The Implementation of a Whole School Approach to Mental Health and Well-Being Promotion in the Irish Primary School Context

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Abstract

Background: Schools are well recognised as critical contexts for the promotion of mental health and well-being and offer the potential to reach a large number of children at an early age, at a time when they are developing important attitudes and behaviours that may influence their future health. Ensuing from a number of large-scale epidemiological studies which have found that young Irish people are significantly struggling with their mental health and well-being, the Government of Ireland has committed to prioritising mental health promotion in schools through a multicomponent, preventative, whole school approach.

Objectives: To obtain a detailed and integrated account of the implementation of a whole school approach to mental health and well-being promotion in the Irish primary school context.

Method: A qualitative case study making use of thematic analysis of in depth semi-structured interviews, document analysis and the use of field notes. Emerging themes were mapped on to the Theoretical Domains Framework (TDF) domains.

Setting: Three Irish primary schools

Results: Facilitators and barriers that emerged from the data related primarily to the schools' economic and political context, organisational context and internal and external partnerships and relationships.

Conclusion: This study has demonstrated that the implementation process in 'real-world' practice settings such as schools, is dynamic, complex and exists within a multi-level system and requires careful consideration of the numerous ecological factors that can influence implementation.

Keywords*:* health education in schools, mental health and well-being promotion, policy implementation in schools

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Background and context

It is widely recognised that prioritising and promoting mental health and the emotional well-being of young people is an important determinant of their overall development. Doing so ensures that young people gain the social and emotional competences they need to succeed in life by achieving positive outcomes in school, work and life more generally (Organisation for Economic Co-operation and Development, 2015). In recent years several epidemiological studies have examined the mental health of young people in Ireland each documenting considerable mental ill-health among this cohort (Cannon et al., 2013; Dooley and Fitzgerald, 2012; Dooley et al., 2019). Recommendations from these studies stressed the need for the Irish government to enhance mental health policy and service development strategies in order to reduce the incidence, impact and continuity of mental ill-health among the nation's young people while also endeavouring to reduce the economic burden associated with mental illness.

Considering the close link between a child's emotional health and well-being and their cognitive development and psychsocial competence, in 2017 the Government of Ireland committed to prioritise mental health and well-being promotion in schools (Department of the Taoiseach, 2017). Whilst mental health and well-being promotion became a central focus of emerging health and education agendas in Ireland at this time, the available data on the application of mental health and well-being promotion in schools highlighted ongoing implementation difficulties (DES, 2017).

In 2019, the *Well-being Policy Statement and Framework for Practice* (Department of Education and Skills (DES), 2019) was published. Its content was envisioned to build upon the many frameworks and guidelines that were already available in schools throughout Ireland. The ambition of the DES in relation to well-being promotion is clearly stated: that by 2023 the promotion of well-being will be at the core of the ethos of every school and that all schools will provide evidence-informed approaches and support, appropriate to need, to promote the well-being of all their children and young people through a multicomponent, preventative, whole school approach (DES, 2019).

Systematic reviews of school-based health promotion initiatives and programmes have established that well-implemented health promotion interventions can have a positive impact upon the whole school community in terms of social, emotional, health, behavioural, economic and educational outcomes. Specifically, this research indicates that a multi-component, preventative, whole school approach, with interventions at both universal and targeted levels, is the most beneficial approach for schools in terms of improving outcomes (Adi et al., 2007; Barry et al., 2013; Durlak et al., 2011; Meyers et al., 2015; St. Leger et al., 2010; Weare and Nind, 2011; Weare 2015; Weare and Grey, 2003; Wells et al., 2003; Young and Currie, 2009). Most reviews of evidence-based practice in educational settings tend to concentrate on evaluating and reporting on specific programme effectiveness. Other reviews have highlighted a lack of research which specifically focuses on the *mechanisms* for effective implementation and sustainment under typical school conditions (Durlak and DuPre, 2008; Novins et al., 2013; Rowling and Samdal, 2011; Owens et al., 2014). In addition, intervention and prevention research has consistently highlighted that few evidence-based preventative interventions are successfully implemented in practice and sustained over time as the infrastructure and capacity to support a system-wide implementation of evidence-based practice is often missing (Spoth et al., 2013). This

indicates that research is needed to clarify what contextual conditions influence uptake, implementation and effectiveness within schools.

