

# **School Staffs' Experiences of Supporting Students' Social, Emotional and Mental Health Needs: An Interpretative Phenomenological Analysis**

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## **Abstract**

Social Emotional Mental Health (SEMH) is a growing concern in education, and school staff face mounting responsibility to provide support for students with complex SEMH needs. Although this is often detrimental to staff well-being, little is known about how they make sense of this responsibility. This study uses Interpretative Phenomenological Analysis to explore school staffs' experiences of supporting students with SEMH needs. The dataset comprises five semi-structured interviews with staff from state-schools in England, each with additional pastoral and inclusion responsibilities beyond standard teaching duties. The analytic process developed three themes: 'working in a time of mounting SEMH crisis', 'working outside of limitations' and 'appreciating sources of motivation and hope'. The study highlights the complexities of providing SEMH support and the need to maintain a nuanced understanding of SEMH so that school staff are supported in recognising and responding to the breadth of difficulties that fall under this umbrella.

## **Key words**

Interpretative Phenomenological Analysis; School Staff; Mental Health; Education; Student Well-being.

'Social, Emotional, and Mental Health' (SEMH) is a Special Educational Need (SEN) category for individuals with mental health concerns or difficulties with emotional regulation and social interaction (DfE & DH, 2015). With rising awareness of the impact of SEMH difficulties on students' well-being and ability to learn, there is growing expectation for school staff to understand and support common SEMH difficulties experienced by students (Shelemy et al., 2019a). This includes promoting the mental health and well-being of the entire school population, identifying needs early, and working with external agencies for swift specialist support (DfE, 2018).

The term 'SEMH' was introduced in the UK within the Special Educational Needs and Disability (SEND) Code of Practice (DfE & DH, 2015) as a broad category encompassing diverse needs. A graduated approach recognises a spectrum of difficulties, providing increasing specialist expertise as needed. SEMH encompasses diagnosable mental health conditions,

challenges in emotional regulation, and difficulties in social interaction. Yet its application in educational settings often defaults to emphasising mental health difficulties alone (Martin-Denham, 2021). SEMH needs arise from various sources, including socio-economic adversity, relational trauma, and systemic exclusion (Martin-Denham, 2021). A lack of distinction between these underlying factors risks an overgeneralised and over-medicalised approach, where responses prioritise mental health interventions over a holistic understanding of social and emotional well-being (Weare, 2015).

The prevalence of SEMH needs has steadily increased globally. In 2017, an estimated one in nine young people in the UK had a diagnosable mental health condition, rising to one in five by 2023 (NHS Digital). Various factors contribute to young people's poor mental health: students are navigating a competitive landscape, with pressure to perform well, with inappropriate demands being placed on students and their educators; young people today face greater difficulties finding employment than previous generations (Duffy et al., 2024). This pressure has been implicated in the pathologisation of education, whereby educational difficulties are medicalised as mental health problems (Júnior et al., 2024). During the Covid-19 pandemic, children experienced sudden changes to their education and everyday lives, along with factors such as worries about infection and the fear of losing family members (Kauhanen et al., 2022; Woollard & Randall, 2024). There is also evidence that the pandemic influenced teachers' self-efficacy- their beliefs about their capacity to perform- affecting the schools' collective efficacy and culture (Brion, 2022). The UK Government launched the 'Well-being for Education Return' programme to address the difficulties arising from the COVID-19 pandemic. This offered training and support to manage mental health impacts, providing resources for student and staff well-being until March 2021 (DfE). However, "there remained concerns that this provision was inadequate" (Johnson & Coleman, 2021, p. 15).

In 2020/2021, in state-funded schools in the UK, 195,294 students were receiving SEN support for SEMH, with 45,191 students with an Education Health Care Plan (EHCP) for SEMH (GOV.UK, 2021). These figures likely underestimate prevalence due to challenges in identifying SEMH needs (Martin-Denham, 2021) and difficulty obtaining EHCPs. Under-identification of SEMH needs in education contributes to why only approximately half of children and young people with these difficulties receive support (Soneson et al., 2022). A further complexity is that the broad application of the SEMH label may obscure individuals' specific needs, with generalised interventions that may not recognise the root cause of a child's

difficulties. Furthermore, access to mental health services is increasingly difficult due to fragmented resources, high access thresholds, and long waiting times (DH, 2015; Crenna-Jennings & Hutchinson, 2020). Children's mental health services have been historically underfunded, with a significant gap between need and NHS provision (House of Commons, 2021). School staff report that they typically struggle to access specialist support from external agencies, such as Child and Adolescent Mental Health Services (CAMHS) (Education Support, 2024). CAMHS' limited capacity has been identified as the main barrier to mental health support (Sharpe et al., 2016). Perceived "lack of communication from CAMHS" exacerbates this, further frustrating educators (Shelemy et al., 2019a, p. 109).

