness of SEMH support
Effectiveness of pastoral care		
The limiting effects of the pandemic on school provisions		
Teachers are not mental health practitioners but SEMH identifiers	Teachers' responses to being SEMH providers	
Lack of skills		
Teachers' confidence as SEMH deliverers		
Signposting/pass it to pastoral		
Mentor-time frustrations	Education first, SEMH later	'Sticking plasters': a lack of autonomy in facilitating change
Competition and interaction between curriculum responsibilities and mental health provisions		
Community	Outside the school gates	
Parental views		
Differing experiences of isolation during lockdown		
Screen time		
Time limits	SEMH support strategies are a limited resource	
Financial limits		
Lack of resources		
SEMH is not quantifiable		

Table 1 Emergence of themes from initial coding

IMMISCIBILITY AND DETACHMENT

Although teachers demonstrated positivity about schools reopening, many highlighted concerns about the impact of 'student bubbles', the term used to describe the grouping and separation of year groups to maintain a Covid-safe environment. Several participants drew attention to the disruption that 'bubbling' caused to the peer support there had been for students prior to the pandemic:

When the Year 7s come in, the Year 9s, 10s and 11s support and buddy them, show them around, and make them feel welcome... we did family-type things... Losing it was particularly difficult for me as well as for them.
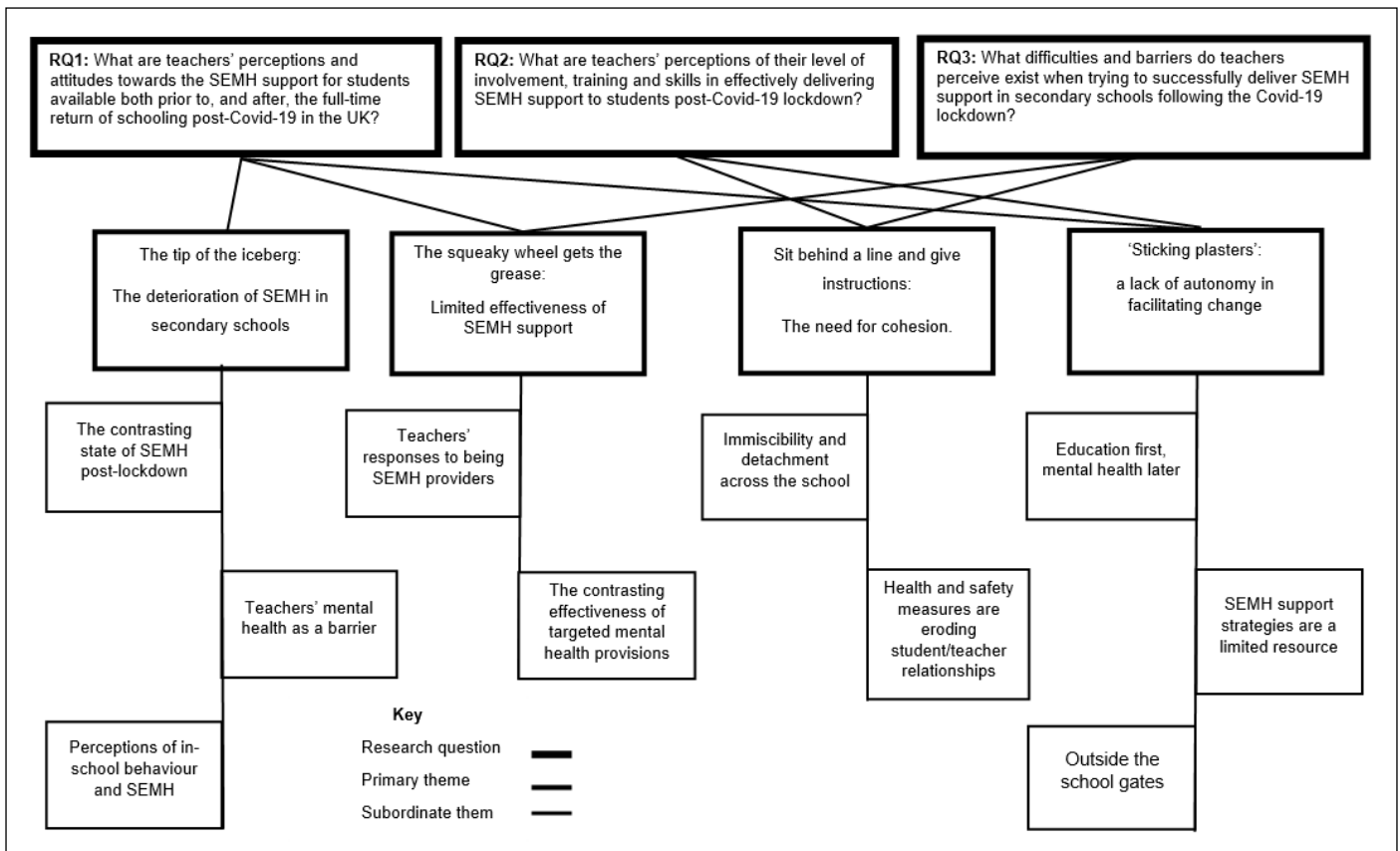
Figure 1: A Thematic Map Highlighting the Relationship Between Research Questions, Primary Themes and Subordinate Themes

