

English headteacher perspectives on school responses to protect student and staff mental wellbeing in the later stages of the COVID-19 pandemic

Health Education Journal

1–13

© The Author(s) 2023



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/00178969231206112

journals.sagepub.com/home/hej

Gillian McKay^a, Georgia Venner^a, Patrick Nguipdop-Djomo^b, Punam Mangtani^b, Neisha Sundaram^c, Andrea Lacey^d, Fiona Dawe^d, Peter Jones^d, Ffion Lelii^e, Shamez Ladhani^{f,g} and Chris Bonell^c

^aDepartment of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London, UK

^bDepartment of Infectious Disease Epidemiology, Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, UK

^cDepartment of Public Health, Environments and Society, London School of Hygiene & Tropical Medicine, London, UK

^dOffice for National Statistics, Newport, UK

^eDepartment for Digital, Culture, Media & Sport, London, UK

^fUK Health Security Agency, London, UK

^gSt George's, University of London, London, UK

Abstract

Objective: The COVID-19 pandemic has had a significant impact on pupils and staff in English schools. This study aimed to provide an in-depth understanding of the challenges schools faced and the processes they implemented to protect the mental wellbeing of students and staff in the later stages of the pandemic, focusing on January–June 2022.

Design: Qualitative study.

Setting: Primary and secondary schools in England from April to September 2022.

Method: Ten semi-structured interviews were conducted using Zoom with six primary and four secondary school headteachers (or other members of the senior leadership team) in England.

Results: Mental wellbeing programming for students and staff was scaled up in both primary and secondary schools amid concerns that the COVID-19 pandemic would impact on mental health. Headteachers perceived changes in the behaviour of students, including increased dysregulation, and staff struggling with fatigue and a sense of being devalued as professionals. Schools scaled up the supports they offered to students and staff, but challenges remain in maintaining such increased support due to the perceived additional needs of staff and students within the context of funding constraints. Despite initial concerns that there would be tension between promoting mental wellbeing and academic catch-up among students, headteachers identified work addressing these two priorities as synergistic.

Conclusion: Mental wellbeing impacts of the pandemic on pupils and staff required increased provision of support programmes. Ongoing efforts to monitor the wellbeing needs of students and staff is required. Formal and informal methods to enhance the mental health for pupils and staff should continue into the recovery period.

Keywords

COVID-19, education, mental health, pandemic, school health

Corresponding author:

Gillian McKay, Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, 15-17 Tavistock Place, London WC1H 9SH, UK.

Email: gillian.mckay@lshtm.ac.uk

Introduction

The COVID-19 pandemic impacted society worldwide, with major disruptions to nearly all aspects of daily life including health services, economies and travel. Education was uniquely impacted, with many countries choosing to close schools at least temporarily during periods of intense transmission (Viner et al., 2020). The challenges of these school closures and changes to normal educational routines have been documented, with findings suggesting that the impacts on educational attainment have been, in some cases, severe (Donnelly and Patrinos, 2021).

The mental wellbeing impacts of the COVID-19 pandemic on schoolchildren and school staff have been documented previously in England and in other contexts (Chaabane et al., 2021; de Figueiredo et al., 2021; Fegert et al., 2020; Jakubowski and Sitko-Dominik, 2021; Kim and Asbury, 2020; Palma-Vasquez et al., 2021). In England (the setting of this study), a 2021 analysis identified that ‘rates of probable mental disorders have increased since 2017; in 6- to 16-year-olds from one in nine (11.6%) to one in six (17.4%) in 2021’ (NHS Digital, 2021: 3). Other research in England has found that students with pre-existing learning needs or vulnerable health conditions experienced significant impacts on their wellbeing (Office for Health Improvement & Disparities, 2022; Ofsted, 2021).

Internationally, a global systematic review has reported that, since the pandemic, 18%–60% of children scored higher in developing the risk of psychological difficulties. Other significant findings of this review show that children and adolescents developed severe sleeping difficulties and had a decrease in physical activity opportunities and increased screen time behaviours, and there has been an alarming decrease in mental health referrals (Viner et al., 2020).

A systematic review of the impacts of lockdowns on children’s mental health identified that anxiety and depression were common mental health effects reported in children and adolescents, with pre-existing mental disorders being significant risk factors for anxiety (Panchal et al., 2021). Another review reported that during pandemics, children and adolescents are likely to experience stress, worry, helplessness and risky behavioural problems within and outside of school (Meherali et al., 2021). Disruptions to school routines have also been shown to debilitate general coping mechanisms, sleep patterns, screen time and physical activity (de Figueiredo et al., 2021; Wang et al., 2020).