Campaigns such as 'Time to Change' have led to a push for school staff to have increased knowledge and training in mental health (Sampogna et al., 2017). The report 'Future in Mind' called for integrated approaches across various sectors, stressing the importance of schools and colleges (DH, 2015; DH & DfE, 2018). However, without proper training, staff feel uneasy discussing mental health with students (Andrews et al., 2014). In response, the UK Government has prioritised 'transforming children's mental health services', improving access to specialist and crisis support while emphasising prevention, promotion, and early intervention (DH & DfE, 2017). The Green Paper, drawing on Weare's (2015) work on school-based well-being, underscores the need for staff training to identify early mental health needs and embed a whole-school approach (WSA) to support students. Instead of training all staff, schools appoint a senior mental health lead (SMHL) to oversee provision and coordinate with the senior leadership team. While the SMHL leads this agenda, this training remains essential to a WSA, embedding SEMH support into daily practice and fostering a culture where staff are better placed to support student well-being. Additionally, the training focuses on teachers' well-being to prevent burnout. As part of this transformation, the UK Government proposed Mental Health Support Teams (MHSTs) who propose to provide early intervention for 'mild to moderate' mental health issues, support WSAs to mental health, and improve links between educational settings and specialist services (DH & DfE, 2017; DH & DfE, 2018).

In 2018, the UK Government announced twenty-five Trailblazer sites to develop the first fifty-eight MHSTs. An early evaluation (Ellins et al., 2023) found that this programme prompted increased investment in mental health services by schools and colleges, with 71% enhancing spending on initiatives including staff training and hiring new support personnel. Ellins et al. report that substantial improvements have been made. However, Trailblazer sites reported

challenges such as being short-staffed and difficulties with turnover and retention. Another concern was that those with needs exceeding ‘mild to moderate’ but not severe enough for specialist services were still lacking support, and interventions were not effective for everyone.

With rising expectations on school staff to recognise and address SEMH needs, it is important to consider how this impacts staffs’ well-being, especially considering the association between teacher and student well-being (Harding et al., 2019). School staff responsible for supporting students’ emotional health and well-being often feel emotionally drained (Fitzsimmons et al., 2021; Kidger et al., 2010). Ofsted (2019) found low occupational well-being in the education profession, many respondents (62%) reported work-related stress, and most (70%) reported feeling drained of energy at the end of a working day. Contributors to poor work-related well-being included a perceived lack of support from external agencies and lack of skills and training. These findings are echoed by trends in UK teachers’ well-being over the last decade, with increasing mental health difficulties (Jerrim et al., 2021). These findings help to explain why 15% of teachers in England leave the profession within one year of qualifying and 33% within five years (Burrow et al., 2020; DFE, 2018). Leadership staff face unique pressures, such as responsibility for managing both staff and student wellbeing (Education Report, 2024). Middle leaders- teachers with additional responsibilities such as Head of Year- report feeling unable to fulfil additional duties without compromising their teaching or work-life balance (Education Support, 2022). Given these unique demands, understanding the experiences of school staff with additional pastoral or inclusion responsibilities, many of whom work at the intersection of leadership, teaching, and wellbeing provision, is crucial to identifying system pressures and retention risks.

Although previous research highlights trends in school staffs’ well-being, this work offers a broad overarching account rather than experiential insight. A phenomenological approach is useful for understanding complex and emotionally laden topics (Smith et al., 2022) and provides nuanced insight into how staff make sense of and support students with SEMH needs. A few studies have adopted a phenomenological approach to investigate school staffs’ experiences. Shelemy et al. (2019b) note that secondary school teachers’ emotional responses depend on the changes they observe in students’ emotional and mental health and their own investment in this. Participants reported barriers to getting children appropriate help and a lack of training and clarity about their role. The study depicts providing mental health support as polarising: participants felt helplessness when they felt they had failed students, and relief and

satisfaction when they had a positive impact. Fitzsimmons et al. (2021) explored one-to-one tutors' experiences of developing and maintaining the teacher-student relationship in Alternative Provision. They highlight how this relationship is fundamental but that teachers often feel they lack the skills to develop these. This study provides a nuanced understanding of complex relationship dynamics and highlights the benefits of a phenomenological approach. Findings that appreciate the nuances of staffs' experiences can be used to identify and address areas of challenge and opportunity, paving the way to supporting and empowering staff. The present study contributes to this by exploring the lived experience of staff with additional pastoral and inclusion responsibilities beyond standard teaching duties. It addresses several research questions: 1) How do school staff interpret students' SEMH needs? 2) What are school staffs' experiences of supporting students with SEMH needs?