Research aims

The principal aim of the research was to examine the implementation of a whole school framework for practice designed to support the well-being of young people in the Irish primary school context. Specifically, it identified what the key staff involved in implementation view as the facilitators and barriers to implementation in order to clarify what contextual conditions influence implementation within their schools. A further aim was to examine school policy and planning relating to the delivery of mental health and well-being promotion.

Theoretical framework

The research made use of three theoretical frameworks to inform data collection and results interpretation: Bronfenbrenner's Ecological Systems Theory (EST) (Bronfenbrenner, 1979), educational change theories which were compatible with an ecological systems approach, and an implementation science framework.

Bronfenbrenner's ecosystemic model offers an overall framework to consider the interrelationship among actors and structures across multiple levels in school mental health and well-being promotion from the macrosystem which influences the overall institutional structure down to the microsystems comprising the most immediate environmental setting with afocus on relationships between the individual and their immediate settings such as their family, peers, school, religious community and neighbourhood. (McIsaac et al., 2016).

Educational change theories fitted well within this bio-ecological framework and enabled the consideration of the complex contextual dynamics of group behaviours and system change. Both Fullan (2009) and Hargreaves & Shirley (2012) propose a whole systems theoretical approach that identify a set of key factors that need to be addressed for change to be viable, effective and sustainable. Both the action theories for educational change **and** the whole school approach emphasise that for student mental health and well-being promotion to be effective and sustainable there is a need to go beyond interventions revolving around curricula and pedagogy to include contextual and ecological strategies that address organisation and environment, ethos and partnerships with other stakeholders.

Finally, implementation science with its focus on the rigorous study of methods to promote and support the systemic uptake of evidence-based practices into public policy and professional practice in 'real world' settings provided a reference point (Eccles and Mittman, 2006). Many psychological theories and frameworks have been developed for cross-disciplinary implementation and behaviour change research and have been applied across a wide range of clinical and community settings and in evidence synthesis to identify barriers and facilitators to implementation (Waltz et al., 2019, Weatherson et al., 2017). This study utilised the Theoretical Domains Framework (TDF, Cane et al. 2012) as a theoretical framework to examine and conceptualise facilitators and barriers to the implementation of a whole school framework for practice designed to support the well-being of young people in the Irish primary school context. The TDF is a well-operationalised, multilevel implementation framework comprising of 14 theoretical domains synthesised from 33 behaviour change theories and 84 theoretical constructs in a single framework,

providing a comprehensive coverage of possible individual, social and environmental influences on behaviour (Cane et al., 2012). The TDF is one of the most commonly used frameworks in implementation science (Atkins et al., 2017).

Research questions

The specific research questions were as follows:

1. What do relevant staff members view as facilitators to a whole school approach to mental health and well-being promotion?

2. What do relevant staff members view as barriers to a whole school approach to mental health and well-being promotion?

3. What do relevant staff members feel needs to happen to overcome any reported barriers?

4. What policy and planning exists at a whole school level to support the delivery of mental health and well-being promotion?

Method

A qualitative multi-case study methodology was utilised as the most appropriate for an in-depth exploration into whole school policy implementation. Three schools each comprised a case, these having the collective potential to illustrate both converging and diverging perspectives (Stake, 2006). This approach enabled the investigation of each case as a singular entity while at the same time concentrating on the comparative analysis of a series of cases.

Participants and recruitment

A criterion led purposive sampling strategy was employed to recruit schools (Palinkas et al., 2015). In the initial sampling phase, all 134 primary schools in one county in Ireland were sent an online survey asking them to indicate if they were implementing the government guidelines for well-being in their school and whether they were willing to become involved in the data collection for this study. A response was received from 72 schools. The initial criterion for selection was availability and willingness to become involved in case study research and indication that they were promoting mental health and well-being using a 'multicomponent, preventative, whole school approach'; eight schools responded that they would be willing to be involved in the study. From this sample, three schools were purposively selected for inclusion on the basis of "next level" criterion sampling as follows: (i) representation of different school i.e. urban, rural, Delivering Equality of Opportunity in Schools (DEIS), non-DEIS. The DEIS programme was introduced to all primary and post-primary schools in 2005 and revised in 2017 as the Department of Education and Skills policy instrument to address educational disadvantage and prioritising the educational needs of children and young people from disadvantaged communities (www.education.ie), (ii) evidence from the school which indicated in their initial response that they were

especially knowledgeable and experienced in the area of whole school promotion of mental health and well-being, (iii) limited resources available to researcher.