Concerns about teacher burnout and loss of teachers to the profession during the COVID-19 pandemic have been well documented (although these events were not necessarily directly related to COVID-19) (Ibbetson, 2022; Long and Danechi, 2021; PA Media, 2022). COVID-19 transmission mitigation policies at a national level caused severe disruptions to school routines and often significantly increased stress on staff. Kim and Asbury’s (2020) qualitative study exploring teachers in England during the first 6 weeks of lockdown identified that more senior teachers found the uncertainty of the pandemic to be an exciting new challenge, while others felt overwhelmed (Kim and Asbury, 2020). In summer 2020, Sundaram et al. conducted a mixed-methods study with a survey of headteachers in 105 English schools as well as 14 qualitative interviews with headteachers in the first year of the pandemic. Their study identified challenges, including a feeling of not being heard in the development of national guidance, the stresses of reopening schools at short notice, the lack of personal protective equipment availability, the difficulties of supporting anxious staff, budget constraints that were perceived to affect pupil learning and the challenges of difficult behaviours of pupils (Sundaram et al., 2021). A quantitative study looking at the mental wellbeing of teachers and school leadership in a sample of English schools in autumn 2020 identified that 42% of teachers and 51% of leadership suffered emotional exhaustion as assessed using a validated burnout measure (Sundaram et al., 2023a). Longitudinal qualitative research with headteachers and other school staff in 8 English schools in the spring and summer of 2021 also found that the

implementation of preventive measures against COVID-19 may have been undermined by staff burnout (Sundaram et al., 2023b)

There has been limited research on the responses of schools to address the mental health needs of students and staff during the pandemic in England, although the Department of Education in England, mental health charities and trade unions provided guidance on how schools could support these needs (Booth and Walker, 2022; Mentally Healthy Schools, 2022). Some examples of mental and physical health support programmes (in Wales) for students included increased opportunities for outdoor education and play, to counter the perceived increase in sedentary behaviour and social isolation resulting from pandemic restrictions (Marchant et al., 2021). Furthermore, researchers have advocated for holistic ‘whole school’ approaches to mental health support for these groups that were particularly badly impacted by the pandemic (Barker et al., 2021). A study looking at how school culture supported student mental health provision in two London schools during the COVID-19 pandemic identified that the leadership of schools and available resources were important in determining what was provided and also signalled that consideration of the mental health needs of staff alongside those of students was essential (Barker et al., 2023).

The aforementioned challenges concerning the mental health and wellbeing of students, teachers and schools made it essential to understand the experiences of those in schools (as reported by headteachers) during the later stages of the pandemic in spring and summer 2022 and to understand what types of support were put in place for students and staff that could be supportive of mental wellbeing in future. A qualitative study was thus undertaken with a small sample of headteachers from primary and secondary schools (SS) in England to better understand the supports that schools provided to staff and students to promote mental wellbeing. Data collection focused on the time period between January and July 2022, which, in England, coincided with the peak of the Omicron variant and transitioned into the ‘living with COVID-19’ phase of the pandemic.

Methods

Overarching study

In 2021 and 2022, the Office for National Statistics (ONS), the United Kingdom Health Security Agency (UKHSA) and the London School of Hygiene and Tropical Medicine (LSHTM) collaborated on a large project to identify the transmission and impact of COVID-19 in a representative sample of schools in England (Ladhani et al., 2022). This study, termed the Schools Infection Survey-2 (SIS-2), included surveys sent out to children, parents and headteachers to learn more about the perceived impacts of COVID-19 on the school experiences of these groups. The study also included testing of pupils for both COVID-19 and COVID-19 antibodies, to better understand the incidence and prevalence of the virus in these groups (ONS, 2022).

Identification of participants

This qualitative study was nested within the larger SIS-2 study and aimed to recruit a total sample of 10 primary and secondary headteachers from the SIS-2 school cohort using a convenience sample of schools volunteering to participate. Even with this small number, it was only possible to interview eight headteachers from within the SIS-2 cohort (six primary and two secondary), and the other two secondary headteachers were recruited from outside the cohort.

The final sample of headteachers and senior leaders (when the headteacher was not available) consisted of six primary schools (PS) and four secondary schools (SS). The recruitment of the SIS-2 headteachers took place via ONS-employed School Engagement Officers. Following initial

contact, 11 PS and 2 SS replied. Six of the 11 PS volunteering were chosen based on offering a diversity of (1) Ofsted national school inspectorate ratings (a measure of the quality of the school and often used as a guide to a school's capacity to implement new measures); (2) geographical location (by region) and (3) index of multiple deprivation (as a rough guide to the level of need of children in the school). The two SS were automatically enrolled.

