Supporting pupils' mental health through everyday practices: a qualitative study of teachers and head teachers

Ellen Nesset Mælan, Hege Eikeland Tjomsland, Børge Baklien, Oddrun Samdal and Miranda Thurston

The Faculty of Public Health, Inland Norway University of Applied Sciences, Elverum, Norway

 ABSTRACT

This study aimed to explore teachers' and head teachers' understandings of how they work to support pupils' mental health through their everyday practices. A qualitative study, including individual interviews with head teachers and focus Pupils' mental health; groups with teachers, was conducted in lower secondary schools in Norway. Rich descriptions of teachers' and head teachers' everyday practices in supporting pupils' mental health are presented in two main themes: working with individual pupils through teaching and learning, and working with the school context. Taken together, these themes illustrate the different ways teachers and head teachers (proactively and reactively) support young people's mental health as a core aspect of their educational role, as well as some of the challenges therein. Implications for policy and practice are discussed.

 Introduction

School has been identified as an important setting within which young people live out their everyday lives along with family, friends and leisure, and has been highlighted as an important arena for promoting mental health (Matthews, Kilgour, Christian, Mori, & Hill, 2015; Samdal, 2017; Weare & Nind, 2011). To some extent this reflects a recognition that mental health problems increase during adolescence, particularly during secondary school. According to a recent Norwegian representative study in which 331,000 teenagers participated, every third pupil in lower secondary school (13–16 years old) reported experiencing mental health problems, such as symptoms of depression, sleeping problems and extensive worrying (Bakken, 2016). Mental health and illness is a complex area, and how 'mental 35 health' is described in the literature varies. Westerhof and Keyes (2010) developed their two continua model to describe mental health as more than the absence of mental illness. The model consists of two related but distinct dimensions. One continuum represents the presence and absence of mental illness, and the other represents different degrees of mental well-being. According to this model, mental health is not understood as merely the absence of mental illness, but also as the presence of mental health, consisting of emotional, psychological and social well-being. By referring to 'mental health' in this study, all dimensions are recognised as important for young people's learning and development, and support of pupils' mental health may involve both promotion of positive aspects of mental health, as well as prevention of mental distress or illness.

Pupils' interpersonal relations and supportive teacher-pupil relations have been shown to be of particular importance for adolescents' mental health (De Wit, Karioja, Rye, & Shain, 2011; Drugli, 2013; Suldo, McMahan, Chappel, & Loker, 2012), positioning teachers as potentially important contributors to school mental health promotion. The reciprocal relationship between academic achievement and mental health is well documented (Gustafsson et al., 2010; Holen & Waagene, 2014; Roeser, van der Wolf, & Strobel, 2001). In this regard, promoting healthy functioning among pupils can be seen as part of the teacher's role in supporting learning processes (Atkins, Hoagwood, Kutash, & Seidman, 2010; Samdal, 2017; Spratt, 2016). The link between learning and (mental) health is reflected in the 20 Norwegian Education Act which states that '(…) all pupils should have a

good physical and psychosocial environment promoting health, wellbeing and learning' (Opplæringslova [Education Act], 1998, § 9A-1). Ensuring a supportive school envi ronment that promotes pupils' health and social development is also recognised as a core aspect of the health promoting school approach, based on a socio-ecological understanding of schools and which addresses the determinants of health in the environment (Samdal & Rowling, 2012). Findings from a Norwegian study (Viig & Wold, 2005) indicated that teachers perceived the implementation of the health promoting schools initiative in Norway had helped them fulfil the goals of the national curriculum, while at the same time allowing them to adhere to their 30 existing practices and values. Furthermore, head teachers seemed to play a key role in influencing the sustainability of health promotion practices in Norwegian schools through their leadership and enduring commitment to the initiative (Tjomsland, Larsen, Viig, & Wold, 2009).