Furthermore, the immobilisation of students and negative consequences of bubbling were frequently discussed. Some teachers described students spending whole days in one classroom and losing the autonomy to socialise in different areas of school. Many participants framed consequences through a SEMH lens, illustrating the inability of students to avoid unhealthy interactions with peers or visit safe places such as libraries.

HEALTH AND SAFETY MEASURES ARE ERODING STUDENT–TEACHER RELATIONSHIPS

Many of the teachers highlighted the importance of their relationship with students for observing changes in behaviour, identifying issues and obtaining student information. Although some participants highlighted a concern that the lockdown had damaged these relationships, the most common concern was related to how additional health and safety measures impacted student–teacher interactions.

There are going to be students out there who will not feel that they can talk to us anymore because our relationships might have changed… we've not been there, do they still have the same relationships with us as mentors, as teachers, that they feel that they could talk to us?

Several interviews described the difficulty in establishing a two-metre distance while maintaining meaningful interactions with students. 'One of my strengths is my rapport, movements, and conversations around the classroom. Now I have to sit behind a line and give instructions.' Other safety measures were also viewed as negatively affecting the quality of one-to-one discussion with students:

Non-verbal cues are missing; when the kids and teachers are in the masks, you have to use eye contact, that isn't always easy to interpret. Particularly if you have kids who struggle with recognising emotions on faces… trying to do it when you're only looking at half a face is impossible.

'THE TIP OF THE ICEBERG': SEMH DETERIORATION FOLLOWING THE LOCKDOWN

This theme was defined by the participant's recognition and appraisal of SEMH issues within schools. The theme focused on teachers' perception of: the type of SEMH needs that arose; individuals who have been most vulnerable since returning; and disruptive behaviours viewed as prerequisites to SEMH issues.

THE CONTRASTING STATE OF SEMH IN SCHOOLS POST-LOCKDOWN

Many participants discussed the current state of student SEMH throughout the interviews. Older students, especially Years 11 and 13, were highlighted as a vulnerable group, displaying a range of issues. Some participants highlighted student vulnerability to work-related stress and anxiety due to the uncertainty of exams and safety concerns regarding the virus, whereas others highlighted

concerns such as low mood and poor student motivation, often related to the difficulty adjusting back to school expectations and 'helplessness' now teachers were choosing their grades.

> There is a general feeling of discombobulation. That's the word I feel drawn to, things are just not gelling for them and there is a lot of apathy… they are just milling about, and I think that is indicative of what the mental approach is to this year. There is no certainty for them.'