Participants were recruited via school principals who identified 3-5 staff members who were 'key implementers' in whole school mental health and well-being promotion (which could include the school principal) and able to participate in a semi-structured interview with the researcher.

Table 1 and 2 below presents school and participant demographics (schools and participants are pseudo-anonymised).

[Insert Table 1 here]
[Insert Table 2 here]

Ethical considerations

This research project received ethical approval from the UCL Ethics Committee. This study was guided by the British Psychological Society (BPS) Code of Human Research Ethics (2014) and is also compliant with General Data Protection Regulation (GDPR) guidance.

Case Study Methodologies

To support data collection, a range of case study research methods were adopted. These included semi-structured interviews, documentary review and field notes. The use of triangulation of data collection methods during the research process helped to strengthen findings and increase the validity of the research project.

Data Collection Procedure

Case study school visits took place over one full school day per school between November and December 2019. During the school visit, all participants were asked to participate in semi-structured interviews to explore their views of mental health and well-being promotion within their respective schools. Semi-structured interview questions were derived from the literature on mental health and well-being promotion within schools and guided by the research questions and conceptual framework. Field notes aided in constructing thick, rich descriptions of the study context and provided important contextual data, improving the depth of qualitative findings. To support this process, a guiding template was created. Documentary review also formed a central component of the case study methodology. This process involved reviewing school-based planning and policy documents related to well-being. This activity was undertaken to gather background information, contextualise, validate and cross-check data collected during the semi-structured interviews. To support this process, a guiding template was created. Following completion of the first case study, the logic of replication was adopted in which the procedure for each case was replicated across the range of cases (Yin, 2009).

Following each interview, participants were debriefed, given an information sheet about the research again and given an opportunity to ask any questions. All participants

were given a handout detailing the contact information of local mental health support services in the event that they experience any personal distress following the interview.

Data Analysis

Data analysis was undertaken with the case study data collected (the semi-structured interview data, documentary review and field notes). Each case study was treated as a separate data set for analysis (three analyses). A case study database was created to increase reliability. This database included all anonymised data from each case study, including the researcher's field notes, school documents and interview transcripts in addition to the researcher's codebooks. During the data analysis phase NVivo 12, a computer-assisted data analysis software programme, was used to support the organisation, management and data analysis process.

Thematic analysis was applied to all interview data as the method for identifying, analysing and reporting patterns to address the research questions. Thematic analysis was chosen as it offered a useful research tool to provide a rich and detailed, yet complex explanation of the data (Braun and Clarke, 2006). The researcher adhered to the six-phases of thematic analysis in Braun & Clarke (2006). During the data analysis process, the Braun & Clarke (2006) checklist for good thematic analysis was applied to ensure high quality analysis. Dialogue was transcribed verbatim and recordings were listened to several times to ensure accuracy. Codes were developed inductively, emerging from the data through sentence by sentence coding and on a case by case basis. Initial codes were then analysed for each transcript, moving towards collating and mapping connections into emergent themes, with close and consistent reference to the codes and original data (transcripts). Themes were reviewed, refined, defined and named through an iterative process of revisiting the themes and the coded data extracts several times, to ensure that the themes identified were supported by the data, coherent and distinct from each other. At this stage new themes were developed and codes were reassigned to different themes or discarded as appropriate. Once patterns and themes were established through inductive analysis, the final stage of qualitative analysis was deductive in nature, as the relevant themes were mapped on to the TDF (Cane et al. 2012) and categorised according to elements of both Bronfenbrenner's (1979) Ecological Systems Theory of Human Development and Fullan (2009) and Hargreaves & Shirley (2012) theories of educational change.

Once the above steps of analysis had been undertaken with each interview from case 1, a case study report was compiled. The purpose of this report was to summarise and triangulate the key learning across the case, based on the in-depth analysis of all collected data. Documentary review and field notes acted as a triangulation method to cross-validate and corroborate information gathered from interviews and enhance the validity and reliability of findings. Once the case study report was completed for case 1, the entire process was repeated with case 2 and case 3. Once within-case analysis for all three cases was completed, an in-depth exploration of categories, themes, similarities and differences across cases was undertaken, enabling the researcher to investigate the phenomenon beyond the single case and compare and contrast cases from different school settings. To facilitate this process, a word table was created, whereby sub-ordinate and super-ordinate themes were arranged in a matrix format, showing cases in columns and themes in rows to facilitate within-case and cross-case analysis. By reading the matrix down, the extent to which the super-ordinate and sub-ordinate themes occurred within each case is evident. In contrast, reading the matrix across allows for cross-case comparison on the recurrence of

themes. The use of a case study protocol and member checking were undertaken to ensure the integrity and rigor of the analysis.