As there was a limited number of SIS-2 headteachers recruited from SS, the study team recruited two more secondary headteachers from outside the SIS-2 sample to ensure diversity of opinion in secondary headteacher interviews. Emails were sent out to 955 SS sampled across all regions of England, inviting them to respond if they were interested in participation. Responses were received from 12 schools, with 8 declining, 4 expressing interest and 2 of those 4 going on to be enrolled in the study (these two were selected as they responded to a request to set up an interview date; the other two did not).

All nine headteachers and one senior leadership team member enrolled, either from the SIS-2 cohort or from outside of it, were provided an information sheet and consent form and offered the opportunity to ask any questions prior to scheduling the interview. All consent forms were signed and countersigned. Prior to starting the interview, the interviewer reconfirmed consent.

Data collection and analysis

The topic guide for the interviews was developed informed by the qualitative guide from an earlier SIS study and expanded to include a focus on mental health needs and support programmes for staff. Interviews took place from April to September 2022 using Zoom and lasted between 35 minutes and 1 hour. All but one interview were recorded using Zoom's audio-recording function and were then transcribed by a member of the research team. Memos were written following interviews and during transcription. The analysis approach was aligned with the thematic analysis (Braun and Clarke, 2006). The first three interview transcripts were inductively coded using the research question as a guide in NVivo by two social scientists (G.M. and G.V.) using descriptive codes, and then axial coding was performed to bring the initial set of codes together into broader categories. Categories were separated according to the data's relation to children, staff or parental experiences. Finally, through a process of discussion between two social scientists and engagement with literature on mental health and COVID-19, analytical themes and sub-themes were identified. Themes (and accompanying quotes) were then sense-checked for relevance by additional members of the research team.

Ethics

This study was approved by the ethics committee of the London School of Hygiene and Tropical Medicine (22657-6) and the UKHSA Research Ethics and Governance of Public Health Practice Group (R&D 474).

Findings

The schools involved in this study included six PS and four SS. Three of the PS were located in the West Midlands, one in London, one in the North-East and one in the South-West. Three SS were in the South-West region, with one located in the East of England.

From the interviews with six primary and four secondary headteachers, the overarching themes identified were mental wellbeing and support of primary- and secondary-age pupils and mental wellbeing and support for school staff.

Mental wellbeing and support of primary- and secondary-age pupils

Behavioural challenges. Primary headteachers reported seeing increased rates of challenging behaviours (often termed ‘dysregulation’ by headteachers themselves) compared to the pre-pandemic period, especially related to children’s abilities to socialise with their peers and adapt to the routine of the school environment. One primary headteacher reported:

I’ve some really disturbed children with really acute mental health behavioral problems. [A teacher] was reporting a child, who’s come out with a lot of sexual language . . . And we get children on a very short fuse . . . Some of them can be violent and they get dysregulated. (PS—02)

These behavioural challenges were echoed by another primary headteacher who was concerned that older children had not been able to develop the social skills to be expected at their age due to pandemic restrictions. This same headteacher reported that many pupils had not had opportunities to engage in age-appropriate activities.

. . . So last year’s year 6 went off to secondary school, but they’ve never been to the shop on their own, haven’t been to the park to play with a friend on their own, and these experiences were just completely taken away, and you can just see the impact. It stopped [them] from growing up. (PS—03)

One secondary headteacher identified that students in their school were also struggling with socialisation, particularly relating to conflict management with their peers:

our year 9 pupils . . . so we are finding that we are dealing much more with friendship issues, and conflict resolution . . . but they find it really difficult to resolve their own friendship fallouts without adult intervention. And those kind of things would’ve ironed themselves out during year 7. (SS—02)

These concerns around socialisation led headteachers to report having to intervene more frequently than they would have in the past in such friendship challenges, putting an additional burden on staff. One secondary headteacher linked these behavioural challenges to the disruption of student routines due to the pandemic and the changes in school rules.

Supporting student mental wellbeing

Overall, most headteachers reported that mental health provision for pupils had built on what was on offer in the pre-pandemic period. Most headteachers at both primary and secondary levels identified that they had increased their focus on promoting mental wellbeing during the pandemic, and this continued into the living with COVID-19 and recovery period to respond to the needs identified.

One primary headteacher discussed how a mental wellbeing approach that they had integrated in the pre-pandemic period became even more valuable for students and staff amid the disruption of the pandemic and had been continued into the recovery period.