Nevertheless, research indicates that Norwegian teachers, as well as those in 35 other countries, tend to perceive support of pupils in managing their mental health as an additional burden to an already heavy workload, giving rise to role-related pressures (Ekornes, 2016; Mazzer & Rickwood, 2015). According to a Norwegian study by Ekornes (2015), teachers tend to understand their primary role in supporting pupils' mental health in terms of the identification of mental health problems, and, if necessary, referring on to mental health services. Although teachers' early identification of pupils' mental health problems is important, teachers might additionally support pupils with mental health problems in the classroom especially in terms of keeping them engaged with learning. Mazzer and Rickwood (2015) found that teachers perceived identifying pupils' mental health concerns as part of their role, as well as providing an inclusive school context and educating them about mental health. However, the teachers participating in their study perceived other professionals as being better equipped to support pupils' mental health, and 5 any form of treatment or counselling as outside the scope of their role (Mazzer & Rickwood, 2015). This is in line with the findings of a Norwegian nationally repre sentative survey where nearly 30% of 1,989 teachers agreed with the following statement: 'Helping pupils with mental health problems is not the schools' task; schools should focus on learning' (Holen & Waagene, 2014, p. 40). This might reflect teachers' limited knowledge and skills in mental health promotion, as found in both Norwegian and international studies (Askell-Williams & Cefai, 2014; Ekornes, 2016; Graham, Phelps, Maddison, & Fitzgerald, 2011; Reinke, 2011). Ekornes, for example, found that a majority of teachers in primary and secondary school felt both a professional obligation and a personal responsibility to help pupils with mental 15 health problems. At the same time more than half of the teachers felt helplessness in doing so, and were afraid of making things worse when talking to pupils with mental health problems (Ekornes, 2016). Furthermore, secondary school teachers seem to be more subject-oriented and less receptive to the needs of each pupil than teachers in primary schools (Holen & Waagene, 2014; Lendrum, Humphrey, 20 & Wigelsworth, 2013), even though the extent of mental health problems among pupils increases during lower secondary school. There are, however, few studies of how lower secondary school teachers support pupils in managing their mental health in everyday practice.

How teachers support pupils' mental health alongside their learning in their 25 everyday practice, and how head teachers contribute to this work has been under-researched in Norway, as elsewhere. Hence, the aim of this study was to explore teachers' and head teachers' understandings of how they work to support pupils' mental health through their everyday practices.

Methods

Schools and informants

This article reports on a qualitative study located within a larger study concerned with schools, learning and mental health in lower secondary schools in Norway. This offered a pool of 10 secondary schools from which teachers and head teachers could be drawn. The schools were recruited from two geographical regions in 35 Norway: five schools located in and outside a city in the western part of Norway, and five schools located in four different municipalities from within the same district in the eastern part of Norway. The schools were selected to reflect diversity according to location (urban/rural), size, socioeconomic status of the pupils, ethnicity and school results. Head teachers from the ten participating schools were invited to individual interviews. The head teachers had various ranges of experience of teaching in secondary schools, and their specific experience as head teachers ranged from six to eighteen years. Six male and four female head teachers attended the interviews.

To be able to recruit a wide range of teachers from each school, four schools were selected from the ten participating schools where six focus groups were con ducted. Two of the schools were located in the eastern, and two in the western part of Norway. The four schools were diverse in terms of size and school performance. The focus groups were composed of three to eight teachers from the same school teaching different grades and different subjects. For pragmatic reasons the head 10 teacher at each school recruited the teachers based on specific criteria required by the researcher according to work experience and gender. Overall, 17 male and 19 female teachers participated in the six focus groups and their teaching experience varied from one to eighteen years.

Ethical considerations

15 The study was approved by the Norwegian Centre for Research Data (NSD). Written consent for participation was obtained from all participants prior to data collection. Participants were informed that their participation was voluntary, that they were free to withdraw from the study at any time, and that their names and the school's name would be anonymized.

Data collection

The preferred approach was qualitative, using focus group with teachers and individual semi-structured interviews with head teachers as the specific data collection methods in order to generate rich descriptions of how teachers and head teachers work to support pupils' mental health through their everyday practices. In-depth 25 interviews (with open-ended questions) can provide access to representations of peoples' experiences, perceptions and opinions (Silverman, 2006). Focus groups provided the opportunity to obtain both individual perceptions and shared perceptions (Cresswell, 2014), as well as enabling the exploration of participants' views AQ4 on a specific set of issues (Barbour & Kitzinger, 1999).

30 The first author carried out all the interviews in the period January-June 2016. The individual interviews lasted 45–60 min and were digitally recorded. They took place in the head teachers' offices. The focus groups lasted 60–75 min and were also digitally recorded. They took place in a meeting room at each school with a moderator present. In both cases the researcher allowed the conversation to flow, 35 and rich descriptions and examples from the teachers' everyday practices were generated.

Data-analysis

Audiotapes were anonymised and transcribed verbatim. The software NVivo-11 was used to encode the data and create a basis for description and thematic pro cessing using the whole data-set (Leech & Onwuegbuzie, 2011). The transcripts 5 were read and reread, and descriptive codes were

identified. Patterns between codes were explored and organised in main- and sub-themes, inspired by Saldaña's (2013) process of first and second cycle coding. During the process of conducting, transcribing and analysing the interviews, new codes were added, expanded, modified and reorganised going from descriptive codes to more analytic themes.