Findings

Following in-depth within-case and cross-case analysis, three super-ordinate themes and twelve related subordinate themes emerged from the data. These are illustrated in the thematic map presented in Figure 1 below, and related results presented thereafter. A summary of identified facilitators and barriers is illustrated in Table 3.

[Insert Figure 1 here]

Theme 1: Economic and Political Context

Across all settings, respondents viewed *unclear and inadequate government policy and planning* and *government priorities for primary education* as barriers to implementation. There were significant concerns regarding the publication and dissemination of legislative and policy development without the provision of resources or follow-up on implementation support and review.

One respondent explained that prior to starting a self-funded Masters in well-being in education

> *'(I) didn't realise that there were guidelines or policies on it, and you'd wonder are they just being sent to schools and thrown into a corner and left there. These policies, the guidelines, they're hidden, they're not to the fore. There's just not enough emphasis on them.' (Nigel)*

Respondents voiced their frustrations about curriculum overload and the expectations from government that schools can readily make provision for additional policies and initiatives.

> *'(Teachers) are overloaded due to constantly new initiatives and time poor curriculum (Diane).*

> 'We have *no problem with taking on whatever initiatives we have to, that's our responsibility, it has to be matched with resources on the ground. There's nothing there in terms of training, follow-through or implementation. When I saw the department putting out a wellness strategy, I'm thinking, what's going to fund this? What's going to resource this? There's nothing behind it.' (Tom)*

There was concern among respondents that regular and obligatory continuing professional development (CPD) for teachers in *'literacy and numeracy'* along with the mandatory standardised testing of these areas confirmed government's priority of these subjects, influencing staff to prioritise these areas as well. Respondents suggested the urgent need to undertake curriculum review at a national level to examine how the curriculum could be *'refocused'* to make provision for other curricular areas such as mental health and well-being promotion. Similarly, respondents felt immediate action should be

taken to ensure all staff receive CPD and training in the area of whole school mental health and well-being promotion.

One school highlighted that they challenged these barriers by recognising and prioritising well-being within their own school system regardless of other curricular areas or perceived government/departmental agendas and political barriers.

> '*It dawned on us as a staff, unless we focus in on the mental and emotional well-being as well, the academic won't move forward. So that's what we did.' (Joy)*

Theme 2: Organisational Context (Culture, Climate, Planning and Policy)

Case studies provided strong insight into perceived facilitators and barriers associated with the *organisational context* of the school community. Respondents' perception of facilitators across all cases included *'effective'* and *'supportive'* '*school leadership'* from the Board of Management (BOM) and school principal.

In Westside, leadership from individual staff with various roles and responsibilities in well-being promotion such as the principal, vice-principal, Home School Community Liaison Co-Ordinator (Heather), assistant psychologist (Kim) and family support worker was repeatedly highlighted as a significant facilitator. Respondents in the two other schools viewed leadership as a potential barrier to implementation and felt their school leaders *'could do more to promote it*' and ensure a more *'systematic approach' (Diane)*.

A positive and supportive '*school culture'* where *'all members of the school community'* acknowledge the *'importance of well-being promotion'* was highlighted as a facilitator to effective implementation. Westside drove well-being promotion through a very strong school culture in which every member of the school community had a clear understanding of the school's goals and distinctive character. Heather spoke about their school culture as one where *'everybody in the school cares'* and a *'whole culture of well-being and taking care of the child and the child's needs'.* Documentary analysis of school ethos and mission statements and relevant policy documents highlighted the importance of a *'shared vision'* and *'holistic approach to education'* in promoting mental health and well-being. Barriers under the subtheme of school culture included a *'somewhat competitive'* (Diane) and *'academic focused school culture'* (Miriam), a *'lack of awareness of the potential benefits of well-being'* (Faye) and *'lack of beliefs in how capable you are and teachers own competence in the area'* (Nigel).