So, we have a taught programme called MindUp, where we are teaching about the brain, how the brain interacts with emotion. So, because we teach that to pupils as a taught curriculum it means our adults have that understanding, and we also . . . talk a language of ‘every feeling is okay’ – it’s how we deal with talking around where you’re at. (PS—01)

Headteachers also discussed how the mental wellbeing approaches they instituted during the acute (lockdown) pandemic period were maintained during the Omicron wave when individual

children were at home due to an illness or class closure. Such approaches included phone calls or home visit check-ins for pupils when they were not in school and increased or adapted play therapies that focused on providing support to students to enable them to cope with pandemic disruption and anxiety. These approaches could be targeted to particular children or provided to all students in the class or school, depending on the identified need. For example, one primary headteacher identified that an entry point to check on student and parental wellbeing was provided by the process of dropping off food parcels at the homes of children entitled to free school meals and who were out of school due to class closure or an illness. This also enabled the school to plan for additional supports on their return to school if needed.

. . . we have children on free school meals and if they're off with COVID-19, then they need their food delivering to them and obviously the only person who isn't in the classroom is me. But that's really good for safeguarding because often [the child] comes to the door I get to see them, have a little word with them, and so it's got its real advantages. Having a reason to go and knock on a door, to have a friendly chat with a parent is much better than just turning up and knocking on the door. (PS—02)

While some of these activities were unlikely to continue in the post-pandemic period, headteachers did speak about the ongoing need to provide mental wellbeing support in the long term. One primary headteacher raised a point that the additional funding for mental health programming support for pupils in the 2021–2022 school year had been gratefully received, and they hoped this funding would be renewed and expanded. Another primary headteacher reported that their school had recently reviewed its mental health programme and found that all the pupils who needed additional help were already receiving it (although this assumes that all children in need of help had been identified), demonstrating the variation across schools in terms of need and resourcing.

We're really lucky there's so much mental health support here . . . We've got a number of staff who trained in drawing and talking which is almost like triage counselling . . . We've got Lego therapy, art therapy, an art therapist comes into to work with us . . . [We were] really pleased to find there was no one who was without support who needed it, and that was thrilling to know that everything we put in place was working. (PS—05)

In addition to these targeted mental wellbeing programming efforts, several headteachers discussed how they had increased their focus on physical activity, both to compensate for the decreased physical activity that many children experienced during periods of lockdown and also because they saw it as contributing to mental wellbeing activities.

These positive examples were tempered by some interviewees reporting that when teachers or school leadership identified (through their day-to-day interactions) pupils who might need additional formal support for special educational needs and disabilities, this kind of support was not easy to put in place. Headteachers stated that waiting times for assessments from local authority services (essential before funding and support staff could be allocated) were very long in some cases due to ongoing epidemic restrictions, and this resulted in teachers having to provide extra support to these pupils, which was felt to contribute to teacher burnout. When pupils were assessed to need additional help, hiring staff to provide this was very challenging with few or even no applicants for roles.

Mental wellbeing and academic catch-up. Supporting students to catch up academically has been a large focus of the education system in the return to normal phase of the pandemic in England, alongside the promotion of mental wellbeing for pupils who had had such disruption in their learning and socialisation routines. These dual priorities were perceived by most headteachers to be complementary although they did place added pressure on staff.

Juggling mental health and allowing the children to talk about their experience, particularly earlier on . . . juggling the time to allow the children to re-assimilate, to be in a group, to get to know their friends again, to learn what it is to be a good learner. (PS—06)

But despite the additional efforts needed, the inclusion of mental wellbeing as a priority was perceived to be of benefit, as

. . . positive mental health leads to better academic learning, they're in the right frame of mind to be learning if they're not anxious about being ill or they're not off school. (PS—06)

Several headteachers raised concerns about the renewed focus on standardised assessments,¹ given some pupils' anxiety about not getting good results, when they had missed a lot of school due to illness or school closures. As the following primary headteacher stated:

My year sixes are more anxious about doing well in tests . . . we're really trying to mitigate that and say: 'You know these tests don't reflect on you: it's to find out how we've done as a school and what we can do better it's not about you.' but obviously the children don't see it like that. (PS—02)

This finding was echoed by a secondary headteacher, who was more concerned about the pupils who would be taking exams in 2023 as accommodations to account for learning time loss due to COVID-19 would no longer be in place:

. . . it's going to be harder for next year, because there is a sense for next year even from the exam boards . . . is that everything is just back to normal . . . No dispensations, no formula sheets and everything is just expected to be back to normal, and it really isn't for those kids. I almost think that next year will be worse . . . ultimately they've still missed a huge amount of their learning. (SS—02)

In addition, an increased demand by students to have their mental health needs accommodated by the school was reported during the 2022 examination period. This resulted in a greater need for invigilators and increased budget spending. One secondary headteacher stated:

We've just done year 10 exams, the number of children whose parents are saying, 'Gotta be in a separate room', you know, 'can't sit in an exam [room]' or you know 'needs not to be in the back row', 'Needs to be facing the window', . . . the list goes on, and that's been a massive issue for schools . . . I would say the invigilation team is probably doubled. (SS—03)