## **Methodology**

### ***Participants***

Five participants were purposively recruited through personal networks. Participants were informed that the study was being conducted as part of the first author's BSc programme and that findings may be published in academic journals. They were informed of the aims to gain insight into school staff's perspectives of students' SEMH needs. Staff were employed at three schools across two local authorities. Three of these were employed at the same secondary school as the first author, and all of these were previously known to and had worked with each other. Two were employed at two different primary schools and were recruited via personal contacts, but they were not known to the authors. All were in roles with inclusion responsibilities beyond the general duties expected of all teaching staff. Of the five, three were in a direct teaching role, and each had additional middle leadership responsibilities- two were in a SENCO role, whose responsibilities included coordinating support for students with additional learning needs, and one was a Head of Year. Of the two not in teaching roles, one was a principal, and one was a well-being manager, a support staff role responsible for promoting student well-being, including working with students to develop coping strategies, delivering interventions, and supporting students on the SEN register where SEMH is the primary area of need. Four were female and one was male. Ages ranged from 38 to 53 (mean age: 46); all were White British. The sample size aligns with recommendations for a small-scale IPA project, facilitating analytic depth and ideographic commitment (Smith & Osborn, 2003). Recruiting staff from across two local authorities and from both primary and secondary

schools allowed for maximal variation in the purposive sample. Key participant information is in Table 1.

Table 1. Participant information.

Pseudonym	Role	Years of experience	Stage of education	Number of pupils	Local authority
John	Head of Year and Teacher	17	Secondary	657	Leicestershire (Northwest)
Alice	SENCO and Teacher	18	Secondary		
Davina	Well-being Manager	25	Secondary		
Kate	SENCO and Teacher	18	Primary	182	Leicestershire (South)
Carol	Principal	31	Primary	385	Hertfordshire

### ***Procedure and ethics***

The first author conducted semi-structured interviews on Microsoft Teams, lasting 32-53 minutes. They were audio recorded and transcribed verbatim. Interviews were conducted between December 2021 and March 2022. Participants were asked to join the call from a private space. Only the participant and the interviewer were present. An interview schedule facilitated interaction where participants could share detailed accounts (Smith et al., 2022). Examples of questions are ‘could you describe to me your own understanding of the term social, emotional and mental health needs?’ ‘Can you describe what adequate support for pupils experiencing SEMH difficulties means to you?’ A pilot interview was conducted, and this was included in the analysis as no changes were made to the schedule afterward. As per the BPS Code of Human Research Ethics (2021), participants provided informed consent, were debriefed following participation, were provided with the opportunity to withdraw, and were given pseudonyms. Ethical approval was granted on behalf of the College of Health, Psychology and Social Care Ethics Committee at the University of Derby, approval number ETH2122-1166.

### ***Reflexive Statement***

The purpose of this reflexive statement is to allow readers to consider the authors’ alignment with the study population and to consider our research decisions and arguments through this lens. At the time of data collection and analysis by the first author (LF), she worked part-time

as a Learning Support Assistant, and supporting students with SEMH needs was an aspect of this. Having ‘insider’ status can support researchers to actively immerse themselves in the analytic process (Smith et al., 2022), however, ethical considerations and the possibility of ‘dual roles’ arise. LF openly declared her dual roles before interviews to ensure transparency. The second author (CC) is a Higher Education Lecturer with experience in qualitative research methods and no background in schools or in children’s mental health services. The third author (SC) is a Higher Education Lecturer and chartered HCPC-registered Counselling Psychologist with 20 years of clinical experience, including senior leadership roles in CAMHS. She developed CAMHS intervention pathways and established consultation services with partner agencies to create collaborative mental health systems.

### ***Data analysis***

IPA’s primary currency is understanding the human experience. The focus is on individuals’ experiences, understandings and perceptions, rather than attempting to produce an objective description of an event itself (Reid, Flowers, & Larkin, 2005). Its distinct philosophical framework draws on the tenets of phenomenology, hermeneutics, and ideography.

Phenomenology was established by Husserl and further developed by Heidegger (Brinkman & Kvale, 2014). IPA emerged from Heidegger’s work, who rejected Husserl’s claim that researchers should isolate themselves from their own knowledge to objectively study a phenomenon. Heidegger introduced the idea of the lived world, arguing that researchers can never truly separate themselves from their study (Smith & Osborn, 2015). The approach acknowledges the role of the researcher, employing a double hermeneutic: a two-stage interpretation process where the participant makes sense of their experience, and the researcher interprets the participant’s perceived experience. This makes IPA a dynamic process, whereby the researcher actively interacts with participants and their data (Shaw, 2019). As an inherently idiographic approach, IPA is interested in particulars rather than generalisations- a small homogeneous sample assists this idiographic focus (Reid et al., 2005).