Despite the contrasting views on how Years 11 and 13 have been affected by the lockdown, participants tended to agree that the youngest students exhibited developmental issues and educational gaps. Teachers expressed concern that this delay could lead to SEMH vulnerabilities.

> I have certainly noticed a difference in the younger years, they've missed almost six months of school effectively. They haven't got the communication skills, the social skills, everything you come to school to cement and embed, they haven't got.

Although many participants expressed deep insight into students' well-being, several agreed 'that this is only the tip of the iceberg'. This is because participants speculated that specific groups of students would either lack the skills to ask for support or actively conceal issues from their teachers. Although age was a common discussion point, other student groups were frequently raised as being vulnerable to more severe SEMH needs due to the Covid-19 protocols. For instance, a gender difference was noted by teachers, often describing SEMH issues in males as harder to recognise and therefore less documented. Furthermore, special educational needs department (SEND) students, including those with SEMH issues, were often described as being disproportionately affected. Teachers perceived these groups of students as having less developed communication skills and believed that this put them at more risk of going unnoticed.

PERCEPTIONS OF IN-SCHOOL BEHAVIOUR AND SEMH

When participants discussed how the lockdown had impacted students' well-being, the deterioration of SEMH was often synonymous with deterioration of behaviour. Although, some teachers explained this by re-emphasising the new logistical and physical barriers, others highlighted behaviour as a possible indicator of poor SEMH, 'And that manifests in their behaviours in school… we say, "How are you?" They snap back that they're "fine". It gets put down as them being moody teenagers".' Some explored the disruptive behaviour more implicitly, linking poor behaviour to gender differences, explaining the 'outbursts' as a way for male students to externalise emotions. Others acknowledged that disruptive behaviour could be a maladaptive approach for gaining control following the lockdown. 'If the teacher has to give [a sanction] then the teacher's lost, because all they could do was go to N-points and so the student sees that as a moral victory.'

TEACHERS' SEMH AS A BARRIER

Many teachers discussed their own SEMH during lockdown and how their well-being post-lockdown could affect students' school experience. Whilst there were conflicting viewpoints, many teachers emphasised higher levels of stress caused by working in an unsafe environment. Some voiced guilt for not sharing this viewpoint.

> When I see a kid wandering around without a mask, I see that as irritating where another one of my colleagues might see that as dangerous. Those different responses are quite difficult for kids to track… Kids don't cope well with inconsistencies.

Although participants were concerned for colleagues, they were also aware of how challenges could influence student SEMH. "Teachers' stress is student stress. I think it's a spiral… they both feed into each other.'

THE SQUEAKY WHEEL GETS THE GREASE': THE LIMITED EFFECTIVENESS OF SEMH SUPPORT

This theme outlines teachers' knowledge of SEMH support within their school, exploring their confidence, perceived skill, and willingness to deliver SEMH support within the school environment.

THE CONTRASTING EFFECTIVENESS OF TARGETED SEMH PROVISIONS

The interviews revealed a considerable range in SEMH knowledge. While some participants could not list a single strategy available to students, others identified internal roles (including mentors and pastoral care) and external agencies (such as educational psychologists, councillors, charities and school nurses) with confidence. Some participants also recognised the role of curriculum time for disseminating SEMH support. However, participants described these provisions with views of conflicting effectiveness. Although there was plenty of praise for the strategies available, discussion emphasised how external support was highly saturated, infrequent, lacked personalisation, and relied on waiting for the severity of the SEMH issues to worsen before students could access them. Some participants went so far as to describe the provisions on offer as a 'lip service' to improving SEMH:

> The intervention that is given isn't bespoke so it's like, "well, I can't get you on this one, but I might be able to get you on that one… and then I can tick a box that says I've done something", even though it might not be the intervention the students need.