These concerns about how the renewed focus on academic achievement may have contributed to the stresses of students entering into the recovery phase were felt by headteachers to require additional staff support to promote the mental wellbeing of the students. As summarised by one primary headteacher,

It has been a conflict, I think, between managing their [the students] mental health and managing the staff's mental health, and managing the kind of academic learning that needs to be done as well. (PS—06)

Mental wellbeing and support for school staff

Pandemic fatigue among school staff. All headteachers discussed staff being very tired from the last 2 years of COVID-19 disruption, with some reports that teachers were feeling undervalued. Some teaching staff perceived the public wrongly believed that teachers did not want to have the children

back in school regularly, which caused significant distress among the teachers who had worked very hard to keep students engaged over the last 2 years through repeat phases of both remote and in-person teaching. As stated by one primary headteacher:

I'm feeling exhausted. All my staff would say the same now . . . Not being able to get the right staff has put enormous pressure . . . There has been a big push on the wellbeing of children. But forgotten was the pressure on staff . . . The school staff who've been expected to make sure everyone else is ok are just expected to cope with it . . . Teachers go into the profession to educate children. It's not a job that people choose for money. It's a vocation . . . It's the only reason we've kept going. What would happen to the children if we didn't? (paraphrased based on notes) (PS—04)

Headteachers felt that the pressures from government and parents to 'return to normal' in the living with COVID-19 phase of the pandemic had added additional stress and demoralisation to teaching staff. As many headteachers said, schools in the Spring term of 2022 were not back to normal, as the Omicron variant was moving through the population, resulting in many staff and students being off sick, further disrupting school routines.

However, headteachers did report that having the majority of students back in school (in comparison to periods of lockdown where only some children were able to attend in-person) had been largely supportive of staff mental health, as teachers gained professional satisfaction from engagement with their students and seeing the students learn and thrive in the educational environment.

We want our classes full of children with no absences and in wanting to learn . . . That's what we want. So there was that that moment of joy when they all first came back. (PS—02)

Supporting teacher and staff health and mental wellbeing was central to headteacher priorities.

Scaling up support for staff mental wellbeing. Overall, most headteachers prioritised the wellbeing of their staff and were still adjusting to the transition from crisis mode to recovery from the pandemic and school closures. Headteachers in both PS and SS spoke about how they instituted or scaled up staff mental health support, including through counselling, gym memberships and employee and family assistance programmes. These scaled up efforts included actively integrating wellbeing support into staff 'continuing professional development' and supporting some staff to be trained as professional senior mental health leads. Headteachers also discussed using pre-existing 'coaching teams' in which staff had formed long-term trusting relationships with other members of staff.

All staff are part of a coaching team of 5 where they've worked with the same people for years. And so those relationships are helping people to have conversations about what goes on in their classrooms. Perhaps in a bit more of a safer environment. (SS—02)

In general, scaling up wellbeing efforts were perceived to be helpful and well taken up in many cases, although as one primary headteacher said, 'who had the time to go to the gym?', indicating that for some (particularly senior leadership), work commitments did not allow for sufficient time to engage with such programmes. Two primary headteachers discussed the uptake of these programmes:

. . . we buy into a programme of counseling that staff can access at any point . . . as senior leader you don't get any spreadsheets of who's accessed . . . it is a completely private confidential system. But I know from staff, who [have been] happy to share that lots of people have used it. (PS—03)

Many headteachers spoke about informal support for staff being linked to a community spirit of ‘everyone being in this together’, where staff worked to support each other as much as possible during very challenging workload periods (especially when there were staff shortages and teaching cover was difficult to obtain).

Some leadership teams seem to have experienced ‘silent’ pressures and mental health struggles in an attempt to keep up school morale and support. Headteachers would also shield teaching staff from external priorities and tried to reduce their administrative burden so the teachers could focus on teaching only.

... I think for, certainly for the senior leadership team it has been very much: get on with it, do your job ... and they’ve tried to kind of shield some members of staff from the very beginning, but I think they [senior leadership] would certainly tell you that it has been very, very, very difficult. Sort of, managing the guidance ... when you’re told on a Monday evening, Tuesday you’re closed. (SS—04)

Across primary and secondary headteacher interviews, there were some approaches put in place by school leadership which appeared to have been particularly helpful in supporting staff mental health. These included actively involving staff in conducting COVID-19 risk assessments so that everyone’s voice could be heard:

... I’ve been really open with staff every time the risk assessment has been updated ... Is there anything that worries you, this is your document as well as mine ... You come back and tell me if you think it needs to change ... it’s an open conversation that we’ve worked through together, which has been great. (PS—05)

These efforts to promote and support teacher wellbeing were often being maintained throughout the living with COVID-19 period according to headteachers, especially given the additional burdens that many teachers were facing while managing the pressures of academic catch-up. However, the efforts that headteachers made in supporting their staff came at a significant cost to their school budget.