Findings

At an overarching level, teachers' support for pupils' mental health was understood as a fundamental prerequisite for learning. Hence, teachers and head teachers accepted that an integral part of their responsibilities was to support pupils in managing their mental health because it related to the core purpose of schools, 15 namely pupil learning. In so doing, teachers' responsibility to support pupils' men tal health was viewed as providing a way of trying to ensure positive pupil-centred development for all pupils and, moreover, in a way that went beyond a focus on academic achievement. This point is illustrated in the quotation below by Ove, a tenth grade teacher, in which he specifically refers to the national curriculum:

> Our overarching mission is stated in the core curriculum, which points out that we shall foster whole persons; that's the school's mandate. So if we take that into consideration, then of course we must adapt … we must work with mental health, we are supposed to work with the whole person, we've got a tutoring responsibility and we can't just focus on learning.

Against this encompassing perspective, two main themes were developed that related to the teaching and learning processes: (1) Working with individual pupils through everyday practice, (2) Working with the school context. Taken together, these themes illustrated the different ways teachers and head teachers (proactively and reactively) supported young people's mental health development as a core aspect of their educational role, as well as some of the challenges therein.

Working with individual pupils through teaching and learning

This theme refers to the everyday practice of teachers at the individual pupil level. It was evident that teachers and head teachers tended to view these everyday practices as important in trying to keep pupils present at school and engaged in learning in order to prevent circumstances relating to a specific pupil's difficulties deteriorating. There were two dimensions to this theme that were uncovered: one relating to the nature of the relationship between teachers and individual pupils, and the second relating to specific strategies that were used to adjust teaching and learning processes to reduce pressure and anxiety among pupils.

First, teachers and head teachers argued that the development of a close relationship between teacher and pupil was particularly important in supporting a pupil's mental health (both proactively and reactively) alongside their learning. By 'close' it was meant that pupils and teachers were more frequently engaged in conversations within and beyond the classroom and in relation to matters that went beyond the academic subject. The nature of the pupil-teacher relationship is illustrated in the quotation below from an interview with Silje, the head teacher of one of the schools:

There's much closer contact between teachers and pupils today than there was before … the pupils call us more frequently, and pupils have become more comfortable speak ing with adults, and

teachers are more and more aware of their responsibility to follow up the pupil, not only the subject … I think they involve themselves in a completely different way.

An illustration of the different way in which teachers were involved with pupils was evident when teachers referred to themselves as being dialogue partners of pupils. As a dialogue partner, a teacher aimed to develop a relationship with each pupil that was characterised by openness and trust. In order to achieve this, they 20 encouraged pupils to talk to them not only about schoolwork, but also about matters relating to their personal lives and the things that concerned them. It was evident that in speaking about being dialogue partners, teachers viewed it as having some resemblance to being a therapist. However, at the same time, teachers underscored that although being a teacher in general and a dialogue partner in particular involved relating to pupils in a way that centred on listening and being compassionate, it was different from being a therapist. Fundamentally, teachers drew a line between being a teacher and being a therapist, particularly because they were not trained to take on the responsibilities of a therapist. Jarl, a ninth grade teacher, put it like this:

> There is a clear boundary between being a teacher and being a therapist, because I'm not a therapist, I do not have the background and expertise, and I do not think I should aim to be one either … but I can naturally be compassionate and I tell my pupils that they can come to me at any time and talk if they need to, I will always listen to them …

However, when reflecting on the value of being a dialogue partner to individual pupils, the teachers also spoke of a tension between taking time away from their teaching to talk to a particular pupil in this way and, at the same time, fulfilling their other teaching obligations. They also argued that it was difficult at times to be a dialogue partner to pupils because of the nature of the issues discussed and fear of not having enough time to follow up. They called for closer collaboration 40 between mental health providers and teachers.

Second, the teachers talked concretely about the kinds of strategies they used to try to reduce the pressures associated with teaching and learning, and to help pupils attend school and stay engaged in learning despite experiencing mental health problems. For example, teachers avoided asking some pupils to perform in front of other pupils in the classroom, and, in consultation with pupils, they adjusted learning activities and assessment on an individual basis. Hilde, a teacher of ninth graders, explained it in the following way: 'We've got pupils who are so 5 stressed and anxious … and we must find ways to get them through the school day and reduce their stress levels. We do that by making individual arrangements for those pupils.' Nevertheless, teachers expressed uncertainty as to whether their attempts to reduce pressure were necessarily the best way to help pupils manage their stress and anxiety as well as their mental health more generally. This uncertainty related to whether or not the adjustments they were making were helpful or, rather, meant that pupils were less likely to develop resilience because they were not presented with challenging situations that they could learn constructive ways to deal with. This is illustrated in the following quotation from Birthe, one of the head teachers: 'Pupils who experience mental health problems … there's 15 something about the robustness they need to learn, or need to be helped to learn … to be seen in a different way.'