Participants continued the pessimistic discourse when discussing how SEMH strategies had changed following the lockdown. Discussions highlighted the decline of counselling sessions due to cross-bubble contamination, transference to virtual sessions and, in some cases, provisions halting. Since the lockdowns,

teachers agreed that no new strategies had been implemented in their school to tackle the increases in SEMH issues. 'I haven't seen any new anything… it is just like everything has been put on hold.'

Teachers' responses to being SEMH providers

Many participants acknowledged that all staff are responsible for the SEMH of students and that teachers play an important role in supporting students' well-being. There were several occasions where participants demonstrated the ability to identify SEMH concerns. Despite this, numerous participants emphasised the importance of 'referring on' rather than providing support themselves, transferring the SEMH responsibility to pastoral teams. Although many defended this diffusion of responsibility by emphasising time restraints, teacher confidence was largely associated with more teacher experience and dependent on subject knowledge:

> *Sociology trains you to talk about things that might not be comfortable for everyone… I think the people that I know, their experiences and my experiences mean that we haven't stigmatised mental health problems as much.*

> *Well, maths teachers are not known for their sensitivity! It's a stereotype but we are more clinical, more logical. Our skill sets in lessons aren't discussing … the fluffy soft gentle stuff.*

Although confidence in SEMH knowledge ranged widely, all agreed that there is a need for more training to better equip teachers to support the SEMH needs of young people in schools. However, many participants expressed caution about upskilling teachers to SEMH practitioners. Participants highlighted that teachers would not have enough time or qualifications to deliver effective SEMH provisions. Some voiced concerns that teacher-lead SEMH roles could unintentionally lead to barriers for children receiving SEMH support from other professionals.

> *We have become their social workers, and we feed the kids, and we do an enormous amount of work that we shouldn't be doing… the minute teachers start giving mental health support, then that's one less intervention that they have to worry about, isn't it?*

'STICKING PLASTERS': A LACK OF AUTONOMY IN FACILITATING CHANGE

This theme illustrates how the lack of autonomy felt by teachers, both due to barriers within schools and in the wider community, has negatively impacted the accessibility and effectiveness of SEMH provisions.

Education first, mental health later

Whilst teachers acknowledged that curriculum time was limited, they frequently discussed how the pressure to fill gaps in learning was prioritised over SEMH. Even though many interviewees demonstrated a high level of praise for their school management, they voiced an increased pressure to implement a 'business as usual' approach to 'catch up'. For many this approach has been 'so target- and grade-driven, that sometimes SEMH gets put on the back burner'. Participants even voiced a concern that post-Covid-19 lockdown policies for academic catch-up were having a negative impact on students' attitude and well-being. Many felt powerless to change these policies.

> *'I'm being told not to worry about reading it, to just say "good work" and return it, right or wrong, and I just think that's a huge can of worms… I think it sends a psychological message to the kids that what they're doing doesn't really matter.'*

Outside the school gates

Teachers illustrated the differing impact that parental views, community values and individual experiences of the

lockdown had on students' SEMH. Despite participants acknowledging that, for some students, the experience of lockdown was not always negative, many spoke of SEMH challenges faced by students during the lockdown that were left unresolved due to remote learning.

Some challenges extended into the wider community context, highlighting concerns about family job security, parental mental health, and the pressures faced by older students to go out to work and support families financially.

> *'A lot of their parents have lost their jobs… they are like "oh crikey, I haven't got any fallback, so I have to work really hard to get good grades" and oh gosh the stress from that is high. It is just cyclic… A lot of people are teachers because they want to help, and at the moment we are struggling to do that and I don't know what the answer is.'*

Many participants emphasised the need to acknowledge the socio-economic context of their community if schools are to have a positive impact in challenging rising SEMH issues. The majority ended their interviews by highlighting themes of helplessness related to the inevitable impacts that will emerge from the economic uncertainty caused by the virus.