We’ve done more referrals [this year] into our counseling service that we access which I have to pay for from the budget, but we access it through the local authority. I think all of those [issues that require referral to counselling] ... are wrapped up in this context of COVID-19. (SS—03)

Discussion

We undertook a qualitative study with 10 headteachers and school senior leadership team members in England to better understand perceptions of mental wellbeing and support provided in the later COVID-19 pandemic period. Our findings suggest that schools continued to face challenges during the post-lockdown period in navigating priorities of academic catch-up, wait times for support services and staff shortages that impacted mental wellbeing. However, schools also demonstrated a clear commitment to providing mental wellbeing support to students and staff, with both targeted interventions and universal approaches intended to mitigate the impacts of the pandemic on teaching and learning.

The impacts of the pandemic on staff and student mental wellbeing are far-reaching, with teacher burnout potentially leading to the loss of teachers from the education system, with student mental health challenges and learning loss harming student development. Our research identified that schools increased their focus on the provision of formal and informal approaches to preventing and managing the wellbeing needs of their students and staff. Forms of support discussed by head

and senior teachers appeared evidence-based, for example, the MindUp programme, a social and emotional learning approach (MindUp, 2023). These types of approaches have been shown to be effective in a systematic review of school mental wellbeing interventions (Clarke et al., 2021). Employee and family assistance programmes that include counselling have also been evaluated as effective (Joseph et al., 2018). However, without clear guidance on what kinds of mental wellbeing support were to be provided, there was variation between the schools. These differences in school provision of supports echo findings from a 2021 qualitative paper about school culture and mental health in COVID-19 in London, identifying that there was no standard of provision, and much was down to individual school motivation and resourcing (Barker et al., 2023).

Head and other senior teachers took ownership of supporting staff mental wellbeing so that teachers could support students. One interesting strategy for promoting staff wellbeing was to include staff in risk assessments, to ensure that these documents were co-owned by teachers and school leadership. Some headteachers noted that they benefitted from their relationship with other school leaders and the support they offered one another. Others did not have this support, and some felt left in the dark as a result. Students were supported through scaled up curriculum-based approaches and through phone and in-person check-ins, which also had the perceived benefit of enabling safeguarding oversight. Headteachers' concerns about the additional need to ensure safeguarding for vulnerable children were justified with evidence from a review in Wales of referrals for safeguarding issues identifying a marked decrease in referrals from schools in 2020, as compared to the previous year (Rengasamy et al., 2022).

We had anticipated that headteachers would identify tensions between the dual priorities of academic catch-up and mental wellbeing. However, these two areas of focus were thought complementary, with other research supporting the contention that promoting health and educational attainment can be synergistic (Bonell et al., 2014; Durlak et al., 2011; Murray et al., 2007). How parents feel about the two 'competing' priorities also identified that both are considered highly important, with quantitative evidence suggesting that parents value both in nearly equal measure (Farquharson et al., 2021).

Study limitations

As this was a small-scale qualitative study, we only interviewed 10 headteachers and senior leadership team members. Because interviewees volunteered to speak with us, it is possible that they may have done so because they had particularly challenging or positive experiences to share. Recruitment was also a challenge, given the competing priorities facing schools and headteachers at a very busy time of the school year. Competing priorities also limited the time we had to speak to headteachers, and we were unable to probe as deeply as we would have liked to identify further examples and details in some cases. Had they been possible, follow-up interviews would have been beneficial. Due to the limited time frame and small team to conduct this work, the study did not interview teachers, parents or students to triangulate the findings.

Implications for policy and research

Our findings identified how schools prioritised mental wellbeing support during the COVID-19 pandemic in England and the recovery period afterwards. Going forwards, prevention and response approaches to mental wellbeing challenges should be aligned with evidence-based interventions such as social and emotional learning curricula and cognitive-behavioural therapies where appropriate (Calear and Christensen, 2010; Durlak et al., 2011; Neil and Christensen, 2009). Our finding that the focus that schools placed on mental wellbeing was perceived as synergistic with promoting

educational attainment is supported by other research, justifying ongoing investment in this area (Bonell et al., 2014).

Further research into the mental wellbeing of students and school staff is needed, including in the following three areas: (1) research into budget constraints that schools are facing and how these impact on the ability to provide mental wellbeing support; (2) research into the availability of mental wellbeing resources (provided by mental health services in the community as well as in schools) and the wait times for referral to such services and (3) retrospective/prospective research into student educational attainment and mental wellbeing in subsequent school years when provision of academic catch-up support and accommodations for learning loss due to COVID-19 have been reduced.