Working with the school context

Alongside their work with individual pupils, teachers also talked about the ways in which they were working with the school context to support pupils' mental health. 20 Two dimensions were related to this theme. The first dimension was developing a safe and inclusive school climate, and the second was providing experiences of mastery and different learning opportunities.

Teachers and head teachers underlined that creating a supportive school climate through facilitating good relationships among pupils and between pupils 25 and teachers was essential for supporting pupils' mental health alongside their learning. For example, Tone explained how she and her fellow tenth grade teachers were especially attentive to the classroom climate because of an anxious and withdrawn pupil in their grade: 'The classroom climate is one of the most important things. It can both promote and undermine mental health … there is, forexample, zero tolerance for negative comments, so that everyone can be who they are and feel safe.' As Tone illustrated, alongside creating a safe and secure climate for all pupils, a zero tolerance approach was a way of trying to develop an inclusive ethos in which it was acceptable to be different. In this regard, Maria, a ninth grade teacher, indicated that talking about mental health and illness in an everyday classroom setting created a perception that it was important to reduce the stigma associated with mental health problems: 'We can talk about mental health problems with the class, so that pupils can understand that others might struggle in the same way.'

Second, teachers and head teachers explained that pupils' ability to cope with school life in general, and learning in particular, affected their mental health. With this in mind, they regularly made adjustments to facilitate the learning of all pupils, and particularly adjustments from which those who struggled with mental health problems would benefit. For example, teachers described how they tried to use different forms of assessment to promote experiences of mastery for all – an outcome they specifically associated with mental health. Collaborative approaches 5 to teaching and learning were viewed as being particularly relevant, both in creating a sense of mastery among all pupils and in keeping them engaged in school because it was a more secure and inclusive learning environment. Mari, a teacher of eighth and tenth graders, commented that: 'We started to organise work in class so that the pupils can collaborate and share what they know with each other, instead of requiring individual contributions to the whole class … and I think it makes it safer for them to be there.'

However, the teachers talked about how difficult it sometimes was to create opportunities that might give rise to learning situations that were meaningfully experienced by pupils who were struggling with their mental health. For example, 15 Eli, a special education teacher, said:

> Pupils with mental health problems are often absent from school and can't get their homework done etc … We should therefore be able to adjust their school situation in a way that allows them to experience mastery, and not just experience that the amount of schoolwork they can't get done gradually increases.

As expressed in the quotation above, making adjustments in the classroom was not always sufficient to create different kinds of learning opportunities which allowed pupils with mental health problems to experience a sense of mastery. Gaute, one of the head teachers, talked about keeping pupils with severe emotional difficulties engaged in school life and the learning process in the following way: 'We're trying to improve in … let's say … to exploit the school's room for manoeuvre … to adjust the learning climate for them and provide learning situations where they can experience a sense of mastery.'

Another way that the teachers and head teachers tried to provide different kinds of learning opportunities was through the organization of extra-curricular 30 activities. They argued that extra-curricular activities offered opportunities for teachers to support pupils in ways that were different from traditional teaching and learning practices. For example, the teachers and head teachers maintained that participation in music and theatre performances, mountain hikes, and physical activities, offered learning opportunities for pupils that contributed to their social and emotional

learning, equipped them better to cope with school life and, therefore, made them more likely to be engaged in the life of the school. However, concerns around limited time, resources, and opportunity to facilitate such activities in secondary school was expressed, resulting in teachers tending to prioritise traditional teaching methods that emphasised the subject aims in the curriculum. 40 These aspects, taken together, were viewed as a core aspect of teachers' practice in supporting pupils' mental health. This in turn was viewed as important for engagement in school.

Discussion

The specific contribution of this study was to explore how teachers and head teachers understand their work to support pupils' mental health in their everyday practices. Even though teachers in lower secondary school level have been identified as being less receptive to the needs of each pupil than teachers in primary and middle school (Holen & Waagene, 2014; Lendrum et al., 2013), the teachers and head teachers participating in this study accepted a professional responsibility to support pupils' mental health, as it was viewed as part of their obligation towards pupils' learning. They did not describe remarkable or unusual practices, but rather 10 initiatives that were made part of the practice of teaching and learning, in order to account for pupil diversity.