In Ireland, all primary and post-primary schools have been assessed and subsequently characterised by the socio-economic background of their pupil cohort. Westside was the only school in this project who have been categorised as a Delivering Equality of Opportunity in Schools (DEIS) school. This '*school status'* was seen as a facilitator as it enabled Westside to receive various supports such as designated staff schedules (lower teacher-pupil ratios), access to HSCL services, administrative principals appointed at a lower enrolment rate than non-DEIS schools, access to a wide range of social and economic and academic support programmes, planning supports, professional development supports, more contact time from NEPS and a DEIS grant paid based on level of disadvantage and enrolment. Joy spoke about the time when things started to change for the better in the school recalling *'DEIS came on board, so pupil-teacher ratio dropped'*. Respondents from the non-DEIS schools voiced significant frustration in the disparity between schools and access to resources due to school status. Some respondents viewed their school status as a

significant barrier to the promotion to well-being because '*we don't get on these training courses… we don't have the same staffing schedules as a DEIS school'* (Aimee).

Effective '*school implementation strategies'* specifically related to effective policy and planning at the whole school level were also identified as facilitators. Documentary review identified a number of pertinent policy documents which were deemed essential in the promotion of mental health and well-being. Across cases, respondents seemed knowledgeable about plans and policies and all were accessible to staff members on school intranets or in hard copy in a central location in the school. All plans and policies were accessible to parents.

In order to plan for the *'complex implementation of mental health and well-being within the school community',* Westside developed a '*key school document'*, the *'Well-being Plan*'. This plan and education support programme was developed within the 'vision and mission of the school' to facilitate well-being promotion within the whole school community. The plan describes a 'systems thinking' approach to implementation and the need for 'effective collaboration'. The plan references general governmental policy and details all relevant policies and plans, assessment procedures, ongoing interventions running, transitioning support, family support, support provided to children and their families by external services and supports available in the wider community. It details the roles and responsibilities of all key personnel within the organisational structure. The crucial role of the school's care team that leads this education support programme is delineated. Care team meetings were also categorised by respondents as a significant facilitator to implementation.

> *'(During) care team meetings children are discussed who have been referred through the schools 'internal referral form system'. The team then look at how we can meet their needs' (Joy).*
>
> 'A *family support plan guided by the care team is developed. We detail in these plans all the supports we are putting in place for the child. And we put the child at the centre' (Heather).*

Respondents from schools that did not have a specific well-being policy in place considered *'weak policy and planning in the area of well-being' (Diane) and 'Well-being not planned for'* (Miriam) as a barrier to implementation.

Across all cases, numerous '*extra-curricular activities'* are run within the schools. All respondents spoke about the benefits of such activities in relation to facilitating and promoting children's mental health and well-being. Staff talked about how such variety on offer provided all children with opportunities to explore new interests and healthy hobbies.

The sub-ordinate theme of '*resources'* emerged frequently throughout the data collection process and was regarded as both a potential facilitator and barrier to the implementation process. Facilitating resources included: human resources (staff, volunteers and paid professionals), staff attitudes, knowledge and skillset, access to external professional services, funding (state and private), access to evidence-based interventions and practices and CPD.

Resource-related barriers included: the physical environment, work overload and time constraints, staff attitudes, skillset and training, lack of direction from management, insufficient funding/resources, limited/poor quality CPD, under-resourced public systems,

availability of in-school resources and large class size. One school reported overcoming these barriers primarily through philanthropic money.

> *'Although we could access more resources being a DEIS school, this would still not be adequate unless management here sourced philanthropic money and we were able to support and assess more children. Sourcing philanthropic money has enabled this school to go privately and get the assessments done to inform the Individual Education Plan, hire an assistant psychologist and a family support worker and put the supports we need in place in school.'* (Heather)

Theme 3: Partnerships & Relationships

Overall, case study data provided evidence that all schools acknowledged the significant influence partnerships and relationships (between staff, between staff and management, with parents and with external services) have in the implementation process. *'Interpersonal skills'* such as effective communication skills, teamwork, collaboration and empathy were also remarked upon as facilitating the implementation process.

Across cases staff viewed effective internal partnerships and relationships as essential to successful implementation.

Westside, through its internal referral system to the school's weekly care team meetings illustrated how effective internal partnerships and relationships can be in meeting the needs of every child and their family.

> *'We have an internal referral form system. Teachers fill out the referral form with their concerns around the kids and we look at that them at the care team meeting, to see how we can meet their needs.' (Joy) 'Almost like a multi-disciplinary team. Just a mini MDT in the school.' (Kim)*

Respondents across all three cases viewed positive partnerships and relationships with parents as an essential facilitator to mental health and well-being promotion. Tom spoke about the importance of communication, collaboration and teamwork with parents.