Data analysis followed Smith, Flowers, and Larkin’s seven-step framework (2022). To support a rigorous analysis, each stage conducted by the first author (LF) was reviewed and verified by the second author (CC). The first author read and re-read the interview transcripts while listening to the audio files to fully immerse in the data. Personal Experiential Themes (PETs)



were developed for each participant before moving to the next case. Finally, patterns across cases were found, to establish inter-relationships. This led to the development of Group Experiential Themes (GETs) that captured the essence of participants' lived experiences. Auditing by the second author involved reviewing transcripts and thoroughly examining experiential statements, PETs and GETs, and analytic interpretations. All authors contributed to the preparation of the final paper.

## Results

The analytic process developed three GETs:

- Working in a time of mounting SEMH crisis
- Working outside of limitations
- Appreciating sources of motivation and hope

Table 2. Group Experiential Themes (GETs).

Working in a time of mounting SEMH crisis		"I think SEMH is a ticking time bomb at the moment."
Working Outside of Limitations		"We're not just working in a school anymore."   "But we are not mental health specialists."
Appreciating Sources of Motivation and Hope	Teamwork	"That is the bottom line. It's having the people, and the right people."
	Reward	"It's amazing because you feel like you've achieved something...it makes you feel really good."

### *Working in a time of mounting SEMH crisis*

This theme reflects participants' understandings of SEMH as a building crisis and what it is like for them to manage this in school. All participants shared this perception of an ongoing crisis. For some, SEMH is the most important challenge in education. John (Head of Year and Teacher) expresses this directly:

'I think it's the most important thing in the whole of education. I think SEMH is a ticking time bomb at the moment.'

John understands SEMH as being above everything else and as fundamental to education. Staff are attempting to contain unmanageable and explosive SEMH needs within schools. The

connotations of a 'bomb' reveals John's understanding that unmanaged SEMH concerns are unpredictable, destructive, and likely to explode at any moment. A similar sense of anticipation is depicted in Alice's (SENCO and Teacher) account:

'You just have to manage it in school, and all it is doing really is trying desperately to keep a lid on a pan that is trying to overflow on a regular basis and ultimately, at some point, that is going to explode.'

By asserting that school staff 'have to' manage the problem, Alice emphasises perceived failings of external agencies. Alice depicts that staff are 'desperately' attempting to contain unmanageable issues. Alice concludes by declaring that 'ultimately, at some point' things are 'going to explode'. This conveys her perception that students' SEMH needs will inevitably escalate and erupt no matter what staff do.

John explains how the severity of students' SEMH needs and limited support create a 'perfect storm'.

'There's time, there's staffing, there's money, there's external agencies and the kind of issues that they have. And it's- it's kind of like a perfect storm of pupils and young people crying out for help.'

John interprets that the interplay between the severity of SEMH issues and the 'severe lack of resources' catalyse the metaphorical 'storm'. The image of a 'storm' denotes a catastrophic and uncontrollable situation, suggesting that 'pupils and young people' are at the mercy of the SEMH crisis. Alice builds on the notion that SEMH is a mounting crisis:

'It is a rapidly, rapidly growing area and it affects everybody at some point in their lives, at some stage, all children, young people will experience something under that umbrella- at some stage.'

For Alice, SEMH difficulties are not something that happens to other people, 'it affects everybody'. Alice's account depicts the 'rapidly, rapidly' shifting landscape of SEMH needs within schools. Alice understands SEMH as something that will, 'at some stage', be experienced by all children and as such, will be rampant within schools.

'I believe- and I've said this and colleagues that I work with have said this- there is a pandemic currently of mental health and it is just, huge. It is everywhere in every setting of every kind.'

Alice characterises the situation as a mental health 'pandemic'. This emphasises that mental health difficulties have become dangerous and widespread. Kate (SENCO and Teacher) reflects on the impact of the Covid-19 pandemic:

'Children are lashing out more or being more frustrated, more anxious. It's like, I mean, I've never had to deal with some of the things we're dealing with now.'

Kate understands that children are experiencing more intense feelings that they cannot contain or control, resulting in 'lashing out'. For Kate, this is uncharted territory with new significant challenges. Davina (Well-being Manager) also reflects on the impact of the Covid-19 pandemic, in response to a question about whether she considers SEMH difficulties to be prevalent:

'More than anything else. That is the biggest condition that we are tackling at the moment post-COVID compared to anything else, compared to, I would say, any of the other SEN needs. So you've got more children with SEMH needs than you have ADHD, Autism. So it's a massive prevalence at the moment.'