In this study, we faced significant challenges in recruitment, with many headteachers or their administrative staff telling us that they did not have the time to undertake an interview and many others not responding to the invitation to do so. There may be value therefore in setting up networks of schools interested in being involved in research, as seen in the School Health Research Network (2023) in Wales. Such networks should ideally involve large and representative samples of schools to avoid participation bias. When approaching schools in this study via the SIS-2 School Engagement Officers, we had more success as there was an already established relationship between the Office of National Statistics and the school.

Conclusion

Qualitative interviews with headteachers in England suggest there were major impacts of the COVID-19 pandemic on mental wellbeing of staff and students, consistent with the available quantitative evidence (NHS Digital, 2021; Sundaram et al., 2021, 2023a). Ongoing efforts to monitor the health and wellbeing needs and to provide appropriate support to students and staff are required.

The ‘return to normal’ phase of school opening seemed to be the hardest adaptation for headteachers during the pandemic due to staff and pupil absences, academic catch-up, continuing need to prevent COVID-19 transmission and challenges to accessing mental wellbeing resources. Formal and informal actions to improve mental wellbeing for pupils and staff should therefore continue into the recovery period, but ongoing funding for such support is far from certain.

The COVID-19 pandemic continues to cause infections globally, and its lasting impact will be faced for many years to come. Beyond COVID-19, there is the risk that other respiratory virus outbreaks may necessitate preventive measures in schools and could impact on the mental wellbeing of staff and pupils. Thus, the conclusions from this research are of value for educators, public health officials and policy-makers as they work to keep risk assessments and contingency plans up to date.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was funded by the UK Department of Health and Social Care.

ORCID iDs

Gillian McKay  <https://orcid.org/0000-0003-1510-9212>

Chris Bonell  <https://orcid.org/0000-0002-6253-6498>

Note

1. In England, standardised assessments are standard tests taken by all year 2 and year 6 pupils. They are used to hold schools accountable for educational attainment.

References

- Barker R, Hartwell G, Bonell C, et al. (2021) Research priorities for mental health in schools in the wake of COVID-19. *Journal of Epidemiology and Community Health* 76(5): 448–450.
- Barker R, Hartwell G, Egan M, et al. (2023) The importance of school culture in supporting student mental health in secondary schools. Insights from a qualitative study. *British Educational Research Journal* 49(3): 499–521.
- Bonell C, Humphrey N, Fletcher A, et al. (2014) Why schools should promote students' health and wellbeing. *British Medical Journal* 348: g3078.
- Booth S and Walker A (2022) Mental health: How schools are dealing with the 'new normal'. Available at: <https://schoolsweek.co.uk/mental-health-how-schools-are-dealing-with-the-new-normal/> (accessed 4 May 2023).
- Braun V and Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101.
- Calear AL and Christensen H (2010) Systematic review of school-based prevention and early intervention programs for depression. *Journal of Adolescence* 33(3): 429–438.
- Chaabane S, Doraiswamy S, Chaabna K, et al. (2021) The impact of COVID-19 school closure on child and adolescent health: A rapid systematic review. *Children* 8: 415.
- Clarke A, Sorgenfrei M, Mulcahy J, et al. (2021) Adolescent mental health: A systematic review on the effectiveness of school-based interventions. Available at: <https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions> (accessed 7 July 2023).
- de Figueiredo CS, Sandre PC, Portugal LCL, et al. (2021) COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. *Progress in Neuro-Psychopharmacology & Biological Psychiatry* 106: 110171.
- Donnelly R and Patrinos HA (2021) Learning loss during Covid-19: An early systematic review. *Prospects* 51: 601–609.
- Durlak JA, Weissberg RP, Dymnicki AB, et al. (2011) The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development* 82(1): 405–432.
- Farquharson C, Krutikova S, Phimister A, et al. (2021) The return to school and catch-up policies. Available at: https://ifs.org.uk/sites/default/files/output_url_files/BN318-The-return-to-school-and-catch-up-policies.pdf (accessed 20 October 2022).
- Fegert JM, Vitiello B, Plener PL, et al. (2020) Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health* 14: 20–11.
- Ibbetson C (2022) Less than half of teachers would enter the profession if given the choice again. Available at: <https://youngov.co.uk/topics/society/articles-reports/2022/05/27/less-half-teachers-would-enter-profession-if-given> (accessed 14 September 2022).
- Jakubowski TD and Sitko-Dominik MM (2021) Teachers' mental health during the first two waves of the COVID-19 pandemic in Poland. *PLoS ONE* 16(9): e0257252.
- Joseph B, Walker A and Fuller-Tyszkiewicz M (2018) Evaluating the effectiveness of employee assistance programmes: A systematic review. *European Journal of Work and Organizational Psychology* 27(1): 1–15.
- Kim LE and Asbury K (2020) 'Like a rug had been pulled from under you': The impact of COVID-19 on teachers in England during the first six weeks of the UK lockdown. *The British Journal of Educational Psychology* 90(4): 1062–1083.
- Ladhani S, Dawe F, Nguipodop-Djomo P, et al. (2022) The COVID-19 Schools Infection Survey–2. Available at: <https://www.ons.gov.uk/file?uri=/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/covid19schoolsinfectionsurveysis/schoolsinfectionsurveystudyprotocolv2.2.pdf> (accessed 20 January 2023).
- Long R and Danechi S (2021) Teacher recruitment and retention in England. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-7222/> (accessed 7 January 2023).

