

Examining the perspectives of school stakeholders on adolescent mental health and wellbeing: a qualitative investigation to direct intervention

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Abstract:

The prevalence of mental health problems among teenagers has been rising. One strategy to lessen and avoid these problems is to implement early interventions in the educational environment. Nonetheless, the opinions of important school stakeholders are mostly overlooked during the process of developing the intervention. By investigating student and teacher perspectives on teenage mental health and the obstacles and enablers to intervention development, this study seeks to close this gap. Six focus groups with thirty-two students and seven semi-structured interviews with teachers were used to gather data from one secondary school in Mumbai, Maharashtra, as well as long-term observations of the entire school. Thematic analysis was used to examine the data. One of the primary themes found was that test anxiety negatively affects teenage mental health, especially in a school context. With the application of a multi-component solution that incorporates education, physical exercise, and communication may aid in lowering anxiety and enhancing wellbeing. Co-production, student ownership, and the target age were seen as facilitators for the creation of the intervention, but time restrictions, the school's role in mental health prevention, and adolescents' diverse interests were seen as impediments. Concerns like test anxiety should be taken into account when creating a school-based intervention. For a school-based intervention to be durable and customised for the school environment, it should have multiple dimensions. To learn more about the acceptance of the intervention created from this research, future studies with a larger representative sample are needed.

Keywords Adolescents · School research · Intervention development · Mental health · Test anxiety

Introduction

The rising incidence of mental health issues, which impact almost one in five teenagers under the age of 18, is a global concern. Research has indicated that it may be crucial to act during this transitional stage of life since adolescence, which is defined as the years between 10 and 19, is considered to be an at-risk time for the development of major mental health difficulties. Approximately 70% of teenagers with mental health issues globally, according to research, will not obtain the proper support, resources, or treatment routes (Mental Health Foundation 2020; World Health Organisation 2019). Thus, early treatments have been recognised as a means of preventing and lowering the incidence of mental health problems in adolescents (Eiland and Romeo 2013; Weeks et al. 2017). Many treatments for this population are based on pharmacological (medication) or psychosocial (psychotherapy or cognitive behavioural therapy) approaches, which can be expensive to maintain over time (Lam 2016; Weeks et al. 2017). Owing to these unaffordable expenses, school-based interventions that combine mental health education with physical activity components are being viewed as less stigmatising, more practical, and ultimately more affordable options to use as a catalyst for change and anxiety reduction in teenagers (Arnold et al. 2016; Breslin et al. 2016; Das et al. 2016; Fazel et al. 2014; Halliday et al. 2019). Additionally, it has been suggested that early intervention be conducted in schools in the hopes of preventing the establishment of low PWB and poor mental health (Fazel et al. 2014; Holt et al. 2018; O'Connor et al. 2018; Pulimeno et al. 2020; World Health Organisation 2018b). Research indicates that schools could play a significant role in fostering beneficial mental health habits in the community (Arnold et al. 2016; Holt et al. 2018; O'Connor et al. 2018; Pugh and

Statham 2006; Pulimeno et al. 2020). This is because, in contrast to clinical or community-based therapies, they provide a higher chance of program adherence because of enhanced social support, program frameworks, and a more open setting to foster change (Betts and Thompson 2017; Hoover and Mayworm 2017). According to Holt et al. (2018), schools are suitable intervention settings since the program may be used with individuals of any gender or background and offers a consistent, structured environment for introducing interventions to kids and teens.

The focus of many of these school-based interventions has been on improving academic performance, cognitive functioning, or physical activity levels rather than mental health and well-being outcomes (Sullivan et al. 2017; Ribeiro et al. 2010; Van Sluijs et al. 2007). This lack of focus is justified by the fact that teenagers frequently need to rely on teachers and schools for their mental health education and. Regretfully, teachers and schools frequently lack the resources and training necessary to support this (O'Reilly et al. 2018). This was brought to light in the Time to Change report (2012), which showed that a large number of teachers in the UK lack the necessary resources or direction to address mental health and wellbeing in the classroom. Like this report, NICCY (2017) acknowledged that the I-Matter program, which was put in place in NI to encourage resilience, health, and well-being, showed that many schools felt unprepared to handle their students' mental health and wellbeing. Researchers have therefore acknowledged that, despite the implementation of school-based therapies, there is inconsistent data regarding the efficacy of these programs in addressing youth mental health concerns. According to researchers, this is mostly because of the challenges of attaining high-quality collaboration, getting enough feedback from important stakeholders, having little funding, education, and accountability, as well as having few policies or resources to support this involvement (Borg and Pålshaugen 2019; Davies and Matley 2017; Fazel et al. 2014; Morgan et al. 2019).

According to research, involving stakeholders in the development process of successful school-based interventions brings in expertise from a variety of fields and backgrounds, which significantly advances the research process (Arnold et al. 2016; Daly-Smith et al. 2020; National Institute of Health Research 2018; Schulte-Körne 2016; Reed et al. 2020; World Health Organisation 2012). Stakeholder involvement in the development of interventions can help to ensure effective implementation, as supported by the scant evidence currently available (Arnold et al. 2016; Daly-Smith et al. 2020; Majid et al. 2018; McGorry et al. 2013; Reed et al. 2020; World Health Organisation 2012). Thus, in order to support the development of a school-based mental health intervention, this study will take into account the viewpoints of both teachers and students as part of a wider co-production study. This study highlights the crucial concerns that researchers must take into account when creating school-based treatments and should be taken into account when using co-production methods in school-based research.