Kate understands SEMH needs the most fundamental issue within education and depicts the prevalence as 'massive' and 'more than anything else'. A sense of helplessness is revealed in Carol's (Principal) account:

'I do feel the situation is in crisis- I do feel it's in a crisis. I really do. And I don't know how we are going to resolve this. I truly don't.'

Carol's depiction of SEMH needs as dangerous and difficult, a 'crisis' mirrors other participants' understandings. She appears to be engulfed by a profound sense of lack of control and powerlessness. Her perception that 'we' are out of options and that it is difficult to imagine resolving the crisis is revealed.

Together, participants' accounts depict SEMH needs as a rapidly mounting crisis, exacerbated by the Covid-19 pandemic. This 'crisis' in education leaves staff feeling powerless and anticipating a future explosion when needs will become even more unmanageable, difficult, and dangerous.

### ***Working Outside of Limitations***

This theme captures how participants make sense of their role in the 'crisis' of mental health. All participants acknowledged the limitations of their role, skills, and knowledge, however

there was a pervasive sense of responsibility and staff reported working outside of their limitations.

‘We will ask parents to refer through the GP, it gets pushed back to school. We do a multi-agency referral form, that will get pushed back to school because there's just not enough services out there to support.’

Alice (SENCO and Teacher) perceives that responsibility for supporting SEMH is ‘pushed back to school’ when external agencies do not pick up referrals. This conveys a sense of aggression, implying responsibility is forcibly put on schools against their will. This is not because school is the most appropriate source of support, rather it is the last option ‘because there’s just not enough services out there to support’. Reports of limited support from external agencies was common across participants’ accounts. Alice emphasises that school is not the appropriate forum:

‘We are trying to deal with it in school, and we are not health professionals. We are not trained counsellors, or suicide experts, or panic attack experts, or eating disorders, or- and yet- that is what we are having to be.’

Staff find themselves ‘trying to deal with it in school’ and ‘having to’ adopt new roles; ‘trying’ implies that this experience is effortful and arduous. The notion that staff are ‘having to be’ ‘health professionals’ conveys a sense of responsibility paired with a lack of agency, with staff forced to work outside of their roles, skills and knowledge.

Kate (SENCO and Teacher) considers the expectations of school staff:

‘When people apply for a job as a TA or whatever, they're not expecting to have to upskill themselves and be a psychiatrist and be a doctor and all those other roles.’

Kate reports having to take on responsibilities resembling medical roles. The notion of having to ‘upskill themselves’ exposes that the roles staff assume exceed their training. Kate understands this requirement as contrary to applicants’ expectations. Kate reflects on the requirement to ‘upskill’ elsewhere in her interview:

‘People who work in education want to make things right for children, but we don't always know how to do that. And, I say, they are trained to an extent- we're trying to upskill ourselves, like I say, all of us, SENCOs included. But it is really difficult.’

Kate expresses a desire ‘to make things right for children’ but lacks the knowledge of ‘how to do that’. The skills needed for this exceed training, which is delivered ‘to an extent’. The notion that staff are ‘trying to upskill ourselves’ conveys a willing effort in the face of difficulties. The use of the collective pronouns reveals Kate’s understanding that this experience is common to ‘all of us.’

Carol (Principal) makes sense of providing SEMH support despite not being a ‘mental health specialist’.

‘We do the best job that we possibly can, but some of our children need much more specialist support. We go in with good intentions and the best, you know, wanting the best outcomes. But we are not mental health specialists.’

Wanting to do the ‘best job we possibly can’ expresses profound desire to do the utmost for students while acknowledging limitations when students ‘need much more specialist support’. Like Kate, Carol conveys a willing effort which is hampered by lack of knowledge and skills.

Davina (Well-being Manager) also understands assuming many roles as a necessity:

‘We’re not just working in a school anymore. We’re not just support staff in school, we’ve got labels of everything else, like social workers and, sort of like counsellors.’

Davina adopted a factual tone when describing how staff are ‘not just working in a school anymore’. ‘We’re not just support staff’ reveals a sense of acceptance of going beyond typical duties. However, the notion that staff are given additional ‘labels’ reveals a tension- staff are labelled with, but do not assume and embody additional roles. ‘Anymore’ indicates that her experience has not always been this way, there is an interpretation of a shift in expectations and responsibilities. Now much more is expected. Earlier in her interview, Davina depicted how shifting expectations take ‘staff away from teaching’, which reveals a perception that taking on additional roles is interruptive of the teaching role.