> '*It takes a whole village to raise a child... What's it about? It's about the parents, the school and the community partners all working together so we can improve outcomes for the kids. That's what it's about.' (Tom)*

Across cases, respondents highlighted how guidance and support from external professionals facilitated the promotion of well-being in their schools. Gemma noted *'it's great to have the support of the outside agencies to come in and show us how to support the child'.* Nonetheless, many expressed concern about limited access to state-funded external professional agencies such as the National Educational Psychology Service (NEPS), the child and adult mental health service (CAMHS), local primary care clinicians. Limited access to such services was noted as a significant impeding factor. Communication with external agencies was brought up by all respondents who generally felt this was an area that needed considerably more development. *'Communication with outside services can sometimes be difficult' (Faye).* Kim expressed her wish '*to see more interaction with outside services, a lot*

more communication'. All three schools self-fund initiatives such as speakers on *'mental health and resilience* to support the promotion of mental health and well-being. Westside, privately fund a significant amount of assessments and therapies as well as teaching staff and special needs assistants as a supplement to public funding.

[Insert Table 3 here]

Discussion and implications for education

The discussion will re-examine the research questions in light of the results of the study.

What do relevant staff members view as facilitators to a whole school approach to mental health and well-being promotion?

Consistent with previous reviews of the research on reported facilitators for school health innovations (Dulak & Dupre, 2008), the results of this study indicate that mental health and well-being promotion at the whole school level can be facilitated by several contextual factors. These variables include knowledgeable and supportive school management and leadership, positive school culture and climates, school status, funding and resource allocation, specific school implementation strategies such as effective and collaborative whole school policy and planning, curricular and extra-curricular activities, staff knowledge base and attitude towards well-being promotion, staff interpersonal skills, school status and internal and external partnerships and relationships. Similar to prior research, findings support the need for a comprehensive systems-based understanding of mental health and well-being as themes and subthemes were found to map on to multiple levels of the Bronfenbrenner's (1979) model. Supporting Fullan (2009) and Hargreaves and Shirley (2012) whole systems theoretical approach for viable, effective and sustainable systems change, findings demonstrate that supportive infrastructure and leadership, distributed leadership and collective responsibility, a blended model of clear top-down visions, direction and investment with bottom-up capacity building, communication and continuous evaluation and consideration of flexibility according to local context supports system change. Exploring the promotion of mental health and well-being within an implementation science framework has highlighted the complexity of implementation processes within the school context and has identified key facilitating factors that can help schools better understand and guide their implementation work.

What do relevant staff members view as barriers to a whole school approach to mental health and well-being promotion?

Similar to identified facilitators, the majority of barriers derived from the data fell under the overarching themes of organisational context and relationships and partnerships. In contrast, case study data provided strong insight into perceived barriers which fell under a third overarching theme, economic and political context. Specifically, respondents viewed unclear government policy and inadequate planning and government priorities for primary education as significant barriers to the implementation of mental health and well-being at the whole school level. Themes and subthemes were again found to map on to multiple

levels of the Bronfenbrenner's (1979) model. While evidence indicated that all case study schools had good to excellent policy and planning at the microsystem level of the school, all respondents reported perceived dismay at policy and planning at the macrosystem (government) level. Consistent with the educational change literature, participants felt that implementation ideals driven solely from government agenda or imposed policy, would not be successful if there is a lack of negotiation and communication between the designers of change (politics) and implementers of change (administrators, management, principals and teachers) (Fullan, 2009; Hargreaves and Shirley, 2009). Continuing negotiation, communication and evaluation is needed to promote and support the systemic uptake of research findings and evidence-based practices into educational and health policy and professional practice (Eccles and Mittman, 2006). The most frequently reported barrier within the microsystem level was the lack of CPD and training available to staff in the area of mental health and well-being promotion. Fullan (2009), emphasises capacity building at all levels within the school as essential for ensuring the empowerment and motivation of staff and safeguarding positive educational change.

What do relevant staff members feel needs to happen to overcome any reported barriers?