The teachers and head teachers in this study underlined the importance of working with pupils individually through their everyday practices. This is consistent with research recognising the importance of teachers making themselves 15 accessible to pupils and connecting with them on an emotional level (Atkins et al., 2010; De Wit et al., 2011; Drugli, 2013; Suldo et al., 2009).

As Spratt (2016) points out, 'pedagogic relationships' are key to the process of learning, suggesting that teachers understand how their pupils learn, and how and why pupils may face difficulties in dialogic relationships. However, the teach20 ers in the current study expressed the need for a boundary between the role of teacher and that of therapist. This might reflect teachers' understanding of their work and how it relates to different aspects of pupils' mental health. If teachers relate their work to pupils' absence or presence of mental illness, described as one continuum in Westerhof and Keyes' model (2010), then detecting signs of mental illness and referring pupils with mental health problems to other professional groups becomes a central part of a teacher's work to support pupils' mental health. The teachers in this study, however, seemed to relate their work to both the continua described in the model. They recognized support of pupils' mental health to be part of their responsibility connected to pupils' learning and development, 30 regardless of whether pupils experienced mental health problems. The complexity this implies indicates a need for a boundary between the responsibility and role of teachers and those of other professionals. Our analysis showed two areas that were regarded by teachers as important for their work: support from other professionals to enhance teachers' competence in supporting pupils' mental health 35 through teaching and learning, and delineating the responsibility teachers hold for pupils' mental health.

The teachers and head teachers in this study recognised the importance of the school context for pupils' healthy development. They described how they worked to develop safe and inclusive classrooms and school climates as part of supporting pupils' mental health. Furthermore, they recognised how teachers and head teachers can promote positive spirals of development, where improved educational outcomes can lead to improvement in mental health, promoting further improvement in educational outcomes (Gustafsson et al., 2010). Consistent with previous studies, the teachers considered this to be part of their role and within their professional competence (Mazzer & Rickwood, 2015), reflecting an understanding that the teacher's role is proactive as well as

reactive in supporting pupils' 5 mental health. These aspects of proactive support of pupils' mental health are in line with the national core curriculum and the socio-ecological understanding outlined in the health-promoting school approach (Samdal & Rowling, 2012). The results of this study might not be transferable to other contexts, as – at least to some degree – they seem to be linked to Norwegian schools' tradition of a strong 10 emphasis on pupils' well-being. However, the teachers felt pressured by limited time and resources in supporting pupils' mental health. As Norway's educational authorities, in common with those elsewhere, strive to climb the rankings of the international league tables of countries relating to school performance (Cefai & Cavioni, 2015), policy-makers, school leaders and teachers might consider promo15 tion of mental health to be taking precious time away from academic learning, rather than viewing support of mental health as embedded in good teaching. Despite the teachers' and head teachers' recognition of their proactive role in sup porting pupils' mental health, they somewhat paradoxically tended to focus on how to reduce pupils' perceived stress, rather than focusing on what might be 20 causing stress. In this regard, alongside concern for the number of young people experiencing sleeping problems and extensive worrying (Bakken, 2016), the find ings of this study might indicate a need for attention to be focused on creating enabling classrooms and school climates which reduce pupils' stressful experiences and promote both pupils' learning and healthy development.

Methodological limitations

This study has a number of limitations that future research will need to address. First, the study was conducted with a small sample of informants from ten Norwegian lower secondary schools. The selection of schools and participants was not representative, yet the themes emerging from the data may be valid in other 30 contexts. Secondly, the teachers participating in the focus groups were recruited by the head teachers, which may have introduced some selection bias in terms of recruiting participants having an interest in pupils' mental health. Thirdly, the data were transcribed, coded and themes identified by the main author. To enhance this process the transcriptions were reviewed by two of the co-authors, and quotations 35 were included to enhance trustworthiness.

Implications for policy and practice

It is important that initial teacher training and in-service education prepare teachers for their role in supporting pupils' mental health, both proactively and reactively, through teaching and learning. In the revision of the Norwegian curriculum, a new interdisciplinary theme called 'public health and coping with life challenges' has been introduced. This requires teachers to have expertise in mental health education, as well as in supporting pupils' mental health through their everyday practices. Additionally, this study revealed that teachers viewed support from other professionals as important. This was both in terms of enhancing their competence in supporting pupils' mental health and learning, as well as support in dealing with how their responsibilities interface with and complement the roles of other professionals.

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