Unanimously, participants acknowledged the emotional burden of attempting to provide SEMH support. Participants experienced this as ‘emotionally draining’ (Carol), ‘incredibly upsetting’ (Alice), and ‘soul destroying’ (Kate). Carol reveals significant difficulty switching off from work as she reflects on spending a ‘disproportionate’ amount of time thinking about how to help students:

‘I do think I spend disproportionate time thinking about these children, about what I can do to help them . . . I mean, I will wake up in the night and think about them- I think about, ‘what are we going to do about this? what can I put into place for them? how can we do this?’- so I’m constantly thinking about things that you can shift. And you actually think, ‘I shouldn’t be thinking about that.’

For Carol, the buck stops with the school and her feelings of responsibility for helping ‘these children’ is revealed. There is a sense that this is a last resort, Carol’s account reveals desperation, and she understands that ‘we’ (the school) may lack the resources to do something ‘about this’. Her account highlights how attempting to provide SEMH support is not something that staff can easily leave at work. The emotional investment and ‘disproportionate time’ occupied by worrying can be understood as dominating over life outside of work, and as detrimental to Carol’s own well-being.

As these accounts demonstrate, staff perceive that they ‘have to’ adopt roles of SEMH ‘specialists’ and ‘health professionals.’ Overwhelmingly they expressed a willingness and desire to achieve the best outcomes for children. However, all acknowledged the limitations of their skills, knowledge and resources. This tension between wanting to support children, yet lacking the ability to do so effectively, creates significant emotional burden.

### ***Appreciating Sources of Motivation and Hope***

This theme captures what participants consider important to ‘keep going’ despite the challenges they encounter. The theme is divided into two subsections: ‘teamwork’ and ‘reward’.

#### ***Teamwork: ‘It is Having the Right People in your Team’***

Participants highlighted the value of being part of a supportive network of staff and understood this as valuable in navigating the challenges associated with providing SEMH support. For Davina (Well-being Manager) having a ‘good team’ ‘keeps you going’.

‘It’s hard, but um, this is when teamwork comes in. Because I work with a good team with like the heads of years, with the other like, the attendance officer, with the LSAs, with the SENCO- it’s the team that keeps you going, it’s the people that you work with.’

Davina relies on ‘teamwork’ when supporting students’ SEMH gets ‘hard’, which conveys a sense of community. However, specifying that what ‘keeps you going’ is ‘the people’ suggests

that above simply having people in your team, they must be the right people. This is echoed in Carol's (Principal) account:

'That is the bottom line. It's having the people, and the right people.'

For Carol, this is the most important consideration. Carol explicates her understanding of 'the right people':

'Not everyone can deal with social and emotional difficulties really. And if you are also personally experiencing social and emotional difficulties yourself as an adult, or there's an aspect of it, it can become very, very difficult to take that on board for another person. So, we are all in some way, sort of, you know, haha we are all haha, we've all got them.'

Carol's account reveals a tension- on the one hand, personally experiencing 'difficulties yourself as an adult' makes it difficult to provide support. On the other hand, as highlighted in the previous theme, supporting students SEMH creates emotional burden and 'we've all got them' (social and emotional difficulties).

For John (Head of Year and Teacher) having a 'strong team' who 'all get on as people' is 'really important'.

'I think it's really important to have a strong team around you and to- to be able to know that we're- we're not alone as well.'

A 'strong team' provides John with a sense of unity in knowing he is 'not alone'. This account reflects how shared experiences give staff a feeling of alliance, suggesting they are stronger together. John offers a unique perspective on the importance of 'strong' staff networks, as he has 'had varied experiences' of teamwork.

'I've had varied experiences, so it's really good where I currently work . . . there's a real strong group of heads of year, for example, who are really close, certainly professionally. And then we all get on as people as well, so that really helps . . . generally as a whole staff, there's that core group, so that's really really useful. I have seen it the other side as well, where you don't feel that, and you do feel very much alone.'

Having previously felt 'very much alone' in the absence of a supportive staff network, John appreciates the value of having a 'strong team around' which helps you to feel 'not alone' when navigating challenging experiences. John identifies that a united 'core' network is 'really really

useful'. Describing a team who are 'close' and 'all get on as people' reveals that a crucial part of the team is having good relationships. John makes a distinction between staff getting on in a work context and getting on 'as people', which he interprets strengthens connections and prevents staff from feeling 'very much alone'. This mirrors Davina's and Carol's understanding that what 'keeps you going' is 'the people' within a team.