All barriers identified by the participants can be classified as modifiable barriers at each level of the EST framework. With that being said it is clear that some modifiable barriers are more easily changed than others. Overall, participants felt that to overcome the main modifiable system-level barriers to effective implementation, the DES would have to engage in a curriculum review and restructuring at a national (macrosystem) level to ensure the prioritisation of well-being as a curricular area. Participants suggested this may alleviate current difficulties with curriculum overload, perceived department priorities and time constraints. Interestedly, following data collection, the National Council for Curriculum and Assessment (NCCA) (2020) presented similar thinking in the *Draft Primary Curriculum Framework* proposing the redevelopment of the primary curriculum on order to modernise the curriculum to meet the changing needs and demands of society while also addressing schools' concerns about initiative overload (NCCA, 2020). Under new proposals, more time will be allocated to well-being. It is therefore hoped that this more 'difficult' modifiable barrier may be overcome more easily and earlier than before. All schools similarly felt that more funding and resourcing e.g. building accommodation, additional teaching staff, CPD, access to external professional staff, books etc. was urgently needed to offset any potential barriers to implementation faced by schools. At the mesosystem and microsystem levels, participants in case study schools felt their management bodies and principals need to do more to ensure mental health and well-being is satisfactorily promoted in their schools. For a 'quick win' participants suggested that whole staff CPD be provided to staff and management to build 'buy-in', knowledge and expertise and instil teacher self-confidence and self-efficacy in the area. Across all cases, schools highlighted an urgent need for communication, collaboration and information sharing between outside services and agencies and schools at the Mesosystem level to help overcome any potential barriers to implementation.

Findings again point to a whole systems-based understanding of well-being promotion. Overcoming barriers requires all members of the school community and relevant stakeholders to commit to organisational and systemic change in order to gain a greater understanding of how interventions are developed, delivered, adopted and

embedded within the daily interactions and practices at multiple levels within the school. Findings similarly support theories of action for educational change. Comparable to the EST framework, clear top-down direction and investment with bottom-up capacity building, supportive infrastructure and leadership and two-way communication is necessary at all system levels (government, district, school) and requires a degree of collective responsibility and continuous communication and evaluation within and across these levels (Fullan, 2009; Hargreaves and Shirley, 2009).

Are there policy and planning at a whole school level to support the delivery of mental health and well-being promotion?

On a Microsystem level, all three schools had many relevant policies and plans in place to promote and support the mental health and well-being of their students. Only one school (Westside) had a specific 'Well-being' policy in place. This plan detailed the general structures and systematic procedures that were in place to achieve this using Bronfenbrenner's ecological framework for human development to specify all provisions available to children and their families attending Westside primary school. The plan detailed all relevant policies and plans, assessment procedures, ongoing interventions running, transitioning support, family support, support provided to children and their families by external services, supports available in the wider community and also made reference to general governmental policy at the macrosystem level. The plan explicitly detailed how all funding (public and private) is used to provide services. It detailed the roles and responsibilities of all key personnel within the organisational structure including the governance of the school. The use of such an exceptionally high level of systems thinking and general school policy and planning for specific mental health and well-being promotion helped the school ensure the mental health and well-being of their students and the entire school community.

It should be emphasized that Government of Ireland Circular 0042/2018 only requires primary schools to have completed school self-evaluation of their well-being promotion process by 2023. It is noteworthy that Canon et al. (2013) highlighted the need for the government to enhance mental health policy and service development strategies to help reduce the incidence of mental health difficulties among Ireland's youth ten years prior to the 2023 deadline. The importance of having relevant policies and plans in place to support implementation of health promotion programmes has been highlighted in previous literature (Durlak and DuPre, 2008). The importance of professional capital, a whole school vision and agreed goals is highlighted in the educational change literature (Fullan, 2009; Hargreaves and Shirley, 2009).

Strengths and limitations of the research

This research provides a detailed analysis of policy implementation and challenges in three specific and different primary school settings. In so doing it represents the breadth of considerations required at multiple levels for implementation to be effective and sustainable and offers a detailed model which can be applied to other, different national and local contexts.

A detailed investigation into three schools is necessarily low in terms of statistical representativeness and imposes a key constraint to the generalisation of case specific

issues, as does any case study research. However, the use of experimental and quasi-experimental designs was considered inappropriate for researching and exploring participants' perceptions of real-life phenomena and systems change efforts. For example, questionnaires used across a larger number of schools would produce more generalisable data but at a significant cost to the specificity of issues reported here.

Conclusion

The research reported here complements the existing evidence base in relation to whole school implementation of mental health and well-being promotion in Irish primary schools. Findings provide important and transferable evidence on current practices and the complex interaction of influencing factors which impact upon mental health and well-being implementation within a whole school context. Findings can be used in Ireland to help schools build capacity for the implementation and evaluation of the Well-being Framework for Practice (DES, 2019) which is fundamental to prompting and sustaining action for positive mental health and well-being among young people. They also offer lessons for implementation beyond Ireland.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author [E.H.], upon reasonable request.