SEMH support strategies are a limited resource

Teachers often highlighted the lack of funding, resources and practitioners available to support SEMH. Furthermore, some questioned how funding could be better allocated if SEMH, as a concept, cannot be tangibly quantified. Many interviews ended with a negative tone and a sense of lack of trust that the government and stakeholders would take the growing SEMH crisis in schools seriously.

> *And I don't think people are willing to fund things that they can't measure very well. They're more interested in boosting maths scores or reading scores because they can measure those better. And so, my concern is it*

will go on not being a priority and we'll go on having young people who have poor mental health.

CONCLUSION

Teachers recognised a deterioration in student SEMH following school closures and identified how the additional health and safety procedures have negatively impacted students' access to targeted SEMH provisions. Teachers demonstrated conflicting views regarding SEMH support, both acknowledging their role in identifying SEMH and stressing their role as educators and not mental health practitioners. Instead, teachers felt more confident in triaging students to pastoral care, a view in line with existing research. Teachers discussed a plethora of barriers limiting their involvement in supporting the delivery of effective SEMH provisions. Although time restraints, skill deficits and other responsibilities were common barriers, other barriers not yet articulated in the SEMH research literature, such as socio-economic factors within the community, left teachers feeling a lack of autonomy in challenging SEMH issues post-Covid-19 lockdown.

IMPLICATIONS FOR PRACTICE

As teacher views of SEMH provisions in schools post-Covid-19 have had limited coverage within the current literature, the explorative nature of this TA highlighted key areas which SLTs, educational authorities and outside agencies should consider if schools are to improve their SEMH practices in the future.

Initial teacher training and in-service training should re-establish the role of teachers in recognising and responding to increased SEMH needs among students post-lockdown. These requirements highlight the need for the role of a mental health lead practitioner in secondary schools in the UK to manage, liaise and upskill teachers on the most up-to-date SEMH practices relevant to their school's socio-economic situation.

Teacher perceptions of student SEMH six months after the lockdown reveal that gaps created by the lack of targeted intervention will not 'heal themselves'. Increased funding for schools and outside agencies in the community is vital in supporting the most vulnerable and in ensuring that the relevant resources and training are made available.

This research has reinforced the need to further explore teachers' voices in SEMH research. Conflicting perspectives and staff well-being are important areas to explore if teachers are to effectively assist in the current SEMH crisis exacerbated by the Covid-19 pandemic. ■

REFERENCES

Askell-Williams, H. & Lawson, M. J. (2013) 'Teachers' knowledge and confidence for promoting positive mental health in primary school communities'. *Asia-Pacific Journal of Teacher Education*, ¬41(2), 126–43.

Braun, V. & Clarke, V. (2013) *Successful qualitative research*. London: SAGE.

British Psychological Society (BPS) (2018) 'Codes of ethics and conduct (2018)' Online: https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct

Cane, F. E. & Oland, L. (2015) 'Evaluating the outcome and implementation of a TaMHS (Targeting Mental Health in Schools) project in four West Midlands (UK) schools using activity theory'. *Educational Psychology in Practice*, 31(1), 1–20.

Chatterji, P., Caffray, C. M., Crowe, M., Freeman, L. & Jensen, P. (2004) 'Cost assessment of a school-based mental health screening and treatment program in New York City'. *Mental Health Services Research*, 6(3), 155–66.

Creswell, J. W. (2014) E*ducational research: planning, conducting, and evaluating quantitative and qualitative research*, 4th edn. London: Pearson.

Department for Children, Schools and Families (DCSF) (2008) 'Targeted mental health in schools project: using the evidence to inform your approach'. Online: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/00784-2008BKT-EN.pdf [accessed October 2021]

Department for Education (DfE) (2010) 'Me and my school: findings from the national evaluation of targeted mental health in schools 2008–2011'. Online: http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184060/DFE-RR177.pdf [accessed October 2021]

Department of Health (DoH) & Department for Education (DfE) (2017) 'Transforming children's and young people's mental health and wellbeing. Health Provision: a Green Paper'. Online: https:/assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf [accessed October 2021]

Ekornes, S. (2015) 'Teacher perspectives on their role and the challenges of inter-professional collaboration in mental health promotion'. *School Mental Health*, 7(3), 193–211.