Aims and objectives

Involving instructors and students in the creation of an intervention to lessen teenage mental health issues is the main goal of the current study. This study specifically aimed to:

- Gain insight into participants' conceptions of mental health and the main mental health problems that young people encounter;
- Determine possible intervention elements and outcome measures; and
- Gain insight into the school environment and the elements that may facilitate or impede the implementation of interventions.

Methods

This study is a component of a bigger, two-pronged doctoral research endeavour. First, to develop a co-produced model with a co-research school for a school-based mental health and mental well-being intervention. The second step is to jointly design and evaluate the intervention's viability in order to ascertain whether it can enhance youth mental health and wellbeing and whether it is appropriate for use in

educational settings. Using a pragmatic mixed methods approach to identify intervention components and outcomes, the entire study was principally based on phases one and two of the Medical Research Council's (MRC) framework for developing complex therapies. In order to determine potential outcomes for the intervention focus and investigate obstacles to intervention development and implementation, the current study formed the second phase of the overall research project by conducting a qualitative investigation with important school stakeholders.

Study design

Multiple qualitative methodologies should be used in the early stages of intervention design, according to Morgan et al. (2019). As a result, this work uses a semi-ethnographic, qualitative study strategy. Since it was thought to be a more rigorous approach than conventional cross-sectional interviews, this dynamic style of inquiry provides a more thorough comprehension of the study problem. According to research, ethnographic studies frequently rely heavily on observations, which are subsequently confirmed by interviews and/or casual conversations, so enhancing the validity of the study's conclusions.

Study setting and participants

An independent grammar school in Mumbai that is exclusively for boys and has a large student body of 12 to 18-year-olds who have passed academic selection exams and fulfilled certain admission requirements will participate in the qualitative study. Because they served as an educational co-research partner for the larger project, this school was used in the current study. In this study, a convenience sample of instructors and students was employed. Seven teachers—four men and three women—participated in the individual semi-structured interviews, while 32 students took part in six focus group interviews.

Data analysis

The focus groups and interviews were captured on audio and verbatim transcribed. Anonymised data was kept on a safe university computer. Braun and Clarke's (2006) six-step process for thematic analysis was used to determine recurring themes found in the interviews. The flexibility and rigour of theme analysis, which can yield rich and comprehensive information, is one of its primary advantages (Bryman 2016; Vaismoradi et al. 2013). In order to avoid overdefining the analysis process and to enable the establishment of new concepts and themes, an inductive method was employed (Braun and Clarke 2006).

Reading the observation field notes and the transcriptions of the focus groups and interviews several times over helped familiarise the data for thematic analysis. Key words and assertions of interest were documented in free-form notes taken during the procedure. After that, the data were coded for major themes, which were then examined and improved. The NVivo software version 12 (QSR International Pty Ltd, 2018) was used to help winnow the topics into a reasonable quantity during this refinement phase, which involves grouping transcript snippets. Lastly, the information was examined to make sure it matched the information in the transcripts. The writers individually examined the data during the research process, and any disputes were settled by discussion of the major themes that emerged.

Results

32 students, all male, between the ages of 12 and 18 ($M = 14.69$, $SD \pm 2.04$) took part in six focus groups, while seven teachers—three female and four male—participated in semi-structured interviews. The participant characteristics are shown in Table 1. Teachers shall be designated as (T) and students as (S) in the presentation of these findings. At first, 121 codes that covered a wide range of topics were extracted from the dataset. Five main themes emerged from the subsequent refinement and redefining of the initial general codes through the thematic analysis process: (1) mental health perceptions, (2) test anxiety, (3)

strategies for lowering stress and anxiety, (4) facilitators for intervention development, and (5) obstacles to intervention implementation.

Table 1 Characteristics of participants

Characteristics of interview participants		Characteristics of focus group participants	
No. of participants	7	Number recruited	39
Gender	4 (male); 3 (female)	Number participated	32
Average years taught	14 years	Gender	All male
Subject area		Mean age (SD)	14.69 (\pm 2.04)
Science	2	No. per focus group (m)	6
Languages	1	No. participants per year groups	
Mathematics	1	Year 14	4
Physical education	3	Year 13	3
Position in School		Year 12	4
House Master	2	Year 11	5
Form Teacher	4	Year 10	5
Head of Department	1	Year 9	6
		Year 8	5

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Table 2 Themes and sub-themes

Themes	Sub themes
Mental health	Ability to cope
Test anxiety	Constant examinations
Ways to reduce anxiety and stress	Communication Education Physical activity
Facilitators for intervention development	Best time
Barriers to intervention implementation	Issue of time Lack of resources

Mental health perspectives Relationships
Physiological and psychological symptoms Pressure and expectations
Pupil ownership Research co-production Target age
Mixed interests of programme participants School's role in mental health prevention

Conclusion

The opinions of school stakeholders, such as teachers and students, on mental health and strategies to lessen the widespread problem of academic stress in the form of test anxiety, were insightfully revealed by this qualitative study. The findings supported the significance of teaching teenagers coping mechanisms for anxiety, which should enhance their mental health outcomes. The results indicate that the most effective strategy to address test anxiety in this population may be a multi-component intervention that incorporates communication, education, and physical activity techniques. The results of the study emphasise the benefits

of taking into account the opinions of important stakeholders and have implications for the creation of interventions for school-based mental health programs generally. To get more broadly applicable data on the elements and obstacles of interventions, future studies with a bigger representative sample are needed.

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