- Marchant E, Todd C, James M, et al. (2021) Primary school staff perspectives of school closures due to COVID-19, experiences of schools reopening and recommendations for the future: A qualitative survey in Wales. *PLoS ONE* 16(12): e0260396.
- Meherali S, Punjani N, Louie-Poon S, et al. (2021) Mental health of children and adolescents amidst COVID-19 and past pandemics: A rapid systematic review. *International Journal of Environmental Research and Public Health* 18(7): 1–16.
- Mentally Healthy Schools (2022) Rebuild and recover with mentally healthy schools. Available at: <https://mentallyhealthyschools.org.uk/media/1960/coronavirus-mental-health-and-wellbeing-resources.pdf> (accessed 12 October 2023).
- MindUp (2023) Available at: <https://mindup.org> (accessed 20 October 2022).
- Murray NG, Low BJ, Hollis C, et al. (2007) Coordinated school health programs and academic achievement: A systematic review of the literature. *The Journal of School Health* 77(9): 589–600.
- Neil AL and Christensen H (2009) Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review* 29(3): 208–215.
- NHS Digital (2021) Mental health of children and young people in England 2021–Wave 2 follow up to the 2017 survey. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey#> (accessed 14 September 2022).
- Office for Health Improvement & Disparities (2022) COVID-19 mental health and wellbeing surveillance: Report. Available at: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people> (accessed 3 November 2022).
- Office for National Statistics (2022) COVID-19 Schools Infections Survey, England statistical bulletins. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/condition-sanddiseases/bulletins/covid19schoolsinfectionsurveyengland/previousReleases> (accessed 14 September 2022).
- Ofsted (2021) SEND: Old issues, new issues, next steps. Available at: <https://www.gov.uk/government/publications/send-old-issues-new-issues-next-steps/send-old-issues-new-issues-next-steps> (accessed 16 September 2022).
- Palma-Vasquez C, Carrasco D and Hernando-Rodriguez JC (2021) Mental health of teachers who have teleworked due to COVID-19. *European Journal of Investigation in Health, Psychology and Education* 11(2): 515–528.
- PA Media (2022) 44% of teachers in England plan to quit within five years. Available at: <https://www.theguardian.com/education/2022/apr/11/teachers-england-plan-to-quit-workloads-stress-trust> (accessed 14 September 2022).
- Panchal U, Salazar de Pablo G, Franco M, et al. (2021) The impact of COVID-19 lockdown on child and adolescent mental health: Systematic review. *European Child and Adolescent Psychiatry* 32(7): 1–27.
- Rengasamy ER, Long SA, Rees SC, et al. (2022) Impact of COVID-19 lockdown: Domestic and child abuse in Bridgend. *Child Abuse & Neglect* 130(Pt. 1): 105386.
- School Health Research Network (2023) Available at: <https://www.shrn.org.uk/about/> (accessed 9 May 2023).
- Sundaram N, Abramsky T, Oswald WE, et al. (2023a) Implementation of COVID-19 preventive measures and staff well-being in a sample of English schools 2020–2021. *The Journal of School Health* 93(4): 266–278.
- Sundaram N, Bonell C, Ladhani S, et al. (2021) Implementation of preventive measures to prevent COVID-19: A national study of English primary schools in summer 2020. *Health Education Research* 36(3): 272–285.
- Sundaram N, Tilouche N, Cullen L, et al. (2023b) Qualitative longitudinal research on the experience of implementing Covid-19 prevention in English schools. *SSM. Qualitative Research in Health* 3: 100257.
- Viner RM, Russell SJ, Croker H, et al. (2020) School closure and management practices during Coronavirus outbreaks including COVID-19: A rapid systematic review. *The Lancet. Child & Adolescent Health* 4(5): 397–404.
- Wang G, Zhang Y, Zhao J, et al. (2020) Mitigate the effects of home confinement on children during the COVID-19 outbreak. *The Lancet* 395(10228): 945–947.