Ekornes, S. (2017) 'Teacher stress related to student mental health promotion: match between perceived demands and competence to help students with mental health problems'. *Scandinavian Journal of Educational Research*, 61(3), 333–53.

Franklin, C., Ryan, T. N., Kim, J., Kelly, M. S. & Montgomery, K. L. (2013) 'School-based mental health interventions and teacher involvement: a systematic review'. *Children and Youth Services Review*, 7(1), 1–10.

Golberstein, E., Wen, H. & Miller, B. F. (2020) 'Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents'. *Journal of the American Medical Association Paediatrics*, 174(8), 704–6.

Javed, B., Sarwer, A., Soto, E. B. & Mashwani, Z. (2020) 'Impact of SARS-CoV-2 (Coronavirus) pandemic on public mental health'. *Frontiers in Public Mental Health*, 292(8), 1–4.

Karim, K. & O'Reilly, M. (2017) 'Comment on Public Health England's investment in mental health training in schools'. Online: https://www2.le.ac.uk/offices/press/think-leicester/health-and-medicine/2017/comment-on-public-health-england-investment-in-mental-health-training-for-schools [accessed February 2021]

Kidger, J., Gunnell, D., Biddle, L., Campbell, R. & Donovam, J. (2010) 'Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being'. *British Educational Research Journal*, 36(6), 919–35.

Lee, J. (2020) 'Mental health effects of school closures during COVID-19'. *The Lancet*, 4: 912–13.

Maelan, E. N., Tjomsland, H. E., Baklien, B., Samdal, O. & Thurston, M. (2018) 'Supporting pupils' mental health through everyday practices: a qualitative study of teachers and head teachers'. *Pastoral Care in Education*, 36(1): 16–28.

Mazzer, K. R. & Rickwood, D. J. (2015) 'Teachers' role breadth and perceived efficacy in supporting student mental health'. *Advances in School Mental Health Promotion*, 8(1), 29–41.

McLean, A. H. (2015) 'Promoting mental health at school: short-term effectiveness of a popular school-based resiliency programme'. *Advanced School Mental Health Promotion*, 8(4), 199–215.

O'Reilly, M., Svirydzenka, N., Adams, S. & Dogra, N. (2018) 'Review of mental health promotion interventions in schools'. *Social Psychiatry and Psychiatric Epidemiology*, 5(3), 647–62.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R. & Goel, N. (2011) 'Supporting children's mental health in schools: teacher perceptions of needs, roles and barriers'. School Psychology Quarterly, 26(1), 1–13.

Rossen, E. & Cowan, K. C. (2015) 'Improving mental health in schools'. Kappan, 96(4), 8–12.

Rothi, D. M., Leavey, G. & Best, R. (2008) 'On the front-line: teachers as active observers of pupils' mental health'. Teaching and Teacher Education, 24: 1217–31.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (2020) 'Education response: How many students are at risk?'. Online: https://en.unesco.org/covid19/educationresponse [accessed November 2021]

Walker, H. M. (2004) 'Commentary. Use of evidence-based interventions in schools: where we've been, where we are, where we need to go'. *School Psychology Review*, 33: 398–407.

Weare, K. & Markham, W. (2005) 'What do we know about promoting mental health through schools?' *Promotion and Education*, 12(3): 118–22.

World Health Organization (WHO) (2012) 'Adolescent mental health: mapping actions of nongovernmental organizations and other international development organizations'. Online: https://www.who.int/mental_health/publications/adolescent_mental_health/en/ accessed November 2020]

Young Minds (2020, 17 April) 'Corona virus: impact on people with mental health needs'. Online: https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf [accessed November 2021]