*Reward: 'It's the Best Experience in the World'*

Participants also highlighted the importance of the emotional reward of seeing support payoff. Carol (Principal) reflects on the deeply rewarding experience of 'getting somewhere' and seeing students' SEMH improve.

'It's the best experience in the world. When you see something that works well . . . It's the best feeling, because you think, we're getting somewhere.'

Labelling this as 'the best experience in the world' reveals Carol's interpretation that the experience of seeing successful SEMH support exceeds anything else. Carol understands seeing support which 'works well' as 'the best feeling'; this reveals that the feeling gives her hope and motivates her to carry on providing support.

Davina (Well-being Manager) further depicts how rewarding experiences are what 'makes you keep going'.

'It's amazing because you feel like you've achieved something . . . It makes you feel really good. It makes you feel like you've actually- all the hours and all the hard work has like, paid off. There is a light at the end of the tunnel . . . it makes you keep going, because you know if you can do it for one then there's others that can benefit from it- that's why it keeps you going.'

Davina experiences an immense sense of achievement when students with SEMH needs make progress. Describing 'all the hours and all the hard work' reinforces how much energy Davina invests; it seems that the amount of 'hours' and 'work' put in ultimately contribute to Davina feeling 'really good' when outcomes are successful and her efforts have 'paid off'. Davina makes sense of knowing that the SEMH of other students can also improve as a 'light at the end of the tunnel'; this reveals Davina's sense of hope, as it represents the nearing end of a period of difficulty and darkness. This suggests that rewarding experiences award staff the hope and motivation they need to feel able to continue.



These extracts illustrate how having a strong supportive team and the rewarding experience of seeing improvement, provide staff with motivation and hope and supports them to ‘keep going’ despite the challenges discussed throughout this analysis.

## **Discussion**

This analysis explored school staffs’ experiences of supporting students with SEMH needs. Participants’ accounts revealed their understanding of SEMH as a mounting crisis, reflecting increasing demand for schools to manage emotional distress with limited external support. Previous research has explored teachers’ emotional responses to supporting students’ mental health (Shelemy et al., 2019b). The present study extends this by highlighting staffs’ feelings of powerlessness as they anticipate a time when needs will become unmanageable. This anticipation may be as impactful on the well-being of school staff as the prevalence of SEMH in education and the lack of capacity within specialist services (Crenna-Jennings & Hutchinson, 2020; Sharpe et al., 2016). Staff’s perceptions of increasing demand and limitations of external support result in staff feeling that they must attempt to contain unmanageable SEMH needs and feeling helpless in anticipation of what might ensue. This is a noteworthy finding, as there is a well-established bidirectional relationship between staff well-being and student well-being (Harding et al., 2019) and between staff well-being and staff skills and effectiveness (Weare, 2015). Anticipatory stress was depicted as a norm, and the resultant effects and ways of reducing this are worthy of further research.

Participants frequently framed SEMH as a ‘mental health crisis’. However, this framing may inadvertently obscure the varied origins of SEMH difficulties, including socio-economic hardship, exclusionary school practices, and familial instability, which do not always align with a clinical model of mental health (Boesley & Crane, 2018). This framing may also reflect and reproduce the pathologisation of education (Júnior et al., 2024), which might neglect individual needs and place pressure on schools to manage mental health difficulties. These findings highlight the need to maintain a nuanced understanding of SEMH in research and practice, ensuring that school staff are supported in recognising and responding to the breadth of difficulties under this umbrella. This might involve training on providing early support for struggling students without adopting a therapist's perceived role (Shelemy et al., 2019a), which may enhance staff’s self-efficacy and well-being (Brion, 2022).

The disparity between the prevalence of young people's mental health needs and the availability of support is well established (House of Commons, 2021). This study adds to the existing research, highlighting gaps in support available to those whose needs surpass the remit of early intervention but do not reach the high thresholds of specialist services. Participants' experiences echo the findings of Ellins et al. (2023), where schools raised concern about the lack of support for young people whose needs were not 'mild to moderate' but not severe enough to meet local criteria for specialist support. The increasing complexity of young people's mental health needs and the associated impact on school staff well-being further emphasises the need for a nuanced understanding of the nature of each individual's difficulties.

Participants indicate that supporting the rising SEMH needs of students is an emotionally taxing responsibility, often taken on due to limitations with support from relevant agencies. Participants described having to take on this responsibility despite not being trained or identifying it as part of their role. The previously discussed gap in mental health support, along with the default emphasis on mental health difficulties alone (Martin-Denham, 2022), may offer some explanation as to why staff take this on despite understanding that it is often beyond their remit. Moving away from individual responsibility and burden on staff necessitates a systemic approach, with clear policies and collaborative practices that make well-being the collective responsibility of the whole school (Weare, 2015). For example, the enactment of Service Level Agreements (SLAs) with external agencies such as CAMHS to explicate referral and joint working procedures. SLAs might include exploring joint training to develop partnership working and should consist of what is possible for schools and what they agree to do and not to do (CAMHS Network, 2013).