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Table 1 School demographics

Pseudonym	School Characteristics	Enrolment	
Case 1 'Sacred Heart'	Large urban school Mixed gender	>800	Approx. 60 teaching staff and Special Needs Assistants (SNAs)
Case 2 'Hillview'	Large rural school Mixed gender	<300	Approx. 20 teaching staff and SNAs
Case 3 'Westside'	Urban DEIS school Mixed gender	<500	Approx. 40 teaching staff and SNAs

Table 2 Participant demographics

	Participant Pseudonym	Role performed by participants	Range of years teaching/school experience
Case 1 'Sacred Heart'	Diane, Frank, Faye, Nigel	SEN co-ordinator Administrative vice-principal SEN teacher 6th class teacher	5-17 years
Case 2 'Hillview'	Aimee, Miriam, Tracy, Gemma	SEN co-ordinator SEN teacher Vice-principal and 6th class teacher Junior infant class teacher	4-36 years
Case 3 'Westside'	Tom, Heather, Joy, Kim	Administrative principal Home School Community Liaison Administrative vice-principal Assistant psychologist	2-33 years

Table 3 Summary of identified facilitators and barriers

Theme and Subthemes	Facilitator	Barrier
Economic and Political Context ▪ Unclear government policy and inadequate planning ▪ Priorities for primary education		▪ Priorities on literacy and numeracy ▪ Mandatory testing of literacy and numeracy ▪ Limited CPD ▪ Poor quality of available CPD ▪ Lack of awareness of policy ▪ Lack of awareness of available resources ▪ Poor dissemination of legislative and policy documents ▪ Curriculum overload – time constraints ▪ No implementation support or review ▪ Poor provision of resources
Organisational Context ▪ School leadership ▪ School culture ▪ School status ▪ Resources ▪ School implementation strategies ▪ Extra-curricular activities	▪ Effective, supportive and active school leadership (leadership from BOM, principal and staff in leadership/specially assigned positions) ▪ Innovative principal ▪ Safe and welcoming school environment ▪ Priority given to mental health and well-being – belief in its importance ▪ School status (DEIS) ▪ Positive and supportive school culture ▪ Positive staff attitudes towards well-being promotion ▪ Staff knowledge and awareness of mental health ▪ Self-confidence and self-efficacy of staff in dealing with mental health issues ▪ Extra-curricular activities ▪ Holistic approach to education ▪ Distributed leadership ▪ Leadership from 'Top-down' ▪ Philanthropic funding of resources ▪ Broad, inclusive and accessible extra-curricular activities ▪ Understanding of local context ▪ 'Buy-in' from staff ▪ CPD and ongoing professional development ▪ Whole staff collaboration on and commitment to well-being promotion ▪ Well-being at the core of school ethos/mission statement ▪ Effective policy and planning at a whole school level ▪ Specific well-being policy in place ▪ Specific transition policy in place ▪ Taking a systemic approach to well-being promotion ▪ Dedicated care team ▪ Care team meetings ▪ Planning meetings (implementation)	▪ Ineffective school leadership ▪ Inactive BOM ▪ Competitive school culture ▪ Unsystematic approach to well-being promotion ▪ School status (non-DEIS) unable to access resources ▪ Lack of awareness and understanding of area ▪ Staff feeling incapable and incompetent ▪ Statutory assessment puts teachers under pressure to focus on raising academic standards ▪ Lack of resources ▪ Lack of whole school policy and practice guidelines ▪ Poor quality planning ▪ Curriculum overload-time constrains ▪ Physical environment – lack of appropriate indoor and outdoor space

	▪ Links with community based clubs and organisations ▪ Shared vision ▪ Collective responsibility	
Partnerships and Relationships ▪ Interpersonal skills ▪ Internal partnerships and relationships ▪ Partnerships and relationships with parents ▪ External partnerships and relationships	▪ Whole staff collaboration on and commitment to well-being promotion ▪ Good communication skills and ability to communicate effectively with staff, management, parents and externals professionals ▪ Positive working relationships among staff, between staff and management and between staff and parents ▪ Positive working relationships with parents ▪ Positive working relationships with relevant external agencies and outside professionals ▪ Continuous relationship building with parent body ▪ Involvement of parent body in school activity	▪ Poor communication and limited interaction with external agencies ▪ Poor communication between staff and management ▪ Difficulties getting parents involved

Figure 1 Thematic Map of Super-ordinate Themes and Related Sub-ordinate themes from Case Study Data