While this study and a growing body of research demonstrates compromised well-being of school staff (Jerrim et al., 2021; Ofsted, 2019), and despite the alarming rates of staff leaving the profession (Burrow et al., 2020; DFE, 2018), there is little consideration in the literature of what staff need to mediate the emotional implications of providing SEMH support. This study has provided insight into this by explicating what school staff consider important to keep going. Being part of a strong supportive team and the rewarding experience of seeing students' SEMH improve were identified as inherent to participants' ability to carry on despite challenges. This finding has important implications for developing support initiatives for staff that are grounded in what staff interpret as beneficial. To best support staff, initiatives should foster teamwork

and supportive staff networks and encourage staff to recognise their achievements. This finding also supports the concept of 'ordinary magic' and highlights the benefits of harnessing relational practice in education (DfE, 2020).

Participants' accounts revealed that supporting SEMH significantly impacts their well-being and home life. These findings echo previous findings that well-being and life satisfaction are low in the education profession (Burrow et al., 2020; Jerrim et al., 2021; Ofsted, 2019). Participants' accounts acknowledge the emotional burden of their role, highlighting how staff often support students at the detriment to their well-being. This notion supports earlier research, suggesting that staff who support students' mental health and well-being become emotionally drained due to the neglect of their own needs (Kidger et al., 2010). The GET 'Appreciating Sources of Motivation and Hope' has valuable implications for promoting staff well-being and mediating emotional implications. Participants discussed what enables them to 'keep going' when supporting students' SEMH becomes arduous. By identifying staffs' sources of motivation and hope, these can be embedded within WSAs so that protective, mediating factors become integrated into their daily practice. Schools could support this through their policies by prioritising relational practice, implementing features linked to developing supportive staff networks and recognising and celebrating successes, such as peer supervision groups. Such practices are proposed by early WSA research (Weare, 2015). Operationalisation of such support may fall within the remit of the emerging MHSTs as part of their role to work with school staff to develop and implement WSAs to support mental health and well-being. Based on the findings of early MHST evaluations (Ellins et al., 2023), this partnership work will be most successful in settings with an established SMHL role.

A limitation of this study is the focus on supporting 'children' as a homogenous group. Children's SEMH needs, and how schools identify, understand, and manage them, are influenced by demographic and contextual factors not explored in this study. Future research should consider how demographic and systemic factors shape how SEMH needs emerge and are responded to in schools, ensuring that interventions account for the diversity of student's experiences. Recognising the complexity of SEMH is essential in supporting school staff in delivering interventions sensitive to individual and structural influences. A small sample may be understood as a limitation; however, a small, homogenous sample is typical of IPA studies, allowing for a depth of analysis. IPA aims to understand individuals' lived experiences (Smith et al., 2022) but does not aim to explain these. As such, generalisations cannot be made.

Participants were recruited from both primary and secondary schools across different local authorities; however, other school staff may have different perspectives. IPA should be considered in terms of vertical generalisability and its contribution to building interpretative theory rather than horizontal generalisability, whereby findings are applied across various settings.

The present study offers rich insight into school staffs' lived experiences of supporting students' SEMH and has developed an understanding of anticipatory stress in this context ('Working in a time of mounting SEMH crisis') and what school staff feel that they need to keep going ('Appreciating sources of motivation and hope'). A novel finding was the importance of working with the 'right' people, highlighting the need to encourage positive relationships between school staff. This study's findings highlight the need to develop initiatives to support and empower staff to be able to meet the growing expectation to support students' SEMH in the context of increasing SEMH needs, while maintaining boundaries with a clear understanding of what schools have agreed to do and what is beyond their capacity ('Working outside of limitations'). This might require a whole culture shift, such as adopting a WSA or other systematic approaches. Such a shift requires a senior leadership team that champions mental health and well-being, and clear policy that references a commitment to this, to ensure that changes are embraced and embedded. This would empower staff to feel more prepared to provide SEMH support and begin to alleviate the emotional burden staff endure. Greater attention is needed to the growing crisis school staff are experiencing, and the crucial role of effective teamworking in supporting teacher wellbeing.

### **Declaration of Interest**

There are no competing interests to declare.

### **Data Availability Statement**

Due to the nature of this research, participants of this study did not agree that their data should be shared publicly.

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